

Ordinary's Certificate

citizen of said State since January 1st, 1920; that I also know she is the person she represents herself to be, and that she has swears to the service of husband and/or the marriage; that both of them arah Ordinary the applicant for of said County, pension; that

truthful and trustworthy and their statements are entitled to full faith and credit (SEAL OF ORDINARY) Given under my hand and seal and were duly sworn of office this by me before signing the foregoing affidavits, that they

of said County

marriage, by or by

wered the Ordinary shall swear applicant and answers make to each of the questions asked

INSTRUCTIONS

County.

SEP 15 1938 L. THOS. GILLEN,

RECEIVED

DIRECTOR

Fillen Director.

Ordinary's Certificate

THOS. GILLEN, DIRECTOR

SEP 15 1938 ECEIV

STATE OF GEORGIA Ordinary of said County, do certify the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know the witness who swears to the service of husband 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 1 (SEAL OF ORDINARY)

INSTRUCTIONS

- 1. Before any questions are answered the Urdinary 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 Good, "schede if blank spaces are insufficient.

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

 3. Only widness who married prior to January 1st, 1920, are mitted.

 3. Only widness who married prior to January 1st, 1920, are mitted by such Ordinard be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinard and marriage leasnes if obtainable. If not, prove marriage, by some person, or by general reputation.

 5. Attach certified copy of marriage leasness in 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 bully 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,

| COUNTY |
|--|
| mas Sand CC |
| Personally appears before me, Mrs. Sarah & Leurs. 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. man a dever, 407 Charokee St Marutta Calle |
| 2. How long and since when have you been, continuously, a bona fide resident citizen of the State |
| of Georgia? More than thirty years |
| Cive date or year of year high |
| 3. (1) When, (2) where and (3) to whom were you married? March, 25 1875 at |
| the water deline to the towerend tosial deline |
| a. Have you married since the death of first and soldier husband? |
| b. When and where did your first husband die? 1884, Sparta Ja |
| c. Were you residing together when he died? |
| d. If not, how long had you resided apart? |
| c. Are you now a widow? 1102 |
| f. Have you or your husband heretofore been paid a pension by the State? 20 |
| 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 Inform |
| o distribution and captain.) State whether Injan- |
| ITV. Cavalry Artillery Reserves State Cuardo State Miller - C T |
| ITV. Cavalry Artillery Reserves State Cuardo State Miller - C T |
| ITV. Cavalry Artillery Reserves State Cuardo State Miller - C T |
| Colonel, alfred & Colquett |
| Colored, Alferd & Coloquett 2. When and where did the Commands of your husband surrender or discharge from the Service? |
| Colored, and the Commands of your husband surrender or discharge from the Service? |
| Colored, Alferd & Coloquett 2. When and where did the Commands of your husband surrender or discharge from the Service? |
| try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. Land 15, 1861, America Color of Color o |
| try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. La, 15, 1861, Hancock Garden, Lo. A., Leth Rag Ja. And Colornel., Alfred A. Colognett When and where did the Commands of your husband surrender or discharge from the Service? Lyn. 1865 3. Was your husband personally present with his Command when it was surrendered or discharged? Lether State Guards State Militia or State Militia or State Troops. Leth Rag Ja. And Colornel Co |
| try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. July 15, 1864, January Carlot Colguett 2. When and where did the Commands of your husband surrender or discharge from the Service? May 1865 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? |
| try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. July 15, 1861, Annach Garage, An, Car A, Callry January Colorust, Alfred of Conguett When and where did the Commands of your husband surrender or discharge from the Service? Mas 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? |
| try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. Land 15, 1861, America Color of Color o |
| try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. July 15, 1861, Annach Garage Anna |
| try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. Such 15, 1841, Anneach, State Guards, State Militia or State Troops. Such 15, 1841, Anneach, State Guards, State Militia or State Troops. When and where did the Commands of your husband surrender or discharge from the Service? When and where did the Commands of your husband surrender or discharge from the Service? When and where did the 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? c. What was his physical condition when he left his Command? |
| try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. Land 15, 1861, Americal State And Colored Col |
| try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. Land 15, 1861, Americal State And Colored Col |
| try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. July 15, 1864, Associated State Council Control of the State Colored |
| try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. July 3, 5, 184, January Carlot Congrutt 2. When and where did the Commands of your husband surrender or discharge from the Service? July 1865 3. Was your husband personally present with his Command when it was surrendered or discharged? July 1865 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? g. In what way was he prevented from going back to his Command? |
| try, Cavalry, Artillery, Reserves, State Guardy, State Militia or State Troops. Land Control of Commands of your husband surrender or discharge from the Service? When and where did the Commands of your husband surrender or discharge from the Service? When and where did the Commands of your husband surrender or discharge from the Service? When and where did the Commands of your husband surrender or discharge from the Service? When and where service? If he was not present, state specifically and clearly where he was? When did he leave the Command? For what cause did he leave? For how long was his leave of absence granted? Mas whose authority did he leave? What was his physical condition when he left his Command? What effort did he make to return to 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? |
| try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. July 15, 1841, Anneach State County Color of the State Troops. When and where did the Commands of your husband surrender or discharge from the Service? When and where did the Commands of your husband surrender or discharge from the Service? When and where did the Command? If he was not present, state specifically and clearly where he was? When did he leave the Command? For what cause did he leave? For how long was his leave of absence granted? d. In what way? What effort did he make to return to his Command? Mas he captured by the enemy at any time? Was be captured by the enemy at any time? Was be captured by the enemy at any time? |
| try, Cavalry, Artillery, Reserves, State Guardy, State Militia or State Troops. July 15, 1841, Anneach State Specifically and clearly where he was? 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? 6. What cause did he leave? 6. By whose authority did he leave? 7. For how long was his leave of absence granted? 8. In what way his leave of absence granted? 9. In what way was he prevented from going back to his Command? 9. In what way was he prevented from going back to his Command? 10. In what way was he prevented from going back to his Command? 11. If so, when and where? In what prison was he held and when was he released? 12. Sworn to and subscribed before me, this the |
| try, Cavalry, Artillery, Reserves, State Guardy, State Militia or State Troops. Land Contain. When are such that the Contained of the Commands of your husband surrender or discharge from the Service? When and where did the Commands of your husband surrender or discharge from the Service? When and where did the Commands of your husband surrender or discharge from the Service? When and where did the Commands of your husband surrender or discharge from the Service? 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? What was his physical condition when he left his Command? What effort did he make to return to his Command? What effort did he make to return to his Command? In what way was he prevented from going back to his Command? In what way was he prevented from going back to his Command? If so, when and where? In what prison was he held and when was he released? Sworm to and subscribed before me, this the |

... County.

Confederate
Soldier's Application.

UNDER ACT 1910.

County

Name Soldier's Application.

County

Approved

J. W. LINDSEY,
Company

Company

Company

Approved

Confederate

Confederate

Soldier's Application.

UNIDER ACT 1910.

Comment To the Malling

Approved

1. W. LINDSEY.

Commission of Printer Allenia.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910. Questions for Applicants to Answer.

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| QUESTIONS FOR WITNESS AS TO SERVICE. |
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| TATE OF GEORGIA, |
| County. |
| Constant I Reput Present and State and County is hereby presented |
| s a witness in support of the application of the Application of the pension provided |
| of the pension provided |
| y the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded newers as follows: |
| 1. What is your name and where do you reside? I. A. De J'oo. |
| bloom Each Punit, Ga. |
| 2. How long and since when have you known . Pour Leave the applicant? |
| ever ourice the year 1860 |
| 3. Where does he now reside, and since when has he been a bons fide, continuing resident in this |
| State and how do you know? Significant Gos |
| |
| 4. When, where and in what Company and Regiment did. |
| rar from 1861 to 1865? (Give date and place). Assume in 1861 38 5 |
| 5. How did you obtain your information of this Service? By herry with |
| him |
| 6. How long within your own personal knowledge did he perform actual military service with |
| nis Company and Regiment? (give date) Brown 1861 W 1865 |
| 7. When and where was his Command surrendered or discharged (give date and place) |
| talagh No about Many 19 |
| 8. Were you personally present at the Surrender? |
| 9. If not, where were you and how came you there? And Nasfitte |
| as Sharles st |
| 10. Was the applicant personally present with his Command at surrender? |
| 11. If not where was he and how came him there? |
| 1KI / |
| 12. When did he Jeave his Command? 1865 Where was his Command |
| hen he left it? Malah 14 for what cause did he leave? |
| By whose authority did he leave |
| ng was he granted leave? |
| 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? |
| ow do you know? |
| 14. What effort did he make to return to his Command and how do you know? |
| 15. Was applicant captured as a prisoner |
| In what prison was he held? |
| and when released? |
| Sworn to and subscribed before me, this the |
| 22 day of S. S. S. S. 1910. |
| John R. Wilkers and Ordinary |
| OZ |
| 。 |

AFFIDAVIT OF TWO EPERDO

| STATE OF GEORGIA | County. | Color of Color (a) Building | X |
|--|--|--|------------------|
| Personally before me con | nes La Beales iding in said County and | we know Ann | ou oatl |
| the applicant for pension and we h | cnow the property that is a | now in the use, possession and e | ontrol of himsel |
| and wife and of its dash value to w | rit: (Make List by items | and value.) | 70 |
| I Mules val | M 100 1 | muchaer gove | 100- |
| 2 1 | 14 | · | |
| 1 Con or early | 30 | | |
| 1. What property, if any, | has been sold or given a | way by the applicant or his wi | since 4 Nov |
| 1908? (State it fully by items.) | me | - | |
| | | 4.04.13.1 | Magazi er |
| 2. When and to whom w | as it sold or given to? | → | |
| 3. What was the price pai | We the second of the second | and the second of the second | |
| The state of the s | arty to applicant? | * | |
| | A STATE OF THE PARTY OF THE PAR | | ·/··· |
| 5. What disposition was a | | | |
| 6. Was the disposition of | this property made in go | od faith and full values? | |
| or was it made to obtain a pension | on? | 1 | |
| Sworn to an interribed be | efore me, this the | mulaken | wit |
| 1110 | and Ording | ATY. DOS | 1- |
| | Col | | ion |
| | | County. | |
| OR. | DINARY'S CER | TIFICATE. | |
| STATE OF BEORGA, | -County. | | |
| W Com | m- | Ordinary of said County, certif | v that I know |
| the applicate taron from | for Pension is the person | n he represents himself to be | |
| said County. Shat halso Rhow | | | 1. 2. 2 |
| ervice and | M AK | the witness is | |
| | Mwom | who are fre | cholders, that |
| hey are all residents of said County hey are all truthful and trustworth | and were duly sworn by | me before signing the foregoin | g affidavit and |
| ax Results of States | | The state of the s | it. That the |
| rest to the second seco | 00 | hows that | and wife |
| alue for tax is in 1908 8 200 | for 1909 | 3.55 Lifor 1910 se | 40- |
| Sworn unterpresent and o | The state of the s | NOT THE ACT OF A PARTY OF THE STATE OF | F 1910 |
| The same | Ordinary | i. (1) | 11.16 |

Lawe, Maney WIDOW'S APPLICATION To Be Put on Roll in Her Own Right When Husband Was on the Pension Roll of Georgia.

Name Phrs Namey Low Company ... a Regiment 20 Sa Re Date of Husband's Death 2 8 19 28 Date of Marriage Oct ! 1 -Approved John We Clark

GEORGIA COUNTY

ORDINARY'S CERTIFICATE

January 1st, 1920; that I also know. ., the applicant for pension; that she is the person Ordinary of said County, do certify that I the witness as to

davits, and that they are truthful and trustworthy and their statements are entitled to full faith (SEAL OF ORDINARY) Given under my hand and

192

uriage, and that both the foregoing were duly sworn by me before signing the respective affi-

and credit.

Instructions:

attached if blank spaces are insufficient before the Ordinary of the county of re-

swered the Ordinary shall swear ou will true answers make to ear

5-15-286

1 may 15-28

JOHN W. CLARK, Commissioner of Pensions.

| 374 | g = 1 | | Ees . | The samuel Control of the Control of | - | | ******* |
|---|--|---|--|--|---|---|-----------|
| Sold Sold Sold Sold Sold Sold Sold Sold | WILLOW'S AFFLICATION To Be Put on Roal in Her Own Right When Husband Was on the Pension Roll of Georgia. | County Ost & Name of Sources of Sources | Company A. Regiment 20 La. Reg. Date of Husband's Death Mar 2 1928 | Date of Mariage Cok. ! 1 18 6 le Approved John TU e Class. (1774 15 - 28 | * | JOHN W. CLARK, Commissioner of Pensions. | 5 15 74 B |

4

ORDINARY'S CERTIFICATE

| - Chillian Chil |
|--|
| STATE OF GEORGIA, |
| |
| I. Ordinary of said County, do certify that I know Mrs. Planey Lawrence, the applicant for pension; that she is the person |
| she represents herself to be and that he |
| she represents herself to be, and that she is continuously a bona fide resident of said County since |
| January 1st, 1920; that I also know M. B. Bear, the witness as to |
| marriage, and that both the foregoing were duly sworn by me before signing the respective affi- |
| davits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit. |
| and credit. |
| Given under my hand and official seal of office this 10 day of 22 tary , 1928 (SEAL OF ORDINARY) Ordinary, County |
| (SEAL OF ORDINARY) Quantum Ordinary, |
| County |

Instructions:

- 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly awear 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 are 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.

MARRIAGE LICENSE

State of Georgia-- Fulton County

To any Minister of the Cospel, Judge of the Superior Court, Justice of the Peace, or other Bernon anthorized to Solemnize.

You are hereby authorized and permitted to join in the bonorable state of Matrimony Mr. Maron Low

Miss Nancy Sewell According to the Rites of your Church, provided there be no lawful cause to obstruct the same, according to the Constitution and Laws of this State; and for so doing this shall be your sufficient License.

RETURN THIS LICENSE, WITH YOUR CERTIFICATE THEREON TO MY OFFICE FOR RECORD

Given under my Hand and Seal this

David Pittman

I herely certify that Mr. Maron Lowe

and Miss Nancy Sewell

were joined together in the HOLL BANS OF MATRIMONY day of October 1866 by me

Joseph Willis, J.P.

State of Georgia, Fulton County.

ORDINARY'S OFFICE

Arthur R. Marbut

Clerk Court of Ordinary of said County, hereby certify

that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

Mr. Aaron Lowe

and Miss Nancy Sewell

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary, the day

and year aforesaid.

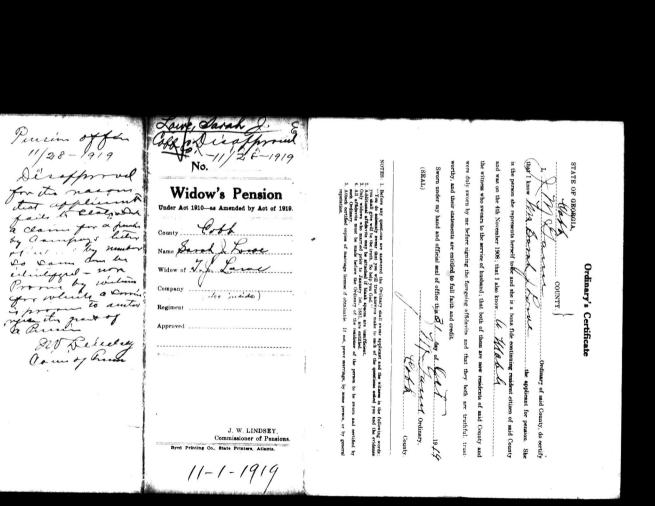
Gyvling Glerk, Court of Ordinary

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia, STATE OF GEORGIA.

| Cook |
|--|
| mr & |
| who, after having been duly sworn, says that sho is the widow of Carron Laren |
| |
| state of x sne was married on |
| the day of October 1860, and that she remained his wife, and resided with him to |
| the date of his death in april 28 1928 and that she has not since his death remarried; at |
| the time of his death he was a resident of |
| of Georgia, and he was on the Pension Roll of the State and paid a pension of \$ 200 |
| in County for 1927, on account of being a soldier in Company Q |
| Regiment 35 Ga avilley (Volunteers or State Militia). |
| That she is now a bona fide resident citizen of said State of Scorgia and she |
| has, continuously, resided there since day of October 1866 |
| Sworn to and subscribed before me, this the |
| 10 day of May 1928 |
| J. M. Harry Ordinary Mass Thomas South |
| (Applicant) |
| of County. |
| |
| (SEAL OF THE ORDINARY.) |
| |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY. |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY. Personally before me comes |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY. Personally before me comes. It. D. Black known to be a responsible and truthful person, residing in said County, who after having been duly sworn. Bays |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY. Personally before me comes. It is fair. It is fair. It is known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Marriage Karrie, who made the foregoing |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY. Personally before me comes. It is to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Manage have who made the foregoing affidavit, is the lawful widgw of Charan As and who died in Collaboration. |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY. Personally before me comes. It. D. Blancom known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Rancom have who made the foregoing affidavit, is the lawful widow of Carama American who died in County in said State of Carama American County in said State of Carama American County in said State of Carama American County in said State of Carama |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY. Personally before me comes. It. Is. Is fair. known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Marriage have who made the foregoing affidavit, is the lawful widow of the arm of the who died in County in said State of the county on the 28 day of a rid 1928, and that she has not since remarried; that she became the wife of the county on |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY Personally before me comes. It N. B fair known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Marriage Name who made the foregoing affidavit, is the lawful widow of Carriage and that she has not singe remarried; that she became the wife of Carriage and that she has not singe remarried; that she became the wife of Carriage on the day of Carriage and that she has not singe remarried; that she became the wife of Carriage on the day of Carriage and Date of Death of Husband. |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY. Personally before me comes. It is to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Marriage who made the foregoing affidavit, is the lawful widow of the arm on the 28 day of a rail 1928, and that she bas not since remarried; that she became the wife of a rail on the day of the said State of the said that she became the wife of the said together as husband and wife, continuously, since day of Other 1866, and that the |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY Personally before me comes. It is to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Marriage have who made the foregoing affidavit, is the lawful widow of County in said State of the county on the 25 day of County in said State of the county on the 25 day of County in said State of the county in said State of the county on the 25 day of County in said State of the county in said State of the county on the 25 day of County in said State of the county of the |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY. Personally before me comes. It is to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Marriage who made the foregoing affidavit, is the lawful widow of County in said State in said State of County in said State in said Stat |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY Personally before me comes. It is to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Marriage is who died in County in said State of the county on the 25 day of Capal who died in 1928, and that she has not since remarried; that she became the wife of Capal on the day of Lefour on 1866; that she and he had resided together as husband and wife, continuously, since day of Order 1966, and that was the same man who was on the pension roll of said State Tengure from Capal County when he died. Sworn to and subscribed before me, this the |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY. Personally before me comes. It is to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Marriage who made the foregoing affidavit, is the lawful widow of County in said State in said State of County in said State in said Stat |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY Personally before me comes. It N. B fair known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. County who died in County in said State of the state o |

(SEAL OF ORDINARY)



| Ordi | nary's Certificate | |
|--|--|------------|
| STATE OF GEORGIA, | 1 | |
| Wast. | COUNTY. | |
| 1, X Jane | Ordinary of said County, do certify | |
| that I know | the applicant for pension. She | |
| is the person she represents herself to be an | d she is a bona fide continuing resident citizen of said County | |
| and was on the 4th November 1908; that I | also know U Washy | |
| the witness who swears to the service of husb | and; that both of them are now residents of said County and | |
| | oregoing affidavits and that they both are truthful, trust- | |
| worthy, and their statements are entitled to | | |
| Sworn under my hand and official seal of | () 922 (1 | į. |
| (SEAL) | Janus Ordinary, | |
| | County | |
| NOTES: 1. Before any questions are answered the | | |
| 'You do solemnly awear that you will you shall give will be the truth. So help: | Ordinary shall awar applicant and the witness in the following words: the state of the destions asked you and the evidence you fold. | |
| Only widows who married prior to Jan All affidavits must be made before the such Ordinary. | r Diank spaces are insufficient, usary lst, 1881, are entitled. c Ordinary of the residence of the person to be sworn and certified by | |
| 5. Attach certified copies of marriage licer reputation. | nse if obtainable. If not, prove marriage, by some person, or by general | |
| 0 | 8 | |
| | | |
| | 19 19 19 19 19 19 19 19 19 19 19 19 19 1 | hallmann d |
| D 1919 | . Š | |
| Sion Ma of 11 | 100 | 2 |
| T BE | W. LINDSR) | 0. |
| Widow's Pension Dader Ast 1910 - as Amended by Ast of County Name Act Act Widow of My | × 1 | 161-1-11 |
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| S B B Y | 8 | . 1 |
| S 6 | > | |
| A A | nent oved | |
| Under J County . | Regiment Approved Approved Brid | |
| And the last of th | the second secon | |
| 1 [11/1 K] 1 | 13 2 | STREET, S |
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| 6-14 11111 | 15. 18 18,1 | |
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| 25.27 LA 11 % | 10 X 24 2 | 1 |

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

Questions for Applicant

| STATE OF GEORGIA, |
|--|
| D. Lh |
| COUNTY |
| 4 8 8 10 |
| Personally before me comes Miss Darel Land of said State and County |
| /s 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 the sale hours Wablin |
| , , , |
| 2. How long and since when have you been a continuing resident of the State of Georgia! |
| all my life 80 years |
| 3. When, where and to whom were you married frag 297871 Paulding Co - Lo |
| 7 () |
| U, LO |
| 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 Con- |
| Inderate Army or Georgia Militia! (State the arms and class of Service King 1863 Callouly |
| |
| 10 Al Ga Malika terred & mouther by fooding 2th Enfortened he |
| 5. When and where did the commands of your husband surrender or discharge from the array! |
| server well legt of aport 1860, togt give paroce of this there |
| but town that he heads reached home with land More! |
| Was your husband personally present at the time of the surrender or discharge of this command f |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 1. If he was not present state clearly where he was! he was the was |
| 8. Where was his command when he left! and Bank |
| , |
| a. For what cause did he leave his command! Cor was a wer |
| b. By whose authority did he leave his command ! |
| o. For how long was he granted leave of absence ! |
| |
| o. 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! Warok \$ 1913. But & |
| k. Were you residing together when he died! Les |
| |
| 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! |
| |
| Sworn to and subscribed before me this the |
| Sworn to and subscribed before me this the |
| 3.2 day of CC 19/4 |
| I mill |
| Ordinary |
| of Cash |
| County.) |
| (SEAL) |
| |

POWER OF ATTORNEY. STATE OF GEORGIA.

Know all Men by these Presents, That I, WW (144 ct #17)

County, in said State, do Ingely appoint to the mit true and lawful attorney in act, 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 ne for the reason 10 Company

HTTNESS HTHEREO, I have bereinto set my hand and day of C.E.? 11

10

\$100.00.

Warrant Issued

1891

AND HANDED TO

me at

| | 15A |
|--|------|
| | |
| Questions for Witnesses as to Service of Husband and Marriage | |
| STATE OF GEORGIA, | _ |
| Personally before me comes I Mall who, after | |
| being duly sworn, true answers to make to the following questions, answers as follows: 1. What is your name and where do you reside! A.M. while Matheland La | |
| 2. How long and since when have you known. | |
| 3. How long and since when has she continuously resided in this State! (Give date.) | |
| 4. When and to whom was she married the same of the How do you know talk located to the How do you know talk located to the How do you know the Ho | Len |
| 6. When and where did Mirral 1913 Wall hom Ly | |
| the husband of applicant, diet. I have died ?. 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? They town living by the Were they divorced? W | r |
| 9. When where and in what Company and Regiment did | |
| Transmitting 1904 In margin of Indiana Company the Andrew Land Contracting of Secretary of Secretary of the Annual Company the Contracting of the Annual Company the Company the Company of the Company o | me |
| and Regindant as take and the Company and the formal of the surprise of the formand surrender, and was discharged to the formand surrender, and was discharged to the formand formand surrender, and was discharged to the formal formand the formal formand the formal form | 6 |
| 13. Were you personally present when it was surrendered! were you | -sle |
| W. W. A. Lord | |

and how came you there!

14 Was the humand of populant personally present at surrender! is the surface in the first that the surface was he!

When was he!

When, where and for what cause did he leave Command! (Give date.)

By whose authority did he leave his Command!

And how Jong was he granted leave!

How do you know all this!

Maple with the as for an partie of the Command!

16. For shat 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

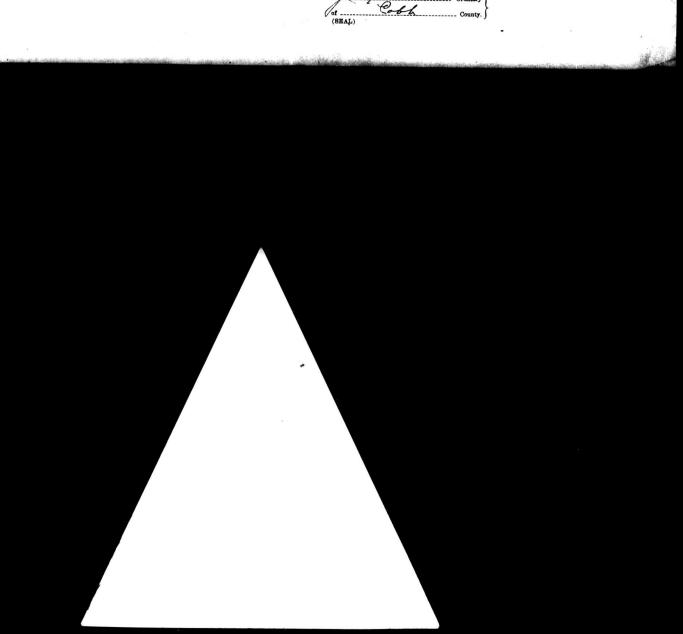
19.7

Aug of 19.7

Ordinary

of County.

(8EAL)



Prism offin 1/22-1910 Thin Risery Torago of Bronty Confident trans Confederate hut of the Flate Soldier's Application. UNDER ACT 1910. my intitlet A The Com by them The 71-16was a matilway cont of the state - not intitled to the Su Prison no Law in

Soldier's Application.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

| Questions for Applicants to Answer. |
|--|
| STATE OF GEORGIA, |
| 1. 11 |
| County. |
| or the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with is 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) M. J. A. W. W. W. M. W. |
| 2. How long and since when have you been a continuous resident citizen of this State? |
| 3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State |
| When and where, and in what Company and Regimeb did you gnilst? (Give the sun and class of Service). 5. How long did you remain in the actual Military Service with said Company and Regiment? Give date of discharge). |
| 6. When and where was your Company and Degiment surrendered or discharged from the Service? |
| 7. Were you actually present with your command when it was surrendered or discharged? The |
| 8. If you were not actually present, state specifically and clearly where you were |
| a. Where was your Command when you left it? |
| b. When did you leave the Command? |
| c. For what cause did you leave? |
| d. By whose authority did you leave? The Gaseph & Johnson |
| c. For how long was your leave granted? In what was? Madelet |
| f. Why did you not return to your Command after leave expired? |
| g. In what way were you prevented? Survivador |
| h. What effort did you make to return? Mo Relium |
| 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 |
| nd wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) |
| |
| |
| 10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. |
| 10. To whom and for what price? Howe to be the Municipal Calice |
| 11. What property of any description of any kind, and of any value now owned, and in the use, |
| |
| 12. What annual or monthly income or earnings of yourself and wife and the source derived have |
| 13. Are you drawing a pension of any amount from this State or the United States? |

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?

| | QUESTIONS FOR WITNESS AS TO SERVICE. |
|---------|--|
| TATE | E OF CEORGIA |
| £ | County. |
| | To. A. Robbins |
| s a wit | ness in support of the application of |
| y the A | ness in support the application of the provided for the pension provided act of 1910, in said begin, and after being sworn true answers to make to the questions propounded, |
| nswers | as follows: |
| | What is your name and where do your side? O |
| | Milling for stelly Capilly SE |
| 2. | How long and since when have you known and an and the supplicant? |
| | Jan Callandard |
| *** | Where does he now reside and stace when has he bean a bona fide continuing a side in this |
| 1 | i how do you know? |
| | When, where and in what Company and Regiment did All Company |
| | 1861 to 1865? (Give date and place). |
| | How did you obtain your information of this Services See Lille buth - |
| | me in Jame Campain, |
| | How long within your own personal knowledge did he perform actual military service with |
| | pany and Regiment? (give date) 1500 1864 to 26 April 1860 |
| 7. | When and where was his Command surrendered or discharged (give date and place) |
| | Junston - april 26, 1865 |
| | 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? |
| | |
| | When did he leave his Command? |
| | ft it? John for What cause did he Jeava? |
| ••••• | By whose authority did he leave and how |
| g was | he granted leave? How do you know |
| | whave stated to be true? It of your own knowledge [Tell elearly and specifically). |
| | In what way was be prevented from returning to his Command? M. tullum |
| | |
| | what effort did he make to return to his Command and how do you know? |
| | |
| | Wa applicant captured as a prisoner 20 If so, when and where? |
| 15. | A THE RESERVE TO STATE AND THE REAL PROPERTY OF THE PROPERTY O |
| | Min what prison was he held? |
| | Mn what prison was he held? |
| | |
| | |
| | |

| STA | | CARL PLOTATION DE L'US AUTHORISMENT NE | WO FREEH | | No. |
|---------|---|--|----------------------|-------------------------|-----------|
| | | County. | | | |
| says th | Personally before me on hat they are freeholders in plicant for pension and w | residing in said Cou | nty and we know | PA Juline | who on o |
| | fe and of its cash value to | | by items and value.) | | 50 ° |
| 1908: | 1. What property, if an (State it fully by items. | y, has been sold or | given away by the | applicant or his wife a | ince 4 No |
| | When and to whom What was the price p | * * * * * * * * * * * * * * * * * * * | | | |
| | 4. What relation is the | party to applicant? | | | |
| | | | | full values? | |
| | it made to obtain a per Sworn to and subscribed | before me, this the | ZURS | deras | |
| | | of | Ordinary, | County. | |

ORDINARY'S CERTIFICATE.

| STATE OF GEORGIA. County, |
|---|
| Ordinary of said County, certify that I know |
| the applicant. It is the person has person to himself to be and resides in said County. That I also know |
| service and & & & A The Property who are fresholders than |
| they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trust ports and their statements are entitled to full faits, and oredit. That the |
| Tax Results of And wife shows that and wife |
| Sworn under the hand out official seal of office this day of 190 |
| JIM Call Ordinary, Ordinary |
| NOTES 1. Refers kay guardious are neitweed the Dedicary shall swear applicant and all virtuenes is the following words |
| a did give shall be the whole truth so help you God! Additional addaying may be accorded by the property of the state of |

Georgia Personally appleaned before me book bounty end of Ludwid who beday seem) Says, He indisted in Company E Junior Russver Strang Regt Ante Condice State Impo at the date mentioned in his application for Parson, and Shortly thenafter his Laid Command was merged in the 71th North Carolina Required and attached to General Arkes Dirision Confederate Army and remained in Said Brie restil the 26th day of April 1865 aux: Surrendered Sunder Several Joseph E. Johnston at Greensbow. Depount further Suy that se's said Command were participant in the following battles to wit Bellfield Virginia, Fort Richen Aux Kingston A. C. and Bentonville A. C. and Several Min engagement in North and South learnling Dofount Lay that Au never lost a single day from the entit. Ment mutil General Johnston Germudered at Soundary as before thede Une this June 26th 1911,

STATE OF NORTH CAROLINA County of Johnson

and State, do hereby certify that Here of Hoodor was, at the time of signing the foregoing (or annexed) certificate, a duly commissioned and qualified Justice of the Peace in and for the County of Itherstone , State of North Carolina, and as such full faith and credit is due to his official acts.

In testimony whereof I hereunto set my hand and seal of office, this \mathcal{Z} day of Mored 19/2

Clerk of the Superior Court of the aforesaid County

A Toleseus Clerk of the Superior Court.

1 H Delesus

Orlinary Coth County

State of Gentain Executive Depurament Atlanta

State of Mert Carolina

County of Artington Personally appeared before the undersigned,

D. E. McKinnie who being duly sworn deposes and says that he was

Captain of Company "A" 71st. Regiment F. R. North Carolina Troops (20 Ry n.c. gr Reserver) during the Civil War. Deponent says that he was acquainted with P. A. Ludwig and

that said Ludwig was a member of said regiment and served therein as a Confederate soldier until the close of the war and was honorably disonarged. Into war impress in the Hospital of Deponent further says that said regiment did service in the

State of Virginia and at the close of the war was attached to

Johnston's army in the Confederate service.

Dig Ma Him

Sworn to and subscribed before me this. 23 day of Merril. 1912. Jest Haalond f.S.

State of Cearain Executive Bepartment Atlanta

State of Maryland City of Baltimore

good service.

Personally appeared before the undersigned attesting officer authorised to administer an oath, W. F. Beasley who being

duly sworn deposes and says that he was Colonel of the 71 Regiment

Deponent says that said 71 North Carolina Regiment was regular

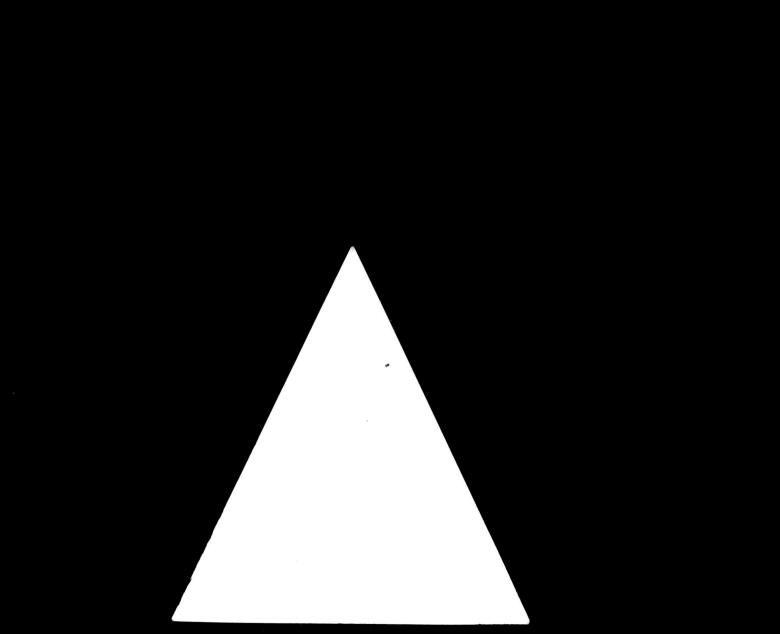
North Carolina Troops in the Confederate Army during the Civil War. That he was well acquainted with P. A. Ludwig and that he was a a member of the said regiment and was in Johnston's army and did

and was in the Confederate service and that deponent held his commission in said regiment from the President of the Confederate States.

Deponent says that the said P. A. Ludwig served until the close of the war and was honorably discharged. W. F. Beasly

Sworn to and subscribed before me this 2.5. day of March 1978.

Motor wine



Samo Date Sum Widow's Pension deat he disinted, by Anne 6 Luty 31-1860 Count alling itis Prince Course Person Name Duty ama E-E. 1. La . Ryment (anicianal) J. W. LINDSEY,

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

STATE OF GEORGIA.

and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of_____1910, and submit testimony to make out the same, true answers makes to the fol-

1. What is your name, and where do you reside? Week 6. Ju

When, where and to whom were you married? Ward 26 in Willow bounts Han

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.)____ Centistes April 14 1861 in New Orland into 6 - 10th Somin

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 mand? He was not this foft ankle som shatte

- was not present state clearly where he was? Where was his command when he left?
- a. For what cause did he leave his Command? .
- whose authority did he leave his Command?
- c. For how long was he granted leave of absence? . A. ...
- 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 Command?
- so, when and where captured and where held as a prisoner, and when and for what cause
- j. When and where did your husband die? Cott Gunt
- k. Were you residing together when he died? Les if not, how long had you resided apart?__
- 9. What property of any description did you own, hold or control for

10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) the some least for \$2400 in 1910 to A Cabon gan to very som as

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

12. What are your annual earnings or income and their value? met from our fevere crop.

13. Have you heretofore been paid a pension by the State? If so, when and for what cause were you struck from the Roll?

POWER OF ATTORNEY.

| STATE OF | GEORGIA. |
|----------|----------|
|----------|----------|

* Know all Men by these Presents. That I, Mor Asecuath a xiceder, of County, in said State, do hereby appoint of Arceller Springs (886.8 ga my true and lawful attorney in tact, 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.

Executed in the presence of us:

Wallowed, send amount by

, and oblige.



Affidavit to be Made by the Widow.

| STATE OF GEORGIA. |
|--|
| County of COC in person came before me, the undersigned Ordinary in and for the County of COC |
| Mrs. Cherrath U. Lindley, who being sworn according to law, says under |
| oath that she is the widow of rou athale P. Lindley , who was a soldier in |
| the service of the Confederate States, and served as a member of Company 7, of the |
| First Regiment of Georgia Volunteers, that he enlisted in said |
| service on or about the 2 day of 111111 186 2, and was in the |
| Constitute of the Control of the Con |
| Army, he was on the 27 day of July 1864, (See Note No. 1) |
| Captured at attauta Georgia and Carried as a prisoner of war |
| Carried as a prisoner of war |
| to Camp Chave in the State |
| de Chio and while in said |
| from which he died in said |
| from which he died in said |
| Arison on or about the 30 day |
| 62 DEcember 1864. |

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 Clove work 1863, and that she has resided in Georgia continuously since the day of December 1839; 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 Asenath A Lindley

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

| STATE OF GEORGIA. | sses as to Service of Husband and Marriage. |
|---|--|
| helt | |
| | County. |
| Personally before me comes- | |
| being duly sworn true answers to m | ake, to the following questions, answers as follows: |
| What is your name and w | here do you reside? Lotto County |
| 2. How long and since when | have you known Um Anu 6, July applicant? |
| 3. How long and since when | has she continuously resided in this State? (Give date.) |
| Ceva Suce & par | Raown her |
| When and to whom was st | the married of the first the sun far granter that the sun far granter the sun far gran |
| 5. How long and since when | did you know & and + rufe Line our lacqueiter |
| susband Fifteen Oran | Quia I have Known line |
| 6. When and where did | C. Lutt die Coff County Cott 1940 |
| the husband of Applicant die? | 0 -1 |
| | WOLLEY AS |
| leath? Hug were- | er husband living together as husband and wife at the date of his |
| 7 | |
| > If not, how long did they | live apart before his death? Never lious apart |
| | |
| 9. When, where and in what | Company and Regiment did Bout Know enlist? |
| | |
| | |
| 10 Were you a member of t | he same Company? |
| 11. How long within your pe | ersonal knowledge did he perform actual military service with his |
| Company and Regiment? Would | Know |
| 12. When and where did his | Command surrender, and was discharged? |
| Know. | |
| 13. Were you personally pres | sent when it was surrendered? |
| vere you at Home | and how came you there |
| for Service | and now came you there? |
| Li Was the bushand of applie | 10 |
| there was he? & Kae | 441/ |
| | when, where and for what |
| | e date. Nout Know By whose |
| uthority did he leave his Command | and how |
| ong was he granted leave? | How do you know all this? |
| | |
| | |
| 15. For what cause, if you kn | now of your own knowledge, was he prevented from returning to |
| s Command? Nout K | urw . |
| 16. What effort did he make to | o return to his Command and how do you know this? Of your |
| an amountedge of now r.Z. | |
| Sworn to and subscribed before | e me this the |
| day of | e me this the VM Nayo |
| | 1 / |
| | Ordinary. |
| of | County |

AFFIDAVIT OF TWO FREEHOLDERS

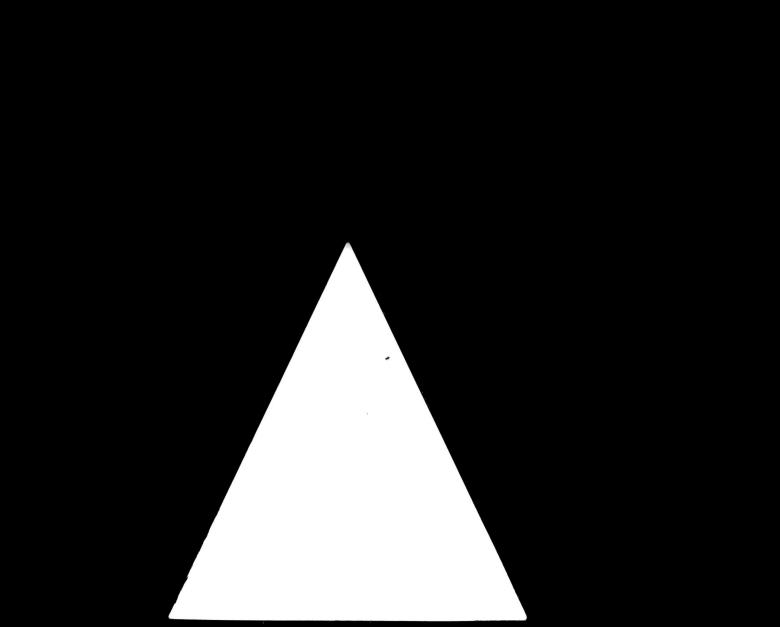
| THE TWO TREEHOL | DEKS. |
|--|------------------------------------|
| STATE OF GEORGIA, | |
| Personally before me comes V. S. Bauil I & A House | In on oath says that they |
| are freeholders of said County and that they know Wm Anne 6 | Lutre |
| of said County and know what property she owned on 4th Nov. 1908, and by Schedule (A) as follows 10 acres worth \$1500 or \$1600 | d its cash value to be as set out |
| Personal property 2 auchs 2 or 3 cattle | \$ 150_50_ |
| Notes and accounts due | \$ |
| Total | \$ 1900- |
| We know the property seld as in Schedule (B). | |
| We know the property sold or given away since Nov. 4th, 1908, its | s cash value to be as follows: |
| Money, Notes and Accounts | s |
| Schedule (C). | |
| We also know what property she has now in her possession, use | |
| Acres of land worth | s./407 |
| 4 | \$ |
| Cows and Hogs Artu | \$ |
| | \$ |
| Income and Earnings Rest from / horse one p | \$ 250 |
| Total Value of all property and effects. | \$/728_ |
| Sworn and subscribed before me this the | David 6 |
| Litter agay of Sectober 1002 | - Hann |
| All Lange Ordinary | whice of |
| of Count | v. |
| | |
| ORDINARY'S CERTIFICATE | • |
| STATE OF GEORGIA. | • |
| | |
| County. | |
| Ordin Ordin | ary of said County do certify |
| that bknow the tepresents herself to be and she is a bona fide continuous | e applicant for pension. She |
| County and was on the sate No | |
| Trib | |
| to the service of husband, and | the witness who swears |
| freeholders. That all of them are now residents of said County and we signing the foregoing affidavits and that they all are truthful, trustwor | re duly sworn by me before |
| entitled to full faith and credit. | ,, and and statements are |
| That the Tax Returns | Returned for Tax is for |
| 1908 \$/2-27 for 1910 \$/008 | - |
| Sworn under my hand and official seal of office this. 26 | day of |
| (SEAL.) | |
| | Cash rdinary, |
| (SEAL.) | County. |
| | the witness in the following words |
| ROTES 1. Before any questions are answered the Ordinary shall swear applicant and "You do solemnly swear that you will true answers make to each of the que you shall give will be the truth. So shelp you God." Additional affidavits may be attached if blank spaces are insufficient. All affidavits must be made before the Ordinary. | setions asked you and the evidence |

Only widows who married prior to first January 1870, are entitled.
 Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

(SEAL.) Ordinary.
County. Sworn to and subscribed before me this the (SEAL.) -----day of-----19---NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words
"You do cloimmly 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 halp you Good."

All you shall give will be the truth.

All you will be the proper of the statement of -----Ordinary of_____County. you know did a great deal of work for these Mirrietti La. Oct 2, 1920. people. I often heard How. J. W. Linday, him speak of you Dear Sirof he valued your friend Will you te diff my linglely. hind en ing - the look at this Cale day Mes anny pension papers Lutz wishes her papers on file, + are if you and we can not find can find the many them, any aid you can of Mrs. Anniel Lutz! give us on this will be My father who was Ony much opposisted. Mr. Thos B. Irwin With kind higards from our family linewely, was much interested addent his may a frien in pensions, and as



Dro. 3306 me and in my name, to receive and receips for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the 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. County, in Ad State, do hereby appoint of STATE OF GEORGIA, If allowed, send amount by IN WITNESS WHEREOF, I have hereunto set my hand and seal this of KNOW ALL MEN BY THESE PRESENTS, That L Soldier's ier's Pension. 189**5**. POWER OF County ATTORNEY. Disability Work and oblige, Amount, \$ 9 my true and lawful attorney W. H. HARRISON, Necretary Executive Department. _ [L. s.]

POWER OF ATTORNEY. STATE OF GEORGIA, County, in sald, State, do hereby appoint __ 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 Executed in the presence of us : If allowed, send amount by

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

| STATE OF GEORGIA, |
|--|
| Cooks County. |
| PERSONALLY APPEARS XILLELLELLE C & VIII of Golf |
| 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 theday of |
| - 18 65; that he enlisted in the military service of the Con- |
| federate States (or the State of . CILLICA) during the war between the |
| States, and served as a Vice in Company E, of the Regiment |
| of Concerna Vista Volunteers Street long Brigade; that whilst engaged |
| in such military service, at the battle of Little in on, a in the State |
| of Lyngia, on the / day of Toplan her 186 is, he was |
| disabled as follows: |
| Bre movie bull intering and passe |
| from heigh we that find, from the incide of |
| and to be cel ich listo cating the foot |
| tracturin. The workle times and sinceros, |
| Tindering the by muservicable for any lind |
| if maina (lator, or for balling except |
| her fille instrug a very painfule and |
| Ill'urable Minuet and Lindarus the le |
| essentiale and substantial sectors |
| |
| |
| |

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 day of the larger than 1899 Contract to the day of the larger than the larger than

Norz.—State fully nature of wound or character of disease which causes the disability, and explain perficularly the extent of the disability. It claim is based on disease, give full and consected history of disease, tracing it directly to the service.

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

Affidavit for Witnesses.

STATE OF GEORGIA

County of

| | Personally appears before me, the undersigned, Ordinary in and for said County |
|-------|--|
| | and |
| | each of whom, being duly sworn according to law |
| seve | rally say, under oath, that they are personally well acquainted with |
| | 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 s | service as follows: (give full statement, and tell in your own language how badly applicant is |
| disab | sted from work. If he does any labor, or can do any, state what.) |
| | |

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

. .

801

ORDINARY.

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

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

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA,

Personally comes before me the formal ordinary of said County, Continuous of said County, Continuous of said County, who being severally sworn, say on oath that they have carefully examined south the sapplicant has been injured as follows:

Is use that is much of left on the the hall intering furt he low in the hall intering furt he low into init helow external material in a rich helow external mederation in his william in pairie. muscle greatly allow his incollege one the light with by allow this incollege and the industry of allow his recolion a had of a farmer

We have treated applicant professionally for.

Sworn to and subscribed before me this 1 4 11 there 16 day of 11 ale 18935 1 1 Culting s

Ordinary

Norz.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom the same is for disability resulting from disease, state how the disease is known to result from the service as a soldler.

Also state how long physicians have known and treated applicant.

STATE OF GEORGIA.

Junty.

I.

Ordinary of said County,
do certify that I am well acquainted with Sucresses 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 scal this.

Ordinary Cor Co C

County

| | | BORGIA CoC | | } | IORN | E.I. | | | |
|---|----------|---------------|----------|---------------|-----------------------|-------------------------|--------------------------------|-------------------|---|
| | | | | herel | y authorize | | | | |
| | | V - 1 M 1 - 1 | | o£ | | | | | |
| to recei | ve and i | receipt for | the pe | nsion paid he | reon and | request the | t he r | emit same to | |
| | | - | - | | by | | | | |
| at | | | | | | | | | |
| IN | WITNE | SS WHE | REOF, | I have hereun | to set my h | and and s | eal, th | is | |
| day of_ | | | | 1\$96, | | | | | |
| | | | | • | | | | [L. S. |] |
| | Execut | ed in prese | nce of u | s) | | | | | |
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| | | Z | | 150 | | 98 | ment. | | |
| 7 | | 2 | | 3 | 40 | , X | Secretary Recutive Department. | 1 | |
| ACT OF SUCT., 1867. (For Those Aiready Enrolled. | 1 | SE | | 183 | 19 | 3/3 RICHARD JOHNSON, | cutive | O TO | |
| Edy E | 7 | E | ∇ | 37 | | ЮН | ry Exe | WARBANT HANDED TO | |
| OSO Aiready E | No. 235 | 2 | 0 | 7 13 | 14 b | € 3 | ecretar | 10 | |
| 10 TO 1 | 7 | Ě | | 30 | 9/1 | W HAI | on. | CARBANT I | |
| Ę | No. | | 7 | 19 | 7 7 | RIC. A | | WAR | |
| Ē | | | | 22 \$ | Disability Amount, | | | 9 | |
| | | 200 | | Name County |)isal | 6 | | | |

ets, Lamene

POWER OF ATTORNEY.

STATE OF GEORGIA,

| Cou | 4 | |
|-----|---|--|
| | | |

| I, | hereby authorize |
|------------|--|
| | of |
| to receive | and receipt for the pension paid hereon and request that he remit same to |
| | by |
| at | water to a second secon |
| IN V | WITNESS WHEREOF, I have hereunto set my hand and seal, this |
| day of | 1897. |
| | [L. S.] |

Executed in presence of

SOLDIER'S PENSION. INVALID 1897.

RICHARD JOHNSON,

For Applicants Heretofore Allowed Pensions.

| tot approunts norotototo anonou i onstons. |
|--|
| STATE OF GEORGIA, |
| County. |
| personally appears awrence Titly Cobb |
| County, State of Georgia, who being duly sworn, says on onth 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 collisted in the military service of the Con- |
| federate States (or of the State of) during the war between the |
| States and served as a Company o, of the Regiment |
| of M. Volunteers, Mad den 's Brigade; that whilst engaged |
| in such military service in the State of , on the day |
| of The 1865, he was wounded, injured or diseased, as follows: |
| left anther any lag - definent |
| is Rudondy proefferly incomper |
| Frut to perform the Ording |
| Manual avocations of life |
| The state of the s |
| |
| Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, |
| and the acts amendatory thereof, and makes application for the pension to which he is |
| entitled for the year ending October 26th, 1896. I have peretofore as a resident of |
| county been allowed a pension of |
| dollars, for the year 189 0. |
| Sworn to and subscribed before me, this, the |
| day of 1896. |
| XIII, Home Oray |
| NOTE-State fully the nature of wound or character of decase which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. |
| |
| STATE OF GEORGIA, |
| County. |
| the things of |
| do certify that I mm well acquainted with Suomee Tulk |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him |
| in his said affidavit are true, and I know 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_ Man_1896. |
| (M) A |
| (poir) Ala Alone |
| () 2/1 |
| Ordinary County. |

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, |
|--|
| County. |
| Dersonally appears allers and tells of |
| County, State of Georgia, who being duly sworn, tays on oath that he is a bona fide citizen |
| and resident of said State, and has resided therein continuously ever since the |
| lay of 186 3 that he enlisted in the military service of the Con- |
| ederate States (or of the State of) during the war between the |
| States, and served as a in Company a, of th Regiment |
| of Mounteers, Sylvania 's Brigade; that whilst engaged |
| n such allitact service in the State of , on the day |
| 186 3, he was wounded, injured or diseased of follows: |
| by grinshit shilling left |
| angle fout and the |
| the fund by fact of white |
| defent is mindered fructions |
| Micompetent to Desting this |
| Theing Menual ovos colis of |
| lite |
| 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 Ogtober 26th, 1897. I have heretofore under said law as a |
| resident of county been allowed an invalid pension of |
| Dollars, for the year 189 |
| Sworn and subscribed offere me, this, the Vouring a Tule |
| Jay of Jaly 1897. POST OFFICE Maneth ye. |
| All Atal |
| Nors-State fully the nature of wound or character of disease which causes the disability, and explain porticularly the extent |
| Note.—Sale fully the nature of wound or character of disease which cause the disability, and explain particularly the extent of the disability, resulting from the wound or disease. |
| STATE OF GEORGIA, |
| Gounty. |
| (Will Atto |
| I, Ordinary of said County, |
| lo certify that I am well acquainted with Alliverse Sulf the |
| applicant in the foregoing affidavit, and am well satisfied that the statement made by him |
| n his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. |
| Given under the official signature and seal, this |
| day of Hely 1897. |
| |
| Ani Turi |
| here. |
| Ordinary County. |

| | POWER OF ATTORNEY. |
|---|--|
| STAT | OF GEORGIA, |
| • | County. |
| Ι,. | hereby authorize |
| | of. |
| to rece | e and receipt for the pension paid hereon and request that he remit same to |
| | by |
| ıt. | |
| IN | WITNESS WHEREOF, I have hereunto set my hand and seal, this |
| lay of | _1898, |
| | [L. S. j ` |
| | Executed in presence of |
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| ⊋. | NON A CONTRACTOR OF THE PROPERTY OF THE PROPER |
| -olle | PENSIGNALID PENSIG |
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| ose Already I | A S O S S S S S S S S S S S S S S S S S |
| 9 A | |
| Those Aiready Enrolled.) | 1898. 1898. 1898. 1898. 1898. 1898. 1848. 1848. 1848. |
| ٦. | |

Disability

For Those Aiready No. 278

SOLDIER'S PI INVA

POWER OF ATTORNEY. WHEREOF, I have hereunto set my hand and seal, this Executed in presence of

SOLDIER'S PENSION CODE SECTION 120. (For Those Aiready Enrolled.) INVALID 1899. No. 165-6

RICHARD JOHNSON,

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, |
|--|
| personally appear Auronse Lity Vobb |
| County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen |
| and resident of the State, and has resided therein continuously ever since the |
| the contract of the contract o |
| States and served as a flower in Company 2 of th Regiment |
| of our white Wolunteers, wifello 's Brigade; that whilst engaged |
| in such militage service in the State of, on the day |
| of 186 he was wounded, injured or diseased as follows: |
| and gynshat Striken |
| left les Fraction the South |
| and less whenty applea |
| is regions frueticale in- |
| competent to perform the |
| Ordingy manual avocation |
| of Rife |
| Depenent makes application for the pension to which he is entitled for the year end- |
| ing October 18th, 1899. I have heretofore under said law as a resident of |
| County been allowed an invalid pension of |
| Dollars, for the year 189 8 |
| Sworth to and subscribed before me, this, the) Coursence Wile. |
| Day of Jay 1899. POST OFFICE Mineson Un |
| MO Some |
| Note that fully the nature of wounds can be a series which causes the disability, and explain particularly the |
| |
| STATE OF GEORGIA, |
| County. |
| Sept of the sept o |
| I, Ordinary of said County, |
| do certify that I am well acquainted with Camera Suite the |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him |
| in his said affidavit are true, and I know he is the individual he represents himself to be |
| |
| Given under my official signature and seal, this |
| day of 1899 a |

Affidavit for Three Witnesses

STATE OF GEORGIA.

County of (10) In person came before me, the undersigned Ordinary in and for said County, witnesses John H.

(towell, + Mr. Ludley, and Cosdivers (each known to said Attesting Officer as truthful, reliable and reputable enizens), who severally say under oath, that, from their own personal knowledge, Mrs. Cleanth a Lindley, of the Country of of Cololo State of Georgia, is the widow of Soklathan O Lucke , who was a soldier in of the First Regiment of George a Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or day of _ : (tree 186 7 That while in said service, or by reason of said service in the Army, he lost his life as follows:

addition to the about that sonathan Vinetes was on the 22 day of hele 1864 write in the confederate hirmy at attacha, 'Sa captured as a prisoner

Ar Somuch mi Goodwine swears in uddition to the about and for. going that he was a prisonered of Twarfat Camp Chase in the State Linking was a prisoner of war at vail Camp Chase and owhile. there as such prisone of war he vortrated Queala por from which he died in vail Cauch Charce orabithe 30 day of Dedeu'

We further swear that Mrs. Weath a Rundle, was the wife of said soldier during this septice, and that she has not intermurried since his death, and that she resides in County of the State of Georgia

Sworn to and subscribed before me, this, the

day of Upril 1891 John, W. Crewell FU Stown ordinary. I M Tindley 1. I. Godlein - Certificate of Ordinary of the County of Applicant's Residence.

STATE OF GEORGIA,
County of COOL in and for said County of COOL Ordinary

State of Georgia, hereby certify that I am acquainted with Mrs. awart a Suite 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 hereun so set my hand and affixed the seal of my office, this, the

day of Carel 1801

Al Stown

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act

The facts to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death.

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

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish tull 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.

| 4 | | | |
|----------|-------|----|-----------|
| P | Power | of | Attorney. |

STATE OF GEORGIA.

County.

hereby authorize.

to weceive and receipt for the pension allowed and

WARRANT HANDED TO

RICHARD JOHNSON,

request that he remit same to...

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

Executed in the presence of

Soldier's Pension,

1899.

INVALID

POWER OF ATTORNEY.

| | County. |
|--------------|---|
| Ι, | hereby authorize |
| | of |
| • | for the pension paid hereon and request that he remit same to |
| at | Jy |
| IN WITNESS W | HEREOF, I have hereunto set my hand and seal, this |
| day of | 1900. |
| | |
| | [L. S |

SOLDIER'S PENSION INVALID

No.3432

JOHN W. LINDSEY

41.49

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, | |
|--|-----|
| County. | |
| personally appears Lawrence Lety of Cobb | |
| County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citize | n |
| and resident of said State and County, and has resided therein continuously ever since the | |
| day of Sefiteuber 1863; that he enlisted in the military service | of |
| the Confederate States (or of the State of) during the war b | |
| tween the States, and served as a firitional in Company 6, of | h |
| Regiment of Louisaura Volunteers, Lidelle Brigade; that while | |
| engaged in such military service in the State of Sa., on the | |
| day of seftence 1863, he was wounded, injured or diseased as follows: | |
| By guyshot striking left leg fractur | ing |
| the faint and leg twhereby applican | K |
| is rendered Stractically Sucomb | ete |
| to furform the ordinary made | ca |
| avocations of life. | |
| | |
| | |
| Deponent makes application for the pension to which he is entitled for the ye | ar |
| ending October 26th, 1900, I have heretofore under said law as a resident | |

County been allowed an invalid pension of Dollars, for the year 189 /

which causes the disability, and explain particularly the

STATE OF GEORGIA.

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

Given under my official signature and seal, this

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

Given under my official signature and seal this.

POWER OF ATTORNEY. 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 Executed in presence of Jana M. Gann DISABLED SOLDIER'S PEN

| | | POWE | R OF AT | ITORN | IEY. | |
|----------|-----------------|----------------|----------------------|---------------|-----------------|--|
| STATI | G GEO | & Coun | | nereby author | orize | |
| | ve and receip | pt for the pen | sion paid her by_ | eon and rec | quest that he | remit same t |
| IN | WITNESS | WHEREOF, | have hereunt | o set my ha | and and seal th | his I |
| day of | <u> </u> | | | F | ul | [I S |
| | ecuted in pre | | | ` | 3 | • |
| / | J Mga | m | | | | |
| 0 | | | | | | |
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| . | | <u>S</u> | 1 1 | | 1902. | |
| EIIBOLI | \ F | | . ` ` | 3 | 3. C | ا و |
| - 15 | 3 | | 14 | | LINDSE | CDED T |
| | , \mathcal{D} | 50 5 | 62 7 | Regi | 7. | de de la company |
| SE A | No. | | 13/2 | 10 | JOHN W | A Commence |
| Ĕ | z F | | 187 | . a. e. | : E | * () 8 |

FOR APPLICACING HER TROPOLOGY SELLOWED PRINCIPALS

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, |
|--|
| Cobb County. |
| Cobb County. Lety 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 Left 183; 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 Porvale in Company & of 1st Regiment |
| federate States (or of the State of) during the war between the States and served as a for ali in Company & , of / th Regiment of Louis anna Volunteers, Lidvells 's Brigade; that whilst engaged |
| in such military service in the State of 29 , on the 19 day |
| of |
| By gum hot striken left for Spart wing it |
| Soint and and by wherly applicant is |
| bendered practically incompetent to perform |
| The Ordinary marual avocation of life |
| m oraciary marinal avocation of life. |
| |
| A STATE OF S |
| |
| Deponent makes application for the pension to which he is entitled for year end- |
| ing October 26th, 1901. I have heretofore under said law as a resident of |
| Cobb County been allowed an invalid pension of |
| Dollars, for the year 1909. |
| Sworn to and subscribed before me, this the |
| day of famy. 1901. Postoffice |
| John Clarker Order |
| Nyks. 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. |
| ularly the extent of the disability resulting from the wound or disease. |
| STATE OF GEORGIA, |
| County. |
| 1. John Untry Ordinary of said County, |
| |
| do certify that I am well acquinted with Loronce Luty. the |
| applicant in the foregoing affidavit, and am well satisfied that the state of the by him in his said affidavit are true, and I know he is the individual he represents himself to be |
| and that he resides in this County. |
| 10% |
| Given under my official signature and seal, this |
| day of 1901. |
| Land to My Chickey |
| Ordinary Cold |
| County. |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA. |
|--|
| County. |
| Personally appears de nomes Line of Polh |
| County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen |
| and resident of soid State, and has resided therein continuously ever since the |
| day of 1863; that he enlisted in the military service of the Con- |
| rederate States (or of the State of) during the wan between the |
| States and served as a farry in Company E of 1 of the Regiment |
| of Journal Volunteers, July Lello 's Brigade; that whilst engaged |
| in such military service in the State of, on the / 9 day |
| of 1863, he was wounded, injured or diseased as follows: |
| They giment shiking left |
| the fred willing the foint and leg |
| raning appliant is vendered prache |
| every manifestithe perform the ordino |
| mounal availion of life |
| P server, |
| No. |
| Deponent makes application for the pension to which he is entitled for the year |
| ending October 26sh, 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 |
| a Day of 1902. Post-office Morally 79 |
| John Milney |
| Nyfa.—Mate fully the nature of the wound or character of disease which causes the disability, and exploin particularly the extent of the disability resulting from the wound or disease. |
| STATE OF GEORGIA |
| County. |
| i del della |
| Ordinary of said Connety, |
| do certify that I am well acquainted with pawrence Linky |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made by |
| him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. |
| |
| Given under my official signature and seal, this |
| Anna Pour |
| mil plany thing |
| Nors.—Fill all blanks and of Company and Regions. |
| Nove.—Fill all blanks and of Company and Regiment. Nove.—All vouchers and affidavits must bear date after January 1, 1902. |
| term to the large to the contract of |

POWER OF ATTORNEY.

| STATEOR | of co | Inty. | hereby | authorize _ | | - |
|--|-------------------------------|------------------------|--|---------------------------|------------------|-------------------|
| at_ 12 | · · | -1 | byave hereunto se | t my hand an | d seal this | 3 |
| Recented | presence of | The section of the sec | Yan | Un Ce | _ 1 | [L. S.] |
| (FOR THOSE ALREADY ENROLLED.) No. 4 > 9 | DISABLED SOLDIER'S PENSION | 1903. | Name Arrect Freeze County Office Regiment of | Disability Amount, \$51 m | JOHN W. LINDSEY, | WARRANT HANDED TO |

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Law aust

POWER OF ATTORNEY.

| | John Coto to receive an | GEORGIA, | Cou | Z3 | ion, and req | uest that | | | |
|----------|----------------------------|------------------|-----------------|-----------------|---|-----------|---------------------------|-------------------|---|
| | Executed | I In presence of | I have her1904. | - | whand and see | | ow. | 3-11 | s.] |
| ever. | ALREADY ENROLLED.) 3 2 7 | EDENSION | • | lut. | n ha | 1904. | Commissioner of Pensions. | ED TO | iter, Atlanta. |
| out four | (FOR THOSE ALREADY No. 3 & | SOLDIER'S PEN | 1907 | Name Lengunge & | Co. 6 / Regiment Disability St. 64 4. Amount, \$ 30 | 1.N 25 | Commissioner | WARRANT HANDED TO | Geo W. Harrison, State Printer, Atlanta |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| THE TOTAL THE THE THE THE |
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| STATE OF CEODGIA |
| STATE OF GEORGIA, |
| Css County. |
| Personally appears overence rule of Ohto |
| 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 1868; 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 frint in Company & , of / th Regiment |
| of makening Molunteers, miletto 's Brigade; that whilst engaged |
| in such military service in the State of 94 , on the 19 day |
| of Lefet 1863 he was wounded, injured or diseased as follows: |
| y grun shot sinding left leg |
| moduring the foint and leg wherely |
| It to the sendend producably man |
| wellen to berform the ordinary mount |
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| |
| 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 |
| dev of 1903. Post-office |
| John Awny |
| Note.—State fully the nature of the wound or character of disease which causes the disability, and explain purliantically the extent of the disability resulting from the wound or disease. |
| STATE OF GEORGIA. |
| County. |
| Charles of the |
| I, Ordinary of mate County, |
| do certify that I am well acquainted with acres only |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made by |
| him in his said affidavit are true, and I know 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. |
| Coly How in |
| your mal |
| Ordinary County. Nors.—Fill all blanks and of Company and Regiment. |
| Nors.—All vouchers and affidavits must bear date after January 1, 1903. |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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| STATE OF GEORGIA, |
| County. |
| The state of the s |
| Personally appears aurence July of Vola |
| County, State of Georgia, who being duly sworn, says an oath that he is a bona fide citizen |
| and resident of said State, and has resided therein continuously ever since the |
| day of 180; that he enlisted in the military service of the Con- |
| rederate States (or of the State of) during the war between the |
| States and served as a formal in Company to of the Regiment |
| of Jonis and Volunteers Lidylls 's Brigade; that whilst engaged |
| in such military service in the State of La , on the 19 day |
| of Step 1863, he was wounded, injured or diseased as follows: |
| of By Jung shot Striking left les |
| tradución the soint and led wherell |
| applicable is sendered practically |
| her competent to perform the Online |
| manual avadious of f. I. |
| y |
| Name and the second sec |
| Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1804. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1903. Sworn to and subscribed before me, this the day of the pension of 1904. 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. |
| 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 efficient are two and I have be in his satisfied that the statements made |
| by him in his said affidavit are true, and I know 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 |
| your the Whan |
| bere. County. |
| Nors.—Fill all blanks and of Company and Regiment. |

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must beer date after large

POWER OF ATTORNEY.

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| STATE OF GEORGIA. | COUNTY. | To a deliment of the control of the | eby authorize |
| to rederve and receipt for the | | , and request that he i | emit same to |
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| ıt. | | Land and this | 14 |
| IN WATNESS WHEREOF, I I | | hand and seal, this | I |
| lay of Jonny | 1905. | | [L. 8.] |
| Executed in the prese | ence of | | |
| ADV EMBOTTED A 3.2 PENSION | OD. | 1905. R. LINDSEY. Commissioner of Pressons. | ANDED TO |
| FOR THOSE ALREADY E No. 3324 DISABLE OLDIER'S PR | ane A Construction of Regin | isability mount, sto JAN Z3 JOHN W. LINDSEY | WARRANT HA |

no date

POWER OF ATTORNEY.

| Johnson | L Luis | of | | | |
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| to receive and | receipt for the p | ension paid hereo | n, and request | that he rem | t same to |
| at | | ву | | | |
| day of Jan | in the presence of | V. | Lu | /~ | [L. S.] |
| Coos Section 1260. (FOR THOSE ALREADY EMPOLED.) No. 7 60 | DISABLED OLDIER'S PENSION 1906. | smedwruse butz. | mount, \$ 5.D | JOHN W. LINDSEY. Commissions of Prosicion. WAREANT HANDED TO | To Franks forms) on Policina (b. 60) & Borger Mex |

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. STATE OF GEORGIA, (066 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_ 183 ; 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 friend in Company U, of th Regiment of Lunigain Volunteers Lololle 's Brigade; that whilst engaged Ly , on the 19 day in such military service in the State of_ of Sept 186 3, he was wounded, injured or diseased as follows: The first and begin hereby applicant is sending, manufactured to perform ordinary laborations. Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1904. Sworn to and subscribed before me, this the Post-office (//: +2 Nore - 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. do certify that I am well acquainted with France July the applicant in the foregoing affidavit, and am well satisfied that the gatements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| State of Georgia, |
|--|
| 0 |
| County. |
| Personally appears Lawrence Truly 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 Con |
| federate States, (or of the State of) during the war between the |
| States, and served as ain Company E , of / Lath Research |
| of Volunteers Saldefile 's Brigade; that whilst engage |
| in such military service in the State of Herries, on the 19 day |
| of 1863, he was wounded, injured or diseased as follows |
| disaster by |
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| Deponent makes application for the pension to which he is entitled for the year |
| ending October 26th, 1906. I have heretofore, under said law, as a resident of |
| County, been allowed an invalid pension of |
| Dollars, for the year 1905. |
| |
| Sworn to and subscribed before me, this the |
| day of 1906. |
| Post-Office |
| Mora.—State fully the nature of the wounder character of disease which causes the disability, and explor |
| particularly the extent of the disability resulting from the wound or disease. |
| State of Georgia, |
| Coff County. |
| I John Anha Ordinary of said County |
| / 44. |
| 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 himse |
| to be, and that he resides in this County. |
| Given uniter my official signature and seal, this |
| day of 1908. |
| Time Will |
| foor county. |
| None Pill all blanks and of Company and Regiment |

Norn .- All vonghets and affidavite must bear date after January lat, 1906.

POWER OF ATTORNEY.

| | STATE OF GROE | na Eu | COUNTY. | | , h | ereby authorise | • |
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| • | to receive and rece | | by | and the second second second | | | 6 |
| ú | IN WITNESS WI | in presence of | 7 | | 0 | [L. 8.] | |
| | COOM BASTOR 1200. (FOR THOSE ALREADY EMPOLLE) No. ~ 3.~ DISABLED | SOLDIER'S PENSION 1907. | Name Langertuch Sulg | Disability Amount, #32 C.6 Amount, #32 Jan. | JOHN W. LINDSEY, Commissioner of Pensions. | ON WAKKANT HANDED TO | signed to |

* Exchange Bank. *

VICE-PRESIDENT

R. C. DEBAUSSURE.

Atlanta, Ga. Mareh 21 Fultandering & Promocy appeared before me. It tackson Ortinary for Paid county EB Raser und after heing duly Arrow Days that during the year 1860 or 1864 is became acquainted , pett & propule Enty un applicant for a pursuan miles The Like of the state that wied Into morning at 4 yeffin 4a as a war ded Confederate Indie, in a Confederate state Nochetale und 10 tes Frank by the Confederate Stelephoryon Euch Klos + Knot of The There of The of The round but Know he was nounded in The ley He has seen mo ling respectly and has Know me him I westind meeting view parther that milute exhibited town a certificate from one of the Confederate Rtaly

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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

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| | aid State, and has resided there | | and the second s |
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| of | Volunteers Liddell | 's Brigada: th | at whilst arrange |
| in such military s | service in the State of | | |
| of_ | | s wounded, injured or d | |
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| State of | Georgia, | | |
| Cal | County. | | |
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| | | Ordina | ry of said Comity, |
| the applicant in th | nm well acquainted with | well assisted that the | 1 suis |
| | i affidavit are true, and I know | | |
| | resides in this County. | ne is the marvidual ne | represents nimsen |
| | iven under my official signatur | e and seal this/ | 0 |
| | you farry | | 20 |
| | / | Alex Wille | |
| AMX | , / | | 4 . |
| seal | | ars | 9 |
| nere . | Ordi | inary Regiment. | County. |

Surrow to and subscribed lifer me. and I entity that the metrus is truthful and sutilled to ensure and belief. Manh 21201/895-

| continuate of ordinary of the county of Applicant's Residence. | | |
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| () . Xil // | | |
| STATE OF DEORGIA DOUGHY OF LEW L | | STA |
| I. Ordinary in and for said County of | | |
| State of Georgia, hereby certify that I am acquainted with Mrs. | | |
| the applicant for a pension in this case, and | | Æs |
| know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), | | kno |
| that she resides in this County, and that she resided in the State of Georgia on December 23, | | ness |
| 1890, and has not lived out of the State since that date. That she is the widow of | | Dece |
| deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892. | 1 | wide |
| | i | been |
| In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the | | |
| day of 1893. | | this |
| day of July Store Ordinary | | |
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| POWER OF ATTORNEY. | | |
| WATER CONTRACT TO THE CONTRACT THE | | |
| STATE OF GEORGIA, County | | STA |
| 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 | 1 | |
| Country in said State de heads | | Cour |
| county, in said state, do nereby appoint | 1 | of_ |
| my true and lawful attorney in fact, for | | me, |
| 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- | - | title |
| davit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be | | foreg War |
| issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. | | comi |
| IN WITNESS WHEREOF, I have hereunto set my hand and seal, this | | da |
| day of 1600 189 3 Finally [L.S.] | | day |
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t of mart the County of Applicant's Residence. To Ordingry in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. Lindley the applicant for a pension in this case, and w, from my own knowledge (or from positive proof presented to me by reputable witses), that she resides in this County, and that she resided in the State of Georgia on ember 13/1850, and has not lived out of the State since that date. That she is the on athan I diswley deceased, and as such has heretofore 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, the SEAL Ordinary. Form No. S. POWER OF ATTORNEY ATE OF GEORGIA. KNOW ALL MEN BY THESE PRESENTS, That nty in said State, do hereby appoint my true and lawful attorney in fact, for and in my name, to receive and receipt for whatever amount of money I may be end to from the State of Georgia as a widow of a Confederate Soldier, as stated in the going affidavit; hereby authorizing my said Attorney to receipt in my name for any rant that may be issued by the Governor, or for any sum of money which may be ing to the for the reason aforesaid. In Witness Whereof, I have hereunto set my hand and seal, this Executed in the presence of us: DIRECTIONS.

Send amount by at ..., and oblige

FOR THOSE HERETOFORE PAID.

1894.

NO. E. C.

NO. E. C.

NO. FOR PENSION

FOR YEAR ENGINE TO

M. A. S. S. L.

PAID TO

M. A. S. S. L.

WARPRINT ISSUED

WARPRIN

Personally appeared before me W.X. Calhour Mixing of Bullon County Fire time Go & J. C. Obmotion both known to H. Mo. Wier and & B. Roper Who being duty soon day hat this are Citizens of Sullow Comby and me as orpertable physicians if since County who bring snow de from a suy that they have have Known Jamen or Yut I mer and King 1864, having first that him in made personal examination of dannine The Abspilal in Griffin, Where he was Luty - and they find that his left by by as a Confederate complete Soldier, nain of the injury mentione a int will received and healed as such Justintially wours - The some with by the Hospital authorities, and that Said Vamena tul, is a resident of this From to a subori h a lufor M. Duccau M.D. (minks, and that this are well satisfied me this 27 day of Mich 1825! that all the state ments in his affectant m. L. Lackoun Orocura Sainan Lie buse heard the mount and All Will on bound to and subscribed & Blausen hefore ine this 6" day of may 1890. Oronnan

| | GEORGIA | all | County. | | | | |
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| | that I personally she is the lawful the | Pension Room | lay of Oc | Lula Els | ty for 1909 | applicant, and was county, and county, and at the 1907, there are from the S | that as on was time was |
| | of Georgia, and I | | | | | the wi | thin |
| | witness, and he is Given under | of a truthful an my hand and se | d trustworthy c | | A 4 | | |
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| | 27 () described to the second of the second | C Opposes of the Spanish | } | 1 | The state of the s | Мар и дення и поста | · veneral despera |
| Just, Saurana | No | Application for Pension Due Deceased Solder UNDER ACT 1891. | Mrs William 6 Febra | of Godd County. | Code , Approved and Paid | J. W. LINDSEY, Commission of Praison. | |
| | | | | | | | |
| | GBORGIA, | | Gounty. | | | | |
| | I hereby authoriz | | | | | of said county, n | ny |
| 1 | lawful attorney to colle | ect and receipt for | me in my name t | he Pension d | ue me for 19 | o, through n | ny |
| - 1 | deceased husband | C* | - | | was on | | _ |
| | Pension Roll and paid | from | | | for 190 | | |
| | Witness my hand | this | day of | | 19 | ю, | |
| | Attested before me : | |) | | | | |

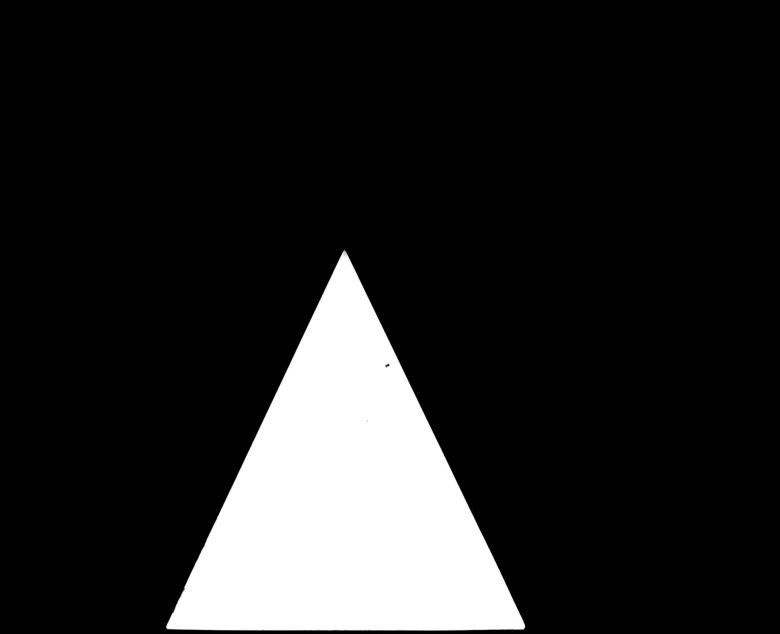
Application for Pension Due Deceased Soldier

UNDER ACT APPROVED OCTOBER 9, 1891.

| STATE OF GEORGIA,_ | fulton, coppin |
|--|---|
| Personally before me co | omes Mrs. trule Luty , of said county. |
| after being duly sworn, on o | oath says that she is the widow of Jaurena Lite |
| who was duly enrolled as a | Pensioner from the county |
| of leads | and was paid a Pension of Jeff |
| Dopars from Col | county for 1909, and that the said |
| Lawrence Suty | died in Anal Firm county on |
| the 29 day of Och | tofer 1909, and at the time of his death a Pension |
| 01 50\$ | was due him from Collscounty |
| and anpaid for 1910. Ap | plicant further swears that she married the said |
| Jairena Luty | on the 29 day of learth |
| 1866 in Wilton | county and State of Georgia and |
| resided with him from the o | late of marriage to his death as his lawful wife, and is now |
| his dependent wislow, and sh | te asks that the Pension so due and unpaid be paid to her. |
| | before me this Ith day of Jesy 1990 |
| | A) Ordinary, (Lunic Suttle [L. S.] |
| John Wilkin | Mordinary, Clarini Suttle 11, 81 |
| John Wilkin | County Clumin Sutty [L. S.] |
| John Rollin | AFFIDAVIT OF WITNESS. |
| Johns Wilkin Dullin | AFFIDAVIT OF WITNESS. County. County. County. County. |
| GEORGIA, Personally before me son | AFFIDAVIT OF WITNESS. County. who while in life |
| GEORGIA. Personally before me con on oath says that he knows | AFFIDAVIT OF WITNESS. County. who while in life |
| GEORGIA. Personally before me con on oath says that the knew | AOrdinary, County. AFFIDAVIT OF WITNESS. County. Mrs. knows that the said |
| GEORGIA, Personally before me coron oath says that the knew and that he knows the above applicant; that he and | AFFIDAVIT OF WITNESS. Counts. Now while in life Mrs. knows that the said were in due form of law married in the sounts. |
| GEORGIA, Personally before me coron oath says that the knew and that he knows the above applicant; that he and | ACOUNTY. COUNTY. AFFIDAVIT OF WITNESS. County. Mrs. knows that the said were in due form of law married in the county in the State of |
| GEORGIA, Personally before me coron oath says that he knew and that he knew the above applicant; that he and ofday of | ACOUNTY. COUNTY. AFFIDAVIT OF WITNESS. Counts. Mrs. knows that the said were in due form of law married in the county in the State of no 18 and that they resided |
| GEORGIA, Personally before me con on oath says that he knew and that he knews the above applicant; that he and of | ACOUNTY. AFFIDAVIT OF WITNESS. County. Mrs. knows that the said were in due form of law married in the county in the State of on 18 and that they resided from date of marriage to the day of his death on the |
| GEORGIA, Personally before me con on oath says that he knew and that he knews the above applicant; that he and of | ACOUNTY. AFFIDAVIT OF WITNESS. County. Mrs. knows that the said were in due form of law married in the county in the State of no 18 and that they resided trom date of marriage to the day of his death on the 190 and I now know that she is his dependent widow. |
| GEORGIA, Personally before me con on oath says that he knew and that he knews the above applicant; that he and of | ACOUNTY. AFFIDAVIT OF WITNESS. County. Mrs. knows that the said were in due form of law married in the county in the State of on 18 and that they resided from date of marriage to the day of his death on the |
| GEORGIA. Personally before me con on oath says that he knew and that he knews the above applicant; that he and of | AFFIDAVIT OF WITNESS. Counts. AFFIDAVIT OF WITNESS. Counts. Incomparison of the said were in due form of law married in the county on 18 and that they resided from date of marriage to the day of his death on the 190 and I now know that she is his dependent widow. before me this day of 190 |

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.

| | Sworn to and subscribe | Ordinary, | day of | 190 |
|--------|--|---|------------------------------|---|
| | | County. | | |
| | NOTE 1st.—This form can be use 2d.—Ordinary must send | ed by guardian or minor child in all cases certified copy of m | ren where there is no widow. | |
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| Approved190 | Catholic Phillip | day of | that be | TT | |
| JOHN W. LINDSEY, Commissioner of Pensions. | | | of | ATTORNEY | |
| WARRANT HANDED TO | | | | Ķ | |
| 1 1 | | | | 2 | |
| Ordinary will write name of Applicant, Company and Regiment on back as indicated above. | e e | | bereby s | | |
| Franklin Printing and Publishing Co., Goo. W. Harrison, Mgr., Atlanta, Georgia. | | -[L 8 | authori | | |

| K 2 100 | _ County. S | | | | | |
|--|---------------|---|---|-------------------|--|-----------|
| I, | | | | | hereby authoriz | e |
| | | | | | | - |
| ceive and receipt for the pension a at _ | | uest that he | | | | 7 |
| Witness my hand and seal, this | | day o | o, | | 190 | |
| | | | | | [L. s. |) |
| Executed in presence of | | | | | | |
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| | 1 8 | 7. P. | en oi en | TO | Com | , '3 |
| X 22 | | 3 | SEY, | ED, | bove. | 6 |
| | 2 | 3 | . LINDSEY, | ND | App ated a | |
| | 341 | 3 | JOHN W. LINDSEY, | WARRANT HANDED TO | or will write asons of Applicant, Company linear or back as indicated above. Printing as Phylating Co., 100. W. Martany, Mg. | |
| | 116 | 2 | = | Y. | a a second | |
| 3 ≦ 🗀 , | X & X | | Z | 4 | 1 5 8 15 | |

| | QUESTIONS FOR APPLICANT. |
|----|--|
| | STATE OF GEORGIA, |
| | LOGA O COUNTY. |
| | of said State and County, desiring |
| | to avail himself of the Pengin Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true asywers to make to the following questions, deposes and answers as follows: 1. Vant geger man and there do game reside? 'they State Courty and Postume.' 1. Vant geger man continued game to the continued game and the continued game and the continued game and the court of the co |
| | The Custell oak Drust Ka. |
| | 2. How long and since when have you been a resident of this State? |
| | all my life lines May 3th 1826 |
| | 3. When and yero were you born? Hazette foury to May 3 19 1826, |
| | When and where and in what company and regiment did you emist or serve! It. serves tola |
| | But while at Pombe of pings bea 1880 Z |
| | 5. Hopping did you remain in such company and regiment? All July 3 1 1864. |
| ъĠ | when I was captured and tapied to lainh |
| H | When and where was your comman want received till the Close of the was. |
| Q. | 6. When and where was your company and regiment surrendered and discharged? |
| Ę | durander. |
| ď | 7. Wet you present with your company and regiment when it was surrendered? |
| 4 | 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 in many at authority? |
| 1 | Douglas Illinois . Captured has Monitor , La July 3rd 1864. |
| g | 9. How houch can you carn (gross) per annum by your own exertions or labor? Acarel, authing. |
| М | 10. What has been your occupation since 1865? ** ** ** ** ** ** ** ** ** ** ** ** ** |
| H | second, "infirmity and poverty," or third, "blindness and poverty"? |
| Ö | 12. If upon the first ground, state how long you have been in such condition that you could not earn your support? It upon the second, give a full and complete history of the infirmity and its extent? If upon the third, |
| F | state whether you are totally blind and when and where you lost your sight? |
| Ä | the of their de and Completely broken down |
| Ч | from age I cannot wan but they fire wood. |
| Ö | 3. What properly, real and personal, or income, do you posses, and its gross value? 39/2 acres |
| 7 | 14. What properly, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, |
| ğ | if any, by sale or gift have you made of same? I sold a fully acre lot of |
| 8 | lang to pay my delte bout 1903. |
| | 15. A that County did you reside during those years, and what property did you then return for taxation? |
| Þ | south count. Mis was on properly named above- |
| ø | In How were you supported during the years 1901, 1902, 1903, 1904 and 1905? As unt from my band. |
| | |
| М | own labor or income? I dout throw exact. I constitute the theret of the dollars in ac. 18. What was your employment during 1904, 1902, 1903, 4904 and 1905? What pay did you recone in cheft spat?) |
| | Not would has been old to do and the |
| | 19. Have you a family? It so, who composes such family? Give their means of support. Have they a home- tend, arother property? Their speeced flow amphyed? The Margaell they |
| | lufes age 66. The has go property or income. |
| | 00.00 |
| | 20. Asto you receiving any pension? If ao, what amount and for what disability? |
| | 21. Have you ever made an application for pension before? |
| | 22. How many applications have you ever made and under what class? |
| | Sworn to and subscribed before me this the |
| | day of Applicant. |
| | John holling Ordinary. I have |
| | Of County |

Ordinary.

AFFIDAVIT OF PHYSICIANS.

| - bolf. | COUNTY. | | 2 | |
|--|-------------------|-----------------------------------|-----------------------|--------------------|
| | 1 / | 11 . 1 | 101/11 | ./ |
| Personally came before me | · · | | | |
| a lonsel | | 1 | ooth known to me a | reputable physici |
| of said County, who, being severally sworn | i, say on oath t | hat they have e | xamined carefully_ | N. yu |
| | | onlicant for pen | sion under Section 1 | 254 Code and a |
| such personal examination say that his pre- | also wheelest | | Ú | - 1, cost, mu |
| suffer from | 9 mes | up an | mhe. | 25 mil. |
| equiperaling | \$ A | leans. | mie | Lu. |
| Frim unafa. | | | 20 mm | -ne |
| 20800 | | | 1 | |
| Coor, | | | V. | |
| position of the second | | | e god in the linear | |
| and that we have no interest in said pension | | 1/11/1 | niella | al 74. |
| Sworn to and subscribed before me. | this the | 1.00 | 140,4 | 177 |
| The state of the s | (w) /_) | 1.4 | arrett | ma, |
| July Suy | my | Ordinary. | | |
| | 1 | | | |
| ORDINA | YRY'S | CERTIF | ICATE. | |
| STAPENOF.GEORGIA. | 1 | | | |
| Contr. | } | | | |
| Tol Mil | ourry. | | | |
| 1. July sall | ney | Ordina | ry, in and for said (| ounty, hereby cert |
| that the applicant & Lyl | -/ | | | mid County, and |
| been a bona fide resident of this State Open a | | Jan of | Jan. | IMP |
| and that the witnesses, viz. | Donk | INA | Fin | 100 |
| the that the witheases, vis. | ~ m | v vot | | |
| | | | | |
| are of trustworthy character, and that their | | | | |
| I further certify that before answeri | | | | |
| hereon prescribed, and that the full text of the | he affidavita was | read to the app | licant and witness be | fore same was sign |
| I further certify that the tax digest | of U | 00 | County | shows that applie |
| eturned for taxation in his name in 1901 | | | | Dollars |
| property, and in 1902 | | | Dollars | of property; in 19 |
| | | | | |
| | | | Dollars | of property; in 19 |
| | 40 | and the state of the continue and | Dollare o | of property; in 19 |
| | 00 | | | Dollars of proper |
| COLOR OF TONY | | | | |
| 1906 7490 o 1909 | \$ 465 | | made in good falth | |
| 1906,51,90 7 1909 In my opinion the foregoing claim is | 7 / | · · | made in good foith, | _ |
| 1906 1919 O 1906 In my opinion the foregoing claim is. Witness my hand and seal of office, the | 7 / | A day of | made in good forth, | |
| | 7 / | John | ant | LOrdinary. |

wood. In Before any questions are answered. the Ordinary shall swear applicant and the winesses in the form wood in the winesses in the form of the questions asked of you, and the evidence you shall give will be the before the same of the property of the whole truth, as hely you don't make to send of the questions asked of you, and the evidence you shall give will be whole truth, as hely you don't make to send of the questions asked or you, and the evidence you shall give will be whole truth to help you do not not not the proof the winess, and as to the execution of the proof the winess, and as to the execution of the proof.

Syron to and subgribed before me, this the first the fir

words: "You shall frue answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, as help you don't be attached by the words are remarked in a finished as the continuous states of the proof as above as to you have the ordinary must certify to the character of the witness, and as to the execution of the proof as above as to you.

For Widows' Heretofore Allowed Pensions

| STATE | oF | GEORGIA, |
|--------|----|----------|
| County | of | (all |

Dersonally comes Mrs. Ascnath Adindley

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

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

That she is the Widow of Mathan T. Xindle, Sho was a Soldier in Company

"H of the 1 st Confederation Regt. Su. Volunteers, that he enlisted in said Regiment on or about the month of Mar.

1867 and served in the Army up to 12.1, 2.2 186 4 That he lost his

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

ind it doldier in

to the batter of attenta ya hery; " lote town Tabling and There to Came make Chio, im

day of Dech

conce there Contractio dinail- Jox. the died of dancilian oh

" clay Steember 15604.

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 3 3 that Georgia is her home and she resided in this State 23d day of December, 1890, and his not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th. 1893.

Sworn to and subscribed before me, this

1 day of Lies.

. French . 7 Linder He tow Ordinary. Post-office Londer Springs

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA.

County of Color

Dersonally comes Mrs. Assenath A. Lindley

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 December 18 39That she is the Widow of Sonathan P. Lindley who was a Soldier in Company of the 1st Confederate Regiment of Leongie

Volunteers, that he enlisted in said Regiment on or about the month of May 186 Vand served in the Artiny up to July 23 186 4 That he took his

died life on the

day of DEacouter 1864 (State here

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

Was while in the Confederate Service at the battle of attento Ma on the 22 m day of July 1864

Fallen Onsymer and Fallen To

Camp Chase Prison in the State of Ohio, and while then con

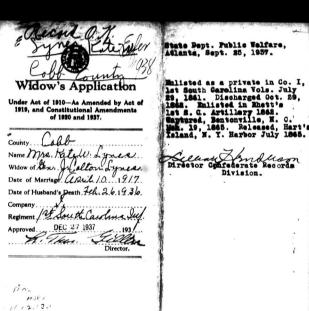
thatra Small for and died Daid disease on 30 day of Deal 1864.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 ; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State 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

It senath of Tindler mordinary. Post-office Ponder Afrings

a.



Ordinary's

Certificate

STATE OF GEORGIA

. BS. ...

Daniell

she represents herself to be, and that she has been, continuously, a bona lirs. Kate W. Lynes to the service of husband and/or the marriage; that both of them are now 1st, 1920; that I also know the applicant for pension; that

arthy and their state by me before signing the

(SEAL OF ORDINARY)

INSTRUCTIONS and the

Cobb

nable. If not, prove by or by

✓ AUG 13 1937

W

Ordinary's Certificate

STATE OF GEORGIA.

COUNTY.

Fas. F. Laniell Ordinary of said County, do certify the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident the witness who swears to the service of husband and/or the marriage; that both of them are now residents

of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit. Given under my hand and seal of office/this SEAL OF ORDINARY County

INSTRUCTIONS

- fore any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You y swear that you will true answers make to each of the questions asked you and the evidence you shall give will be

 - widows who married prior to January 1st, 1920, are entitled.

 flidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be
- 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.)

OUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA.

Colob COUNTY.

Personally appears before me, Male W. Lymls of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after being duly sworn, true answers to make to the questions propounded, answers as follow, to wit:

SECTION I.

What is your name, and where do you reside? (Give Post Office and County) Kale Ha moulta levet les Georgia

2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? Some builty Give date, or year, of your birth. Supt 11th 1860 Age? 77

3. (1) When, (2) where and (3) to whom were you married? . Office 10 La to len & Colton Tymed a. Have you married since the death of first and soldler husband?

b. When and where did your first husband die? Feb 26. 1936 manulfar

c. Were you residing together when he died?... Yeek d. If not, how long had you resided apart?

e. Are you now a widow? Let f. Have you or your husband heretofore been paid a pension by the State?... Let

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.

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?

When did he leave the Command?.....

For what cause did he leave?...

By whose authority did he leave?

.....

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?

i. If so, when and where? In what prison was he held and when was he released?.....

ma Kale H Lyner Applicant.

An Affidavit

(Read carefully before making this affidavit.)

| State | | |
|-------|--|--|
| | | |

County of

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

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

Sworn to and subscribed before me, this the

day of

. 1

Ordinary,

County.

Questions for Witness as to Marriage and Service of Husband.

| STATE OF GEORGIA. | |
|--|------------------|
| COUNTY. | |
| Janu M. anduson of said State and County is he | reby presente |
| as a witness in support of the application of Hate H. Lynus | for the pension |
| provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amer | described for |
| and 1937, in said State, who, after being sworn true answers to make to the questions propo | idments of 192 |
| as follows, to-wit: | ounded, answer |
| 1. What is your name and where do you reside? (Give Post Office and County) | |
| Quelle My Gradiegas Character (Give Post Office and County) | |
| June In anderson Translate to the lumber Tinger 2. How long and since when have you known Kate H. Lynes | t and |
| wond or years | applican |
| 3. Where does she now reside, and since when has she been, continuously, a bona fide, | resident citizer |
| of this State? Manuella, Tay 77 years | |
| 4. When and to whom was she married? 4 10 1917 How do you know? Prese | nt at nedd |
| 5. How long and since when did you know from I Golton Lynns | ha. |
| | , ne |
| 6. When and where did Gen I lottom Lynns the husband of applicant, die? Feb 20th 1936 at branita Ga. | |
| the husband of applicant, die? Fet 26th 1936 at Smartta Ya | |
| 7. Were the applicant and her husband living together as husband and wife at the dar | |
| the applicant and net husband living together as husband and wife at the dar | e of his death? |
| | 8 8 8 |
| 9 ICare by Lander | |
| 8. If not, how long did they live apart before his death? | |
| Were they divorced? 40 | |
| If the husband of the applicant was a pensioner, DO NOT answer the following | ng 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 w | ith this Com |
| pany and Regiment? (Give dates.) | till tills Com |
| 12. When and where was his Command surrendered or discharged? (Give date and place | |
| surrendered of 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? | |
| IA W II I I I I I I I I I I I I I I I I | |
| 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 clear | rly and speci |
| fically) | my and speci- |
| The state of the s | |
| 15. For what cause, if you know of your own knowledge, was he prevented from returning | |
| | g to his Com- |
| The statement and the statement and the statement of the | |
| 16. What effort did he make to return to his Command and how do you know this? | |
| 17 W. I. | |
| 17. Was he captured as a prisoner? If so, when and where? | |
| In what prison was he held? amd when released? | |
| Sworn to and subscribed before me, this the | _ |
| 229 day of July 1937 Leen M. anduson | ······· . |
| Witness) | |
| of County | |
| (SEAL OF ORDINARY) | |

17. Was he captured as a prisoner? In what prison was he held?

Sworn to and subscribed before me, this the

If so, when and where?

amd when released?

Jessie In anduson (Witness)

edle 193 ., County.

Given under my hand and seal of office, this

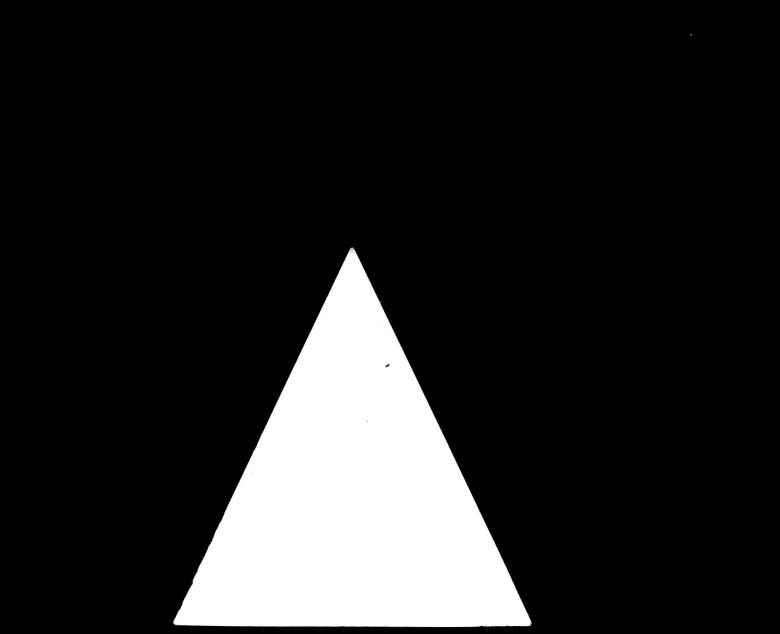
COURT OF ORDINARY, COM COUNTY JAB J. DANIELL, ORDINARY MARIETTA, GA.

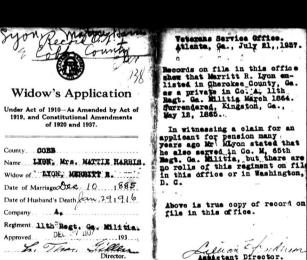
371, Cobb County Record of Marriages.

Georgia, Cobb County.

July 24, 1937.

This is to certify that Col. J. Colton Lynes and Miss Kate S. Winn were married on the 10th day of April, 1917 as found on Marriage Record Book G, page





1919, and Constitutional Amendments County ... COBB

Certificate

Jas. . . sniell

Mattie Maris Lyon

STATE OF GEORGIA

the witness who swears to the service of husband and/or the marriage; that both of them she is the person she represents herself to be, and that she has been, continuously, a bona 1st, 1920; that I also know

truthful and trustworthy and their were duly sworn me before signing the foregoing affidavits, and

SEAL OF ORDINARY Given under my hand and seal July

make to each of the qu

of files

Ordinary's Certificate

STATE OF GEORGIA dito

SEAL OF ORDINARY

Widow's Application of 1910 - As Amended be d Constitutional Amend of 1920 and 1937.

COUNTY.

of Mar

Fr. . . . enjell lattie a.ris Lyon the applicant for pension: that that I know she is the person she represents herself to be, and that she has been, continuously, a bona fide resident 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 daly 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 th

193. 7 Ordinary. Cobb County.

INSTRUCTIONS

- 1. Before any questions are answered the Ordinary shall sever applicant and the witness in the following words: "You to bolimmly severs that you will true answer make to each of the questions asked you and the evidence you shall give will be a considered to the property of the propert

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

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

OUESTIONS FOR APPLICANT TO ANSWED.

| STATE OF GEORGIA, |
|--|
| CODD |
| Personally appears before me, Mrs. Mattie Barria Lyon of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after being duly sworn, true answers to make to the questions propounded, answers as follow, to wit: |
| SECTION I. |
| What is your name, and where do you reside? (Give Post Office and County). |
| Mrs. Mattie Harris Lyon, 22 Freyer Drive, Mariette, Ga. |
| 2. How long and since when have you been, continuously, a bona fide resident citizen of the State |
| of Georgia? So year's and 6 months Give date, or year, of your birth. Nov. 6, 1850 Age? 86 |
| 3. (1) When, (2) where and (3) to whom were you married? Dec. 10, 1885, |
| Acworth Ga., Merritt R. Lyon |
| a. Have you married since the death of first and soldier husband? No. |
| b. When and where did your first husband die? Jan. 29, 1916, Marietta, Ga. |
| 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? |
| 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 Infan- |
| try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. |
| Moh. 1864, Cherokes, County, Ga., in Co. A, 11th Regt. Ga. Militia and Co. M, 65th Regt: Ga. Militia. |
| the second secon |
| When and where did the Commands of your husband surrender or discharge from the Service? May 12, 1865, at Kingston, Ga. |
| 3. Was your husband personally present with his Command when it was surrendered or discharged? |
| Yos. |
| 4. If he was not present, state specifically and clearly where he was? |
| 5. When did he leave the Command? |
| For what cause did he leave? By whose authority did he leave? |
| b. By whose authority did he leave? |
| c. For now 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 bis 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 the |
| i. If so, when and where? In what prison was he held and when was he released?. |
| *************************************** |
| - Control of the cont |
| Sworn to and subscribed before me, this the |
| Sworn to and subscribed before me, this the Garth gay or July 1937. Marthe Harris Lynn. |
| Sworn to and subscribed before me, this the Author Houris Lyn. 1937. Matte Houris Lyn. Applicant. |

An Affidavit

(Read carefully before making this affidavit.)

| State of Georgia, |
|---|
| County of Cable |
| Before me, the Ordinary of said County, comes Mrs. Mattie Hamis Tynn who, after being duly sworn, deposes and says: |
| That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers; |
| That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension; |
| 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. |
| Martie Havin Lynn |
| Sworn to and subscriber byfore me, this the play of July 1937. And July of County County. County. |

Ouestions for Witness as to Marriage and Service of Husband. STATE OF GEORGIA. CobbCOUNTY. as a witness in support of the application of Mattie Harris Lyon 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. Eume Lyon Fowler, Mariette, Cobb Co., Georgia, 2. How long and since when have you known . Mattie Harris Lyon applicant For Fifty years, 3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? 207 Freyer Drive, Mariette, Ga., Has lived in Ga. 86 yrs.

4. When and to whom was she married? Dea. 10, 1885. How do you know? marriage. 5. How long and since when did you know Merritt R. Lyon her husband? Have known him all my life, 6. When and where did ... Merritt R. Lyon the husband of applicant, die? Jan. 29, 1916, at Marietta, Ga., 7. Were the applicant and her husband living together as husband and wife at the date of his death? 791 8. If not, how long did they live apart before his death? Were they divorced? If the husband of the applicant was a pensioner, DO NOT answer the following questions. (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? 14. Was the husband of applicant personally present with his Command at its surrender? When, where and for what cause did he leave his Command? (Give date.) By whose authority did he leave his Command? 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? Emma Lyon Fords

Cobb

Application for Payment of Pension to Estate When Pensioner Dies

Current Month Jas. J. Daniell . Ordinary

Without Cashing Check for

For: Mis Mattie Nassis (97)

Date of Death: December 1 . 19 47 Amount: \$ 50,00 TO THE ORDINARY: Fill out in full and return this application to Confederate Pension and Record Department, 404 State Capi-

Approved and ordered paid,

tol, Atlanta 8, Georgia.

December 10

Confederate Pension and Record Department

COURT OF ORDINARY, COBB COUNTY JAS. J. DANIELL, ORDINARY

MARINTTA, GA.

Georgia, Cobb County.

This is to certify that Merritt R. Lyon and Mattie Harris were married on the 10th day of

December, 1865, as found in Marriage Record Book C,

page 234, Cobb County Records of Marriages. Given under my hand and seal of office, this

July 24th, 1937.

Jas. J. Daniell

Application for

Payment of Pension to Estate When Pensioner Dies Without

Before me, the Ordinary of said County, comes C. b. Dickson

Cobb

GEORGIA.

Cashing Check for Current Month
(To be disbursed by the Ordinary)

County:

of said County, who, after being duly sworn, on oath says Mrs. Mattie H. Lyon 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. CERTIFICATE OF THE ORDINARY Cobb GEORGIA. C. B. Dickson I certify that 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. Mattie H. Lyon 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, (Seal of Ordinary) Int. 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.

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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

WHEREAS:

MRS. MATTIE HARRIS LYON, WIDOW OF MERRITT R. LYON,

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late huchand of this applicant performed actual military corvice as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to Junuary 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 menth of January 1938, and thereafter, and that a copy of this order be cent to the

Ordinary of said County.

This, the 27th day of December 19 37

Director, Confederate Division
Walfare
Wolfare

Form No. 1

POWER OF ATTORNEY.

STATE OF GEORGIA. KNOW ALL MEN BY THESE PRESENTS, That : County in said State, do hereby appoint Ill arietta

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

Executed in the presence of us: 1.11 Linder

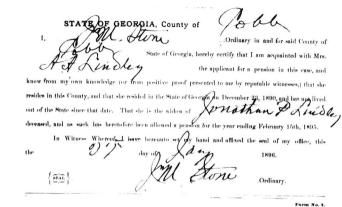
DIRECTIONS

Send amount by

me at

, and oblige

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

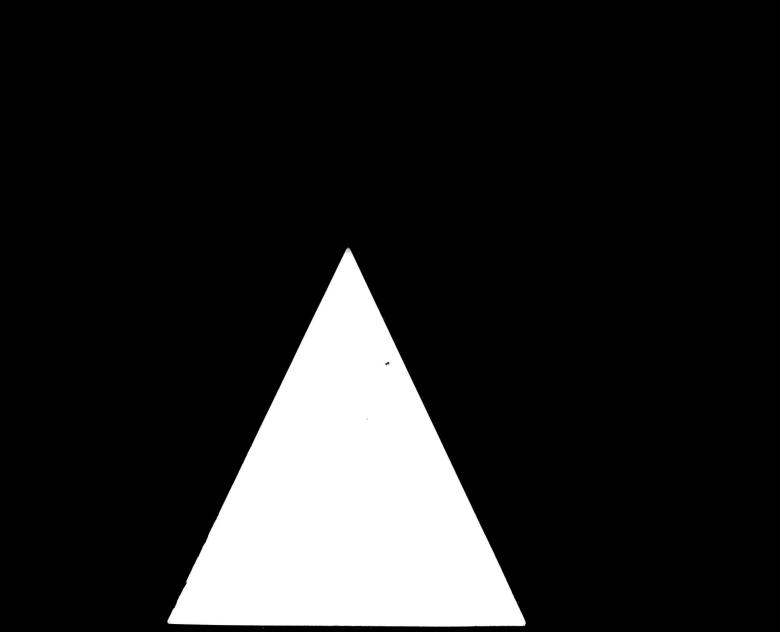


POWER OF ATTORNEY. 171

| STATE OF GEORGIA | Sounty Aou | |
|-------------------------|---|--------|
| of Minute | bereby authorize M. Hore. The to receive and receipt for the possion paid hereon and receipt for the possion paid here hereunto set my hand and seal, this | equest |
| that he remit same to | me by nine | |
| IN WITNESS WHEREOF, I | 1896. | |
| | - Mo Frenath & ling | (Lay |
| Executed in the present | ce of | ` / |



| DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS GEORGIA DEPA | ICATE OF DEATH RTMENT OF PUBLIC HEALTH |
|---|---|
| 1. Piece of Doeth | 1. Usual Residence of Deceased |
| (a) County Cobb Milita No. 898 | (a) State Georgia (b) County Cobb |
| (b) Town Marietta | City or Marietta |
| Name of Hosp. 207 Freyer Drive | (d) M.F.D. and Box No. 207 Freyer Drive |
| (d) Length of Stay Hosp. or Selore Death : Institution Community 97 yrs | Citizen of (Yes) If Yes, Name (er No) Country |
| F-11 | (e) Foreign Country? Ger Me / Country |
| J. Name Mattie Harris Lyon PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATION |
| Fomale White S. State Marital S. Status (circle) (w) | 12. Date of Dec. 1, 18 47 Time 11:00 M. |
| 7. Gire Name of Spouse M. R. LVON 8. Age Years Months Days II less than \$4 hrs. Q7 Mrs. Mis. | 26. I hereby certify that I attended the deceased who died on the above date. I lest saw |
| Pate of Nov. 6, 1850 Herb Cobb Co. Ga. | K 1m Alive on December 1, 10.47 |
| Usual 10. Occupation Domestic | Primery Count of Dooth Congestive Heart |
| | Failure - on Hypertensive brain |
| Industry II. or Business | (Pienes Underline the Gauss to Which This Beath Shau)d Se Sharped) Contributory Courses |
| 12. Name E. C. Harris 13. Birthplace S. C. | |
| Moiden Jane Dickson | (Installed Any Frequency Within Three Heaths of Death) |
| 15. Birth Place Georgia | Operation Date of Diagnosis : Clinical, Was Autopsy Operation Leis., X-Ray (Cheek) Performed : |
| Informanta 18. Own Signature M. R. Lyon, Jr. 17. Informanta P. O. Address Marietta, Ga. | S. II death was due to axternal visiones please answer the following questions: (c) Accident, Suicide (d) Provides (housted (Spectry) (b) Overviese (c) Overviese |
| Burial, Cremation C1 ty Com , (a) Date 12-3-47 | Place of (c) Acedent |
| P.O. Address of Mariotta, Ga, | (6) Acetesi (6h; (6uesh) (Shish) Where: Home. Farm. While et (d) Industry. Public Place Work. |
| Signature of Person Mayes Ward and Company | Means of |
| P. O. Address of inarietta, ia. 12-4-47 | Physician's Wm. H. Benson, M. D. |
| Registrer's 22 Own Signature Johns Carbonate Carpetity Surfer Signing) | 213 Cherokee St. Date Signed |
| (Cheek Cordinate Carefully Bothre Bigning) | Physician's Marietta Ga. Dec 3,1947 |



Widow's Application

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

County C. Th.

Name Sarch Borton McCountres

Widow of M. M. Countres

Widow of

Approved

J. W. LINDSEY
Commissioner of Pensions

er, Atlanta

| | | a | | Company to School | _ |
|-----------------------|----------------------------------|---|---------------------|-------------------|-------------------------|
| Wilson of it Williams | County R. L. K. Santon M. Coules | To Be Put on Roll in Her Own Right, when Husband Was on Roll at Death. | Widow's Application | Cobb Chypro/1/12 | ME Canless, Sarah Barto |

| STATE OF GEORGIA, |
|--|
| County |
| le l'act mel lesse |
| Personally before me come frak Warm W Cauth of said County, |
| who, after being duly sworn, on oath says, that she is the widow of a Melanless to whom |
| sile was married on the |
| day of May 1869 and that she remained his wife, and resided with him to the date of his death |
| in 1974 and that she has not since his death remarried. At the time of his death |
| he'was a resident of County, in said State of Georgia, and he |
| was on the Pension Roll of the State and paid a pension of \$64. |
| 4 10 4 |
| Regiment (Volunteers of State Militia.) |
| At the death of a Weaulers he was in the use and possession of the following |
| At the death of the M. Caulian he was in the use and possession of the following property |
| of the cash value of \$ 2 |
| 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 / |
| Horses and Mules 8 |
| Hogs, Cows, etc |
| Total Cash value of all property |
| That she is now a bona fide resident citizen of said County of |
| has so continuously resided since day of Nacontinuously resided since day of |
| Sworn to and subscribed before me, this the Levah, Barton, Micanles |
| Ordinary, |
| of County. |
| V County. |
| |
| |

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

| | STATE OF GEORGIA, |
|-------|--|
| | STATE OF GEORGIA, |
| | Personally before me come to fault of My Glinna known to be responsible |
| | and truthful persons, residing in said County, who after having duly sworn on eath say that if the |
| | own personal knowledge Mrs Lord Backer Warlis who made the foregoing affidavit, is |
| | the lewful widow of a Whanles who slied in County in |
| | said State of the on 26 day of the 1900 and that she |
| _ | has not since remarried. That she became the wife of LA W. Conline on the day |
| Teray | of 18 7 and that she and he had resided together as man and wife continuously since 4 |
| / | day of Many 1869 and that me Ja Wlanding was the |
| | same man who was on the pension roll of said State |

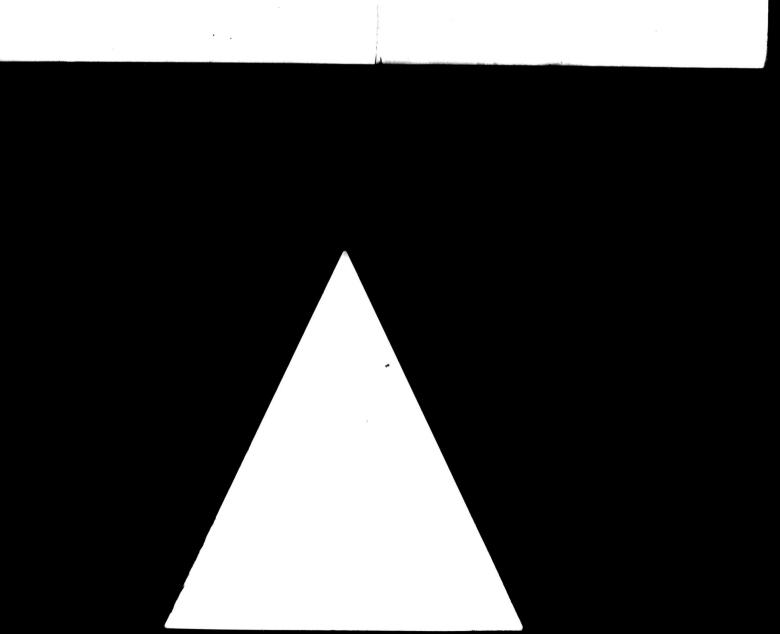
2 3 July of Qual 191/ Ordinary

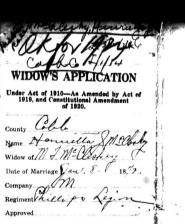
Juse A. M. Sonless of State of Meorgia Sorton Saroh S. Barton I've any minister of the Goopel Judge of the Superior Count or Justico of the Deace it Cilebrote Hor are hencly authorized and permitted to in he honorable state of matriming Jesse modanless and soroh S. Banton according to the rites of Jun church, provided there be no lawful Couse to obstruct the same, according to the Constitution and laws of This Dlate, doing this shall be form dufficent frence. under my hand and seal this 4th day & A. Howen Ordinory I hereby Certify that feare Barton County Ker Canless and Sarah & Barton Were formed together in the holy Bour of Matriming W.F. Weems M. y. Recover 18 " say of Delotus 1869. a Howard Ordinary Georgia Donters County. I. IN Nendricks Ordinory of said county Could that the foregoing is a torrect copy of the many on page 4% book A, Sf

| AFFIDAVITS OF TWO FREEHOLDERS. |
|--|
| STATE OF GEORGIA, |
| County. |
| Personally before me comes to ball & M. I foreing, who after being sworn on |
| oath says, that they are freeholders of said County, and that they know arch Barbar III banker if said County and knew her said husband. A McCanher at his death on the 26 |
| day offered 191/ that she and he were in the use, possession, and control of the following property at his death to wit: When exacts thousand the control of the following |
| |
| of the value of \$ kk/ That she is now in the use, possession and control of the following property to wit: |
| of the value of .8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| Sworn to and subscribed before me, this the I M. Gatt In J. Flore 1 |
| 2307 |
| of Oth County. |
| |
| ORDINARY'S CERTIFICATE. |
| STATE OF GEORGIA, |
| County. |
| Records Borke M. Lasalles he 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 It Gold W. J. House witness as to marriage and I also know |
| who I know to be a resident free holder of said Comme |
| Ithat 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 this day of Od 1917. |
| Ordinary. |
| |

Before any questions are answered, the Ordinary shall awear 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."

and the evidence you have a supplied to the state of the property of the state of the





Date of marriage

192/1923

C. E. McGREGOR.

proven by

Ordinary's Certificate

COUNTY Ordinary of said County, do certify

dent citizen of suid State since January 1st, 1920; that I also know is the person she represents herself to be, and that she has been, gontingously, a 4 the applicant for pension; that

the witness who swears to the service of husband; that both of them are now residents of said ful and trustworthy and their statements are entitled to full faith and credit sworn by before signing the foregoing affidavits, and that they are truth-

(SEAL OF ORDINARY)

Given under my hand and official seal of office this 2

day of

Odethy

192

, Ordinary.

County

Instructions

the Ordinary shall swear applicant and the witness in the will true answers make to each of the questions asked you this. So help you God."

The Ordinary of the County is, which Lia applicant or with the Ordinary of the County is, which Lia applicant or with following words

of marriage license if obtainable. If not, prove or by gen-

of the application carefully. ky form of Marriage Certificate

Ordinary's Certificate

| STATE OF GEORGIA, |
|--|
| COUNTY. |
| 1. And Sand Outlinery of said County, do certify that know Henrich M Clarkey the applicant for pension; that |
| 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 D. C. Friere |
| the witness who swears to the service of husband; that both of them are now residents of said |
| County and were duly sworn by me before signing the foregoing affidavits, and that they are truth |
| ful rad trustworthy and their statements are entitled to full faith and credit. |
| Given under my hand and official seal of office this 27 day of Ooleter 1923 |
| (SEAL OF ORDINARY) 277 June Ordinary |

Instructions:

- 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
 "You do celemnly 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 notified.

 4. Answer the made before the Ordinary of the County in which the applicant or witness resides and
 the certifies be made before the Ordinary of the County in which the applicant or witness resides and
 6. Attach certifies the made the ordinary of the County in which the applicant or witness resides and
 6. Attach certifies depice of marriage llense of 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 bulks form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

County

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:

Personally appears before me, Sunila & M Clarky of said State and County and hereby applies for the rension 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)

2. How long and since when have you been, continuously, a bona fide resident citizen of the State

76 years

of Georgia? all my like

| 3 When, where and to whom were you married? Juny 8 7871. Hullon B. | |
|--|---|
| a. Have you married since the death of first and soldier husband? | |
| 1. When, where and in what Company and Regiment did your husband enlist as a soldier in Con- | |
| federate Army or Georgia Militia? (State the arms and class of Service, and give name of Colonel and Captain.) April 1862, Co. W. Phillippo Layron | |
| 5. When and where did the commands of your husband surrender or discharge from the Service? | |
| 6. Was your husband personally present with his command when it was surrendered or dis- | |
| charged? Yes | |
| 7. If he was not present, state specifically and clearly where he was? | |
| 8. When did he leave the Command? While 1863 | |
| a. For what cause did he leave? War was over | |
| b. By whose authority did he leave? | |
| c. For how long was his leave of absence granted? . 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 Command? | |
| h. Was he captured by the enemy at any time? | |
| i. If so, when and where? In what prison was he held and when was he released? | |
| j. When and where did your first husband die? Twom ber 7-1922 Wenelly G | 9 |
| k. Were you residing together when he died? | |
| 1. If not, how long had you resided apart? | |
| | |
| 9. Have you or your husband heretofore been pale a pension by the State? | |
| If so, when and for what cause were you or your husband placed on the rolf. On Insalice | |
| | |
| Sworn to and subscribed before me, this the day of Celober 1923. Grand Ordinary (SEAL OF ORDINARY) County. | 1 |
| | |

| | Questions for Witness as to Service of Husband and Marriage |
|------------|--|
| | STATE OF GEORGIA, |
| | D. O. Wesser of sold State and Country |
| | as a witness in support of the application of Miss Houndly I Hyb list, for the pension |
| | provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of |
| | 1920, in said State, who, after being sworn true answers to make to the questions propounded, |
| | answers as follows, to-wit: |
| | 1. Sonat in your pame and where do you reside? |
| . . | 2. How long and since when have you known applicant |
| | 3. Where does she now reside, and since when has she been, continuously, a bona fide, resident |
| | citizen of this State? |
| | |
| | 4. When and to whom was she married? Ht. I Make blow do you know? |
| | 5. How long and gince when did you know M / M 4 / Co as |
| | husband? Lover Lange Shares of 1867 |
| | 6. When and where did M. J. Hield Listery |
| | the husband of applicant, die? Manella La. Dia. 7- 1922 |
| | 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? language long this |
| | were they divorced? |
| | 9. When, where and in what Company and Regiment did M. 7 M. Colyslay enlist? |
| | 10. How did you obtain your information of this service? & Washing Barrie & Williams |
| | 11. How long within your present broader of this service? |
| | 11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates Amid april 1866). |
| | 12. When and where was his Command surrendered or discharged? (Give date and place) |
| - | 18. Were you personally present with this Command when it was surrendered? I was |
| | 14. Was the husband of applicant personally present with his Command at its surrender? Yes |
| | If not where was he? The free 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 town? |
| | How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically). I was in Senie to I served along with |
| | 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? Av If so, when and where? |
| | In what prison was he held? |
| | Sworn to and subscribed before me, this the |
| | day of Get 1923. (Witness) |
| | of County. |
| | (SEAL OF ORDINARY) |

MARRIAGE LICENSE

State of Georgia-- Bulton County

| To any Minister of the Gosp authorized to Bolemnize | pel, Judge of the Superior Court, Justice of the Peace, or other Person e. | | | |
|--|--|--|--|--|
| You are hereby authorized and permitted to join in the hon- | | | | |
| ovable state of Matrimony NIIton T. MOCIOOKOY | | | | |
| and | Henrietta J. Spruell | | | |
| | Church, provided there be no lawful cause to obstruct the same, according to the | | | |
| | ate; and for so doing this shall be your sufficient License. | | | |
| RETURN THIS LICENS | SE, WITH YOUR CERTIFICATE THEREON, TO MY OFFICE FOR RECORD | | | |
| Given under my Hand | and Scal this 6th day of January 1871 192 | | | |
| | Daniel Pittman Ordinary | | | |
| I hereby certify that | Milton T. McCleskey | | | |
| and | Milton T. McCleskey Henrietta J. Spruell | | | |
| were joined together in the HOLY | | | | |
| on the 8th day of Jan. 1 | 971/22x , by mc. "Mm. POWST . J. P. | | | |
| | | | | |
| State of Georgia | ORDINARY S OFFICE | | | |
| State of Georgia Fulton Co | untu. | | | |
| | | | | |
| /, Arthur H. Marl | but | | | |
| that the foregoing | ng is a true copy of the Marriage License and Certificate of Marriage of | | | |
| / | Milton T. McCleakey | | | |
| | The second secon | | | |
| A STATE OF THE PARTY OF THE PAR | and Henrietta J. Spruell | | | |
| 1 | as the same appears of record in this office. | | | |
| | Given under my official Signature and Seal of the Court of Ordinary | | | |

the day and year aforesaid.

arthur Rugarbut
Clerk Court of Ordinary

MARRIAGE LICENSE

State of Georgia-- Bulton County

To any Minister of the Coupel, Judge of the Superior Court, Justice of the Peace, or other Person authorized to Golemnize.

You are hereby authorized and permitted to join in the honorable state of Matrimony Milton 7: Millesky

and Henriotta & Aprill

According to the Rites of your Church, provided there be no lawful cause to obstruct the same, according to the Constitution and Laws of this State; and for an doing this shall be your sufficient License.

Daniel Cilman

I hereby certify that Wil Bon T. M. Clesky

and Hourietta & Spruell

on the 8 day of Jan 1997, by me. www Cower J. C.

State of Georgia, Fulton County.

ORDINARY S OFFICE

Julion County. ATLANTA. O. Jane 15 1924

that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

Millon T. in Classy

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary,

the day and year aforesaid.

Osthus R. washet

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Cobb

Dersonally 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
who was a Soldier in Company
of the St. Crufe D. Regiment of
Volunteers, that he culisted it said Regiment on or about the month of

Volunteers, that he enlisted it said Regiment on or about the month of 186 7 and served in the Army up to 186 7 and served in the Army up to day of 186 4 (State her

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

That while in the Confedente army at till auta far the loss Captured by the Fadene army and Faker to Count Chase Ohio when he died with small Pox on the 30th day of Deat. 1864.

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

Sworn to and subscribed before me, this day of Jan 1895.

All Storm Ordinary. Post-office Pender Spring To

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of

A. A. Lensley

who being sworn, says on oath, that she is a bona fille resident of said country of

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

On the State of Georgia, and that she has RESIDED in said State

18 3 9 That she is the Widow of

who was a Soldler in Company

He of the State of Regiment of

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

1860 and served in the Army up to

All of Late of State here

full porticulars of the hughoral death, when, where any from what cause.)

And While in the Confactors

Army he was raffirm and

Father of State here

On the Confactors

Arter of C

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

Sworn to and subscribed before me, this I so really I solding to the I solding to the Standing of Many 1896. Post-office Pormer Spring I for

Application for Expenses of Last Illness and Funeral (UNDER ACT OF 1919) TO PAY-1930. Date of Death: Cig. & C. Tax. S Amount: 8 30. PAID TO ORDINARY ON THIS CLAIM: FUND FROM WHICH PAID TOTAL Approved, and ordered paid. Director, Veterans Service Office. 395,20 15700

STATEMENT MAYES WARD & CO.

FÜNERAL DIRECTORS AND EMBALMERS

TELEPHONE SAS

AMBULANCE SERVICE

FUNERAL HOME

MARIETTA, GA. Jan. 29, 1935

M Funeral expanses for Mrs. Henrietta McCleskey

Marietta, Georgia.

1/12/35 Casket \$ 250,00 Vault 100.00 Embalming 15.00

10/00 Hearse rave 8.00 ld. nts. Atl. Journal 6.00

onst.

of Mrs. Henrietta McCleskey, who died without

Georgia, Cobb County. The alove and foregoin account is rendered for services in the funeral expenses

owning sufficient property to pay this till. Sworn to and subscribed before me, this 2nd day

of February, 1935. Mrs. ridge in harvage

Notary Public, Cobb County, Ga.

COURT OF ORDINARY, COBB COUNTY JAMES J. DANIELL, ORDINARY MARIETTA, GA.

\$157.00

time.

Marietta, Ga., March 1, 1935

RECEIVED of Jas. J. Daniell, Ordinary of Cobb County, ONE HUNDRED AND FIFTY SEVEN DOLLARS to apply on the funeral expenses of Confederate widow pensioner, Mrs. Henrietta McCleskey. This leades a balance on this account still unpaid at this

BY Mayes Mara

Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919) (To be disbursed by the Ordinary)

| GEORGIA, County: | | | | | |
|--|--|--|--|--|--|
| Before me, the Ordinary of said County, comes | | | | | |
| D. H. McCleskey , of said County, who, after being duly sworn, on oath says | | | | | |
| that he knew Mrs. Henrietta McCleskey late of said County, a Confed- | | | | | |
| erate pensioner, and that said person is the identical person named and described in the attached | | | | | |
| certified copy of burial certificate; and that said pensioner LEFT NEXWIELDS NO ESTATE of | | | | | |
| ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted | | | | | |
| to the sum of \$39520, as shown by sworn statements FULLY and COMPLETELY | | | | | |
| ITEMIZED, hereto attached. | | | | | |
| Sworn to and subscribed before me, (this the End day of Fably, 198.5. Amull, Ordinary.) | | | | | |
| CERTIFICATE OF THE ORDINARY | | | | | |
| GEORGIA, Cobb County. | | | | | |
| I certify that D. H. McGleskey who subscibed | | | | | |
| 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. Henrietta McCleskey the deceased | | | | | |
| pensioner referred to in the foregoing affidavit and that said deceased 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 to lurisl certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of fast illness and burial for which claim is made. | | | | | |
| Given under my hand and seal of office, this the 2nd day of February , 198 5. | | | | | |
| (Seal of Ordinary) (Seal of Ordinary), Ordinary. | | | | | |
| INSTRUCTIONS | | | | | |
| 1st. Certified copy of Burial Certificate must accompany this application. | | | | | |
| 2nd. Require those claiming expenses of last Ulness and funeral to make any their | | | | | |
| giving such item and the value of it, and each date. 3rd. Each account must be sworn to before the Ordinary, and in the following form: | | | | | |
| "The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may | | | | | |
| be) of, who died without owning sufficient property to pay this bill. | | | | | |
| 4th. 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 and signed as indicated. 5th. The completed successes this blank has been the completed and signed as indicated. | | | | | |
| 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment, | | | | | |
| 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office. 7th. Ordinary should see that the back of this blank, when folded, is filled out. | | | | | |
| Sth. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filled in the Veterans Service Office. | | | | | |

9th. The State does not authorise the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been obtained of the State of Georgia for more than twelve (12) months immediately preceding date of death.

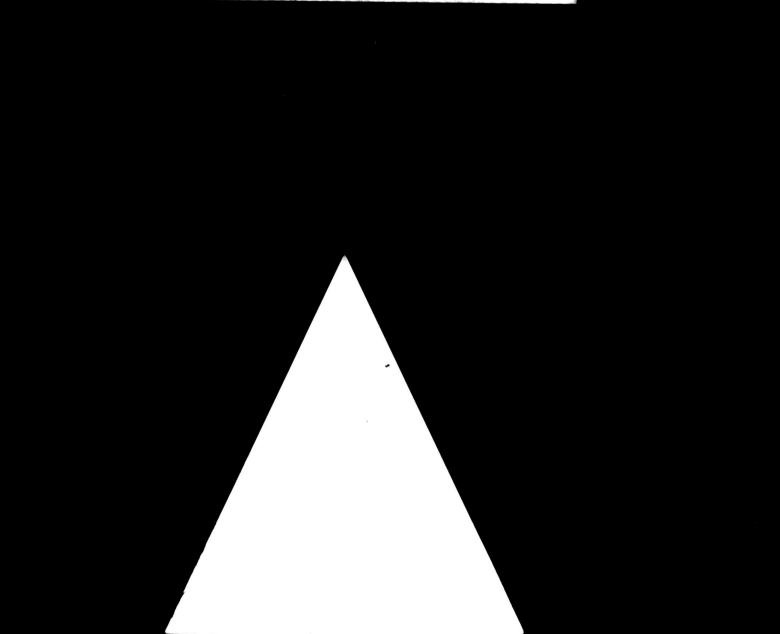
I hereing certify the water to be a time copy of the death cutepeate of Nomietta Jacquene The cleany as on file in my office J. E. Luter m. B. Com. of Wever, core Co. I have no seal of office \$_XX300XXXX 150.00 September 3, 193 6 RECEIVED OF JAS. J. DANIELL, ORDINARY, CORP. COUNTY R CHINDRED AND FIFTY IN FULL SETTLEMENT OF CHARACTERS OF MES. PRINCIPLE MOCLESKEY XXXX PAYEE SIGN HERE THE ACCOMPANTING CHECK WILL NOT BE PAID UNIDER THIS PROFIT TO CHECK.

CERTIFICATE OF DEATH GEORGIA DEPARTMENT OF PUBLIC HEALTH Bureau of Vital Statistica PLACE OF DEATH IS A PERMANENT RECORD. Every its
death should be stated in plain terms, so th
cupetion is very important. Was disease
occupation?

Where was disea Course C ooo Militia District (Number and Name) \$98, m auto City or Town Mon. Ds. MON. RESIDENT (Yes or FULL NAME of Surface of organisms of the Clarky of the Name Indicate of drient and Residence (City or Town). The autotate of Given and Nombers (State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR or RACE | 5. Single, Married, Widowed, Divorced (write the word) 16. DATE OF COL. 12 1935 at 7:15 1,35 1.7:15 P. emale white widowas 6. DATE OF BIRTH (month, day, year) Dac 24, 1846 Years Months Days II less than one day 1,34 . Jan. 12 , 1,30 7. AGE I last saw h. A. alive on the Bate and hour stated above.

The principal cause of death and related causes of importance in the order of onest and duration of each: Hours Minutes 198 5 death z (a) Trade, profession or particular O kind of work done, as spinner, sawyer, bookkeeper, etc. lied. Cause of tement of conditions of (b) Industry or business in which work was done, as cotton mile sawmill, bank, etc. myocarditie + nephritie work was now, sawmill, bank, etc.

(c) Date deceased last worked at this occupation (month and year) Total years spent in this Other contributory causes of importance UNFADING (P. O. Address) 10 NAME W. E. prile What test confirmed diagnosis? Olivious (Specify whether autous, corration, laborators, or clin II BIRTHPLACE (P. O. Address) If death was due to external causes (violence) fill in also the following 12. MAIDEN NAME COME QUESTION Was injury an accident, suicide, or homicide? Did injury occur in a home, public place or industry? 14. INFORMANT (Signed) Tomes mc Cleakery, Manner of injury be ted (Address) In arretto, gai. Nature of injury.... 19. BURIAL PLACE (Signed) W. 70 Perkinson (Cemetery) City Cam (Address) marietto, ga. (Postoffice) Date aw 14, 1933 20. UNDERTAKER (Signed) 1 and Co. 15 FILED Jaw 14 (Signed) Q. B. Letu. manuto Ga (Address) \$_XX300X00 150.00 September 3, 193 6 RECEIVED OF JAS. J. DANIELL, ORDINARY, COBB COUNTY R HUNDRED AND FIFTY DOLLARS IN FULL SETTLEMENT OF CONTRACT STATES OF THE S. HENRIETTA MCCLESKEY XXXX WITNESS PAYEE SIGN HERE



| SOLDIER'S PENSION, 190 Name My W Solvering County Co. M. Solvering County Co. M. Solvering Disability Amount, \$ NO, JOHN W. LINDSEY, Commissions of Pensions, WARRANT HANDED TO | reside office 10-10-13-it is not stated by Applicant as the the primer hydred specifies of applicant is the applicant as consequent of the consequent is the applicant is become sent to perform the ordinary mental whife. This is what the law requires to be desic. It a hirdney can of | Executed in the presence of | by | POWER OF ATTORNEY. STATE OF GEORGIA, County. hereby authorize not receipt for |
|---|---|-----------------------------|-------|--|
| Ordinary will write Name of Applicate Com- and Regiment on back as indicated above. Gen. W.Marrison, plate Printer, Alianti. | | | T. a. | Person No. 1. |
| ENTERED ROSTER OFFICE | | | | |

POWER OF ATTORNEY. STATE OF GEORGIA County. 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 _____[L. 8.}` Executed in the presence of Pension office 10-10-12—It is not stated by Applicant nor testified by Drs that the present physical condition of applicant is the sole result of the disease contracted while in the army, and is such as to render the applicant incompotent to perform the ordinary manual vacations of life. This is what the law requires to be done. J.F. Lindsey Com Of Pensions

WARRANT

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN

| | last - } |
|---------------------|--|
| | PERRONALLY Appears MID. MI Courty of said Coff |
| | PERBONALLY appears HIV. MI Clarking of said Coff |
| j | County, State of Georgia, who being duly sworn, says on oath that he was born on the |
| | Horit 1842, that he is a ugna Ade citizen and resident of Georgia, and has be |
| 1 | continuously since the day of the 1842, that he collect |
| | in the military service of the Confederate States (or the State of) on t |
| | day of April 1862, during the war between the States, a |
| | M. Philip Vagion & |
| | 24.18 |
| | About Brigade, and yea, honorably discharged on the day |
| | ithat whilst engaged in such military service, and in line of duty |
| | the State of Wigness on the day of 186 |
| | be was disabled or wounded as follows: during the worth of Accomplex 186. |
| | the was affected with a sivere attack of premuo |
| | Which resulted in appliles from which he has |
| | Sufferred wer Siace and from which cause he is |
| | 81. 1/e t. A 011 10 |
| | 2. |
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| | granual later - and a matte to perform manner. |
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| 0000 | labor Hapt at sistemas and of the highest Kuns |
| - | Vhere was command surrendgred? Appromation C. H. Da. |
| - | Vere was command surrendgred? Approve there C. H. Da., 16 not, who |
| | Vere was command surrendgred? Approve thery C. H. Da., If not, who |
| 200 200 200 200 200 | Vere was command surrendered? Approve they C. H. Da. Vas applicant present? How come there? How come there? |
| | Vere was command surrendered? Approve Hery C. H. Da., Vas applicant present? How come there? How come there? Deponent desires to participate in the bonefite of Section 1250 of the Code, and the Acts amendatory thereod and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 190 |
| | Vere was command surrendered? Approve they C. H. Da. Vas applicant present? How come there? How come there? |
| | Vere was command surrendered? Approve Hery C. H. Da., Vas applicant present? How come there? How come there? Deponent desires to participate in the bonefite of Section 1250 of the Code, and the Acts amendatory thereod and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 190 |
| | Vere was command surrendered? Approve Hery C. H. Da., Vas applicant present? How come there? How come there? Deponent desires to participate in the bonefite of Section 1250 of the Code, and the Acts amendatory thereod and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 190 |

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.

AFFIDAVIT FOR THREE WITNESSES.

| STATE OF GEORGIA, | } |
|--|--|
| County | .) |
| Personally appears before me the unit | dersigned Ordinary in and for said County |
| ersonally known to me to be true worthy citizen | and Mason as, each of whom, being duly sworn according to law, severally say |
| nder oath, that they are personally and well a | V. 1 10, 6 // 1 /3 |
| Millips Signe Bagiment book | that he served in Company is of the Brigade, and from our personal knowledge he, |
| hile in line of duty, was injured by the service then, where, and how the injury happened, isobled from work as a direct result thereof. | us follows: (Give tull statement, and tell in your own language or the disease was contracted, and to what extent applicant i If he dos any labor or can do any, state what.) |
| 1 | sember 1862 he contractes |
| rondin da Systella | I am Made Continue So effected made to proform manual later |
| o make a living by | 2 1/2 |
| to the Same Chumana | . We know this be sauce we belonge |
| with fine los vian | exhipt occasion at tempornes at |
| | 75 |
| | 1 |
| · | |
| | The second section of the se |
| | |
| here was applicant's command surrendered? | St Topouratter the |
| as he with it? | Were all of you present? Ges. |
| not, where was he? | |
| here were you all? | The state of the s |
| ow do you know the facts you state to be true? | |
| | 107° |
| We personally know above stated facts. | We were with him in the army and have known him ever Myce. |
| was honorably discharged or retired from the second . Applicant is permanently disabled as step have no interest in the recovery of a pension | ated and has been so to our cartain knowledge over the two |
| Sworn to and subscribed before me, this | E. donne |
| day of Jamber 100 2 | for Harnly & Al |
| Ordinary. | NINI NI WEDN |
| NOTE 1 The Ordinary will see that the full t | text of the affidavit is understood by the witnesses, and that they are |

PHYSICIANS' APPIDAVIT.

| STATE QF GEORGIA, |
|--|
| County, |
| No my souls. |
| Um his I |
| me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully |
| examined In I melisky and after such personal examination, say that the present |
| condition of applicant is as follows: |
| the find applicant now sufferen |
| The Chronin Constlant Profition |
| To hold his wole. On annual |
| about Mentin Tracks by days |
| a sinht- |
| they will the |
| and that make analysis is a second of the se |
| and that such condition is permanent. Said condition arises from the following facts: |
| to file of neumonia, Condents |
| Is would in 1862 and 186 De shill |
| about souber sender afficient mable |
| is carrie auffort by mound labor |
| We have treated applicant professionally foryears, and his condition, as above stated, |
| does Con arise from hereditary or congenital causes, or from vicious or intemperate habits. |
| Sworn to and subscribed before me, this |
| 190 190 190 1002 J. Conderson M. D |
| Ordinary. |
| NOTA 1—State fully the physical condition and especially the extent of disability. If disability results from wound or injury, table its location, character and present condition. If from disease, give its nature and character, and its causes or required as a destroyed of affaint. |
| origin, as understood by affiants. NOTH 2.—The physicians will be careful to fill every blank space in oath. |
| STATE OF GEORGIA) Form No. 4. |
| Cll |
| County.) |
| The hallen , Ordinary of said County, |
| do ce [†] tify that I am well acquainted with the policiant in the foregoing affidavit, and am well satisfied that the statements made by him to his said affidavit are |
| rue, and he is disabled, as he claims, and I know he is the individual he represents bimself to be, and that he |
| resides in this County and has been a bona fide resident since theday of18 |
| also capiff that the witnesses, to wit: & & Maron B & Hamby. |
| are persons of respectability, that their statements are worthy of full |
| tredit and belief, and that the full text of the affidavit was read to and undergood by them before they signed he same. |
| Given under my official signature and seal, this |
| Mount |
| Ordinary County. |
| All amending proofs must be executed with the same formality as original proofs and the certification. |

| PHYSICIANS ² APPIDAYIT. | |
|--|----------------------|
| STATE OF GEORGIA. | inal |
| County, | |
| | |
| PERSONALLY comes before me Ordina | ary of said County, |
| me as reputable physicians of said County who being sourcelly | , both known to |
| 22 7 MC County, who, being severally sworn, say on oath, that | they have carefully |
| examined // Why Cuestry and after such personal examination, | say that the present |
| condition of applicant is as follows: | le has |
| To which is which is | heering |
| the muchally to Love Time un | metores |
| of a limited is up sull a | unlist |
| I home men wie through | and in |
| his Juliacy hadly by t day of he | |
| him wealle to putous we would | O.G. |
| and that such condition is permanent. Said condition arises from the following facts: | Z- S |
| muconing Two so let "G 1 The D' il | 70 7 |
| This Warden to and it is a | Crear V |
| Vito Symmetry the | march. |
| The Spores The Sequelae of the | & accorning |
| Al - thypully hus tale to fatout leever | la rose ans of |
| We have treated applicant professionally for years, and his condition | |
| does have arise from hereditary or congenital causes, or from vicious or intemper | rate habits. |
| Sworn to and subscribed before me, this | in |
| To ser or secuchar 1982 John H. Sin 120 | un man |
| XML Dann | 1 |
| Ordinary. Norm 1-State fully the physical condition and especially the extent of the bills. | |
| NOTE 1-State fully the physical condition and especially the extent of disability. If disability res inpury, state its location, character and present condition. If from disease, give its nature and characte prigin, as understood by affiants. | r, and its causes or |
| Nora 2.—The physicians will be careful to fill every blank space in oath. | |
| STATE OF GEORGIA, | Form No. 4. |
| County | |
| L. County.) | |
| , Ordinary | of said County, |
| to certify that I am well acquainted with_ pplicant in the foregoing affidavit, and am well existed that the statements made by him in his rue, and he is disabled. | the |
| the individual he represents himself to | o be, and that he |
| esides in this County and has been a bona fide resident since theday of | 18 |
| also certify that the witnesses, to wit: | |
| are persons of respectability, that their statements are | |
| redit and belief, and that the full text of the affidavit was read to and understood by them be the same. | efore they signed |
| Given under my official signature and seal, thisday of | 190 |
| , | 180 |
| 0.11 | |
| Ordinary | County. |

Cook locate before on the materiage.

A. Me beliefe with points over Line to was afflicted both points of the Short of the Sound to the Sound of the Sound that I have of the Sound that I have of the Sound that I have of the Sound to the Sound of Sound the Sound to the Sound of Sound the Sound to the Sou

| State of Georgia, | Geal | Cou | inty |
|---|--------------------|---------|--|
| that I praonally know 1 | | | said County, do certify applicant, and that she |
| 0 | ision Roll of said | 1. Coll | County, and was paid |
| | day of Nove | uler | 19 2 7 and at the time 192 2 there was due to |
| of Georgia, and I know | 2. The Eust | m. | Dollars from the State |
| witness, and he is of a trathfu Given under my hand and se | | | ll credit. |
| (SEAL) | | 211 | , Ordinary |

M& Cleskey , M. T.

Application for Pension Due Deceased Soldier (UNDER ACT 1891)
(To be paid his Widow or Dependent Children Widow of Marso Chemical Company of the Company of

Ordinary: Fill out above in full and send this blank to breaison Office for approval before you pay out the money, and then return is with your pay-rolls for the permanent filing in the Pension Office.

JOHN W. CLARK.

| GEORGIA, | County. | |
|--------------------------------|--|--------------------------------|
| I hereby authorize and constit | tute | , of said County, my |
| • | | ension due me for 192, through |
| Pension Roll and paid from | The state of the s | County for 19 |
| Witness my hand this | day of | . 192 |
| Attested before me: | | |

| Certificate of Ordinary of the County of Applicant's Residence. |
|---|
| SEATE OF GEORGIA, County of Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. the applicant for a pension in this case, and |
| know from my own knowledge or from positive proof presented to me by reputable witnesses,) that she |
| resides in this County, and that she resided in the State of Georgia in December 21, 1890, and how the lived out of the State since that date. That she is the wildow of praction of Frimle. |
| deceased, and as such has heretotore been allowed a pension to the year ending February 15th, 1896. |
| To Witness Whereoff I have hereunto set my hand and affixed the seal of my office, the fig. of 1897. 1897. Ostlingy: |
| Page Va. a |
| POWER OF ATTORNEY. |
| STATE OF GEORGIA. When the first of Line by the state of the pension paid by the and request that the remit same to Is William to I have become set my band and seal, the as of Hills 1877 |
| |

MIDOM'S PENSION

MAID Poly Str. 1897.

RICHARD JOHNSON,

WARDANT ISSUED

No. 3758

1897.

FOR THOSE HERETOFORE PKID.

Sec. 1

1800 4 the on CLIDOW'S PEI For year ending February 18 Men C U, mo

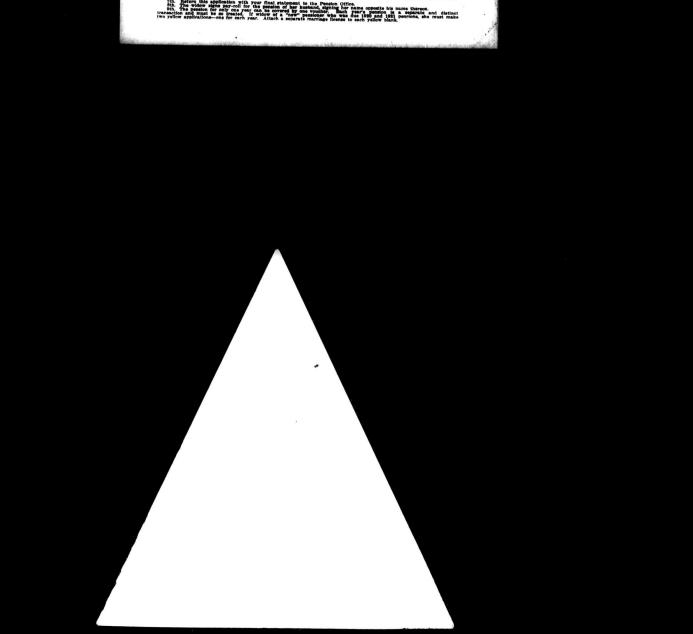
| POWE | ER OF ATTORN | IEY. |
|--|--|---|
| 111 | Coble Hay hereby authorize | County. |
| that he remit same to | me " by | pension paid broom and request |
| IN WITHERAR WHEREOF have here day of | nunto set my hand and seal, this | |
| Executed in the presence of | Maro. U.C | R. Lindle yus, |
| | (| |
| Commence of the Commence of th |) | |
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| | onty, | 86, |
| (S) (b) 1898. | County Sounds | E I I I I I I I I I I I I I I I I I I I |
| 1898. 1947 OW'S PENSIO | Commission of Co | WARRANT ISSUED THE S AND HANDED TO THE S THE S |
| Si S S S S S S S S S S S S S S S S S S | ARD J | REANT COMMENT |
| | Z PA H | SONT I |

Widowol

4

Application for Pension Due Deceased Soldier (To Be Paid to His Widow or Dependent Children) UNDER ACT APPROVED OCTOBER 9, 1891. State of Georgia. Personally before me comes Mrs. Secundla & Melality, of said County, who after being duly sworn, on oath says that she is the widow of M. J. W. Clerker 9000 Pensioner from the County who was duly enrolled as a County for 1922, and that the said 1922, and at the time of his death a Pension of \$ 90 County and unpaid for 1923 Applicant further swears that s'e married the said 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. ty and substitled before me this 25 AFFIDAVIT OF WITNESS State of Georgia, County Personally before me comes In austin while in life

that it is fully and correctly completed, and



POWER OF

ATTORNEY.

cufed in the presence and receipt my hand for the pension allowed, request that

INDIGENT SOLDIER'S PENSION

1906.

CODE SECTION 1254. (FOR THOSE ALREADY ENROLLED.)

WARRANT ISSUED

JOHN W. LINDSEY.

Commissioner of Pensions, WARRANT HANDED TO

POWER OF ATTORNEY.

| STATE O | John Tities | | ounty.) | , | | h | ereby authorize |
|---|--------------|----------------|---------|------------------|----------|---------------------------|------------------------|
| to receive | and receipt | for the p | | ed, aud re | quest th | at he | remit same to |
| b y | | | at. | | | 7 | |
| | 'NESS my hai | nd and seal | , this | This day | Soll. | 77 | [1. s.] |
| Exce | cuted in the | presence of | | H.C. | | | [] |
| EADY ENROLLED. | T | PENSION OG. | 2000 | Regiment. | 1906. | Commissioner of Pensions. | A Co go w terress that |
| CODE SECTION 12.4 (FOR THOSE ALREADY ENROLLED. | INDIGEN | | Munty | M 6 MARREGIMENT. | 7 " , | Com | |

POWER OF ATTORNEY

| | FOWE | N OF ALL | ORNET. | |
|------------------------------|-------------------------|--|--|------------------|
| STATE OF GI | M Well morey | COUNTY. | and request that h | hereby authorize |
| | | at | | e remit same to |
| by | | 44 | | |
| WITNESS | my hand and seal, | this O | May of | |
| Execu | ted in presence of | | mint | |
| (FOR THOSE ALREADY ERROLLED) | SOLDIER'S PENSION 1907. | Name J. W. W. Gluss. Copaly Coth. Co. B. Regiment N. | JOHN W. LINDSEY, Commissioner of Persions. | WARRAM HANDED TO |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| State of Georgia, |
|--|
| County. |
| Personally appears a sep M M Quel 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 theday of18; that he is years old and |
| by occupation a , that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war, between the |
| States, and served for the term ofin Company &, of 6 th Regiment |
| of ; that his physical condition is as |
| follows: They mainly threat |
| that his property consists of the following items: |
| |
| |
| of the value of |
| 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 County, been allowed a pension for the year 1905. |
| Sworn to and subscribed before me, this the day of the first of of t |
| |
| State of Georgia, |
| County. |
| I John Money Ordinary of said County, |
| do certify that I am well acquainted with joseph M Moline |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made |
| by him in his said affidavit are true, and I know he is the individual he represents himself |
| to be, and that he resides in this County. |
| Given undermy official signature and seal, this |
| day of Juny 1906, Solling |
| Ann Spain Ordinary Collaboration County. |
| Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January 1st, 1906. |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

| State of Georgia, |
|--|
| } |
| |
| Personally appears M. M. Coluse of Cobb |
| County, State of Georgis, who, being duly sworn, says on oath that he is a bona fide citizen |
| and resident of said County and State, and has resided in said State continuously ever |
| since theday of18; that he isyears old |
| and by occupation a, that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war between the |
| States, and served for the term of in Company B, & W Ch Regiment |
| of land by that his physical condition is as follows: Intermity of provery |
| follows: Infirmly forverly |
| |
| |
| that his property consists of the following items: |
| 4 |
| Typ |
| of the value of |
| by my labor, Dollars per month. That by reason of his |
| physical condition and powerty he is unable to support himself by his own exertion or |
| labor, and that he receives no pension but the one herein applied for. |
| Deponent desires to participate in the benefits of the Act approved December 15th, |
| 1894, and the Acts amendatory thereof, and makes application for the pension to which he |
| is entitled for the year 1907. I have heretofore, as a resident of |
| County, been allowed a pension for the year 1906. |
| Sworn to and subscribed before me, this the |
| |
| _Ordinary. |
| State of County |
| State of Georgia, |
| County. |
| IOrdinary 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 of1907. |
| Will Warman Commence of the Co |
| |
| Affix your County. |



orn. The blank spaceumust be filled.

forn.—Affidavit should not be attested before January 1st, 1907.

here Norn. - Affidavit should not be attested before January 1st, 1907. Norm.—The blank spaces must be filled.
Norm.—Affidavit should not be attested before January 1st, 1906.

Confederate Soldier's Application. UNDER ACT 1910. County Post Namo 6, V. W. Callenn Company a. Hofferd Moth & Co

1. 1- 1916

| | | | | the odding of he | , and A |
|---|----------------------------|-------------|---|------------------|----------------|
| Approved. Approved. Approved. Approved. Approved. Approved. Approved. CHAS. P. BPHD. State Printer, Atlanta. | Company R. Hiffers Both in | County Coff | Soldier's Application. UNDER ACT 1910. | Confederate | Cold Co. C. X. |

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

| STATE OF GEORGIA, |
|--|
| Collins County. |
| 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 assume to the same and after being duly sworn true assume to the same and after being duly sworn true assume to the same and after being duly sworn true assume to the same and after being duly sworn true assume to the same and after being duly sworn true assume to the same and after being duly sworn true assume to the same and the same an |
| propounded, answers as follows, to wit: (Give County and Post-office) |
| 68 Hot long and more than here you been a continuous resident citizen of this State? |
| 3/ Did you enligt in the Army of the Confederate States or of the Organised Militia of this State from 1861 to 1865? |
| 4. When and where, and in what Company and Regiment did you enlist? (Give the arm and changed Service) Surger 1864, Cattlement Co. How long did you remain in the actual Millitary Service with said Company and Regiment? |
| 6. When and where was your Company and Periment |
| Were you actually present with your Command when it was surrendered or discharged? |
| 8. If you were not actually present, state specifically and clearly where you were |
| a. Where was your Command when you left it? Attlanta In |
| b. When did you leave the Command? afrat 1865 |
| c. For what cause did you leave? Dis Charried on against any his well |
| d. By whose authority did you leave? Like W 7 W offerd |
| For how long was your leave granted? In what way? |
| wante the the 1860 When I would have trees 11 com |
| f. Why did you not return to your Command after leave expired? War Was over |
| g. In what way were you prevented? |
| h. What effort did you make to return? |
| I. Were you captured during the war? 200 |
| 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 |
| and its cash value on the 4 Nov. 1908? (Make list by items and value) |
| |
| Wasischuse goods 74- |
| What property of any kind have you disposed of and for what purpose since 4 Nov. To whom and for what price? Array |
| 11. What property of any description of any kind, and of any value now owned and in the use, ossession and sontrol of yourself and its cash valuety (Make jtamized list) |
| M. L. |
| the thirty grant was |
| 12, What annual or monthly income or earnings of yourself and the source derived have but Army Sun Brown Translet on Brown When & Can |
| 13. Are you drawing a pension of any amount from this State or the United States? 200 |
| Haya you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? MY |
| Sworn to and poseribed before me, this the |
| day gang 1916 & V. In to Allern |
| JA Well- |
| Ordinary |
| of County. |

QUESTIONS FOR WITNESS AS TO SERVICE

| COLONE TON WITNESS AS TO SERVICE. |
|--|
| STATE OF GEORGIA, |
| County. NE R. A. M. Coulous of said State and County is hereby presented |
| as a witness in support of the application of 60 m. Could 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: |
| 6 What is your name and where do you reside? W 4 M 6 Court |
| 2. Hay long and since when have you known O WM College 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? Mathlete la all this life home |
| 4. When, where and in what Company and Regiment did & & McColler enlist during |
| war from 1861 to 1865? TGive date and place) and he had 1865 to 1865? TGive date and place) and had been to the had a continuous of the had been sometimed to the had been som |
| m h lo |
| 6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) Rull military of the Company and Regiment? |
| 7. When and where was his Command surrendered or discharged (give date and place) |
| y alon Sa. May 12 /45 |
| 8. Were you personally present at the Surrender? The present 9. If not, where were you and how came you there? |
| 10. Was the applicant personally present with his Command at surrender? The 11. If not where was he and how came him there? It was at former, the fractional surface of the surface of th |
| 12. When tild he leave his Command? Minch 865 Where was his Command |
| when he left it? Whenles 4 for what cause did he leave? As Status above |
| By whose authority did he leave then the many than and how long was he granted leave that he many the and the many than the same of the sa |
| 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 Wasankan |
| 15. Was applicant captured as a prisoner. If so, when and where? |
| Sworn to and subscribed before me, this the Standard College County Ordinary, Ordinary, Occupanty Of County |

AFFIDAVIT OF TWO FREEHOLDERS.

| STATE | OF GEORGI | A |
|-------|-----------|---|
| | | |

County.

| Personally before me comeswho 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 iteras.) |
| 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 values? |
| or was it made to obtain a pension? |
| Sworn to and subscribed before me, this the |
| day of |
| Ordinary, |
| ofCounty. |
| County. |
| ORDINARY'S CERTIFICATE. |
| STATE OF GEORGIA, |
| |
| —————————————————————————————————————— |
| I,Ordinary of said County, certify that I know |
| Ordinary of said County, certify that I know |
| he applicant |
| sid County. That I also knowthe witness swearing to the |
| prvice and |
| ley are all residents of said County and were duly sworn by me before signing the foregoing officially |
| ney are all truthful and trustworthy and their statements are entitled to full faith and credit. That the |
| ax Returns ofshows that |
| alue for tax is in 1908 \$ |
| r 1911 \$ |
| Sworn under my hand and official seal of office thisday of |
| Ordinary, |
| ofCounty. |
| OTES 1. Before any questions are survered the Ordinary shall swear applicant and all witnesses in the following words "You do scientify swear has you will be survey make to each question saked you and the evidence you shall give shall be the whole truth; so bely raised to each question saked you and the evidence you Additional afflavits may be attached if blank spaces are insufficient. 3. All afflavits must be made before the Ordinary and certified by him. 4. Happiteant has no property at all in this possession, use or control of salf afflavits of freshelders unnecessary. |

AFFIDAVIT OF TWO FREEHOLDERS.

| TATE OF GEORGIA. |
|---|
| County. |
| Personally before me comes P. N. M. Clarkey 1 & North who on oa |
| ys that they are freeholders residing in said County and we know & V M. Couling |
| e applicant for pension and we know the property that is now in the use, possession and control of himse |
| d of its cash value to wit: (Make List by items and value.) |
| esse Time & Harry \$150- |
| |
| What property, if any, has been sold or given away by the applicant since Nov. 4, 190. |
| tate it fully by items.) |
| 2. When and to whom was it rold or given to? |
| 3. What was the price paid or sated to be paid? |
| 4. What relation is the party to applicant? Turne |
| 5. What disposition was made of the proceeds of the sale? |
| 5. Was the disposition of this property made in good faith and full values? |
| was it made to obtain a pension? |
| Sworn to and subscribed before me, this the) PAMCFC |
| 317 Cleston |
| day of 14 1916) TE S. 66. |
| Value of the |
| PIL |
| of County. |
| |
| ORDINARY'S CERTIFICATE. |
| ΓΑΤΕ-OF GEORGIA, |
| County. |
| 111.4 |
| I Ordinary of said County, certify that I kno |
| applican DIM Colling for Pension is the person he represents himself to be and resides |
| |
| d County. That I also know I the Witness swearing to the |
| vice and J. M. Olesjay V XO Nobbs who are freeholders, the |
| ey are all residents of said County and were buly sworn by me before signing the foregoing affidavit an |
| by are all truthful and trustwosthy and their statements are entitled to full faith and credit. That the |
| x Returns ofshows that |
| ue for tax is in 1908 \$ 2 25 for 1909 \$ 2 25 for 1910 \$ |
| 1911 8 for 1912 8 for 1913 8 for 1914 \$ 65 for 1915 \$ 675- |
| Sworn under my handrand official seal of office this |
| Ordinary, |
| Urdinary, A. 19 |
| (/ County |
| TES I. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following wor |
| TES 5. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following won "You do colemity swear that you will true nature make to each question asked you and the evidence you shall give shall be the whole truth; so help you God! Additional affidavite may be attached if blank spaces an jausficient. All affidavite must be made before the Ordinary and certified by him. If applicant has no property at all in his possession, use or control of self-affidavite of trashadors unnassesses. |

For Widows Heretofore Allowed Pensions.

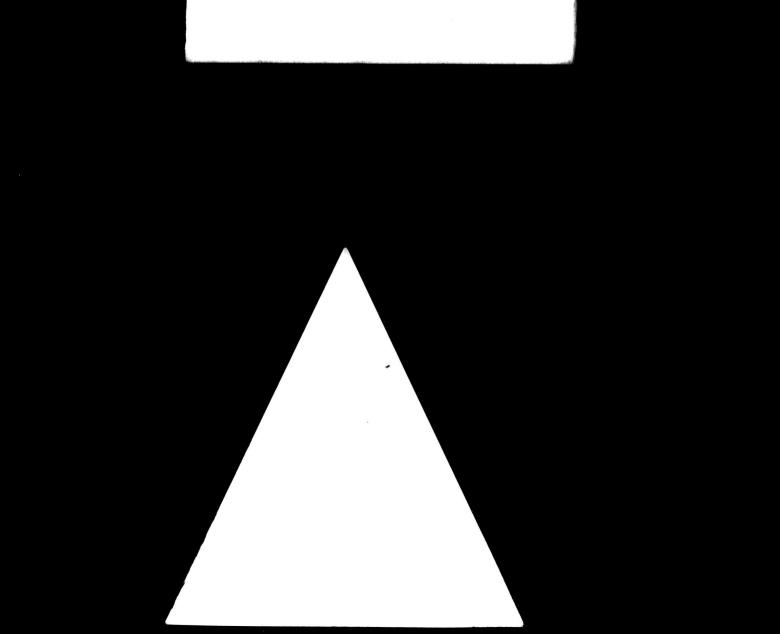
| STATE OF GEORGIA, Dersonally Comes Mrs. |
|--|
| County of Cook of Advisory |
| who being sworn, says on oath, that she is a bona fide resident of said county of |
| State of Georgia, and that she has RESIDED in said State |
| 1 200 |
| Continuously ever since That she is the Widow of Lincolery who was Soldier in Company |
| THE CALL WILLIAM HILL |
| Of of the May st |
| Volunteers, that enlisted in said regiment on or along the month of 186 Wand served in the Army un to 186 93 186 W. That he lost his |
| B- CABOO 1 |
| till particulars of the Bolound's death, when, where and from what cause.) |
| tall particularing the parameter death, when, where must from what cause. |
| Marie Ali in the |
| Charles Assessed the State of t |
| 130 prince put on to |
| , 30 10 |

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 atoresaid, that she became his wife in the year 18 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in the State or locality since that date. I have been allowed a pension as a resident of County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

The one of subscribed before me, this word of the subscribed before me, this word of the subscribed before the

For Widows Heretofore Allowed Pensions.

| STATE OF G County of | EORGIA | AA | Personally Comes I | Vīrs. |
|---|--|--------------------------|--|----------------|
| continuously ever ange | 11 | State of Georgia, and | bona fide resident of said cou that she has RESIDED in said | State |
| of the Volunteers, that he enlisted | St Confeder | TRegiment of | who was a Soldier in Cor Kryi May | npany |
| 186 2 and served in the life on the | Army up today of band's death, where an | Stat. | 180 That he le | ost his |
| army to | e was | taken | Songe | with |
| Opio | loper a | he or | dies in | the |
| | | | | · · |
| she has never married since I have been allowed | as the wife of said deceased sold his death aforesaid, and that she a pension as a resident of | e become his wife in the | e year 18 | nding |
| | berihed before me, this 1898. Corte Ordinary. | Mrs. C. | W. Tinde |) L L H2 |
| State of Stor | | | Certify that I am well acqua | |
| fied that the facts therein sta | tted are true, and I know she is | | e the above affidavit and am resents herself to be, and tha | |
| Given under my offici | ial signature and seal this the Ordinary | of day of | Stories County. | 898. |



Offin Com of Proses mc Bard, E. F. Mue { E } WIDOW'S Indigent Pension. POWER OF ATTORNEY 1901. Name MM, & # MCOrd Widow of Jas. D. M. Gord. Thelefo Legion Approved JOHN W. LINDSEY, WARRANT HANDED TO

POWER OF ATTORNEY

| of. remit the san Witn | G OF GEORG | County, to | Feb by his | ipt for the pe check or regist | Shorting main allowed and god | that he | |
|------------------------|---------------------------|--------------|--------------|--|---------------------------------|----------|--|
| (931) | 11 2 71 | 7. 1. 1V | 7. 7 | Proposition and the second | | | |
| rolling that or | month de chim | dens the dal | must be deng | Sus your | 集調性 物よわられて では | | |
| No. | Widows Idigent Pension | In 5. 7 Mend | The Sea con | JOHN W. LINDSEY, Communicate of Practice | WARRANT HANDED TO | 9/1/8/44 | |

| - | County. |
|--|--|
| | A 27. 20 . |
| avall ham | of said State and County, des |
| passed | self of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General As 1900, hereby submits her proofs, and after being duly sworn true answers to mak |
| following | questions, deposes and answers as follows: |
| | What is your name and where do you reside? (Give State, County and Post Office.) |
| 2. | How long and since when have you been a resident of this State? 68 Hinrs |
| W | |
| 3. | |
| 1 4. | When and where was your husband horn—state his full name, any when were you and he n 1834. Wallon & 5a James D McGord |
| UM | 1004. Mallon & 39 James & McGord |
| 5. | When and where, and in what Company and Regiment did your husband collat greered dur |
| war betw | seen the Blaces test of 1801 affect in August 1862 in Philadel will be very diversion of the Sacrate with the Service in August 1862 in Philadelphia |
| I he | again autres the Service in August 7 1862 in Reich |
| 6 | How long did your burland and in the Control of the |
| . hui | How long did your husband serve in said Company and Regiment ! St 6 month . |
| anu | ut until the reserved a discharge for Thyrical Dearbell When and where did your husband's Company and Registers surrender and was discharged? |
| 0, 0 | When and where did your husband's Company and Regiment surrender and was discharged? |
| y a | not know |
| a 8. | Was your hast and present at the time and place when his Company and Regiment surrendered |
| 0 | to hot know |
| 9. | If not with his command at surrender, state clearly and specifically where he was, when he le |
| nand, for | what cause, and by what authority? |
| | The state of the s |
| | |
| 10 | When and where did your husband die 2/898 am Losh & En |
| | |
| | The state of the s |
| | |
| 11. | Which of the following grounds do you base your application for Pension viz: First A |
| 11. | Which of the following grounds do you base your application for Pension, viz: Fins A |
| 11. Poverty ; | Which of the following grounds do you base your application for Pensian, viz: First-A Second-Infirmity and Poverty, or Third-Blindness and Poverty? Age and Pover |
| overty; | Second-Infirmity and Poverty, or Third-Blindness and Poverty? Age and pove |
| overty; | Second-Infirmity and Poverty, or Third-Blindness and Poverty? Age and Pover |
| overty; 12. our suppo | Second-Infamity and Paverty, or Third-Blindness and Poverty? Mye and pover If upon the first ground, state how long you have been in such a condition that you cannot true from the second, give a full and complete history of the infamily and its events. |
| overty; 12. our suppo | Second-Infamity and Paverty, or Third-Blindness and Poverty? Mye and pover If upon the first ground, state how long you have been in such a condition that you cannot true from the second, give a full and complete history of the infamily and its events. |
| overty; 12. our suppo | Second-Infamity and Poverty, or Third-Blindness and Poverty? Styc and pove If upon the first ground, state how long you have been in such a condition that you cannot. If upon the second, give a full and complete history of the infamity and is extent. If |
| overty; 12. our suppo | Second-Infamity and Paverty, or Third-Blindness and Poverty? Mye and pover If upon the first ground, state how long you have been in such a condition that you cannot true from the second, give a full and complete history of the infamily and its events. |
| overty; 12. our suppo | Recond-Infamity and Powerty, or Third-Blindness and Powerty? Hye and power If upon the first ground, state how long you have been in such a condition that you cannot tell fupon the second, give a full and complete history of the infamity and is extent. It tags whether you are totally blind, and when and where you lost your sight. |
| 12. our suppose third, s | Second-Infamity and Paverty, or Third-Blindness and Poverty? Mye and pover If upon the first ground, state how long you have been in such a condition that you cannot true from the second, give a full and complete history of the infamily and its events. |
| 12. pur suppose third, s | Second—Infamity and Poverty, or Third—Blindness and Poverty? Hye and pove If upon the first ground, state how long you have been in such a condition that you cannot. If upon the second, give a full and complete history of the infarmity and is extent. If tate whether you are totally blind, and when and where you lost your sight. Get What has been your occupation since your husband's death? |
| 12. Dur suppose third, s | Fecond—Infirmity and Powerty, or Third—Blindness and Powerty? Hye and power If upon the first ground, state how long you have been in such a condition that you cannot tell fupon the second, give a full and complete history of the infirmity and is extent. It gives the power of the infirmity and is extent. It gives the power of the infirmity and is extent. It gives the power of the infirmity and is extent. It gives the power of the infirmity and is extent. It gives the power of the infirmity and is extent. It gives the power of the po |
| 12. our suppone third, s | Second—Infamity and Poverty, or Third—Blindness and Poverty? Hye and pove If upon the first ground, state how long you have been in such a condition that you cannot. If upon the second, give a full and complete history of the infamity and is extent. It tate whether you are totally blind, and when and where you lost your sight. What has been your occupation since your husband's death? Anothery How much can you carn gross, by your own exertion or labor? Arothery What property, real or personal or how no described or labor? |
| 12. Dur suppose third, s | Fecond—Infirmity and Powerty, or Third—Mindness and Powerty? Hye and power If upon the first ground, state how long you have been in such a condition that you cannot true furnished to the infirmity and its extent. It goes the power of the infirmity and its extent. It goes to the power of the infirmity and its extent. It goes to the power of the infirmity and its extent. It goes to the power of the power o |
| 12. our supporte third, s | Fecond—Infirmity and Powerty, or Third—Mindness and Powerty? Hye and power If upon the first ground, state how long you have been in such a condition that you cannot true furnished to the infirmity and its extent. It goes the power of the infirmity and its extent. It goes to the power of the infirmity and its extent. It goes to the power of the infirmity and its extent. It goes to the power of the power o |
| 12. Dour suppose third, s 13. 14. 15. | If upon the first ground, state how long you have been in such a condition that you cannot true from the second, give a full and complete history of the infirmity and is extent. It tags whether you are totally blind, and when and where you lost your sight. Getter & What has been your occupation since your husband's death? To there, What property, real or personal, or income do you have or possess, and its grow value? What property, real or personal, or income do you have or possess, and its grow value? What property, real or personal, did you pessess at death of husband or he left you and or the true of the property of all or personal, did you pessess at death of husband or he left you and or the property. |
| 12. our suppo ene third, s 13. 14. 15. | Fecond—Infirmity and Powerty, or Third—Mindness and Powerty? Hye and power If upon the first ground, state how long you have been in such a condition that you cannot true furnished to the infirmity and its extent. It goes the power of the infirmity and its extent. It goes to the power of the infirmity and its extent. It goes to the power of the infirmity and its extent. It goes to the power of the power o |
| 12. Dour suppose third, s 13. 14. 15. | If upon the first ground, state how long you have been in such a condition that you cannot true from the second, give a full and complete history of the infirmity and is extent. It is whether you are totally blind, and when and where you lost your sight. Getter a constant when a condition that you cannot have you are totally blind, and when and where you lost your sight. Getter a constant when you are totally blind, and when and where you lost your sight. Getter a constant when you cannot be well as the your sight when you are totally blind, and when and where you lost your sight. How much can you carn gross, by your own exertion or labor? Arthury What property, real or personal, or income do you have or possess, and its gross value? What property, feal or personal, did you pessess at death of husband or he left you and of the aame? What property, feal or personal, did you pessess at death of husband or he left you and of the same? |
| 12. Dour suppose third, s 13. 14. 15. | If upon the first ground, state how long you have been in such a condition that you cannot true from the second give a full and complete history of the infirmity and is extent. It tags whether you are totally blind, and when and where you lost your sight. Getter & What has been your occupation since your husband's death? To there, What property, real or personal, or income do you have or possess, and its grow value? What property, real or personal, or income do you have or possess, and its grow value? What property, real or personal, did you pessess at death of husband or he left you and or the true of the property of all or personal, did you pessess at death of husband or he left you and or the property. |
| 12. Dour suppose third, s 13. 14. 15. | If upon the first ground, state how long you have been in such a condition that you cannot true from the second, give a full and complete history of the infermity and its extent. It is upon the second, give a full and complete history of the infermity and its extent. It is the whether you are totally blind, and when and where you lost your sight. It is great that the whole of the infermity and its extent. It is the whole of the same is the second of the same? What property feel or personal, or income do you have or possess, and its gross vakle? What property feel or personal, did you pessess at death of husband or he left yen, and of it, and what dispesition, if any, by sale or gift, have you made of the same? Whitevery in what countries did you reside in 1899 and 1100, and what preperty did you return for lexat the the same? |
| 12. our suppo ene third, s 13. 14. 15. | If upon the first ground, state how long you have been in such a condition that you cannot, the first ground, state how long you have been in such a condition that you cannot, the first ground, state how long you have been in such a condition that you cannot, the first ground is extent. It is the state whether you are totally blind, and when and where you lost your sight. What has been your occupation since your husband's death? To there, What property, real or personal, or income do you have or possess, and its gross value? What property, first or personal, did you pessess at death of husband or he left you and of it, and what disposition, if any, by sale or gift, have you made of the same? To there, In what counties did you reside in 1899 and 1100, and what preperty did you return for taxat they have you brust ground and 1900? |
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| 12. 12. 12. 13. 14. 15. 16. 17. 18. 19. 19. 19. 20. 21. 21. 21. 21. 22. 22. | If upon the first ground, state how long you have been in such a condition that you cannot true to upon the second, give a full and complete history of the infermity and is extent. It is upon the second, give a full and complete history of the infermity and is extent. It is the whether you are totally blind, and when and where you lost your sight. Give the full has been your occupation since your husband's death? To there, What has been your occupation since your husband's death? To there, What property, real of personal, or income do you have or possess, and its gross value? What property, real of personal, or income do you have or possess, and its gross value? What property, feal or personal, did you pessess at death of husband or he left yen, and of it, and what dispertion, if any, by sale or gift, have you made of the same? It was a country of the same? It there is no what the period you return for texat the same of the same? It is not to the same of the same? How have you by your support cost for each of husband, and especially for 1899 and 1900? How have you a fully our support cost for each of the same, and how much did you centribute by resome the same of the same of the same of the same. How have you a family? If so, who composes such family? Give their means of support. Have you a family? How composes such family? Give their means of support. Have you a family? How composes such family? Give their means of support. |

| Questions for Witnesses. | 28. Is applicant able to earn a support at labor of any sort, is not what she is wort, on account of age and in finish. |
|---|--|
| _ | account of age was suprimery |
| STATE OF GEORGIA, | Martin of Charity. How was she supported for 1899 and 1900? By her the friends as a |
| County. | Matter of Charity |
| M. J. Mc Meskey and J. L. Hautt y said Hate and County, having | |
| been presented as a witness in support of the Application of Mrs. 6. 77 M. Corol | 28. How mich did applicant controller to the rupport of policiant's physical condition. 29. Give a full and complete statement of applicant's physical condition. The is bot grand old and very fuble and infirm. The is bot table to work. |
| for a Pension under the Act of 1900, and after naving seen daily sword the act of | The is not lable to work. |
| following questions, deposes and answers as follows: 1. What is young name and where do you reside? M. J. M. Cleskey, Copie. In. | 30. What interest have you in the recovery of this pension by the applicant? I oul. |
| 1. Sauch Cort of dai | Sworn to and subscribed before me this |
| // Was Direct New Direct Off | The land of the Colore assumes Questions 1617 |
| If we how long have you known her? Chel built high in the | by he Swhy Ordinary A & Gant ausuro Bustines 20 to 30 indist |
| (In Cobb Court, Has twee for the life, | Witnesses |
| | County |
| 5. When and to whom was the married? To apply and, but 1857. 7. When and to whom was the married? To apply and, but 1857. | ACCI Landa - F. Dharainian |
| 6. Where did he reside in 1861? The Chilicant du 1859. | Affidavits of Physicians. |
| 7. When and to whom was he married 2. When and where was he born 2. | STATE OF GEORGIA, |
| 8. When and where was he born? 9. How long have you known, him? 10. When and where dot. A 11100 D. We had the States, and in what Company and Heydment did be enlist and how of you know this? We builded at 110 2 love (1), 40, 90 C. A. Market Company and Heydment of the States, and in what Company and Heydment? Journal of the States of the States and International Company of the States of | Possonally bafora me comes Malorie M. and Possonally bafora me comes Malorie M. and both known to me to be reputable physicians of aid county, why, being severally sworn, say on oath that they have examined carefully Mra. |
| 10. When and where did James D. Micha enlist in the war between | Popeonally basorg me comes Malone MX and |
| the States, and in what Company and Regiment did be enlist and how to you know this Brigade . Oct 147 1861. | Ples. L. & Z. 2. 2. 2. 2. 2. 2. 2. both known to me to be reputable physicians of mid county, who, being severally sworn, say on eath that they have examined carefully Mrs. |
| 11. Were you a member of the same Company and Regiment? I was | applicant for a Pension under Act of 1900, and after |
| the water | such personal examination say that her physical condition is this the is freble and |
| 12. How long did be perform regular military duty Six knowth, | Lim from age and is whools to do |
| 12. How long did he perform regular millitary days. On B. Gulletter for his smooths, Ruch line a dishauded at the privation of that When and where was his Company and Regiment surrendered and discharged from service? | difficult labor to som a support |
| Advanual to un arous plants | Committee and the control of the con |
| 14 Were you with the command when it surrendered? I was, 15. Was Lanco S. Me Vill the husband of applicant present? | and we have no interest in said pension if allowed. |
| He was. | Sworn to and subscribed before me this of the Wilalaus in & |
| 16. If not present, where was he? | |
| 17. When and where did he leave his Command? | John Antry Ordinary. KRO & Eglard M.D. |
| For what cause? | County. |
| Hy whose authority he left? How do you know all this? (State fully and clearly.) I know it by being free fully and clearly.) Mount and a member of the damp a | ORDINARY'S CERTIFICATE. |
| Mesent and a member of the dauge of | STATE OF GEORGIA, |
| A NOUNA-A | Coff 10 County. |
| 18. When and where did Cas. N. M. Core 1898. | When Curtury Ordinary in and for said county, hereby |
| 19. Where did he reside at his doubt and how long had he been a resident of Georgia at his death? | certify that the applicant, Mrs. & # W. Coyde |
| He resided in Cost Courty- Had lived in fa all his of. | day of January |
| 18 When and where did Las. D. We Cord le Coth Corbert, I.a. In June 1898. 19 Where did he reside at his doubt and how long had be been a resident of Georgia at his doubt? He (Wiked in Coth County - Had Court in Ja. 24 his Gre. 20. Do you of your own knowledge know that applicant is the lawful widow of Jas. D. We Cord? | ADD, and that the witnesses, Mr. M. J. Wellishing and of L. Salth |
| 21. Has my generalized unmarried since her soldier husband's death, and is now his widow? | are entitled to full faith and credit. |
| the has | 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 |
| 22. What properly, effects or income has the applicant, if any, and how do you know this of your own knowledge? She has work - I know it by sung her | was signed and subscribed. |
| own knowledge! Aft has work- a room is by deright | 1 further certify that the tax digest of |
| Man Meighton. 23. What grapherty, effects or income did applicant possess in 1899 and 1900 and what disposition did she | dollars worth of property. |
| make of it? She had nothing. | Witness my hand and official seal, this /5 m day of fry. 1904. |
| (for shall see a shall see a shall see | John Clwhy Ordinary, |
| 24. Has applicant congreged any property in last two years or given any away, if so what was it and to whom? She has not. | SEAL SCOUNTY. |
| 00 | Norse-1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following |
| Very or a cycle further and tollowing marks to larne | 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." Adultional affidavits may be stigshed, if hisn't ansees are insufficient. |
| very or and fund and will make a fam a | All affidavits must be made before Ordinary. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now |
| dipport by lator of any hind. | Norse—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 the state of the control of t |

POWER OF ATTORNEY.

STATE OF GEORGIA. , hereby authorize to receive and receipt for the pension paid hereon, and request that he remit same to In Historica II hereos, I have hereunto set my hand and seal, this Executed in presence of Virbau, IOHN W. LINDSEY, INDIGENT

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| STATE | on cronc | • ** | love of | | , he | reby auth | orize |
| to receiv | | for the pension | | eon, and requ | nest that he | remit sa | me to |
| | Silnos Wh | ereof, I have h | 10/19 | | | | |
| day of | | The second second second | | · Sh | 11960 | ed 1 | L. S.] |
| | xecuted in the | presence of | | | | | |
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| aid. | | SION 1508 | Yes. | County, | y Pensions | 190 | |
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FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

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| State of Changes. | i Milon | John Chr | ilver |
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NOTE. All blanks must be filled. Vouchers and affidavits must bear date after January 1st, 1902.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, PERSONALLY COMES MRS. |
|--|
| County of Cob Son Cont |
| who, being sworn, says on oath, that she is a bona fide resident of said County of |
| State of Georgia, and that she has RESHIDED in said State |
| /4 2 5 |
| That and in the Widow of |
| who was a soldier in Company |
| of the Regiment of 4 |
| Volunteers, that he enlisted in said regiment on or about the month of October |
| 186 2 , and served in the Army up to |
| on the day of Jame 18.98 |
| him I do owing to age infingety and |
| priventy the is made In support herself |
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| Y . |
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| The second secon |
| Aller a second s |
| 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 185 % |
| I have been allowed an Indigent pension as a resident of. |
| penson de a resident il |
| 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 subjectived before me, this of Janya Age 1908 - Co & Meland |
| this day of the 1903. |
| Post-Office |
| State of Georgia. |
| 1. Durthy sey |
| County. Ordinary of said County, certify that I am well |
| acquainted with Mrs. & F. M. Cord , who made the above affidavit and |
| , who made the above amdavit 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 |
| am satisfied that the facts therein stated are true, and I know she is the individual she represents |
| 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 |
| 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 |
| 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 |

POWER OF ATTORNEY.

| STATE OF GEORGIA, | COUNTY. hereby authorize |
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| to receive and receipt for the | ofof |
| IN WITNESS WHEREOF, I | 1904. A. M. M. Coad [L. 8.] |
| - Villann | |
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| ej / / 8 | County, County |
| 1904. TO THOSE HARETOPORE PAID TO THOSE HA | SMBER 31. |
| 1900 S.WOO | RENDING DECLE PARTY OF THE PARTY IN JAN 95 THE PARTY IN THE PA |
| 7 5 J 🖺 | Thus Widow Co. |

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| AMT 63 | | | | | | | | | | | | |
| da | In J | Vitness | Whereof, | I hav | e here: 1905. | | | | | l, this | | L. s.] |
| | Exec | | n presence | | | | | | | | | |
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| Paid. | | | LI | 1905. | n | County, | | Regiment | . LINDSEY, | 1901 | | ĺ í s |
| To Those Heretofore Paid. | 10 | | PENS | For year ending Dec. 31, 1905 | 39 | | | | JOHN, W. LINDSEY | danssi Ex | D TO | demo Co. An |
| Heret | 0 | 200 | IG. | d guibi | M | OF | | | y. LI | KAN3 | AND HANDED TO | or Bength, |
| Those | 18 | No. | | year er | 63 | L. | , | | JOHN | JA N | AN | Phompa Per |
| To | | | | For | Mu (| 2 | Widow of | | | | | 10 |

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

| Personal Section Control of Contr | |
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| STATE OF GEORGIA | PRRSONALLY COMES MRS. |
| (10 1.1 | h, that she is a bona fide resident of said County of the of Georgia, and that she has RESIDED in said State |
| continuously over since. | . That she is the Widow of |
| of the Thu | who was a soldier in Company |
| • | Regiment of State |
| Volunteers, that he enlisted in said regiment | |
| 186 , and served in the Army up to | That he lost his |
| life on the day of | 1899 (State here |
| particulars of the humanid's death, when, where a | nd from what cause.) long some of |
| ¥1 1 (2%) | |
| | |
| | and the state of t |
| 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 sin the year 1859. I have been paid a pension as a resident | ce his death aforesaid, and that she became his wife in |
| | by for the pension provided by law for the year ending |
| December 81, 1904. | ny for the pension provided by law for the year ending |
| Sworn to and subscribed before me, | 1. M. H. M. Chard |
| John Clistry Ordinary | |
| State of Georgia, County | I. John Cluttry Ordinary of said County, certify that I am well |
| acquainted with Mrs. 6 9.70-6 | 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 re | esided in this State since the |
| day of18 | - 0 |
| Given under my official signature and se | al, this the 18 day of 1904. |
| (news) | John Antry |
| Omeral | Ordinary of Co-Bh Committee |

NOTE,—All blank spaces must be filled. Youcher and Affidavit must bear date after January 1st, 1904.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA | PERSONALLIK COMES MRS. |
|--|--|
| | that she is a bona fide resident of said County of |
| | Georgia, and that she has RESIDED in said State |
| James D. M. Cord | That she is the Widow of |
| Volunteers, that he collisted in said regiment on or a | bout the month of |
| 180 and served to the t | 180 That he died on |
| theday of | |
| a Class | |
| 1 4 | |
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| Manager of the same of the sam | A TOTAL TOTA |
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| | |
| The state of the second st | Military or a second se |
| Deponent swears that she was the wife of said deceas | ed soldier, during his service in the Army as a |
| soldier, and that she has never married since his dea | th 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 1905. | & In Mobard |
| film tiobres, Ordinary. | Post-Office |
| State of Georgia, | 1. Isturantrey |
| | 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 | |
| herself to be, and that she has continuously resided in | this State since the |
| day of18 | 1 0 |
| Given under my official signature and seal, this | the day of Jaccia 1905. |
| | DP 215 |
| Official Seal. | white trees |
| Ordina | ry of County. |
| NOTE All blanks must be filled. | |

Youchers and Affidavits must bear date after January 1st, 1905.

POWER OF ATTORNEY.

| I, Min. La | Ties | 1/19 | Con | | Ma | 11CA | Za est the | | | authorize |
|--------------|-----------|----------|----------------------------|---------|---------------|-------------|---------------------------------------|----------------|-------------------------|-----------|
| Inc | | | | | mi | | | | | same to |
| In Witness V | | I have | hereur | nto set | my hand | and se | al, this | / | 15 | |
| day of fills | 7 | | 1 | 906, | 8.0 | 7,_ | MG | Ca | nd | [L. S.] |
| Execu | nted in p | огевепс | e of | | , | | | | | |
| 1906. | GENT | PENSION, | year ending Dec. 31, 1906. | "" lord | 8, M. County, | W Regiment. | W. LINDSEY, Commissioner of Pensions. | WARRANT ISSUED | /2 2 1906, HANDED TO | 1872 |

POWER OF ATTORNEY

| 1011 | | AT TOIL | 14 L. | | |
|-----------------------------------|--------------------------------|-----------------|--------------------------------|----------------|-------------------------------------|
| STATE OF GEORGIA, | County. | } | | | |
| John Awtrey | | | | | authorize |
| to receive and receipt for the pe | nsion paid 1 | ereon, and rec | quest that | he remit | same to |
| In Wilness Whereof, I ha | ve hereunto | set my hand ar | nd seal th | is 15.4 | 2 |
| day of Sarry | 1907. | | | | |
| | | 27 | Ma | rol | [L. S.] |
| Executed in presence | | | | | |
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| 1 | | 7 | | | |
| 1 6 | ` | County, W. Lar. | nsions | 1907. | |
| | For year ending Dec. 31, 1907. | Keer Co | LINDSEY, | | É |
| DIGER | 6. 31 | 1/2 B | JOHN W. LINDSEY Commissioner o | SUED 70 | W. H. menon, State Priving, Atlanta |
| | ding D | \$ \$ P.5 | Commi | VT IS | TATE PE |
| | endi | 2 3 % | × | WARRANT ISSUED | E ON |
| みも 一 ~ ご 三 三 | ž 0 | 5 5 | Лон | N 4 | |
| | For | Widow So. A | | | g |
| | . 2 | ું કે છે | | | 11 |

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, | PERSONALLY COMES MRS. |
|---|--|
| 1016 | cath, that she is a bona fide resident of said County of use of Georgia, and that she has RESIDED in said State |
| continuously ever since by the | Who was a soldier in Company |
| a of the Comarls | Regiment of Ga |
| Volunteers, that he enlisted in said regiment | on or about the month of |
| 186_1_, and served in the Army up to | 7 186 That he died on |
| the | frine 1497 |
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| age & powerty | |
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| water the same of the same of the same of | er and the |
| | The second second |
| | 18 18 1 |
| | d deceased soldier, during his service in the Army as a |
| | e his death aforesaid, and that she became his wife in |
| | |
| the year 185 4 | (0011 |
| I have been allowed an Indigent pen | |
| I have been allowed an Indigent pen | sion as a resident of |
| I have been allowed an Indigent pen | |
| I have been allowed an Indigent pen County, under Act 1900, for the year 1905, an | d now apply for the pension provided by law for the |
| I have been allowed an Indigent pen County, under Act 1900, for the year 1905, an year ending December 31, 1906. | d now apply for the pension provided by law for the |
| I have been allowed an Indigent pen County, under Act 1900, for the year 1905, an year ending December 31, 1906. Sworn to and subscribed before me | d now apply for the pension provided by law for the |
| I have been allowed an Indigent pen County, under Act 1900, for the year 1905, an year ending December 31, 1906. Sworn to and subscribed before me | d now apply for the pension provided by law for the |
| I have been allowed an Indigent pen County, under Act 1900, for the year 1905, an year ending December 31, 1906. Sworn to and subscribed before me | d now apply for the pension provided by law for the |
| I have been allowed an Indigent pen County, under Act 1900, for the year 1905, an year ending December 31, 1906. Sworn to and subscribed before me this S day of 1906 MM AUGUST, Ordinary | Post Office I. John www. |
| I have been allowed an Indigent pen County, under Act 1900, for the year 1905, an year ending December 31, 1906. Sworn to and subscribed before me this S day of 1906 MM AUGUST, Ordinary | Post Office I. JOHN WWILL Ordinary of said County, certify that I ap well |
| I have been allowed an Indigent pen County, under Act 1900, for the year 1905, an year ending December 31, 1906. Sworn to and subscribed before me this Jayof July 1906 Min July 1906 State of Georgia, County, acquainted with Mrs. & Filly 16 | Post Office I. JO Mu July Ordinary of said County, certify that I say well , who made the above affidavit, and |
| I have been allowed an Indigent pen County, under Act 1900, for the year 1905, an year ending December 81, 1906. Sworn to and subscribed before me this for day of first 1906 Mill Guilley, Ordinary State of Georgia, County acquainted with Mrs. 6 First 1906 am satisfied that the facts therein stated are | Post Office I. / Dan Wwill of the well Ordinary of said County, certify that I am well who made the above affidavit, and true, and I know she is the individual she represents |
| I have been allowed an Indigent pen County, under Act 1900, for the year 1905, an year ending December 81, 1906. Sworn to and subscribed before me this day of 1906 State of Georgia, County acquainted with Mrs. 6 He have been satisfied that the facts therein stated are berself to be, and that she has continuously re- | Post Office I. / Dance World and County. Certify that I are well who made the above affidavit, and true, and I know she is the individual she represents |
| I have been allowed an Indigent pen County, under Act 1900, for the year 1905, an year ending December 81, 1906. Sworn to and subscribed before me this day of 1906 State of Georgia, County acquainted with Mrs. 6 Hell 18 am satisfied that the facts therein stated are berself to be, and that she has continuously reday of 1894 | Post Office I. / DAM AUTULA Ordinary of said County, certify that I am well who made the above affidavit, and true, and I know she is the individual she represents esided in this State since the |
| I have been allowed an Indigent pen County, under Act 1900, for the year 1905, an year ending December 81, 1906. Sworn to and subscribed before me this day of 1906 State of Georgia, County acquainted with Mrs. 6 He have been satisfied that the facts therein stated are berself to be, and that she has continuously re- | Post Office I. / DAM AUTULA Ordinary of said County, certify that I am well who made the above affidavit, and true, and I know she is the individual she represents esided in this State since the |
| I have been allowed an Indigent pen County, under Act 1900, for the year 1905, an year ending December 81, 1906. Sworn to and subscribed before me this day of 1906 State of Georgia, County acquainted with Mrs. 6 Hell 18 am satisfied that the facts therein stated are berself to be, and that she has continuously reday of 1894 | Post Office I. / DAM AUVILLY Ordinary of said County, certify that I am well who made the above affidavit, and true, and I know she is the individual she represents esided in this State since the |

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, | PERSONALLY COMES Mrs. |
|--|--|
| CAAF | that she is a bona fide resident of said County of Georgia, and that she has RESIDED in said State S |
| Volcunteers, 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 |
| he from | 7 |
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| | A CONTRACTOR OF THE PROPERTY OF |
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| The state of the s | and the same of th |
| Deponent swears that she was the wife of said dece | eased soldier, during his service in the Army as a |
| soldier, and that she has never married since his the year 1852 | Const |
| I have been allowed an Indigent pension as a | The second secon |
| County, under Act 1900, for the year 1906, and no | w apply for the pension provided by law for the |
| year ending December 31, 1907. | |
| Sworn to and subscribed before me this S day gy fary 1907. | E. H. McCord |
| State of Georgia, | , po un shomey |
| COSV County. S acquainted with Mrs. & F. W. Cor | Ordinary of said County, certify that I am well |
| am satisfied that the facts therein stated are true, a | and I know she is the individual she represents |
| nerself to be, and that she has continuously resided | in this State since the. |
| day of18 | |
| Given under my official signature and seal, the | is the day of Jerry 1907. |
| Official | John Howbres County. |
| NOTE.—All blanks must be filled. Vouchers and Affidavits must be | ar date after January 1st, 1907. |

An Affidavit

(Read carefully before making this affidavit.)

| State of Georgia Co. S. |
|--|
| County of Color |
| Before me, the Ordinary of said County, comes Mrs. Sarah & Sewis, who, after being duly sworn, deposes and says: |
| 1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers; |
| That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension; |
| 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 Adjustant-General, Washington, D. C. |
| Sworn to and subscribed before me, this the |
| As Cold County. |
| Cook County. |
| |

Questions for Witness as to Marriage and Service of Husband. STATE OF GEORGIA. of said State and County is hereby presented provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit: What is your name and where do you reside? (Give Post Office and County) How long and since when have you known _____applicant 3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? 5. How long and since when did you knowher 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? If the husband of the applicant was a pensioner, DO NOT answer the following questions. (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? 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? In what prison was he held?_____amd when released?____ Sworn to and subscribed before me, this the

(Witness)

POWER OF ATTORNEY.

State of Cogregia,

Gobb County,

1. A. A. Lindley

| or statement | |
|--|-------------------|
| to receive and receipt for the pension paid hereon and request that he remit sa | me to |
| me at | |
| IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25 | o th |
| day of January 1890. A. Tindley! | |
| Executed in presence of | |
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| N, | 1. |
| | J. N. A. J. |
| ISOD. 1899. No. 326 g No. 326 g No. 326 g Euryear ending Pebraary 13th, 1899. Colf. Co | E PairelEd, Altan |
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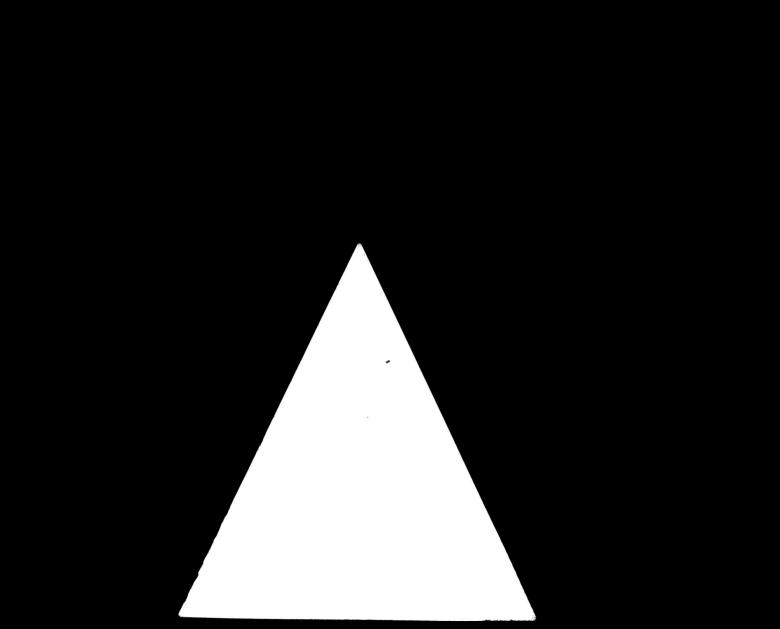
POWER OF ATTORNEY.

| I, May. | A. Ston | udley | of Or | lari | | |
|---------|-----------------|-------------------------------------|--------------|---|----------------|-------------|
| IN WITH | ESS WHERE | - | herewato se | my hand | and seal, th | is 12 |
| ,0 | d in presence o | • | ्र है | 7, Z | indle | -у. [L. S.] |
| | | | | | | |
| E X | IDOW'S PENSION, | or year ending February 18th, 1900. | Coth County, | JNO. W. LINDSEY, Commissioner of Practices. | WARRANT ISSUED | |

*** * JOHN AWTREY * ** ** JOHN AWTREY *** ORDINARY, COBB COUNTY. ORDINARY, COBB COUNTY. Mariella, Sa. Left. 10/1901. Mariella Sm. Seft, 10th, 1901. Parsonally Comes B. J. Namby who being duly Now Comer Mrs. E. H. Me Cord, Applicant for heusion, from defore and says that he Knew Lid. and arnuds here application heats for made, and Days, Willord in the Dervice, he was Lieutenant of Co. that the married in . D. M.C. Cord in Com County, leongia, M. Phillips Ligion, that husband of Applicant January 10th 1856. The also furnishes herewith a withers Jas. D. M. Cord, was a humber of said Co. and who certifies to her husband's honorable discharge from Legion and was discharged from Danie Second enclistment-The Swhy Olding 1/20. 6. 48 600d Deforent does not remember the date he was discharged -Lerigia - bolet Courtes L Gwone to and Subscribed B. I. Hamly Cestify that Mr. & H McCord was duly before me this Sett, 10th, 1901, Twom on above affidavit, and that disendencents and I cirily that abount, B. J. Name, is hereto ottached are hade ingood Laisha tona fide residut of Copo County Whose widerer is worthy of full Laith and Custit as I believe - Star Sher king, Weding, John Swhy, Copa County, Storgia

** ** JOHN AWTREY *** Maiidla, Ga., 1904. Georgia- Boss Coguety. Awity Ordinar of said Count, Is Pickers a bona-fide Resident of Jais Count, Who being duly swom True answers & make deposes and days that he Knew afflicant husband, Jas. D. McCord while in the Service - That said fro, &. Mc Cord, after his Decord elitatment, was discharged at Michanous Va. on Jeft. 28th, 1862. That the discharge was granted by a board of physicians, on account The whove facts came under deponent fersome Emouledge being present with him in the one at the time - Deponent Hates Justine that said Millord herer recovered, but finally died, of Raig disease Deponents further further States that he was present at the marriage of said Jos & McCord with the applicant that it was a few years before the way but defount Count semewho the exact, date I & Tickers Som & and Subscrided before the This Aug. 26th 1901 Shen Swan (Over)

Certificate. I artif that I Rickens is a bona fide resident of Coso Count of high Handing whom widere is worthy of full faith and Credit- John Away, addican, Coso Count, La.



POWER OF ATTORNEY. STATE OF GEORGIA.

4 Melenn Know all Men by these Pres

to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing my true and lawful attorney in fact, for ount of money I may be entitled affidavit; hereby authorizing my saul 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 ne for the reason in my name, to feceive and receipt for whatever am County in said State, do hereby appoint of. f. C.11 (Ce) me and

WITNESS WHEREOF, L ha

aforesaid.

my hand day of Executed in the presence of us ...

[L. s.]

seal, this

and

If allowed.

and oblige.

to

me at

270.2893

Colle County. 3100.DD.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY.

STATE OF GEORGIA, Contro

County, in said State, do hgreby 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 as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason

IN WITAYESS WHEREOF, L have hereunto set my hand and seal, this

Executed in the presence of us:

DIRECTIONS

If allowed, send amount by

[L. S.]

and oblige.



Affidavit to be Made by the Widow.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary in and for the County of Cabl

County of Caroli Mrs. L A McCoun

, who being sworn according to law, says under

oath that she is the widow of Janes J McCown, who was a soldier in

the service of the Confederate. States, and served as a member of Company.

Volunteers; that he enlisted in said

day of February 186 a , and was in the Sice the 1864 That while in the

Hounded , zon the he died in the trabeled al Tereparioned Va.

He was thrusk in the right

Through him - was Sent to The House of Horabital At Richmond Va. about the How day of normber 1664 and this is at Datal Hospital on a about

Til 10" day of Dicember 1664.

Me low mounte while on Sicket i Mity in line of battle near Deterstingh Viscinia about normber 15 1664

Denonent 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 Milyal 18h3, and that she has resided in Georgia continuously since the Airs 2 day of Decomber 1865; 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.

1 1 //Yami

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 soldler in the Army and not from any other cause.

| | OF GEORGIA | 1000 | |
|-------|------------|--------|---|
| STATE | OF GEORGIA | Milles | a |

In person came before me, the undersigne

County of Auders in and for said County, witnesses & S. Chamber WE S. Hall

and W. S. Wilbown

(each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, , of the County of Color

State of Georgia, is the widow of Junes J. Hillem, who was a soldier in of the 23% Regiment of D.C. That and soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or day of Malelil 186 4 That while in said service, or by

reason of said service in the Army, he lost his life at follows:

120 mounice by butlet Dassing directle trough Thing letite and Dicket Cluty on line of battle pour fetswhigh 1864 - was Sout to the Hospital at Lichemore Va ou or about noismber 10° 1864° (in died at faid Hospital Som The Expeds of Said loound,

service, and that she has not intermirried since his death, and that she resides in County of the State of Georgia.

Sworn to and subscribed before me, this, the)

day of May 1801. 101

I & Schamber Me S. Chace WIMC Com

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

STATE OF GEORGIA.

1. LU, Horri Ordinary

in and for said County of Colo

State of Georgia, hereby certify that I am acquainted with Mrs. X. M. MCConn 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 X also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be. soes, satisfied 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 bereunto set my hand and affixed the seal of my office, this, the

Fill, Jane

Form No. 4.

The pension is only payable to certain classes of widows

Those whose husbands were killed in services

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

Those whose busbands 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 da e 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

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 rull 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 "derections" 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.

Georgia, leobb leaknow are men by the presents that I L. a. Mc Coron, mide of James ? Me bown did hereto afforms Parker 6. Sevoll my alty in fact to Collect my pension from the state of Georgia- the same coming to me tiste midon of a Confederation du and thinas Said Scott has become afflicted with the shew Malin and Court leave his home to alling to any business non I, I. a me bohan do hereby nevote his pour of ally for the purpose aforesaid and do herity appoint I to me bown my son as my true and law filerate to collect my housing in my strad he do rach and every thing necessary for one him to carry out this power of ally the Salue of I were porstrally purent This dely 2-1892. (Executed in the husena of. La Man Mu Stone trany Cobb County Fa. I Mil Stone Ordinar of Wobb County do herry Certify that the above mentioner Mis. Let M. Coun is the party who is entitled to draws lirdon's pension No. 2893 and that this from of attome is made in good faith for Stone

Let M. Cown is the firty who is entitled to draw lirdon's pension No. 2893 and that this forms of attorne is made in good faile for stone

Widow's Pension UNDER ACT 1910. Durin Type 11/24-19/4 this man Bull Gone reviel to his he heart day your Namella R. J. M. Corany funkall had Widow of a P M Enry no autistity to abundant B. god ga Hatary howorsky accounting for Emily away to J. W. LINDSEY, Moundary Come of Phane, Commissioner of Pensions

For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA, Rersonally Comes Mrs. County of Cobb A. Lindley |
|---|
| State of Georgia, and that she has RESUMED in said county of State of Georgia, and that she has RESUMED in said State Continuously ever since. Jocathan P. Lindley Who was a soldier in Company of the P. Coufed. Regiment of Leorgia Volunteers, that he enlisted in said regiment on or about the month of 1862 and erved in the Army up to July 23 rd life on the Levy. 30 th, where and from what cause. |
| The died, in Campchase Phio in fireson as was firesoner, of Small. |
| |
| Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that s'or has never married since his death aforesaid, and that she became his wife in the year 1853. Thave been allowed a pension as a resident of County for the year ending February 15th, 1808, and now apply for the pension provided by law for the year ending February 15th, 1809. Soorm to and subscribed before me, this day of February 15th, 1809. |
| State of Georgia, County. Ordinary. Post-Office Powder Sperings. State of Georgia, County. Ordinary of said County, certify that I am well acquainted with Mrs. A. Lindley 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 |
| Given under my official signature and seal this the day of George 1899. Official Seal Ordinary of County. |

For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA, | Personally Comes Mrs. |
|--|--|
| County of 6966 | A. A. Lindley |
| | đ |
| Cobb who, being sworn, my | s 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 | |
| Jonathan P. Line | who was a soldier in Company |
| of the Coufe | Regiment of Meargia |
| Volunteers, that he enlisted in said regiment on or ab | |
| 186 2 and served in the Armsy up to | ly 23 29 1864 That he lost his |
| life on the 30 way of | Decr1864 (State here |
| particulars of the husband's death, when, where and | |
| I hat be died, i | in Camp chase Ohn |
| in firisaw as | firesour of war, of |
| Suible Pax | , , |
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| • · · · · · · · · · · · · · · · · · · · | |
| | |
| 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 tha | t she became his wife in the year 18 53 |
| I have been allowed a pension as a resident of | County for the year ending |
| February 15th, 189 2 , and now apply for the pensio | n provided by law for the year ending February 15th, 1900. |
| Sworn to and subscribed before me, this | A of Quiday |
| 12 pay of of stry, 1900. | 1 |
| Steleordinary. | Poet Office |
| | 10. |
| State of Georgia, | 1 J. M. Stone |
| Cobb County. | Ordinary of said County, certify that I am well acquainted |
| with Mrs. A. A. Lindley | , who made the above affidavit and am satis- |
| fied that the facts therein stated are true, and I know sh | e is the individual she represents herself to be, and that she |
| has continuously resided in this State since the | day of Decr. 1839 |
| Given under my official signature and seal, this | the lay of Moby. 1900. |
| (000-1-1) | Sul Stock |
| Official Sent. | linary of County. |
| On | linary of County. |

Widow's Pension UNDER ACT 1910. If so

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

| for Applicant. |
|--|
| TATE OF CEORGIA, |
| County. |
| Personally before me comes has a like the desires to apply for a pension allowed under the Act |
| 1910, and submit testimony to make out the same, true answers makes to the fol- |
| wing questions to wit: 1. What is your name, and where do you reside? Two & J. M. Cravey hon |
| How long and since when have you been a continuing resident in the State of Georgia? |
| CHEAN |
| 3. When, where and to whom were you married: all sal 1861, Author Joms |
| 4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con- |
| dernic Army or Georgia Militin? State the arma and class of Service.) Motoh 1862. Runch |
| 5. When and where did the Commands of your husband surpender or discharge from the army? 1. 9.1865 abbrech 17. |
| 6. Was your husband personally present at the time of the surrender or discharge of this Command? |
| 70 |
| If he was not present state clearly where he was all from the first from the firs |
| Where was his Command when he left? |
| and with cause did leave his command? |
| b. Hy store authority did he leave his Command? |
| 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 re- |
| sed? |
| |
| j. When and where did your husband die? Mrs 20-1912. Call Anna 50- |
| k. Were you residing together when he died? |
| 9. What property of any description did you own, hold or control for your use and its cash value. |
| iv. 4, 1908. (State same by items.) I have the same by items.) |
| t, have had dall due them of about 6000 |
| 10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received |
| it and what did you downth the proceeds thereof? Hive items and cash value.) All if the |
| ayhur dash Janseiver 400.00 |
| |
| 11. What property of any description of any value have you now? Whiting 40 pt 966 |
| re list and cash value? |
| and taelings of meonic and taelr value. |
| 13. Have you heretofore been paid a pension by the State? |
| o, when and for what cause were you struck from the Roll? |
| |

| Questions for the Witnesses as to Service of Husband a | nd Marriage. |
|---|----------------------|
| STATE OF GEORGIA, | |
| County. | |
| Personally before me comes A A Meuros being duly sworn true answers to make, to the following questions, answers as follows | who after |
| 1. What is your name and where do you reside? N 2 W Acces | Somme & |
| 2. How long and since when have you known Town I I I I I I I I I I I I I I I I I I I | applicant? |
| Tiffy your or more when has she continuously resided in this state? The | o date.) |
| 4. When and to whom was she married / Std. 12 11 11 How do you ke | I have been the |
| 5. How long and since when did you know at money | her |
| husband? To years | |
| 6. When and where did to the husband of Applicant die 2 2 1 112 in Cold Brown | i E. |
| 7. Where the Aplicant and her husband living together as husband and wife | at the date of his |
| death yes. | |
| S. If not how long did they live apart before his death? | |
| Were they divorced? | |
| 9. When, where and in what Company and Regiment did | Correy enlist? |
| Morch 1862 Hully & Ga, Go B 9 Ralls | llivie |
| arlellery | |
| 10. Were you a member of the same Company? | |
| 11. How long within your personal knowledge did he perform actual military so | ervice with his Com- |
| pany and Regiment Will Lout of Dea 1864 When he me | a grown a Fland |
| 12. When, and where did his Command surrender, and was discharged? | |
| Mit & 1865 appointly | |
| 13. Were you personally present when it was surrendered? | If not where |
| were your had mad Hunlingh Lord Hely / 8th and how came you the | and and |
| til not get book before Surrende | ~ |
| 14. Was the husband of applicant personally present at surrender? | |
| where was he? I see informed he James Goodges Gwhen, v | there and for what |
| cause did he leave Command? (Give date.) Harlingh | By whose |
| authority did he leave his Command? | and how |
| long was he granted leave? So days How do you kno | w all this? |
| I no there | * |
| 100 | |
| 15. For what cause, if you know of your own knowledge was he prevented from | om returning to his |
| Command: Only by Separation Commissions Rd | Room Cart |
| 10. What effort did he make to return to his Command and how do you kn | ow this? Of your |
| own knowledge or how? I do not know | |
| Sworn to and subscribed before me this the | ives |
| 27 days March 1914 min | |
| Janu Ordinary, | |
| Cook county | |

AFFIDAVIT OF TWO FREEHOLDERS.

| STATE OF GEORGIA, |] | |
|-------------------|---|--|

| Count | y. | |
|--|--|--|
| Personally before me comes | who on oath | says that they |
| re freeholders of said County and that they | | |
| | owned on 4th Nov. 1908, and its cash value to b | e as set out by |
| chedule (A) as follows | | |
| | a in a second an east \$x | |
| Notes and accounts du | e \$ | |
| Total | | |
| | Schedule (B). | |
| | way since Nov. 4th 1908, its cash value to be as | follows: |
| | | |
| Money, Notes and at | | |
| TO SOLUTION TO SOLUTION STATE OF THE SOLUTIO | | |
| | Schedule (C). now in her possession, use and control to wit: | |
| | | |
| | · · · · · · · · · · · · · · · · · · · | 0.00 |
| | ************************************** | |
| | \$ | |
| | \$ | |
| | | |
| | all property and effects \$ | |
| Sworn and subscribed before me the | | |
| | | |
| ORDINAR ATE OF CEORGIA, County | Y'S CERTIFICATE. | |
| County County Att. Janes He reprosples herself to be | Ordinary of said Continuing resident for e and she is a bona fide continuing resident | pension. She |
| County County Lat, Linnow Hat The Bottom are represents herself to be unty and was in the 4th Nov., 1908. | Ordinary of said Cou the applicant for and she is a bona fide continuing resident | pension. She citizen of said |
| County I County | Ordinary of said Con the applicant for e and she is a bona fide continuing resident the witness | pension. She |
| County County | Ordinary of said Cou the applicant for and she is a bona fide continuing resident | pension. She citizen of said who swearswho are |
| County I. Linnow The | Ordinary of said Cou the applicant for and she is a bona fide continuing resident the witnes the witnes the of said County and were duly sworn by me truthful, trustworthy, and their statements | pension. She citizen of said who swears who are before signing are entitled to |
| TATE OF CEORGIA, County I. Linnow The Toperants herself to be unity and was in the 4th Nov., 1008. That I also know the service of husband, and cholders. That all of them are now resider foregoing affidavits and that they all, are faith and credit. That the Tax Returns | Ordinary of said Cou the applicant for and she is a bona fide continuing resident the witnes the witnes the of said County and were duly sworn by me truthful, trustworthy, and their statements | pension. She citizen of said who swears who are before signing are entitled to |
| ATE OF CEORGIA, County I. County I. Lymow Are represents herself to be mity and was in the 4th Nov., 1908. That I also know the service of husband, and sholders. That all of them are now resider foregoing affidavits and that they all, are faith and credit. That the Tax Returns. | Ordinary of said Continuing resident for and she is a bona fide continuing resident. The witness of said County and were duly sworn by me a truthful, trustworthy, and their statements in the continuing resident for the contin | pension. She citizen of saic s who swears who are before signing are entitled to |
| TATE OF CEORGIA, County I At, I know 42 the person site represents herself to be unty and was in the 4th Nov., 1908. That I also know the service of husband, and sholders. That all of them are now resider foregoing affidavits and that they all, are faith and credit. That the Tax Returns. Section 40 Sworn under my hand and official seal. | Ordinary of said Continuing resident for and she is a bona fide continuing resident. The witness of said County and were duly sworn by me a truthful, trustworthy, and their statements in the continuing resident for the contin | pension. She citizen of said who swears who are before signing are entitled to |
| TATE OF CEORGIA, County It I know the person site represents herself to be unity and was in the 4th Nov., 1908. That I also know the service of husband, and sholders. That all of them are now resider foregoing affidavits and that they all, are faith and credit. That the Tax Returns. See See 60 for Sworn under my hand and official seal | Ordinary of said Continuing resident for and she is a bona fide continuing resident. The witness of said County and were duly sworn by me a truthful, trustworthy, and their statements in the continuing resident for the contin | pension. She citizen of said s who swears who are before signing are entitled to |
| TATE OF CEORGIA, County I At, I know 42 the person site represents herself to be unty and was in the 4th Nov., 1908. That I also know the service of husband, and sholders. That all of them are now resider foregoing affidavits and that they all, are faith and credit. That the Tax Returns. Section 40 Sworn under my hand and official seal. | Ordinary of said Country of said Country of said Country and were duly sworn by me e truthful, trustworthy, and their statements in the country of the count | pension. She citizen of said s who swears who are before signing are entitled to |

- - To uo solomnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the rutuh. So help you God.?"

 All affidavits must be made a tracked if blank spaces are insufficient.

 All affidavits must be made and the statement of the statement

We Crany S.J. Cma.)

Widow's Pension

UNDER ACT 1910

Name Who J. M. Drawy

Widow of Months M. Lander

Widow of Months M. Lander

Ca. D. Johnson M. Lander

Ca. D. Lander

Ca. D. Lander

Ca. D. Lander

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

| STATE OF | GEORGIA, | |
|----------|----------|--|
| Cold | County | |

| County. | |
|---|----|
| Personally before the first of | |
| Personally before me comes. At 2 A A Francis of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act | |
| of1910, and submit testimony to make out the same, true answers makes to the fol- | |
| | |
| 1. What is your name, and where do you reside? | 17 |
| 9. How long and since when have you been a continuing resident of the State of Georgia? | |
| the fit is all of House to get us shown all ill by | |
| 3. When, where and to whom were married? Manual A. Lang. Man er | |
| on fully at Buchlag Aug. in 1861 | |
| 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.) | |
| I Stens on Campany I dientama Wil Bottoliar, Caroly, Seguin l'olice | vi |
| 5. When and where did the Commands of your husband surrender or discharge from the serve? | |
| At started to in the Atlant | |
| 6. Was your husband personally present at the time of the surrender or discharge of this Com- | |
| mand? | |
| 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? | |
| e. What was his physical condition when he left his Command? | |
| | |
| g. In what way was he prevented from going back to Command? | |
| h. Was he captured by the enemy at any time? Let to the Recology s. i. If so, when and where captured and where held as a prisoner, and when and for what cause | |
| released? | |
| | |
| j. When and where did your husband die? It is ille Ligh to Loth lade ut with 20/ | /1 |
| k. Were you residing together when he died? | - |
| If not, how long had you resided apart? | |
| what property of any description did you own, hold or control for your use and its cash | |
| value Nov. 4, 1908? (State same by items and where situated) | |
| | |
| 10. What property of any kind have you sold or given away since Nov. 4, 1908? What was re- | |
| ceived for it and what did you do with the proceeds thereof? (Give items and cash value) | |
| sed a patert the state 12 100 well and | ` |
| Title William | |
| | |
| 11. What property of any description of any value have you now? | 10 |
| Give list and cash value | |
| 12. What are your annual earnings or income from any source and their value? | |
| 13. Have you or your husband heretofore been paid a pension by the State? ! C | |
| If so, when and for what cause were you or your husband placed on the Roll? | |
| Sworn to and subscribed before me this the \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| 19 day of October 101) Louder wy | |
| 187 | |
| Ordinary. | |
| (1) | |
| ofCounty. | |

| Questions for the Witnesses as to Service of Husband and Marriage. |
|--|
| STATE OF GEORGIA, |
| Fullow County. |
| Personally before me comes Randley A. Willow who after |
| being duly sworn true answers to make, to the following questions, answers as follows: |
| 1. What is your name and where do you reside? Bradley J. Wilson Allanta La |
| 2. How long and since when have you known Mr Melwary applicant? |
| How long and since when has she continuously resided in this State? (Give date.) |
| 4. When and to whom was she married? Jest M. Grang How do you know? they live a ? range |
| 5. How long and since when did you know the Broy W. Chracy her |
| husband? There were - I have him for weelly bity year bofor & |
| 6. When and where did Little Mc Lormony |
| the husband of Applicant die? Hu Mauella Ku |
| 7. Were the applicant and her husband living together as husband and wife at the date of his |
| death? VU- |
| 8. If not, how long did they live apart before his death? |
| Were they divorced? |
| D. When, where and in what Company and Regiment did Rely M. Christy enlist? |
| He rulished in Allens On in Jude 1864 |
| 11, (p) D. Kea pat " Frager Commanding) Brokans (12) Ballation |
| 10. Were you a number of the same Company? |
| 11. How long within your personal snowledge did be perform actual military service with his |
| Company and Regiment? Will April 29th 30th 1865 |
| 12. When and where did his Command surrender, and was discharged? |
| IF Multon Va- |
| 13. Were you personally present when it was surrendered? 14.5 |
| were you and how came you there? |
| |
| 11. Was the husband of applicant personally present at surrender? 2 |
| where was he?when, where and for what |
| cause did he leave Command? (Give date.) |
| authority did he leave his Command?and how |
| long was he granted leave?llow 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 R - 00 y 24. |
| Sworn to and subscribed before me this the Bradley While one |
| The A A A A A A A A A A A A A A A A A A A |
| Ordinary |
| of filler. County |

| AFFIDAVIT OF TWO FREEHOLDER | RS. |
|---|--|
| STATE OF GEORGIA, | |
| Personally before me comes De Allungo of A Por | mell, |
| Personally before me comes Wir Allaway and who | o on oath says that they |
| are freeholders of said County and that they know who are freeholders of said County and that they know who are freeholders of said County and that they know who are freeholders of said County and that they know who are freeholders of said County and that they know who are freeholders of said County and that they know who are freeholders of said County and that they know who are freeholders of said County and that they know who are freeholders of said County and that they know who are freeholders of said County and that they know who are freeholders of said County and that they know who are freeholders of said County and that they know who are freeholders of said County and that they know who are freeholders of the said County and they wanted the said County and they wanted the said County are freeholders. | and . |
| of said County and know what property she owned on 4th Nov. 1908, and its c | ash value to be as set out |
| by Schedule (A) as follows | |
| by Schedule (A) as follows. Personal property A Lin Assachola Bourds | \$ |
| Notes and accounts due | \$ 700 |
| Total | \$ 175.000 |
| Schedule (B). We know the property sold or given away since Nov. 4th, 1908, its cash | value to be as follows: |
| Personal property & Male | S. |
| Money, Notes and Accounts whore Waled, | \$ |
| Schedule (C) | *************************************** |
| We also know what property she has now in her possession, use and co | ntrol to-wit: |
| Acres of land_ worth Time | \$ |
| Horses and Mules X Z Z Z | \$ |
| Cows and Hogs | \$ |
| Other Property L 17712 | \$ |
| Income and Earnings LLC | \$ |
| Total Value of all property and effects. | Se XIAD. |
| of Cotte County. | nucu |
| ORDINARY'S CERTIFICATE. | |
| STATE OF GEORGIA, | |
| Tielle. County. | |
| (Adinary of | |
| that, I know | sout for south of the |
| is the person she represents herself to be and she is a bona fide continuing r | esident citizen of said |
| County and was on the 4th Nov., 1908 | |
| That I also know Israel, Olls a. th | |
| to the service of husband, and | who are |
| reenologes. I hat all of them are now-residents of said County and were duly signing the foregoing affidavits and that they all are truthful, trustworthy, an intitled to full faith and credit. | sworn by me before d their statements are |
| That the Tax Returns | Returned for Tax is for |
| 908 \$for 1910 \$for 1911 \$for 1912 \$ | for 1913 \$ |
| or 1914 \$ | |
| Sworp under my hand and official seal of office this | day of |
| C-11 10/5 4 AX | |
| (SEAL.) | Ordinary, |
| (SEAL.) | County. |
| | ess in the following word- |
| OTES 1. Before any questions are answered the Ordinary shall swear applicant and the with "You do solemnly swear that you will true answers make to each of the questions as | ked you and the evidence |

- you shall give will be the truth. So that subsects make to seem of the questions saked you and the evidence you shall give will be the truth. So that subsects are insufficient.

 3. Only widows who married prior to first January 1870, are entitled.

 4. All affidavits must be made before the Orticine.

 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general representation.

of Jacks Ordinary County.

Additional Affidavis: may be attached if blank spaces are insufficient.
 Only without who married prior to first January 1870, are entitled:
 Attach certified copies of marriage license if obtainable: If not, prove marriage, by some person, or by general reputation.

| Mc Church Orabitalt-One C. | · · · · · · · · · · · · · · · · · · · | | war to tree | · (4000) (5, 444) | 101111111111111111111111111111111111111 | | |
|---|---------------------------------------|---|----------------------|--------------------------------|---|-------------------|-----|
| Destpraul 7/6-1809 | Pursum offers | | | | | | 100 |
| o No | Append in arm | | | | to receive | STA | |
| INDIGENT PENSION. | Suffered not designed as my word | > | Executed in presence | Witness my hand and seal, this | ive and receipt for the pen | STATE OF GEORGIA. | |
| . 190 | this Prusing - my Bondy | | resence of | nd and scal | | PEORGIA | |
| Namo Archifales Milandy | 20 7 mily | | -0 | E E | ion allowed | OWER | |
| Co. D. 4 Eq Regt. | | | | | of and request that he remit | TER OF | |
| Approved190 | | | | day of_ | that be | TA | + |
| JOHN W. LINDSEY, Commissioner of Pensions. | | | | by | of | POWER OF ATTORNEY | |
| WARRANT HANDED TO | | | | | | , ; , | |
| Ordinary will write name of Applicant C | * | | | | | hereby | |
| Ordinary will write name of Applicant, Company and Regiment on hack as indicated above. Goo. W. Harrison, State Printer, Atlanta, Ga. | | | [L.S.] | 190 | | by authorize | |
| 5/10-1909 | | | | | | | |

AFFIDAVIT OF PHYSICIANS.

| STATE OF GEORGIA, | COUNTY. | | |
|--|--|-------------------------|---|
| Personally came before me | | 671-B | |
| of said County, who, being severally | sworn, say on oath that | they have examined | |
| inch personal examination say that | his precise physical cond | cant for pension und | er Section 1254, Code, and after |
| He is old and | inform a | me mus | be to do any |
| pulse Divide a | nd irregil | w He has | hun confined to |
| nd that we have no interest in said | pension being allowed. | C.W. B | with M. D. |
| Sworn to and subscribed before to any of Felly | 1905 | & M | Baily M. D. |
| ORD | INARY'S CE | RTIFICAT | ΓE. |
| TATE OF GEORGIA, | l | | |
| GOD! | COUNTY. | Ordinary in an | d for said County, hereby certify- |
| ant the applicant | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | resides in said County, and has |
| een a bonk fide resident of this Sta | - (/ | _day of | 189 |
| | 1 | | |
| of trustworthy character, and that | t their statements are ent | itled to full faith and | l credit, |
| I further certify that before a | newering the foregoing q | uestions the applicar | t and each witness took the oath |
| ereon prescribed, and that the full to | ext of the affidavits was res | ad to the applicant ar | d witness before same was signed. |
| I further certify that the tax | digest of | | County shows that applicant |
| turned for taxation in his name in | 901 | | Dollars of |
| operty, and in 1902 | | | Dollars of property; in 1908 |
| | | <i></i> | Dollars of property ; in 1904 |
| | | | Dollars of property; in 1905 |
| | · | | Dollars of property; in 1906 |
| | | | Dollars of property; in 1907 |
| | | /: | Dollars of property. |
| In my opinion the foregoing ci | aim is | 2 male is | good faith. |
| Witness my hand and seal of | - 187 | Tet | rease 100 |
| | 11/1/ | ey | 1907 |
| | X | 10 | rdinary. |
| (, | / | of | County. |
| Before any questions are an ords: "You shall true answers make whole truth, so help you God." Additional sffideries may be a large of the control | attached if blank spaces ar | s sked of you, and the | d the withesses in the following as widence you shall give will be |
| In every case the Ordinary mabove set out. | soren) w ene onerage | er or sue misness, and | he to the execution of the proof |

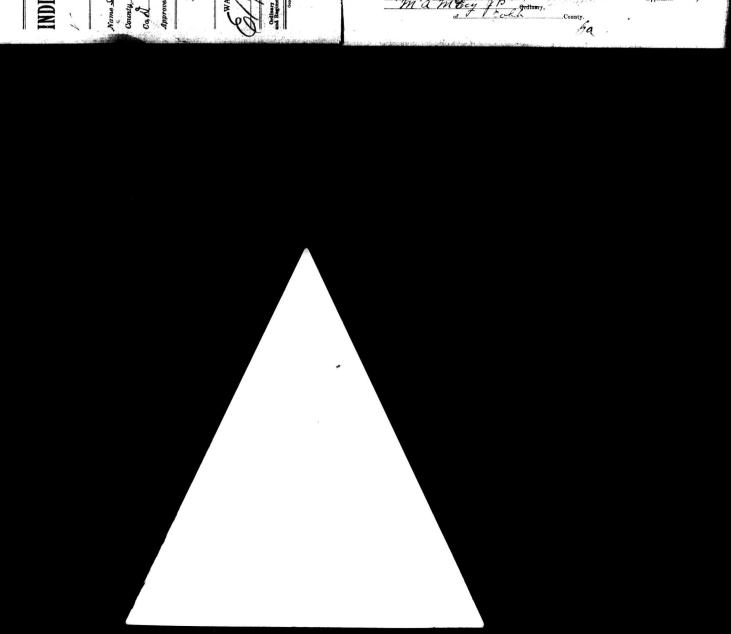
OUESTIONS FOR WITNESS.

| content on another. | |
|--|------------------|
| STATE OF GEORGIA. | |
| COUNTY, of said Shate and County, having been pre | |
| | |
| as a witness in support of the application of the application of the following questions, depos answers as follows: | ension es and |
| 1. What is your same and where do you readed the state | |
| 2. Are you acquainted with the state of the applicant; 15 % | hoz |
| long have you known him! He - Machel Form Mary! Kleft, unlid he ? 3. Where does be golden as from Jope and show when has be begon a resident of this State? | ega |
| 4. When where and in what company and augment did he enlist, and how do you know? May 1 864 Co D. H. Ga Russino S from Member of Bann | 46 |
| 5. Were you a member of the same company and regiment? | .07 |
| 6. How long did he perform regular military duty the the last un del ov | - Not |
| 7. When and where was his command surrendered? | Kon-Scotto |
| 8. Were you present when it surrendered? Yes | 0.00 |
| 9. Was applicant present? | |
| To. If he was not present, where the her | |
| When did he leave his command M. Oct DY Mr. 1864 For what cause? Hearly Mark & To | mya |
| By ghat authority hopes? Delarmed general How do you know all of | this? |
| 11. What property, effects or income has the applicant? (Give your means of knowledge.) | |
| 12. What property, effects or income did the applicant possess in 1901, 1902, 1908, 1904, 1905, 1906 and | 1907, |
| and what disposition, if any did he make of same? | |
| 18. Has he conveyed away any of his property in the last four years; If so, what was it, and to whom? | |
| 14. What is the applicant's occupation and physical condition? | |
| | |
| 15. Is the applicant unable to support himself by labor of any sort; if so, why? | |
| | |
| 16. How was he supported during the years 1901, 1902, 1903, 1904, 1205, 1906 and 1907? | |
| 17. What portion of his support for these four years was derived from his own abor or income? | |
| 18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension | under |
| Section 1254, Code | |
| 19. Who composes family? What property have they? Children's ages and their earning capacity? | |
| 20. Whe laterest have you in the recovery of a pension by this applicant? | |
| Boom to and appeorited before me, this the | |
| A Company 1904 S Winds | ********** |
| January. | |
| | |

| | The state of the s | | hereby auth | horize |
|--------------------------------------|--|-------------------------------|----------------------|---|
| | | of | | |
| eceive and receipt for the pension a | llowed and request that | he remit same to | | |
| | | | | |
| Witness my hand and seal, this | day of | | 19 | |
| Executed in presence of | | (Car entress of A second con- | 1) | J. S.J |
| Executed in presence of | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| ION. | | | | d. |
| NSION. | 1 | EY, | 9.5 | 2 |
| ENSION. | 100 | DSEY, | Applicant, of above. | cr, Atlan |
| PENSION. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | LINDSEY, | IANDED 7 | Printer, Atlanta. |
| IT PENSION. | John Man | W. LINDSEY, | T HANDED 7 | , State Printer, Atlan |
| ENT PENSION. | Hilpain Man | IN W. LINDSEY, | ANT HANDED 7 | arrison, State Printer, Atlant |
| GENT PENSION. 190 | Adigase Mala 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | OHN W. LINDSEY, | RRANT HANDED | W. Harrison, State Printer, Atlant |
| DIGENT PENSION. 190 | o Shokifales Mila way Cash | JOHN W. LINDSEY, | | Geo. W. Harrison, State Printer, Atlan. |

QUESTIONS FOR APPLICANT.

| Mchishald McGurety of said State and County, of | |
|--|---|
| (MChi alabel Mitternelle | |
| wentered of said State and County, of | desiring |
| to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly | y sworn |
| rue 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.) | |
| bull finger of aworth ba | Total Control of the |
| 2. How long and since when have you been a resident of this State? X3 year? | |
| Sence 1825 - | |
| 3. When and where were you born? andrown Court | |
| 4. When and where and in what company and regiment did you enlist or serve? Co Al A | Sucu |
| Reserve | 0 |
| The state of the s | 3.0 |
| 5. How long did you remain in such company and regiment! turn May the 1' 184 | 410 |
| How long did you remain in such company and regiment! 12 | |
| | |
| | Colombia Colombia |
| 6. When and where was your company and regiment surrendered and dircharged? | |
| at Macin bengir May the 10 1865 | |
| (| |
| 7. Were you present with your company and regiment when it was surrendered? Ho | |
| If not present, state specifically and clearly where you were, when you left your command, for what care | ase and |
| y whose authority? I Was gor is Kinger on a furtouch to to | ny |
| my Sich for Hence By authority of last Bo. | city. |
| 9. How much can you earn (gross) per annum by your own exertions or labor? Holhing | _ |
| 0. What has been your occupation since 1865? Farmers Thurs able | - |
| 1. Upon which of the following grounds do you base your application for pension, viz: first, "age and po | verty," |
| econd, "infirmity and poverty," or third, "blindness and poverty?" age to reference | - |
| 2. If upon the first ground, state how long you have been in such condition that you could not earn yo | our sup- |
| ort. If upon the second, give a full and complete history of the infirmity and its extent. If upon the | e third, |
| tate whether you are totally blind and when and where you lost your sight. | |
| Nucle Bur unable to Good any thing for 211 | 11 |
| Yell | |
| V | |
| 3. What property, real and personal, or income, do you possess, and its gross value? Royce | |
| | |
| What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, an | d what |
| isposition, if any, by sale or gift, have you made of same? OM Mull | |
| Sold | |
| | |
| 5. In what County did you reside during those years, and what property did you then return for taxatio | n? |
| Can't Court Male Worth about \$500 | |
| 5. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? | |
| 134 my chileher, | |
| 7. How much did your support cost for each of those years, and what portion did you contribute thereto I | by your |
| wn labor or income! Store How Much il Cost Vory Zillte 13 4 5 | of rate |
| 8. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay d | ifd you |
| ceive in each year? Juny Vry Kills. D. Have you a family? If so, who composes such family? Give their means of support. Have they a | L home |
| ead, or other property? Their ages and how employed? Out blaught 5 4 7 | |
| the crifficult accel | K |
| | |
| O. Are you receiving any pension? If so, what amount and for what disability? From South | an Wa |
| 1960 a year for Mischely | Chamina L. |
| | 1 1000 |
| Heve you ever made an application for pension before? | |
| 12 12 17 700 Cref mane an approached for penalog before | |
| Have you ever made an application for pension before? How many applications have you ever made and under what class? Comments Commen | |
| There you ever made an appreciation for pendion before | - 1 |
| 2. How many applications have you ever made and under what class? Write Sworn to and subscribed before me this the Grant Sworn to and subscribed before me this the Grant Sworn to and subscribed before me this the Grant Sworn to and subscribed before me this the Sworn to an all subscribed before me this | Euch |
| 2. How many applications have you ever made and under what class? How | Euch |



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NOTES.

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In order to avoid unaccessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to deabled solders, as well as the rules adopted by the Governor touching the payments perceived, the following progressions are colonized, the spiral that is the property of the would be carefully and fully set facts? It is a applicant that been woulded, the description of the would should be carefully and fully set discipling the deable spiral to the property of the spiral to the property of the property

Contracted in Kerrete Applicant IIIIIII Amount 150 Date of Warrant (1. 2786 Entered on pecord 1884 SECRETARY EXECUTIVE DEPARTMENT.

A. K. M. Curz

POWER OF ATTORNEY.

| STATE OF GEORGIA, |) | |
|--|--|--|
| Coun Coun | tv. | |
| I. A. A. Lin | 2 3 | hereby authoriz |
| John Arotrey | of Man | ilereby authoriz |
| | | |
| to receive and receipt for the pe | | |
| me | _at_ More | eller |
| IN WITNESS WHERE | OF, I have hereunto set my | hand and seal, this 12 |
| 21 | 1901. | |
| day or governo | . 1) W | I wary [L. S. |
| 16 | | L. S. |
| Executed in presence of | | |
| Warmit Janie | | |
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| <u>a</u> | Count | |
| To Those Heretofore Paid 1901. No. /87. TDOW'S PENSIO | See year ending February 18th, 1901 1. I for the see of the see o | |
| | Party 19th, 18th, | MARRANT ISSUED AND HANDED TO AND HANDED TO AND HANDED TO AND HANDED TO HANDE |
| O1 S 7 | IN I | SSI |
| ter O 🞾 — | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | TANI CONTRACTOR |
| * 🔾 🌣 🗞 | A A S S | RAN 3. H |
| | The Mary N | WARRANT ISSUE ACCOUNTY AND HANDED TO AND HANDED TO AN HANDED TO ACCOUNTY HANDED TO ACC |
| | JO J | 2 |
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| ≥ | Z. id | |
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| | | | POW! | CK (| JF A | 10 | RIVE | Ι. | |
|---------------------------|---------|------------|------------------|--------------------------------|-------------------------------|--------|-------------|---------------------------|--|
| - <i>[</i> | Jos | GEORG | Len An | County | , of_ | | | | , hereby authorize |
| | In With | ess When | | | paid here at into set m | | | | he remit same to |
| day o | 1 | ted in pre | esence of | 1902. | . Y, | 1 X | 20 | idie | γ • [L. S.] |
| | Vm | Suc | m | | | | | ٠ | |
| | | | | | | | | | |
| To Those Heretofore Paid. | 1902. | No. 237 | WIDOW'S PENSION, | For year ending Dec. 31, 1902. | Mr. A Mindley | lew of | Co Regiment | Commissioner of Pensions. | WARRANT ISSUED AND HANDED TO GO of Justine 1902 AND HANDED TO GO of Justine 1902 GO of Justine 1902 GO of Justine 1903 GO of Justine 1903 |

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand these granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted to the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the catent of the disability. It applicant claims disability from this as contracted in the service, a full and carefully stated history of the disabse should be given, trending 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.

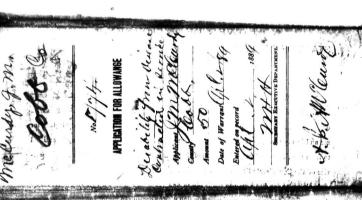
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."

purposes be "substantially and escentially 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 alck, that the leg is not "substantially and essentially useless." It papers are returned for correction, and amendments are added to any of the affliadvits, the amendments must be made under outle before an officer, and the proofs must show that the amendments have

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

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



For Use of Applicants Who Have not Heretofore Drawn.

| , | • |
|--|--|
| STATE OF GEORGIA, | 100 M |
| County. | 160 |
| PHRSONALLY appears | 1160 1. Carl |
| State of Georgia, who, being duly sworn, says | |
| resident of said State, and has been such since | theday of |
| TR that he | audiend in the little in the comme |
| federate 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 , d | ay of 186 , he was |
| wounded as follows: | -1 1 Mich 10. |
| | |
| read of the distriction of the | and the second |
| we trustiment you | erick to a terror of the |
| | |
| Lamber and Carla Conte | Carried and Commercial |
| Acces Comment of Francis Land | |
| Deponent desires to participate in the bene | fits of the Act, approved October 24, 1887, |
| and the Act amendatory thereof, approved Dec | ember 24, 1888, and makes application for |
| the allowance to which he is entitled for the year | r thereunder ending October 26, 1889. |
| Company to and automit 41 C | J. h. 11 |
| day of 188 | |
| A 4000 4 | |
| Note.—State fully nature of wound or character of disease the extent of the disability. | e which causes the disability, and explain particularly |
| the extent of the disability. | |
| | |
| G | |
| Commissioned Off | icer's Affidavit. |
| STATE OF GEORGIA, | |
| County. | |
| | / |
| Personally came before me | |
| | a, who, being duly sworn, says that he was |
| a commissioned officer in Company , of | Regiment of |
| volunteers, and that deponent knows | and that he received the |
| wounds (or contracted the disease) in the military | service, as stated in his foregoing affidavit, |
| and that wounds (or disease) permanently disab | les the said |
| as stated by him in said a | ffidavit. Deponent further states that said |
| in | a cona nae citizen of this State and resides |
| | |
| | My Ill wally |
| - Links Him | |

| STATE OF | GEORGIA, County. | 1.0.1 |
|------------------|---|---------------------|
| PERSONAL | | |
| citizens of | y sworn, say that they are acquainted with \$216.77 | nty, in said State, |
| | | |
| | and know that he received the wounds (military service as stated by him in the foregoing affidavit; | |
| (or disease) per | emanently disables applicant as stated by him , that said - | |

are well satisfied that all the statements in his affidavit are true

Sworn to and subscribed before me, this
day of 188

fide citizen of this State, and resides in

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

STATE OF GEORGIA,

day of JEly

County.

PERSONALLY comes before me

and

and

both known to

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

examination say that the applicant has been injured as follows:

the that the agus without allowly death sickness while on

post + picker haly in Tropy 1864. From his report + that of his

nest coate, whose know to be worthy if belief the Sickness has the

beginning of 18 hut has proven to be a progressive and offer

exitty incurable Pharmaticus, So that he is now ulterrally

made to perform the before Meritage to they ham him the faunt

- this family history being bee from Rheumaticus his altace

Sworn to and subscribed before me, this?

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.

| The second secon |
|--|
| STATE |
| County. |
| I, Ordinary of said county, |
| do certify that I am well acquainted with |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him |
| in his said affidavit are true, and I know he is the individual he represents himself to be, |
| and that he resides in this county. 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 thatbefore |
| whom the foregoing affidavits were made and power of attorney was signed, is a |
| of said county, and the said affidavits and signa- |
| tures thereto are genuine. |
| Given under my official signature and seal, this day of |
| |

POWER OF ATTORNEY.

Ordinary____

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 |

Executed in the presence of us:

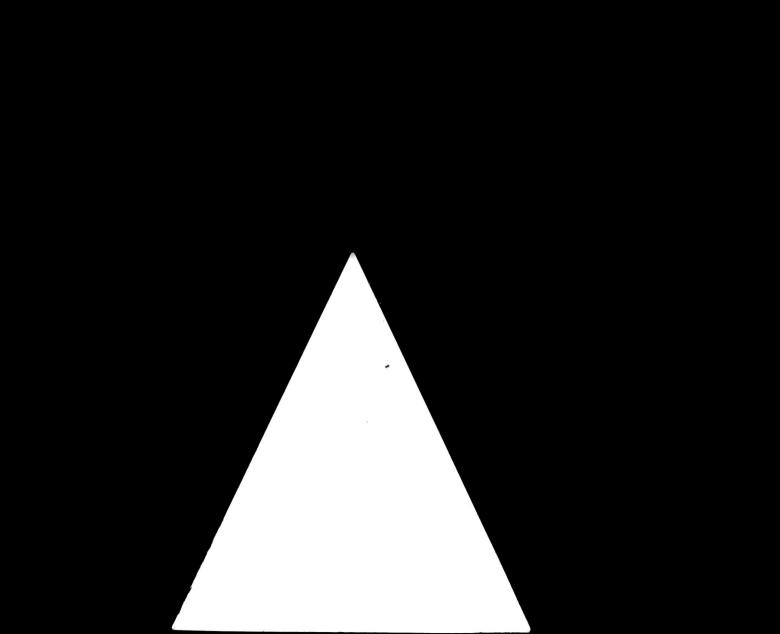
day of

___(L. S.)

County.

| No. 1794 | |
|---|---------|
| STATE OF GEORGIA,) EXECUTIVE DEPARTMENT.) Allanta, Bà, V JOr 20 2 1889. | |
| Mr Coff by of the Country of the Country | |
| having filed his application in the Executive | |
| Dec. 24, 1883, and the same having been allowed for He is entitled to receive the sum of Dollars for such disability, the same being the strong of the year ending October 24, 1889. The Treasurer will put the same and bold his receipt on this year end as there are a large to the same and solutions. | // 8 |
| By the overnor. CLERK EXECUTIVE DEPARTMENT. | in |
| CLERK EXECUTIVE DEPARIMENT. | |
| RECEIVED OF STATE TREASURER, R. U. HARDEMAN, Dollars, per above voucher, this | |
| By Af Meloway | |

out sunt This is to stratify that) Ill alle County has been unice my Care for the last com De 23.0 miles it is a ser man trigger 1:15 Ifeam and he is not able to durchant 10 20 2 1 lecciones The is a law of the nes lanning under the Means and he Pence in a said for their count has not him down he could dland Dr 185 While het wante in Grate in Twenty years now turn his Divanie Tier Fut The State Gad on his Buddly and is giving week Occupate himse an min in The rome cing circle week in Eny day from the above Dicase in the the section the said and mention and his Highe has to take the edge of Julier Howhunders to make alining rowers to it and substitute W. 13 Hogeth Still D. with 16 16 This 116 42 Th 23 1889 Carto County & Micht Med is is 4.00 - 1 colame 7.10 Living a Cold Change in a list of grace of go del Dona 15 M. Wille My Sician of this Circly und his Cortilions in Growthy at Ordit. All tolone 1106 4 1859



STATE OF GEORGIA, 190____ POWER OF ATTORNEY. Mr Mil Curdy County Approved JOHN W. LINDSEY, WARRANT HANDED TO 19/14-1907 Ordinary will write name of Applicant, Company and Regiment on back as indicated above.

POWER OF ATTORNEY.

| STATE | OF GEORGIA, | |
|--------------|--|------------------|
| | County. | |
| 1 | The second secon | hereby authorize |
| - | of | |
| to receive a | nd receipt for the pension allowed and request that he remif same | to |
| teri i | atby | · · |
| Witi | ness my band and seal, thisday of | 190 |
| | THE PARTY OF THE P | [L, 8.] |
| Exec | suted in presence of | |

INDIGENT PENSION

190

OUESTIONS FOR APPLICANT.

| 602011011 | o i oit in i bioin ti. |
|--|---|
| STATE OF GEORGIA, |) |
| Lords | } |
| Соп | ral n |
| Milliam M | il Wily of said State and County, desiring |
| to avail himself of the Pension Act (Section 1 | 204, Code), hereby submits his proofs, and after being duly sworn deposes and answers as follows: |
| 1. What is your name and where do you residue. | deposes and answers as follows: |
| 1. West is your name and thepe do you resid | le? (Gre State, County and Postoffice.) |
| | , , , , , , , , , , , , , , , , , , , |
| 2. How long and since when have you been | resident of this State? |
| agety grave | 1 A - A - A - A - A - A - A - A - A |
| 3. When and where were you born? | outh Carolina Jam, 21-1822. |
| 4. When and where and in what company as | degimentalid you enlist or sorver attante, La. |
| Tearly on 1864 | loo, D. 4th La. Meseries. |
| | |
| · · · · · · · · · · · · · · · · · · · | y a se sa |
| 5. How long did you remain in such company | |
| Mont | welve mours. |
| | Aff |
| 6. When and where was your company and r | egiment surrendered and discharged? Many 4a |
| about May 5th | 1865. |
| 1 | |
| | 10 |
| 7. Were you present with your company and 8. If not present state specifically and clearly | regiment when it was surrendered? |
| and present, said speciality and citary | where you were, when you left your command, for what cause and |
| 1 | some on sick furlough gt |
| me of surend | |
| 9 How much fan fou earn (gross) per annus | by four own exertions or liber thing |
| 10. What has been your occupation since 1865 | Harming. |
| 11. Upon which of the following grounds do ve | u base your application or pension, viz: first, "age and poverty." |
| second, "infirmity and poverty," or third, "blin | |
| | on have been in such condition that you could not earn your sup- |
| port. If upon the second, give a full and com | olete history of the infirmity and its extent. If upon the third, |
| state whether you are totally blind and when an | |
| old - from the store De | neral years have not their |
| out of house, on ac | |
| home Tale | |
| from age- | |
| 13. What property, real and personal, or inco | ne, do you possess, and its gross value? \$ 0 alle por |
| wone land, which for | |
| 4. What property, real or personal, did you p | ossess in 1901, 1902, 1903, 1904, 1905, 1906 and 1007, and what |
| isposition, if any, by sale or gift, have you ma | |
| hove - I cannot loved | after it and it does not make |
| me a support. X | are disposed of none. |
| 5. In what County did you reside during thos | |
| | themes mobest above grand, |
| | , |
| | 1901, 1902, 1803, 1904, 1808, 1906 and 1907? By what and |
| got from my little haa | end the help of my maria son. |
| wn labor or income? about \$150 | t those years, and what portion and you contribute thereby by your 10 |
| 8 What was your employment during 1901 | 1902, 1903, 1904, 1905; 1906 and 1907? What pay did you |
| ceive in each year? Had none - | Confined in in balid Chair. |
| Have you a family? If so, who composes | uch family? Give their means of support. Have they a home- |
| Have you a family? If so, who composes ead, or other property? Their ages and how er | uch family Give their means of support. Have they a home- |
| une his two small e | |
| 1 | |
| | This of This own |
| 0. Are you receiving hy pension? If so, wh | at appeart and for what disability? |
| | V10: |
| 1. Have you ever made an application for pens | ion before? |
| 2. How many applications have you ever made | |
| | li ma |
| Sworn to and subscribed before me this t | ha) (VV.//). Neg/// C/A |

Sport to and subscribed before me this the

mane Applicant.

WARRANT HANDED TO

OUESTIONS FOR WITNESS

| STATE OF GEORGIA, | |
|--|------|
| COUNTY. | |
| J. Echolo of said Staty App County, having been presented | |
| as a witness in support of the application of | |
| answers as follows: | |
| 1. What is your name and where do you reside? | |
| 2. Are you acquainted with prilliam that Curly , the applicant; if so, how | |
| long have you known him? What The Weard. 3. Where does he geside, and how long and since when has he been a waident of this State? | |
| Oobs Count - Name lived Willow 50 years. | |
| 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? | |
| 7. When and where was his command surrendered? | |
| 8. Were you present when it surrendered? ho - | |
| 9. Was applicant present? | |
| 10. If he was not present, where was he? | |
| When did he leave his command? For what cause? | |
| By what authority be let? | |
| 12. What property, effects or moone did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, Ham and a consultation of the property of the pr | س |
| and what disposition, if any, did he make of same? | |
| Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? | |
| 14. What is the applicant's occupation and physical condition? Man a farmer | |
| for Several years has been botally distabled and | |
| 15.//s the applicant unable to support himself by laber of any sopt; if so, why! | |
| Jug- Totally disobled by Thermation and | |
| Wheme of The | |
| 16. How was he supported during the years 1991, 1902, 1903, 1904, 1905, 1908 and 1907! Touch, to make on the way and the first way and the supported during the years 1991, 1902, 1903, 1904, 1905, 1908 and 1907! | - |
| 17. What portion of his support for them four years was derived from his own labor or income? | - |
| 6. Give a full and complete statement of the applicants physical condition that entitles him to a pension under | |
| Agospon 1254, Code & le years old - totally djo ablig - Reglines in much | 4 |
| What _ Games family? What property have they? Children's ages and affeir examing capacity? | |
| Vinney, widowed laughter and her two Amall Child | - |
| It entirely defendent on him - They have mothing. | 1 |
| What interest have you in the recovery of a pension by this applicant? Sworn to and subscribed before me, this the | . (1 |
| | 11 |
| TO COTTO | - 11 |
| John Andry Ordinary. | |

AFFIDAVIT OF PHYSICIANS.

| STATE OF GEORGIA, | |
|---|---|
| Pasqualit (ame pafore, me | one and |
| of said County, who, being severally sworn, say on oath that they have en | |
| such personal examination say that precise physical condition is as follows: | ion under Section 1254, Code, and after lows: |
| Grangmed Williams 2009 Jun tribless and Totally de Theundress to make a s | Curily, and fin |
| and that we have no interest in said pension being allowed. Aggar to and subscribed before me, this the Aggar to and subscribed before me, this the Ordinary | D. Malone M. |
| ORDINARY'S CERTIFI | CATE. |
| STATE OF GEORGIA, Octor I. John Gwhif Ordinar that the approant Milliam Ma Court | r, in and for said County, hereby certify |
| been a bona fide resident of this State since the | January 189 X |
| are of trustworthy character, and that their statements are entitled to full i | aith and credit. |
| I further certify that before answering the foregoing questions the observed prescribed, and that the full text of the affidavits was and to the appl | |
| I further certify that the tax digest of | County shows that applicant |
| returned for taxation in his name in 1901 | Dollars of |
| property, and in 1902 | Dollars of property; in 1908 |
| | Dollars of property ; in 1904 |
| | Dollars of property; in 1905 |
| 700 | Dollars of property; in 1906 |
| 700 | |
| 700 | Dollars of property; in 1907 |
| In my opinion the foregoing claim is | Dollars of property. |
| Witness my hand and seal of office, the | made in good faith. |
| of of | 190 |
| Janes Music | Ordinary. |
| 01 | Oounty. |
| Before any questions are engaged the College | |

1. Before any questions are answared, the Ordinary shall swear applicant, and the witnesses in the following works: "You shall, thus enjayers make to each of the questions saked of you, and the evidence you shall give will be the whole truth, so bely you God."

2. Additional siffseys may be attached if blank spaces are insufficient,
3. As every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above so to out.

| | QUESTIONS FOR WITNESS. |
|----|--|
| | STATE OF GEORGIA, |
| | Julion County. |
| | M. J. Source of said State and County, having been presented |
| | as a witness in support of the application of Management of the application of Management of the application |
| į. | 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? It. J. John Co. La. |
| | 2. Are you acquainted with a man In Courdy, the applicant; if so, how |
| | long have you known him? Gets more atten 45 years |
| | 8. Where does he reside, and fow long and since when has he been a resident of this State? |
| | In Morter of 1863-164 - In Allento Co D. 4 - Red La Red |
| | 5. Were you a member of the same company and regiment? |
| | 6. How long did be perform regular military duty? In more than a flat |
| | 7. When and where was his command surrendered? At Albany da |
| | In may 1863 |
| | 8. Were you present when it surrendered? I was made |
| | 9. Was applicant present? |
| | 10. If he was not present, where was he? |

- What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907,

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

- 13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
- 14. What is the applicant's occupation and physical condition?
- 15. Is the applicant unable to support himself by labor of any sort; if so, why?......
- How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
- 17. What portion of his support for these four years was derived from his own labor or income?
- 18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under
- Section 1254, Code

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

- 20. What interest have you in the recovery of a pension by this applicant.
- Shut william Ordinary
- my to to of tenterouth character of a sentence certifier to full forthe telettering

For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA, Personally Comes Mrs. County of Cobb A Lendley |
|--|
| who, being sworn, says on oath, that she is a bona fide resident of said County of Cohh State of Georgia, and that she has RESIDED in said State continuously ever since. December \$6839 That she is the Widow-of Arthurathory of Livedby who was a soldier in Company of the 1st Conful Regiment of Georgia who was a soldier in Company. Wolunteers, that he enlisted in said regiment on or about the month of May. Volunteers, that he enlisted in said regiment on or about the month of May. 186 2 and served in the Army up to July 23 2st 186 14. That he lost his life on the 30 th day of December 18.64. (State here pretrouters of the bushound's death, when, where and from what cause). We died in Compt. Chase Ohio in privoyer of world Sundal Pay |
| |
| 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 |
| Sworn to and subscribed before me, this 12 day of Journal 1901. When Author Ordinary. Post Office |
| State of Georgia, Ordinary of said County, certify that I am well accordanced with Mr. A Lindley who made the above affidavit and am satisfied |
| with Mr. A who made the above affidavit and am satisfied that the facts therein stated are true, and I know he 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 2 day of 1801. |
| Official Seal. Ordinary of Cold |

For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA, PERSONNALISY COMES! MIRS. |
|---|
| County of Cob . A Lindley |
| 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 Determber /839 . That she is the Widow of |
| Johnsthan Paind Ley who was a soldier in Company |
| Volunteers, that he collisted in said regiment on or about the month of May |
| 180 2, and served in the Army up to July 23 186.24. That he lost his |
| life on the 30 day of Die |
| particulars of the hasband's douth, when, where and from plat cause). |
| Phone Shio in provided in the County of the died in County of Small Par |
| of Small Pay |
| |
| |
| |
| 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 |
| he year 1803 |
| I have been paid a pension as a resident of Lobb County for the |
| cear 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. his 13 day of fact 1902 - I may Sinding |
| John Molney Ordinary.) Cost Office Towdes Afrings |
| State of Georgia, I John awhing |
| County. Ordinary of said County, certify that I am well |
| equainted with Mrs. A A Lindley , who made the above attidavit and |
| m satisfied that the facts therein stated are true, and t know she is the individual she represents |
| ereself to be, and that she has continuously resided in this State since the |
| ay of .18 |
| Given under my official signature and send, this the stay of face 1902. |
| Official /o hulled free |
| Seal. 1 Ordere of C. P. |
| NOTE All blank spaces must be filled. |

Voucher and affidavit must bear date after January 1st, 190

Byon to and subscribed before me, this the

Oh day of lithing 190 —

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To be of trust Secretary that the above unions of personally trusted by the first like above unions to further forth script

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| Mecutylian Thomas | | | · Province of the second | | | |
|--|--|---|--------------------------------|-------------------------|------------------|-------------|
| Coffe Co. | It is doubtful that applicant is unable to support simesely— | | | to receive | STATE | |
| INDIGENT PENSION | Rich Thurs | | Witness my Executed in | ive and receipt | TE OF | |
| Name Of Chile | Dusom offen 6/1-1911. In willing Cabinates Covering about 12mm Com by made | * | hand and seal this presence of | for the pension allowed | F GEORGIA. | POWER (|
| County County Conference County Count | Decoffmul Jest Links | | day of | and request that he re | of | OF ATTORNEY |
| RICHARD JOHNSON, | The state of the s | | | remit same to | | RNEY. |
| WARRANT HANDED TO BEO. W. HARRIBON, STATE PRINTER, ATLANTA | | | _1898. _[1.8.] | | hereby authorize | |
| | - | 1 | | | | |

| S | TATE O | F GEORGIA, | | | | | | |
|--------|---------------------|----------------------------|-------------------------------|--------------|---------------------------------|------------------|-----------|--------------|
| | 1, | | | | | hereby | authorize | 1 |
| in : | receive and receive | ipt for the pension allowe | ul and souncet t | of | | | | 1 |
| - | receive and rece | at . | ed inid request i | nat ne remii | | | | |
| | Witness my | hand and seal this | | day of | | 1898 | | 1 |
| | Executed in | presence of | } | | | | [L.S.] | 1 |
| * | | | J | | | | , | + |
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| | P | E E | 20% | | ОНИ | AND | 3 | |
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| , | | 7 130 | 1, 1 | | RICHARD JOHNSON Commissioner of | ARRANT HANDED TO | 96 | 17 |
| • | 9 | 2/4 | $\cup_{i \in I}$ | P | RIC | AR | | 9 |

| Questions for Applicant. |
|--|
| STATE OF GEORGIA, County. |
| Moreuas W. Cutskeon 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 yeher's do your rosside? (give State, County and past office.) Moreuas W. Eutlehen. I result in large form. |
| 3. When and where were you born 2 was born Wee: 15 \$ 1839 in fall G Da. |
| 4. When and where and in what company and regiment did you enlist or serve? I unlist on the first of the finderson's brigade on 3 day of July But at Allade to the first of th |
| |
| 6. For how long a period did you discharge regular military duty? . Racley four france |
| 7. When, where and under what gircumstances were you discharged from services, of 2000 Summer. Auch to Scalar 12 of April 1865 at Appointing 77. |
| 8. What is your present occupation Colling at Shoes. |
| 9. How much can you earn (gross) per annum by your own exertions or labor Rant Shale positivity bu |
| 10. What has been your occupation since 1865? The Vanu as above Statest |
| 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"? *** ***Leters 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 action? If upon the third, state whether you are totally blind and when and where you lost your sight? *** ******************************** |
| lung troubly caused from unands Contracted while in the Composerate Proces |
| My Night New wood distorated by a rough while detailed so a grand I was the last of the file of the south of the last of the south of the last of the south of the last of |
| 14. What property, effects or income slid you possess in 1894, 1895, 1896 and 1897 and what disposition, |
| if any, did you make of same? |
| |
| The second of th |
| 16. In what County did you reside during those year and what properly did you then return for taxation? |
| 16. How were you supported during the years 1896 and 1897 hay what little I could take - Such as it was, |
| 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 little & Contributed all I would to what little my We |

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? If have a Wife, We have no Means of support of apt What will be and some Mr. wife ours a Wille knew and one fruit of he are of least 20! Are you receiving any pension, if so, what amount and for what disability? . Aone

>Ordinary. .County.

18. What was your employment during 1896 and 1897? What pay did you receive in each year?

QUESTIONS FOR WITNESS.

| GOLOTIONS FOR WITNESS. |
|---|
| STATE OF GEORGIA, |
| Courty County) |
| as a witness in support of the application of Armas Ma County, having been presented |
| as a witness in support of the application of under the Act approved December 15th, 1894, and after being duly sworn true answer to make to the |
| following questions, denoses and answers as follows: |
| 1. What is your name and where do you reside? Milliam J. Me Daniel |
| is in Roswell Golf County Longia |
| 2. Are you acquainted with Trounds me Cutchern, the applicant, if so |
| how long have you known him? I have thrown him to 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 be enlist, and how do you know? Lee wicked in God ill Ga Supp on July 3 1861. |
| 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 Confed- |
| erate soldier, and the time and circumstances of his discharge from the service? There years |
| me contro & twenty days, and was |
| Succeeding by Spil Roll & Lee al |
| John atton on The g April 1865 - I was there was there was the given your means of knowledge. |
| tools lead nothing expept a few shoe |
| 8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if |
| any, did be make of same? He had no bropusty |
| 9. Has be 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?. |
| The Maken but is now getting |
| 11. Is the applicant unable to support himself by labor of any sort, if so, why? He is not |
| now able to support lunely because |
| of age and delining with |
| 12. How was he supported during the years 1896 and 1897? bywhat he Could |
| nake cobbling and - leg his wiges Sewing. |
| 13. What portion of his support for these two years was derived from his own labor or income? |
| 14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension |
| under the Act of December 15th, 1894? He is not a Strong |
| man and was weakened by uposine |
| 15. What interest have you in the recovery of a pension by this applicant? |
| Sworn to and subscribed before me, this O of the of the first 1889 William & H. M. Daniel. |
| Mustone Ordinary. Mark Witness. |
| |

AFFIDAVIT OF PHYSICIANS.

| ALTIDAVII OF PHIDICIANS. |
|---|
| STATE OF GEORGIA, |
| Personally came before me flow of fundamental and c + of following for the physicians |
| said County, who being accurally sword, say on oath that they have examined carefully Multiple of the say of |
| That he dis Buffering From arganis |
| agglaratur by arround in the lift timele |
| We further say on eath that the physical condition of applicant renders him unable to labor at any |
| allowed. Sworn to and subscribed before me this the 10 de of Hall 1899 |
| Jal toni |
| ORDINARYS' CERTIFICATE. |

| | PRDIMARYS. | CERTIFIC | ATE. |
|--------------------------|--|------------------------------|---------------------------------|
| STATE OF | GEORGIA, |) | |
| cu | County. | } | |
| 1, | y son | , Ordinary in and | for said County, hereby certify |
| that the applicant | | utolion | resides in aid County, and has |
| been a bona fide resider | t of this State since the | // / | |
| and that the witnesses | viz. Hm. St | mostan | old 1 |
| KI H H H | F will be the sequential to | | |
| are of trust worthy char | acter and that their stateme | ents are entitled to full fi | aith and credit. |
| I further certify | that before answering the i | forgoing questions, the | applicant and each witness took |
| | | | d to the applicant and witness |
| before same was signed. | | () an | |
| I further certify | that the tax digests of | 600 | County show that applicant |
| returned for taxation in | his name in 1896 | nothing, | Dollara |
| of property, and in 18 | 77 | thing D | Dollars of property. |
| In my opinion th | e foregoing claim is | made in good | |
| Witness my hand | l and seal of office, this | 3 day of | Ordinary 188 |
| | ************************************** | Con C | County. |
| | | NOTE. | |

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

Additional and statistical a

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

| (i. l Thun | receipt for the pen | at | d request th | at he rem | it same to |
|---------------------------------------|--|---------------------|----------------|---|-------------------------------------|
| Executed i | my hand and seal, th | is / day c | Jon Jhos | nobuter | 1002, Feert[L. 8.] |
| FOR THOSE ALREADY ENROLLED.) No. 3233 | INDIGENT SOLDIER'S PENSION 1902. | Sounty Moder Cheers | WARRANT ISSUED | JOHN W. LINDSEY, Commissioner of Practice WARRANT HANDED TO | ing W. Harrion, Soul Prime, Alasia. |

| POWER OF STATE OF GEORGIA, | } | | | |
|--|------------------------------|--------------|--------------|------|
| Sim Shitsey | ጎ _hereby au of. | | | |
| to receive and receipt for the pension | allowed and | request that | he remit sam | e to |
| by hours | | | | |
| Witness my hand and seal, this | The 3 | In ! But | oficor 1 | 3. |
| Executed in presence of | <i>) ((((((((((</i> | 77.00.00 | | S. |
| | | | | |
| | | | | |
| | | | | |

SOLDIER'S PENSION 1903. INDIGENT

Name Tink Continuous Regiment // °.

WARRANT ISSUED

JOHN W. LINDSEY,
Commuscioner of Pensions

WARRANT HANDED TO

11 the money

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 488

JAN Ma Co Cor.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, | |
|--|---|
| Coll County. | |
| Personally appears The vice as M. Citation Cobb | |
| County, State of Geoogia, who being duly sworn, says on oath that he is a bona fide citizen | |
| and resident of said County and State, and has resided in said State continuously ever | |
| | |
| since the day of 1837; that he is 62 years old and by occupation a Jave Luke. that he enlisted in the military service of the Con- | |
| | |
| federate States (or of the State of) during the war between the | |
| States, and served for the term of 3 # 9 m in Company U, of // th Regiment | |
| of 2a 00 to | |
| States, and served for the term of 3 4 years in Company U. of II the Regiment of 2 a both the served to 11 70 that his physical condition is as follows. Or in g to 11 70 the interest, und poverty he is enable to Suffice at her interest. | |
| | |
| that his property consists of the following items | |
| · tothing | |
| | |
| 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, | |
| 1891, and the Acts amendatory thereof, and makes application for the pension to which he | |
| is entitled for the year 1992. I have heretofore as a resident of Coff | |
| is entitled for the year 1902. I have heretofore as a resident of Cobb county been allowed a pension for the year 1901 The Collection | ı |
| Sworn to and subscribed before me, this the | |
| / day of /arr 1902. | |
| STATE OF GEORGIA, 1002. | |
| Ordinary. | |
| STATE OF GEORGIA, | |
| Cob & County. | |
| do certify that I am well acquainted will Thomas he Coul cause | |
| do certity that I am well acquainted with The various In Coul caren- | |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made by | |
| him in his said affidavit are true, and I know he is the individual he represents himself to | |
| be and that he resides in this County. | |
| | |
| Given under my official signature and seal, this | |
| day of January 1902. John Cliving Ordinary. Coll County. | |
| folm (lw/rey | |
| Ordinary. Coll County. | |
| Note - The blank spaces must be filled. Note - Affidavit should not be attested before January 1st, 1982 | |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, |
|--|
| .County.) |
| Personally appears To ME Cuthion of Wohl |
| 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 7 1837; that he is 63 years old and |
| by occupation a hoe Maker, that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war between the |
| States, and served for the term of 3 34 100 in Company Q of 11 th Regiment |
| of Day bulo I I anderson's Brigan that his physical condition is as |
| federate States (or of the State of during the war between the States, and served for the term of the in Company and of the Regiment of San bule of the full of the states |
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| |
| that his property consists of the following items: |
| nothy |
| V |
| of the value of Dollars, that by reason of his physical |
| condition and poverty he is unable to support himself by his own exertion or labor, and |
| that he receives no pension but the one herein applied for. |
| Deponent desires to participate in the benefits of the Act, approved December 15th, |
| 1894, and the Acts amendatory thereof, and makes application for the pension to which he |
| is entitled for the year 1903. I have heretofore as a resident of |
| county been allowed a pension for the year 1 2 |
| Sworn to and subscribed before me, this the |
| I day of 1903. Ordinary. |
| STATE OF GEORGIA |
| STATE OF GEORGIA, |
| do certify that I am well acquainted with This it Cultivary of said County, |
| |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made by |
| him in his said affidavit are true, and I know he is the individual he represents himself to |
| be and that he resides in this County. |
| Given under my official signature and seal, this |
| day of 1903. |
| Near Near Near Near Near |
| Ordinary County. |

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

| STATE OF GEORGIA, COUNTY. |
|--|
| Thonget Culcheox hereby authorize |
| The vousing of manual |
| to receive and receipt for the pension allowed and request that he remit same to |
| by Hand at his office |
| Witness my hand and seal this 137 day of Hermany 1904 |
| Thos, M. Cutetion s |
| Executed in presence of |

POWER OF ATTORNEY.

| s | STATE OF | GEORGIA, | COUNTY. | Jahran | h | ereby authoriz |
|--------|--|--------------------|--|------------|---|-------------------|
| | o receive and | / | pension allowed, a | nd request | that he | remit same t |
| | WITNESS | my haud and seal | this Thos | day of | Gui | 1905. |
| *** | 1 017 | in the presence of | | | | |
| | | | | | | |
| 2) | | | 1411 | ತ | | f '1. |
| in the | (FOR THOSE ALREADY ENROLLED. No. 73 9 | T SNSIO | dakon 11 K. | ED | N. LINDSEY, Commissioner of Pensions | D TO |
| 200 | E ALREADY E | S'S PI | M.C. | JAK. | JOHN W. LINDSEY | WARRANT HANDED TO |
| 3 | R THOSE , | INDI LOIER | The State of the S | WAR | JOHN | WARRANT |
| 3 | . | 200 | Name County | | | Q g |

SOLDIER'S PENSION 145 1904. Geo W Harrison, State Printer, Atlanta. 1904.

Regiment Ca 194. JOHN W. LINDSEY. Name July, My C. Com. WARRANT HANDED TO WARRANT ISSUED County.

no data

(FOR THOSE ALREADY ENROLLED.)

cio

INDIGENT

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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, |
|---|
| |
| Personally appears Morniev Mailothouge Och |
| 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 play of 183"; that he is co 3 years old and by occupation a Stort Make S. that he culisted in the military service of the Con- |
| federate States (or of the State of \$ 34 1/6.2.16 |
| States and served for the term of '. 33/1 in Comment (1 - 5 // 1 P) |
| of Set (2.1) 4. J. Anderson's that his physical condition is as |
| follows: it to the very and actional, in wall |
| to wasport Triudely |
| () |
| that his property consists of the following items: _ / Whileg |
| |
| Calculation of |
| of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and |
| that he receives no pension but the one herein applied for. |
| Deponent desires to participate in the benefits of the Act, approved December 15th, |
| 1894, and the Acts amendatory thereof, and makes application for the penyion 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 the |
| day of 221 MAC 12 1904. |
| wille Skitker Ordinary. |
| STATE OF GEORGIA. |
| COMO A County X |
| John Ohn till |
| do certify that I am well acquainted with Thos, Wilcute hove |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made |
| by him in his said affidavit are true, and I know he is the individual he represents himself |
| to be, and that he resides in this County. |
| Given under my official signature and seal, this |
| Carry or yanning John N. The |
| Amil John Strainary County |
| County. |

Nors.—The blank spaces must be filled.

Nors.—Affidavit should not be attested before January 1st, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| OR HIT BIOHITO HEADIOTORE HEAD I BROTORE, |
|--|
| STATE OF GEORGIA, |
| Coff County. |
| Personally appears Thomas Mcleuthorn Ovol |
| 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 1439; that he is 64 years old and by occupation a Shree Moster, that he culisted in the military service of the Con- |
| Charles Committee Committe |
| States, and served for the serve of 2 frame in Company 2, of the Regiment of Duly 1. J. Anderson's Bright that his physical condition is as follows: |
| hat his property consists of the following items: |
| hat 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 |
| s entitled for the year 1905. I have heretofore as a resident of |
| County been allowed a pension for the year 1904. Sworn to and subscribed before me, this the Thos Mr. Conteheor |
| 10. day of 1905. Soldinary. |
| STATE OF GEORGIA,) |
| County. |
| 1. County. S 1. Ordinary of said County, to certify that I am well acquainted with The 111 Culture of |
| |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made |
| by him in his said affidavit are true, and I know 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 the 1905 |

Nors.—The blank spaces must be filled.

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

County.

Mc Enthron L

| receive and receipt fo | | | hereby au | | |
|------------------------|----------------|-------------------------|--|---------|-----|
| Tecerre and receipt to | at_ | | at he relate so | | |
| WITNESS my hand a | and seal, this | day of | 229 19 | 06, | |
| | | as mal | entelre | [L. S.] | |
| Executed in the pre | sence of | | | | |
| LIC WILL | | | | | |
| | | | | | |
| | 2 | | | | |
| N N | | 1906 | . | | 75. |
| NSI . | Oml | | Commissioner of Penrion PANDED TO | İ | |
| ENT | 0 3 | Kegiment WARRANT ISSUED | Commissioner of Commissioner of RRANY HANDER T | 4 | |
| INDIGENT | 1 2 2 3 3 C | RANT ISSUI | Comm | 0 7 |) |
| INI | | WAR | WARRAND | 5 | |
| | Name County | | ₩ ₩ | 1 | f |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| State of Georgia, | |
|--|--|
| Coff County. | |
| Personally appears Then Wouldhouse 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 theday of18; that he isvears old and | |
| by occupation a, that he enlisted in the military service of the Con- | |
| federate States (or of the State of) during the war between the | |
| States, and served for the term ofin Company 9, of // 49 Regiment | |
| of that his physical condition is as | |
| follows: | |
| | |
| | |
| that his property consists of the following items: | |
| | |
| And the second of the second o | |
| of the value ofDollars. 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, | |
| 1804, and the Acts amendatory thereof, and makes application for the penaion to which he | |
| is entitled for the year 1909. I have heretofore, as a resident of County, been allowed a pension for the year 1905. | |
| Sworn to and subspribed before me, this the a horman mebutchen | |
| The said subsprised before me, this the the transfer of the said subsprised before me, this the transfer of the said subsprised before me, this the transfer of the said subsprised before me, this the transfer of the said subsprised before me, this the transfer of the said subsprised before me, this the transfer of the said subsprised before me, this the transfer of the said subsprised before me, this the transfer of the said subsprised before me, this the transfer of the said subsprised before me, this the transfer of the said subsprised before me, this the transfer of the said subsprised before me, this the transfer of the said subsprised before me, this the transfer of the said subsprised before me, th | |
| (John State) | |
| Ordinary. | |
| State of County | |
| State of Georgia, | |
| Lounty.) | |
| I, Amil Willy A Off Grand Ordinary of said County, | |
| do certify that I am well acquainted with Mwa M Qulchian | |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made | |
| by him in his said affidavit are true, and I know he is the individual he represents himself | |
| to be, and that he resides in this County. | |
| Given under thy official signature and seal, this | |
| day of Jan 1908 | |
| John Huty | |
| Affix Pour Pour Pour Pour Pour Pour Pour Pour | |
| Nove The black space was to filled | |
| Nors. — Affidavit should not be attested before January 1st, 1906. | |

, hereby authorize

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

In Witness Whereof, I have hereunto set my hand and seal, this \$\sqrt{2}\$ Not Lindley

Executed in presence of

POWER OF ATTORNEY.

the pension paid hereon, and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this A. A. Lindley

Executed in presence of

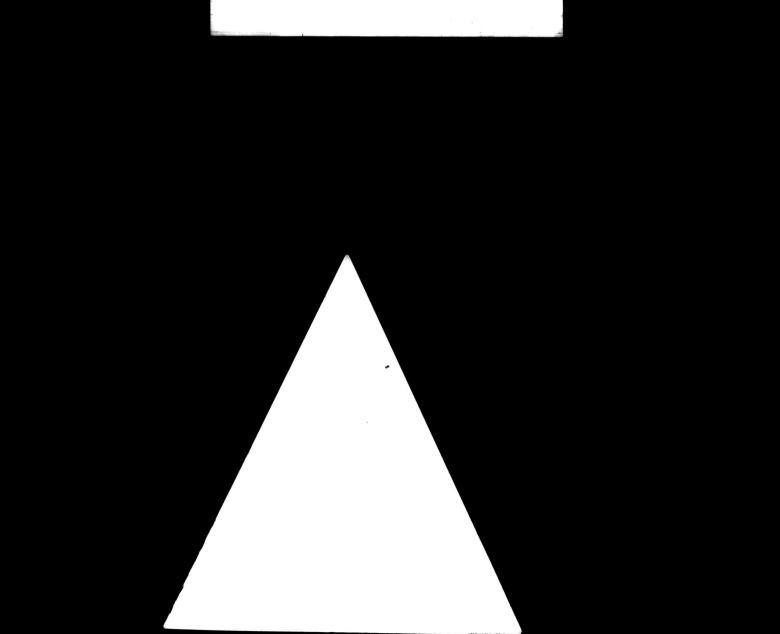
WARRANT ISSUED

OHN W. LINDSEY

Kingia . Theremally appeared leable County before the Ordinary E.A. that he has Krain, The Mc Centotier for forty Coft County) Dissociables appeared, Coft County) Before me the Mude signed, Brdigar in and for me Strace Hayer, Mars and Arms him in the armer belonged to the Lam brigade to ruit, thede won brigad Laix County Wou & Studson and Arace Hayor, and last Num him withouther ever Suice Who being Noon vago, that they are will V Alux that he was Complained of the acquainted roth Thomas U. Centehron and dalecation of the right New by a Wagon claring the Har and Amon that he received State that he is blugsically much to u que Shot unud at the 200 Fattle of work enough to make a support for Wednesson in the Calf of the left leg - Which Unwell and rufe - That he is fuble Misable him from active duty and he sened and inferme. Time dillock ? by detailment, in the Quastruation de portaint Sum to totaloribed before Mu this Right 2 8th 1/100, Some Contry of the Same bridade rentil the Variate, at-Appenantex_ C. St. Hone 9th 1865, when the U. r. Harys Amuda Laid McCleutolim Managed to Make living by Cobblery at Shoes, Mulit Willest the last three or four year, his informity lear been Such that he is physically wice publi If Deferming manual later and is which recapable of Making a Support for lieuself Aug Wife to late! E at Spinks

M Stone any

South that & a Ships
is a residut of white
County and are a witness
is horry of fuel faith
and credit.
Oct. 1/19 or Ships
Comp



ORDINARY'S CERTIFICATE

| the backgrounds and a contract of | 8 | | . On Be revision and single | Man in our reside startings |
|--|--|---|---|--|
| 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. | by question solemnly a solemnly a solemnly a give will be laffdavits affdavits with must wise who must rified copin. Chiabled opin. | are entitled to full faith and credit. Sworn under my hand and offici (SEAL.) | on the | STATE OF OBOBOLY 1. He had been supposed to the supposed to t |
| Sounty Costs Same Classiff III Daniell Vidow of U.S. III Daniell Company a 11 Ga Joffing Regiment | are nauvered the Ordinary shall see our that you will true nauver make the truth. So help you God." our be stateded to Minist speed that you that the true that the proof the rind prior to first January, 1881, are not marrings license if edstandle. I dead no poof of service and was no and no poof of service and service and no poof of servic | Treid real of office this & | day of Hard County as a toma line continuing resident of said County as day of Hard County as to marriage, and I also to know the county as to marriage, and I also the respective affidavia, and that they are truthful and trustworthy and their state. | COUNTY. |
| Dyrd Printing Co., State Printers, Allanta. | shall reser applicant and the witness in the fallering, weeks nor make to each of the questions shared you and the evidence was a sandprint and the constraint of the constraint of all the constraints and the constraint of the co | Lary of Ost 19 19 Frank Ordinary Ord County | on the | Ordinary of said County, do certify that I applicant for this pension, and that she is the |
| 10-31019 | 1 | , 4 | | * H |

10-30-19

Austral Palesco for Buies Experies for Mis Ecizabeth Ma Daniell, Secondary Phis 11- Day & December 1977 mrs Sydia Smith

Orlinary: Fill our above in fi this blank to Penson Department to Do not juty out the money until: I blank is un your hands giving you do so. Sond lack to the Penson with your recopied payrolls to be illed with them. Do not keep this in your office.

Application for Pension
Due Deceased Pensioner
(INDER ACT 1919)
(To per expense of last illness and funeral)
(To per expense of last illness and funeral)

Approved and ordered paid
Approved and ordered paid

Approved and ordered paid

Approved and ordered paid

Approved and ordered paid

Approved and ordered paid

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Approved and ordered paid

Approved and ordered paid

Approved and ordered paid

M& Daniell, Elizabeth (ma)

| | ORDINARY'S CE | RTIFICATE | |
|--|--|---|---|
| STATE OF GRORGIA | / | | |
| Copb | COUNTY | | |
| 1. 11. | ann | Ordinary of said Coun | ity, do certify that I |
| Know Mrs Elizabet | the Manuel Line | applicant for this pension, | and that she is the |
| person she represents hersel | If to be, and that she is a bona | | |
| on the 9 day of 4 | suguel 111 | 9 : : | TOPICS SCHOOLSESSES TO TOPICS HERSES |
| That I also know | 2 Benson | witness as to marris | age, and I also know |
| | : that | both of the foregoing were | |
| before signing the respectiv | e affidavies, and that they are | | |
| are entitled to full faith an | id eredit | | , |
| Sworn under my hane | Land official scal of office p | tis 20 day of Oc | 19/9 |
| (SEAL: | Y. M. C | dering | Ordinary. |
| | | 6000 | County |
| North V. D. Commission and Commission | ns are answered the Ordinary shall | | in the Allerian waste |
| You do solemnly you shall give will ! | swear that you will true answers in e the truth. So help you find, s may be attached if blank spaces i | ake to each of the questions aske | |
| 3. All affiday is most 4. Only widows who n | be made before the Ordmary of the arried prior to first January, 1881, | e county of residence, are entitled. | |
| reputation, 6, Widows of Disables | nes of marriage livense if obtainable I Pensioners must use the Blue App | fication Blank and state and prove | |
| service because he | made no proof of service and was | not required to do so. | |
| | | | |
| | | | |
| O HO | 2 13/4 | | ions. |
| ₩ = # = 9 | 1.3.7 | 3 | . d. W. LINDSEY. commissioner of Pensions State Printer, Atlanta. |
| Ca Ca Ca Ca Ca Ca Ca Ca | So isk | ` | UND IN I |
| Applic in the Indigent cut of July 11, 11 d by Act of July 11, 11 d by Act of 1991 | \$ 92° | | J. W. LINDSEY missionery of Pens |
| | 2200 | | ommin ommin |
| | 1,12 | | |
| No. | 3 34. | | Printing Co. |
| /idow Rushand W Put on Un | 23.30 | = 7 | ž. |
| | ounty. Name & Widow o | Regiment Approved | Вула |
| Y > g | | A A | |

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, Fulton County. |
|--|
| Personally before me, the Ordinary of said County, comes, 1, & New Lev |
| of Awtrey & Lowndes of said County, who, after being sworh, on oat |
| says that he knew Elizabeth MoDeniel of said County, and that said Pensione |
| was on the Pension Roll of and County at the time of death, which occurred in Fulton |
| County, in this State, on the 27th day of July 1927, and the |
| a Pension of One hundred (\$ 100.00) Dollars was due pensioner an |
| unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children survives |
| and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of |
| per sworn statements fully and completely ITEMIZED hereto attached. |
| Sworn to and subscribed before me |
| extended ac Ordinary (Scal of Ordinary) (Scal of Ordinary) |
| 0 |
| CERTIFICATE OF ORDINARY |
| GEORGIA, County. |
| |
| , ordinary of said County, do certify |
| hat I personally know, who is a resident |
| itizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith |
| nd credit; that I also knew while in life and that this |
| as the same person whose name appears on the Pension Roll of |
| ras paid a Pension of (\$ -) Dollars |
| said County for 192 , and I now believe said pensioner to be dead; and that the instructions at the foot |
| f this voucher have been carefully observed in making up this voucher and the bills which are attached |
| ereto. |
| Given under my hand and official seal, thisday of, 192 |
| (Seal or Ordinary) Ordinary |
| , County |
| |
| IMSTRUCTIONS: 1st. For use in all cases where pensioner died filter Jensery Int. Me don loss out of State longer than lweight on the case of the State longer than lweight on the case of the State longer than lweight on the Case of the State longer than lweight on the Case of the State longer than large than the Case of the Case |
| and. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemised form, giving each tiem and the roles of it, and sack date. Frd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner graw worse to dis. |
| |
| "The above and foregoing account is rendered for services in the sair man (b) for financia capsons, as the sees may be) of the contract of the |
| paid out until it is returned to you as your atthority to make the payment. The The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts. |

| WIDOW'S AFFIDAVIT | |
|--|---|
| STATE OF GEORGIA. | |
| COUNTY. | |
| Personally before me comes Clintheth Manuell of said County, | |
| who, after being duly sworn, says that she is the widow of MAMM Daniell | |
| to whom, in the County ofshe was married on | |
| the 24 day of 1864, and that she remained his wife, and resided with him to the | |
| date of his death in Macrosh | |
| the time of his death he was a resident of | |
| of Georgia, and he was on the Pension Roll of the State and paid a pension | |
| of \$ 71 in County for 1912 per annum, on account of being a soldier in | |
| Company 9 11 Ca Regiment Seeffer (Volunteers or State Militia) | |
| That she is now a bona fide gosident citizen of said county of the and she ball of the continuously resided sing day of 19 | • |
| Sworn to and subscribed before me, this the | |
| 19 day of Brigat 1800 M Shink al | |
| IM Lann Ordinary Clisaleth & M Daniell | |
| of Coss County | |
| (SEAL) | |
| | |
| Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband | |
| | |
| Date of Death of Husband | |
| Date of Death of Husband STATE OF GEORGIA, COUNTY. | |
| Date of Death of Husband STATE OF GEORGIA, COUNTY. Personally before me comes known to be | |
| 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 | |
| Date of Death of Husband STATE OF GEORGIA, COUNTY. Personally before me comes A Date State having been duly sworn, say: that of their own personal knowledge Mrg. A their own personal knowledge Mrg. A their own personal knowledge Mrg. A their wwn personal knowledge Mrg. | |
| BTATE OF GEORGIA, COUNTY. Personally before me comes County, who after having been duly sworn, say: that of their own personal knowledge Mr. The state of the county who after having been duly sworn, say: that of their own personal knowledge Mr. Attention who died in | |
| BTATE OF GEORGIA, COUNTY. Personally before me comes. County, who after having been duly sworn, say: that of their own personal knowledge Mry. A their own personal knowledge Mry. A their own personal knowledge Mry. A their who made the foregoing affidavit, is the lawful widow of the country who died in the coun | • |
| Date of Death of Husband STATE OF GEORGIA, COUNTY. Personally before me comes. A County, who after having been duly sworn, say: that of their own personal knowledge Mry. A County in said State of | |
| Date of Death of Husband STATE OF GEORGIA, COUNTY. Personally before me comes A Data and the foregoing affidavit, is the lawful widow of A Data and the foregoing affidavit, is the lawful widow of A Data and the foregoing affidavit is the lawful widow of A Data and the foregoing affidavit. County in said State of A Data and the became the wife of A Data and that she has not since remarried that she became the wife of A Data and that she and he had residor together as man and by A Data and that she and he had residor together as man and by A Data and the she and he had residor together as man and by A Data and the she and he had residor together as man and by A Data and the she and he had residor together as man and by A Data and the she and he had residor together as man and by A Data and the she and he had residor together as man and by A Data and the she and he had residor together as man and by A Data and the she and he had residor together as man and by A Data and the she and he had residor together as man and by A Data and the she and he had residor together as man and by A Data and the she and he had residor together as man and by A Data and the she and he had residor together as man and by A Data and the she and he had residor together as man and the she she and the she and the she she and the she and the she she she s | |
| BTATE OF GEORGIA, COUNTY. Personally before me comes County, who after having been duly sworn, say: that of their own personal knowledge Mr. County in said State of County, who after having been duly sworn, say: that of their own personal knowledge Mr. County in said State of County who died in County, who after having been duly sworn, say: that of their own personal knowledge Mr. County in said State of County in said County, who after having been duly sworn, say: that County in said County, who after having been duly sworn, say: that County in said County, who after having been duly sworn, say: that County in said County, who after having been duly sworn, say: that County in said County, who after having been duly sworn, say: that County in said County, who after having been duly sworn, say: that County in said County, who after having been duly sworn, say: that County in said County, who after having been duly sworn, say: that County in said County in said County, who after having been duly sworn, say: that County in said County in said County, who after having | |
| BTATE OF GEORGIA, COUNTY. Personally before me comes County, who after having been duly sworn, say: that of their own personal knowledge Mr. County, who after having been duly sworn, say: that of their own personal knowledge Mr. County in said State of County in said | |

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. County. |
|---|
| Personally before me, the Ordinary of said County, comes IMM haydin Smith |
| Says that he knew Mrs. Identical MoDeniel of said County, who, after being aworn, on oath of said County, and that said Pensioner |
| was on the Pension Roll of said County at the time of death, which occurred in Hullon |
| County, in this State, on the 27 day of of July 1927, and that a Pension of Our Lumbred (4/00) Dollars was due pensioner and |
| unpaid at the time of pensioner's death, and that pensioner 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 * 50, per sworn statements fully and completely ITEMIZED hereto attached. |
| Sworn to get subscribed before me this day of Granguel 1927 this day of Granguel 1927 this County County County County |
| (Seal of Ordinary) |
| CERTIFICATE OF ORDINARY |

, Ordinary of said County, do certify eitizen of said County, and that said company of truthed and trustworthy character, entitled to full faith and credit; that I also know Mile in the and that this was the same person whose name appears on the Pension Roll of County, and was paid a Pension of One Thundred in said County for 1927 , 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

Given under my hand and official seal, this 14 (Seal or 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 did not leave sufficient property to pay such aspenses. THE WIDOW OF A BOLDIER, IF SHE IS LIVING, HAS PRIOR CLAIM OVER THESE EXPENSES, AND MUST MAKE APPLICATION ON YELLOW BARNE. 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemised form, giving each tiem and

3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to dis. 4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, un-

" ste.)
"The above and foregoing account is rendered for services in the last liness (or for funeral expenses, as the case may be) of the above and foregoing account is rendered for services in the last liness (or for funeral expenses, as the case may be) of the above and foregoing account is rendered for services in the last liness (or for funeral expenses, as the case may be) of the above and foregoing account is rendered for services in the last liness (or for funeral expenses, as the case may be) of the above and foregoing account is rendered for services in the last liness (or for funeral expenses, as the case may be) of the above and foregoing account is rendered for services in the last liness (or for funeral expenses, as the case may be) of the above and foregoing account is rendered for services in the last liness (or for funeral expenses, as the case may be) of the above and foregoing account is rendered for services in the last liness (or for funeral expenses, as the case may be) of the above and foregoing account is rendered for services in the last lines.

pule out until it is returned to you as your authority to manue the payment.

Th. The Ordinous yieture yes risk, on Ordinous, you it a postedu out then debuteset the mensay himself and inher reseight.

Accept no bills for marking until you write the Pension Department, stelling the diventminances in very great detail. Pensioner's the process of the

JOS. W. AWTRY, Pres. O Tress

ATLANTA, GA., Aug:8:1927;

192

Mr. G.W. Smith.

#655 Bankhead Ave., Atlanta, Ga.

TO AWTRY & LOWNDES CO., DR.

Phones: | WAlnut 7066

FUNERAL DIRECTORS

AMBULANCE SERVICE 17 WEST CAIN STREET

For casket for Mrs. Elizabeth McDaniel, who died without sufficient property to pay this bill.

Casket.

150.00

GEORGIA. FULTON COUNTY. PERSONALLY BEFORE THE UNDERSIGNED F.B. LOWNDES WHO UPON CARR STATES: THAT THE ABOVE AND FOREGOING ACCOUNT IS TRUE, DUE AND UNPAID. SWORN TO AND SUPPORIBED BEFORE ME THIS AUGUST STH., 1987.

VICE PRES AND SEC. OF AWTRY AND LOWNDES CO.

NOTRY PUBLIC. My commission expires May1930.

SEAL .

Accept on bills for nating until you wrise the Funden Department, using the common to make Proposition of the Common and the C

State of Georgia,

Mewton County: -

Your are authorised and permitted to join an the honorable state of matrimony Henry McDan-

-iel and Elizabeth Moshols assording to the rites of your shursh provided there be no lawful sause to obstruct the same according to the constitution and laws of this state and for so doing this shall be your sufficient license.

W. D. Luckie Ordinary (seal)

To any Minister of the gospel, Judge, Justice of the Fadds/ Inferior court or Justice of the Peace to celebrate.

given under my hand and seal this 17, day of September 1866.

I hereby certify that Henry McDaniel and Elisabeth Michols were joi--ned together in the hely bans of matrimony on the 19, day of Sept 1866, by me.

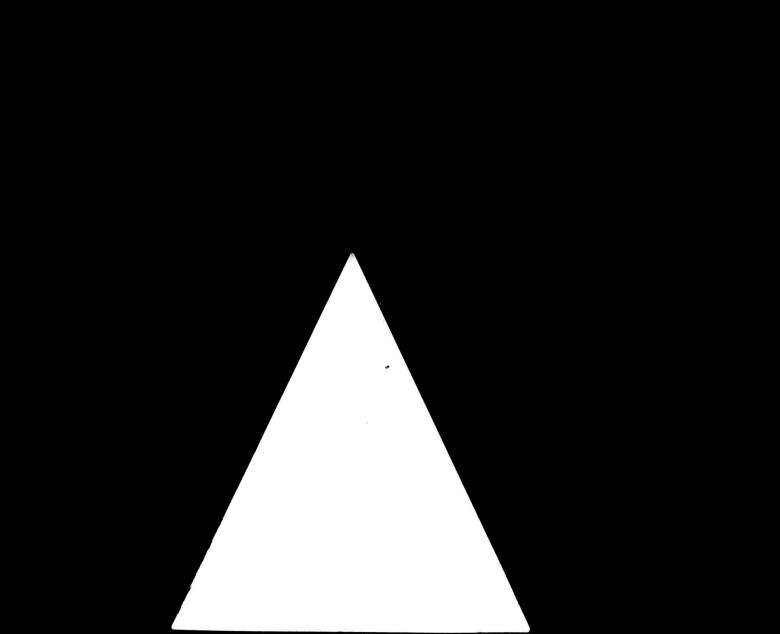
Joseph Reagan J. I. C.

Georgia. Wewton County: I the undersigned Ordinary in and for said State and county do certify the above and foregoing to be a true and corret copy of the marriage license and certificate, of Henry McDaniel and Elisabeth Nichols as appears of record in this office recorded in Marriage license record No 1867. page 275.

Given under my hand and official seal of office this

August 2,1919.

1DMeradon Ordinary Newton County Ga, and exffe C.C.O



RICHARD JOHNSON,

INDIGENT PENSION

WARRANT HANDED TO

For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA, | PERSONALLY COMES MRS. |
|--|--|
| County of Cobh | A A Lindley |
| who, being sworn say | s on eath, 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 |
| Lingshan i ande | who was a goldier in Company |
| of the I sayles | levale Regiment of Europe |
| Volunteers, that he enlisted in said regime | eps on or about the month of May |
| 186 2., and served in the Army up to | self 26 1865 That he lost his |
| life on the G | day of Nee . 1864 (State here |
| particulars at the hastered's death, when, whe | re and from what range.) |
| Of 6. | In dies, in Caret |
| mare Ouro 2 | a drison as driver and |
| was external | U Dex 1 |
| ~ | the second secon |
| | |
| o | |
| D | Commercial to the second of th |
| | said deceased soldier, during his service in the Army as a |
| | since his death aforesaid, and that she became his wife in |
| the year 18 C 3 | 000 |
| I have been paid a pension as a resid | lent of County for the |
| year ending December 31, 1902, and now a | upply for the pension provided by law for the year ending |
| December 31, 1903. | |
| Sworn to and subscribed before | · me,] -7 -7 |
| this. & padny police | 111031 (C of funding |
| John Mother Ord | mary. Post Office. Jawales & prince |
| | 1 1 1 |
| State of Georgia, | of water |
| John Con | Ordinary of said County, cortiny that I am well |
| acquainted with Mrs. A A | indky ,who made the above affidavit and |
| am satisfied that the facts therein stated a | re true, and I know she is the individual she represents |
| herself to be, and that she has continuously | y resided in this State since the |
| day of18 | |
| Given under my official signature and | d seal, this the day of the 1908. |
| (Official) | John Juckey |
| Seal. | Ordinary of County. |
| | County. |

NOTE.—All blank Spaces must be filled. Voucher and Affidavit must bear date after January 1st, 1903.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA. | Personally comes Mrs. |
|--|--|
| County of | A A Lindley |
| who, being sworn says on oal | th, that she is a bona fide resident of said County of |
| st st | ate of Georgia, and that she has RESIDED in said State |
| continuously ever since. 183 | That she is the Widow of |
| John athon & Find | ly who was a soldier in Company |
| If of the 19 Confer | Regiment of |
| Volunteers, that he enlisted in said regiment | on or about the month of May |
| 1862 , and served in the Army up to | mly 23 1864 That he lost his |
| life on the 30 day of | Alco 180 (State here |
| particulars of the husband's death, when, where | We died in Camp Chan |
| This in prison | ver aug many chair |
| | |
| | |
| | |
| | 100 |
| | e emmand () DO V () and DO DO DO DO |
| Deponent swears that she was the wife of sa | id deceased soldier, during his service in the Army as a |
| The state of the s | nce his death aforesaid, and that she became his wife in |
| the year 18 3 3 | Cook |
| I have been paid a pension as a resider | nt ofCounty for the |
| year ending December 31, 1903, and now ap | oply for the pension provided by law for the year ending |
| December 81, 1904. | |
| Sworn to and subscribed before me, | 1 1 7 10 |
| thin Jay of Jan 16 | 104 A Lindley |
| When Awaly ordina | Post Office |
| | 1 John Stuting |
| State of Georgia, | } |
| COUNTY OF COUNTY | ity. Ordinary of said County, certify that I am well |
| acquainted with Mrs. H. Y. XX | who made the above affidavit and |
| am satisfied that the facts therein stated a | re 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 Merry years. | 7 |
| Given under my official signature and | seal, this the day of tar 1904. |
| ~~ | Ahu Janey |
| Official | Ordinary of County |
| | Ordinary of County |

NOTE.—All blank spaces must be filled.

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

STATE OF GEORGIA.

COUNTY.

hereby authorize to receive and receipt for the pension allowed, and request that he remit same to Witness my hand and seal this 1899 Executed in presence of (1. 8.)

> HANDED)IGENT

Questions for Applicant.

Mc County.

of said State and County, desiring to avail meelf 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 roulde? (give State, County, and post office)

2. How long and since when have you been a resident of this State Sie My afe since 1835.

3. When add where were you born? the County, La., in 1835.

4. When and where and in what company any regiment that you entire to serve? It suffices the first of the country of the count

May 1868, at popular December Survey Survey

8. For how long a period did you discharge regular military duty? April 15th 1562, to May 1865, of Recustion, f.C. nut my Company, in May 1865, at tis charges Surveuse of Johnson's Dring

What is your present occupation? Hanking How much can you carn (gross) per annum by your uwn exertions or labor? Art over fragglodiers What has been your occupation since 1865?

11. Upon which of the following grounds do you have your application for pension viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty." 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 66 years. the and for thru years have not live all to suffer myself comforting. I have then within, have led it ever line the war. It has become when the last few years to that can work very lith - I are also influes on one

14. What property effects or income did you posses in 1804, 1805, 1800, 1807 and 1808. With what illeposition, it may did you make of same? I had brother on any of those war executed white when the position is an income had yours. There is there have Nothing, but line with a prient, having no family myself 15. Is what County did you reside during those years, and what property did you then return for axation?

The first has a frequent years in Barton ount - Since Then in Cosa C.

Those were you supported during the years 1819 and 1908: he my later as far as when

17. How much did your support goat for each of those years, and what portion did you contribute thereto by your own halor or income? Thereto Die light the Mollen - I buthout they self 18. What was your employment during 1807 and 1902. What pay did you receive in each year? I gum a little grill on hading. Lot have turned to live, I wow fumble 10. "Have you's Rully II ag who composed man hanny Give their means of support? Have they have no famile. a homestead ?..

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

Sworn to and subscribed before me this the

Ordinary,

County.

| QUESTIONS | FOR WITNESS. |
|--|--|
| STATE OF GEORGIA, | .) |
| | DUNTY.) |
| A Hilliams | of said State and County, having been presented |
| as a witness in support of the application of | J. McDaniel for pension |
| | worn true answers to make to the following questions, |
| deposes and answers as follows: | Bo Millian Moneaston |
| Upon county levais | |
| | 7112 Daniel , the applicant; if so |
| how long have you known him? I free here 3. Where does he reside, and how long and since | the year of delay know him before the the war a resident of this State? |
| I don't Know _ duf | the ACC of histope |
| 1. When, where and in what company and regin he collected in Co A in 32 Jan | ment did he callet, and how do you know? In the |
| 5. Were you a member of the same company an | d regiment " yes |
| 6. How long did he perform regular military du | ty, and what do you know of his service as a Confederate |
| saldier, and the time and circumstances of his disch | sarge from the service? about Types - he |
| made a good soldier - abor | I two months before the surende |
| I was sent to the hashital | and left the Company |
| 7. What property, effects or income has the app | () () () () () () |
| down the property, effects or income has the app | |
| 5 0000000000000000000000000000000000000 | |
| 8. What property, effects or income did the appl | licant possess in 1896, 1897 and 1898, and what dispo- |
| sition, if any, did he make of same? . De w | |
| | |
| | n the last three years, if so, what was it, and to whom? |
| Don't Kunn | e (iii) |
| 10. What is the applicant's occupation and phys | ical condition? Pout Know |
| | |
| The state of the s | à + V |
| 11. Is the applicant unable to support bimself by | labor of any sort, if so, why? Don't Know |
| | |
| 12. How was he supported during the years 1897 | 7 and 1898? M Don't Know |
| | |
| 13. What portion of his support for these two year | rs was derived from his own labor or income? |
| | licant's physical condition that entitles him to a pension |
| under Section 1254, Code? Am F Kacco | * |
| Charles and the second | and the second of the second o |
| | |
| 15. What interest have you in the recovery of a p | |
| Sworn to and subscribed before me, this | Bothelliane |
| the 38 day of Jely Markers | WitnessOrdinary. |
| | |

AFFIDAVIT OF PHYSICIANS.

| STATE OF GEORGIA, |
|--|
| COUNTY. |
| Personally came before me, both known to me as reputable physicians |
| of said County, who, being severally sworn, say on oath that they have examined carefully |
| |
| |
| |
| We further say on oath that the physical condition of applicant renders him unable to labor at any |
| work or calling sufficient to earn a support for himself, and that we have no interest in said pension being |
| Sworn to and subscribed before me this the |
| > |
| day of1899.) |
| Ordinary. |
| ORDINARY'S CERTIFICATE. |
| STATE OF GEORGIA, |
| Upson COUNTY. S 1, J. E. J. Matthews , Ordinary in and for said County, hereby certify |
| I, J. G. J. Matthews , Ordinary in and for said County, hereby certify |
| that the applicant witness BR. William resides in said County, and has |
| been a bona fide resident of this State since the day of 189 |
| and that the witnesses, viz: A.G. Williams is |
| |
| 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 affidavite was read to the applicant and witness |
| before same was signed. I the certify that the tax digests ofCounty show that applicant |
| |
| |
| of property, and in 1898Dollars of property. |
| In my opinion the foregoing claim is made in good faith. |
| Witness my hand and seal of office, this 28 day of Florency 1899. |
| of Updore County. |
| NOTE. |

Before, any questions, are answered, the Ordinary shall aware applicant and the witnesses in the following words: "You shall true answer, make to each of the questions asked of you, and the ordinace you shall give will be file whole truth, so help you to do the shall be shall be shall give will be file whole truth, so help you to the shall give will be file whole truth, so help you are the shall give will be file whole truth, so help you are the shall give will be file whole truth, so help you are the ordinact give and the shall give will be file whole give and the shall give will be file whole give the shall give a shall give will be file whole give the shall give a shall give will be file whole give the shall give a shall give will be file whole give a shall give will be file whole truth, so help you shall give will be file whole truth, so help you shall give will be file whole truth, so help you shall give will be file whole truth, so help you shall give will be file whole truth, so help you shall give will be file whole truth, so help you shall give will be file whole truth, so help you shall give will be file whole truth, so help you shall give will be file whole truth, so help you shall give will be file whole truth, so help you shall give will be file whole truth, so help you shall give will be file whole truth, so help you shall give will be file whole truth, so help you shall give will be file with the file will be file with the file will be file whole truth, so help you shall give will be file with the file will be file whole truth, so help you shall give will be file whole truth, so help you shall give will be file whole truth, so help you shall give will be file whole truth, so help you shall give will be file whole truth, so help you shall give will be file whole truth, so help you shall give will be file whole truth, so help you shall give will be file whole truth, so help you shall give a shall give will be file whole truth, so help you shall give a shall give a shall give a shall give a sha

QUESTIONS FOR TITNESS.

| 3 | TATE OF GEORGIA, |
|-------------------|--|
| ž | Whson COUNTY |
| E | 3 udo C. |
| 49 | of said State and County, having been presented |
| 7. | as a witness of support of the application of Dune for pension under Section 1254, Code, and after being days worm true answers to make to the following questions, |
| 45 | 0, |
| 1 | 1. What is your name and where do you reside? Weynny Upson |
| H | a County // / |
| 3 | 2. Are you accounted with J. M. Daniel , the applicant; if so, show long have you known him? Yes, 35 or of years |
| Age | Where does he reside, and how long and since when has be been a resident of this State? |
| 6 | in coop co ya - all of mis life |
|] | 31. When where and in what company and recincted did be entirely, and how do you know? 441 185 2 Mes a succeeding for in Ca. B. 32 10 Beg |
| Lus | 5. Were you a member of the same company and regiment? Met |
| The | 6. How long did be perform regular military duty? |
| Z | When and where was his command surrendered? ZG Uffl 1865 |
| E | 8. Were you present when it surrendered? |
| 9 | 9. Was applicant present? Yes |
| 5 | 0. It he was not present, where was he? |
| x 2 | When did be leave his command? For what cause? By what authority he left? How do you know all of this? |
| 6 | How do you know all of this? |
| | |
| 1 | 8 |
| X | He property effect or prome has the applicant (Cive year means of knowledge.) Here. |
| 1- Xat | 42 What property, effects or Income did the applicant possense in 1800, 1804 1808 and 1809, grid what |
| or1- 34 | The Dea Tuesday Ken for 40 410ho 1800 100 |
| 1011- Xat | 12. What property, effects or income did the applicant power in 1809, 180 1800 and 800 and what 1904 |
| 1011-Xat | 12 What property, effects or income did the applicant possets in 1806, 180 1808 and 800 and what Property in the last four years, if so, what was it, and to whom? |
| and lock - That | 2. What property, effects or income did the applicant possets in 1800, 1801, 1810, and 800, and what 1944— incomplian, if any, did he make of same? It has be conveyed away any of his property in the last four years, if so, what was it, and to whom? 13. What write applicant's occupation and physical condition? After the applicant's occupation and physical condition? |
| and local - Xat | 2. What property, effects or income did the applicant power in 1809, 1892 1808 and 800 and what it is possible, if any, did he make of same? 11. What with applicant's occupation and physical condition? 12. What with applicant's occupation and physical condition? 13. What with applicant's occupation and physical condition? 14. What with applicant's occupation and physical condition? |
| James 10011 - Hat | 2. What property, effects or income did the applicant power in 1809, 1892 1808 and 800 and what it is possible, if any, did he make of same? 11. What with applicant's occupation and physical condition? 12. What with applicant's occupation and physical condition? 13. What with applicant's occupation and physical condition? 14. What with applicant's occupation and physical condition? |
| and lock - Kat | What property, effects or income did the applicant possets in 1889, 1891 1818 and 8801 and what its possition, if any, did he make of same? It has be conveyed away any of his property in the last four years, if so, what was it, and to whom? It what we applicant's occupation and physical condition. It has be conveyed away any of his property in the last four years, if so, what was it, and to whom? It what we applicant's occupation and physical condition. It has be conveyed away any of his property in the last four years, if so, what was it, and to whom? It was the applicant and to whom? It is the applicant mable to unspect himself by labor about so the first of the source o |
| James 10011 Hat | 12. What property, effects or income did the applicant power in 1800, 180, 180, and 800, and what its property in the last four years, if so, what was it, and to whom? 13. What by the applicant's occupation and physical condition. 14. What is the applicant's occupation and physical condition. 15. Is the applicant unable togother himself by labor of any societies, why? 16. How was he supported during the years 1809 and 1800? 1900 1900 |
| Park 1011 Xat | 2. What property, effects or income did the applicant possels in 1800, 1801, 1803 and 1800, 1901 what the property in the last four years, if so, what was it, and to whom? 11. What we the applicant's occupation and physical condition? 12. What we the applicant's occupation and physical condition? 13. Is the applicant unable to suffer thinself by labor of any soul item, why? 14. How was he supported during the years 1808 and 1800? |
| Jane 1011- Xat | 12. What property, effects or income did the applicant power in 1800, 1805, 1805 and 1800, and what the make of same? 13. The the conveyed heave any of his property in the last four years, if so, what was it, and to whom? 14. What be the applicant's occupation and physical condition? 15. The the applicant mable toyoutfort himself by labor of any and then, why? 16. How was he supported during the years 1805 and 1800? The support of the support of these two years was nerived from his own labor or incomo |
| James 1011- Xat | 12. What property, effects or income did the applicant posses. In 1800, 1807, 1808 and 1800, and what the make of same? 14. The de conveyed away any of his property in the last four years, if so, what was it, and to whom? 14. What withe applicant's occupation and physical condition? 15. Is the applicant mable transport himself by labor about satisfier, why? 16. How was he supported during the years 1808 and 1800? 900 100 100 100 100 100 100 100 100 100 |
| James 1011 - Hat | 12. What property, effects or income did the applicant possels in 1800, 1802, 1803 and 800 and what the income in, if any, did he make of same? 14. The he conveyed away any of his property in the last four years, if so, what was it, and to whom? 15. What withe applicant's occupation and physical condition? 16. It was a property during the years 1808 and 1800? 17. What portion of his support for these two years was nerived from his own latter or income? 18. Give a full and complete support for these two years was nerived from his own latter or income? 18. Give a full and complete support for these two years was nerived from his own latter or income? |
| James Jor 1 - Ket | 12. What property, effects or income did the applicant possels in 1800, 1807, 1808 and 800 grow wind the make of same? 14. The de conveyed away any of his property in the last four years, if so, what was it, and to whom? 15. What is the applicant's occupation and physical condition? 16. It the applicant mable tryingfort himself by labor of any socilities, why? 17. What portion of his support of during the years 1808 and 1800? 900 1900 1900 1900 1900 1900 1900 19 |
| Jor! Kat | 12. What property, effects or income did the applicant possels in 1800, 1807, 1808 and 800 grow what the property in the last four years, if so, what was it, and to whom? 14. What is the applicant's occupation and physical condition? 15. Is the applicant mable tryingfort himself by labor of any societies, why? 16. How was he supported during the years 1808 and 1800? 900 1901 17. What portion of his support for these two years was nerived from his own labor or income. 18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code 1808 1808 1808 1909 1900 1900 1900 1900 |
| Aug 1011 Xat | 12. What property, effects or income did the applicant possel. In 1800, 1801, 1802 and 1800, 1901 what the make of same? 14. Has be conveyed away any of his property in the last four years, if so, what was it, and to whom? 14. What is the applicant's occupation and physical condition? 15. Is the applicant mable to support himself by labor of any so this property. The applicant mable to support himself by labor of any so this property. The was be supported during the years 1808 at 1800? 16. How was be supported during the years 1808 at 1800? 17. What portion of his support for these two years was nerived from his own labor or incomer. 18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code: 19. What interest have you in the recovery of a pension by this applicant? Sworn to and subscribed before me. this |
| John John Market | 12. What property, effects or income did the applicant possels in 1800, 1807, 1808 and 800 grow what the property in the last four years, if so, what was it, and to whom? 14. What is the applicant's occupation and physical condition? 15. Is the applicant mable tryingfort himself by labor of any societies, why? 16. How was he supported during the years 1808 and 1800? 900 1901 17. What portion of his support for these two years was nerived from his own labor or income. 18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code 1808 1808 1808 1909 1900 1900 1900 1900 |

| AFFIDAVIOOF PHYSICIANS. |
|--|
| STATE OF GEORGIA, |
| Personally came before me It to Hounghorns and SM Bailey , both known to me as reputable physicians |
| a said Courte 100 bing severally sworn, say on oath that they have examined carefully sword, say on oath that they have examined carefully and after a splicant for pension under Section 1264, Code, and after |
| Jack personal examination say that his precise physical condition is as follows: Agas Sure afflicted with Neumanthon |
| side also outfers from integestion |
| forces deller of physical |
| They further say on each that the physical condition of applicant renders him unable to labor at any work or calling sufficient to carn a support for himself, and that we have no interest in said pension being allowed. |
| 3/ deport flore 1908 |
| ORDINARY'S CERTIFICATE. |
| STATE OF GEORGIA, COUNTY. |
| 1, Colleary in and for said County, hereby certify that the opinions. |
| and that the witnesses viz: A. Church Rand R. Williams |
| are of trustworthy character, and that the statements are entitled to full faith and credit. |
| I further certify that before answering the foregoing questions the applicant and cook witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness, before same was signed. |
| I further certify that the tax digests of County show that applicant returned for taxation likelia name in 1898 Dollars |
| of property, and in 1899 Diffused C property. |
| Witness my hand and seal of office, this day of March 190 2000. |

NOTE. 11. Before any sentions are answeroff, the Ordinary shall sware applicant and the witnesses in the following words: "You shall true answer make a case of the questions asked of you, and the widence you shall give will the whole truth, so help you foul."

It is not to be a support of the witness, and as to the securion of the proof as above set out.

| | POWER | OF ATTO | PRNEY. | |
|--|--|----------------------------|--|--|
| STATEOF | GEORGIA, | reditions | | e.ounty. |
| (BBO | Soul Soul | 7 | | |
| 7 / 0 | Media | mil hereby | authorize | |
| Mu | Har The | otheral signature a 191 | | |
| to receive and | romine for A | | | |
| in receive and | | | request that he rem | |
| | to to find the regions. | If the At well su | ransandar og reupanter mansar kvert er er pensi | is mare by himself to |
| by | n zoe odnomed | witht | . 7 | in instrument |
| Witness m | y hand and seal, this | 17 pay of | factions 19 | 6≰County. |
| | Com. | 1 4 129 | 1 Daniel | _ [L. S. |
| | "GEORGIA. | Alley | 1 | 1 1 1 |
| Execute | in presence of | 7 | | |
| | | ARTHUR | 77 | |
| | | *, # (** | | |
| | amen to have the con- | | | |
| | Of the Property of the | | | |
| | year Bank 1 least | | | |
| | | | ation to: the pension to | |
| | pension but the on one to participate; | | ne Act, approved Decen | ther 15th, |
| | erry he is unable to | | by lif≅6wn excition or l a | Proport and |
| G | Z E | A Dollar | s, than by reason of his | |
| (FOR THOSE ALREADY ENROLLED. No. 489. | | 3 % | 159 | |
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| H ~ | .01. (| 111 0 | anpany , or ∖ thil that bic b lat eical o ≷ adi | Kegipient Z |
| OR | of the of | a and a | number one was be | (Wegn inc |
| B | 50 | And of Shirter | n the military service of during the war bei | Link Con- |
| oran orange de manage de m | man approgram and an arrival and an arrival and an arrival and an arrival and arrival arrival and arrival arri | 18 | | rs old and |
| | County and State | | in said State continuo | |
| | | | oath that he is a bona h | |

| | Hil San | _COUNTY. } | | uest that h | | - / |
|------------------------------|-------------------|------------|----------------|--|-------------------|---|
| Execu | my hand and seal, | 1 | 7 x 211 ma | Sar | u'e | .1907. [L. S.] |
| (FOR THOSE ALREADY ERROLLED) | OLDIER'S PENSION | | WARRANT ISSUED | JAN 21 1907. JOHN W. LINGERY, Commissions of Pensions. | WARRANT HANDED TO | Ges. W. Blandon, Pritt Plintes, Atlant. |

County.

RGIA.

S HERETOFORE ALLOWED PENSIONS.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA. |
|---|
| County. |
| Personally appears of J. M. Hawil of Coll |
| 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 1835; that he is 67 years old and by occupation a year. I that he enlisted in the military service of the Con- |
| |
| federate States (or of the State of) during the war between the States, and served for the term of H. Years in Company B., of 32 in Regiment |
| of Sa, 116. ; that his physical condition is as |
| follows: from aget infinity he cannot cam |
| a Dupport |
| · · · |
| that his property consists of the following items |
| J vinice |
| 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 1962. I have heretofore as a resident of Luribus. |
| County been allowed a possion for the year 1903 |
| Sworn to and subscribed before me, this the |
| 17th day of July 1900 / hair |
| John Nwilly Ordinary |
| STATE OF GEORGIA, I |
| Ooker Sounty J |
| 1. John Swhif of De Ordingty of said County, |
| do certify that I am well acquainted with |
| the applicant in the foregoing affidavit, and an well satisfied that the statements made by |
| him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. |
| Given under my official signature and seal, this |
| day of Quantum algorithms |
| All John Jakes |
| Ordinary Coak Country |
| Note.—The blank spaces must be filled |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

| THE TANK AND THE PARTY OF THE PROPERTY OF THE |
|--|
| State of Georgia, |
| County. |
| Personally appears & TM Daniel of Osh |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen |
| and resident of said County and State, and has resided in said State continuously ever |
| since theday of18; that he isyears old |
| and by occupation a, that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war between the |
| States, and served for the term of un Company 3, of 32 th Regiment |
| of; that his physical condition is as |
| follows: |
| The secondary was a second sec |
| |
| that his property cousiess of the 'following items: |
| The second secon |
| 2 |
| of the value of Dollars. I am now searning |
| by my labor, Dollars per month. That by reason of his |
| physical condition and powerty he is unable to support himself by his own exertion or |
| labor, and that he receives no pension but the one herein applied for. |
| Deponent desires to participate in the benefits of the Act approved December 15th, |
| 1894, and the Acts amendatory thereof, and makes application for the pension to which he |
| is entitled for the year 1907. I have heretofore, as a resident of |
| County, been allowed a pension for the year 1906. |
| Sworn to and subscribed before me, this the |
| 7. day of invey 1907. July Jeline |
| Ordinary. |
| State of Georgia, |
| County. |
| I, 20 MI Stibley Ordinary of said County, |
| do certify that I am well acquainted with the wanted |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made |
| by him in his said affidavit are true, and I know 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 18241907. |
| i seller tires |
| Ama your Ordinary & County. |
| here |

Norn.—The black spaces must befilled.

Norn.—Affidavit should not be attested before January 1st, 1907.

| STATI | Hu. | CORGIA, | T. h | DUNTY. | il | | hereb | oy authorize |
|-------------------------------|------------|-------------------|----------|--|----------------|-------------------|---------------------------|--|
| b y W | ITNESS II | y hand and | soʻl, th | ension allowed, at | day of | far. | he res | 1904. |
| Ε. | xecuted in | the presence | e of | | | | | |
| (FOR THOSE ALREADY ENROLLED.) | No. 6 V p | SOLDIER'S PENSION | 1904. | Name J. M. Darviel Courts Oleth Co. S. 32 Regimen 14 1262. | WARRANT ISSUED | 1904 18 1800 1904 | Commissioner of Pensiona. | WARRANT HANDED TO OM LONG W. Rarrison, Bute Printer, Albana. |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STAVE OF GEORGIA, |
|---|
| County. |
| Personally appears f. 11 Daniel of John |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen |
| and resident of said County and State, and has resided in said State continuously ever |
| since the day of 1836; that he is 6 2 years old and |
| by occupation a general that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war between the |
| States, and served for the term of 4 12 1 in Company 10, of 3 2 th Regiment |
| of tag the Regiment |
| follows: On are the frage conferences |
| Tooverly the is unable to |
| frupport liversex |
| that his properly consists of the following items: |
| the and property condines of the following items: |
| 11 min |
| -(A |
| 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 person to which he is entitled for the year 1904. I have heretofore as a resident of |
| County been allowed a pension for the year 1 200 |
| Sworn to and subspribed before me, this the |
| 1) day of 1914 & 1904. The I My Daniel |
| |
| STATE OF QEORGIA, |
| County |
| I, Ordinary of said County, |
| do certify that I am well acquainted with for the dancele |
| the approant in the foregoing athdavit, and any well satisfied that the statements made |
| by him in his said affidavit are true, and I know he is the individual he rapresents himself |
| to be, and that he resides in this County. |
| Given under my official signature and seal, this |
| day of 1211 / 1914. |
| Ami Holly Stoher |
| Ordinary County, |
| County, |

Nors.—The blank spaces must be filled.
Nors.—Affiderts should not be astented before sensory let, 4004.

| STATE OF GEORGIA, |) | | |
|--|----------------|--|--------------------|
| Le Coun | Try.) | | hereby authorize |
| incriting, | .of. | . Harris Sala Francis | |
| to receive and receipt for the pension | n allowed, and | request that he | remit same to |
| | at | | |
| by | | 2 | |
| WITNESS my hand and seal, this |) nikery | Danie | 7 1905. [L. s.] |
| Executed in the presence of | ma | | |
| Line | | | |
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| SION | 3 4 | 1905. | 0. |
| IBOS. 1905. 1905. 1905. | Regiment 3 | JAN 23 180 JAN 23 180 JOHN W. LINDSEY. Commissione of Pensions | WARRAYP HANGED TO |
| SOLDI | County Co. | r | WA |

no date

POWER OF ATTORNEY.

| John | why whi | of_oension allowed, an | uu | | hereby authorize |
|--|---------------------------|------------------------|----------------|--|------------------|
| | in the presence of | on This y | day of | gen ell | |
| (FOR THOSE ALREADY EMPOLLED.) No. 6 % C. | OLDIER'S PENSION 1906. | omy Oskerinent | WARRANT ISSUED | JOHN W. LINDSEY. Commissioner of Pensions. | WARRANT HADED TO |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, | |
|--|---|
| County. | |
| Personally appears & W Dewill 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 | |
| , that he is // years old and | |
| by occupation of the State of t | |
| States, and served for the term of H in Company B, of 37 th Regiment | |
| follows: a g C Infinite Spread formally | |
| | |
| therefore an experience of the Color Color | |
| that his property consists of the following accurs: | |
| | |
| 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. | |
| Depouent desires to participate in the benefits of the Act approved December 15th, | |
| 1804, and the Acts amendatory thereof, and makes application for the pension to which he | |
| is entitled for the year 1995. I have heretofore as a resident of | |
| County been allowed a pension for the year 1904. | |
| Sworn to and subscribed before me, this the | 1 |
| day of see 1905. Mary wanter | • |
| - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | 3 |
| Ordinary. | |
| STATE OF GEORGIA, | |
| Child Gounty. | |
| . 194 (4)/- | |
| do certify that I am well acquainted with J. M. Sumil | |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made | |
| by him in his said affidavit are true, and I know 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 te my 1905, | |
| in the true | |
| And I | |
| Ordinary Co FA County. | |

Nors.—The blank spaces must be filled.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

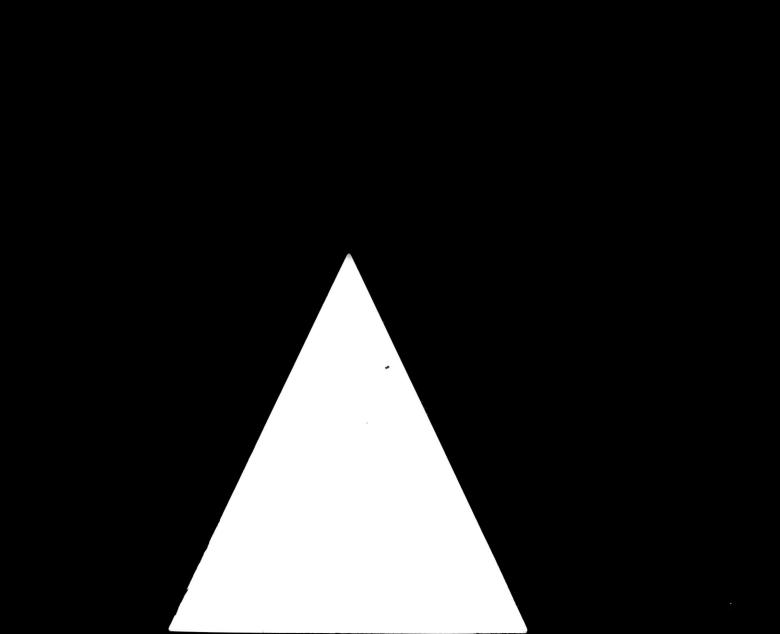
| State of Georgia, | |
|--|--|
| Cook County | . ſ |
| - 4.11/4 | remell of Och |
| County, State of Georgia who, being duly | sworn, says on oath that he is a bona fide citizen |
| and resident of said County and State, as | nd has resided in said State continuously ever |
| since theday of | ; that he is years old and |
| by occupation a, tha | t he enlisted in the military service of the Con- |
| | during the war between the |
| States, and served for the term of | in Company B, of 32 Ith Regiment |
| of Orlo | that his physical condition is as |
| follows: Ty | e P Infinity |
| | V comment of the |
| | |
| that his property consists of the following | items: |
| with the second | And Annual Control of the Control of |
| | TO W. T. |
| of the value of | Dollars. I am now earning |
| | Dollars per month. That by reason of his |
| labor, and that he receives no pension but | 151 |
| The state of the s | he benefits of the Act approved December 15th, |
| | d makes application for the pension to which he |
| is entitled for the year 1906. I have here | etofore, as a resident of |
| County, been allowed a pension for the ye | ar 1905. |
| Sworn to and subscribed before me, | 1000 |
| Knistwhely | Ordinary. |
| State of Georgia. |) |
| Coff- Count | v. (|
| 1. John Awhy | Ordinary of said County, |
| do certify that I am well acquainted with | K M Danell |
| the applicant in the foregoing affidavit, a | and am well satisfied that the statements made |
| by him in his said affidavit are true, and I | know he is the individual he represents himself |
| to be, and that he resides in this County. | |
| Given under my official sig | gnature and seal, this |
| day of | 7 |
| | John tithe |
| Amx } for a fine from the first for a fine f | Ordinary Colh County. |
| Norn.—The blank spaces m | nust be filled. t be attested before January 1st, 1906. |

OFFICE OF JOHN AWTREY, ORDINARY, COBB COUNTY Marietta, Sa.,190 Seorgia, bobb Dung Ordina of land Count Chity that the applicant, for the Same is a bona lide libidut of sais County; and I believe his applicate for Kurin is Euade his Sound I fuither cutif that the tax digutes of Boh County show that applicant had given, in no fewherty The taxes for the last This this 18th 1902 John Buten

| | | 211 01 | AIIOI | ME | • | |
|------------------|----------------------------|-------------|--------------|-------------|----------------|-------------|
| STATE OF G | EORGIA, | - |) | | | |
| | Joh | COUNTY. | } | | | |
| 1, a | a Lin | iley | | | . hereby | authorize |
| - John | Anolory | / | | | | additionize |
| to receive and r | eccipt for the | | | | | nit same to |
| | | at | *. | • | 40.00 | m oume to |
| In Witne | ss Whereof, I | have hereun | to set my ha | nd and se | al. this | 1 |
| day of | ny | 1005 | | | | |
| | | . (| a.a. | Lin | oller | [r. s.] |
| Executed | in presence of | | | 6 | 1 | (2. 0.) |
| th | Wann | -\ | | | V | |
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| -ri | | 3 | County | Pensions | 1905 | |
| Paid | S 81 | 7 | 300 | | 10 | 11: |
| E A | 1 1 1 1 1 1 1 1 1 1 | 0.3 | 7 5 | SE | 9, S. e | 2 |
| Hotelone OU | IDOW'S PENSIO | by. | I've, | W. LINDSEY, | WARRANT ISSUED | |
| E C | S in | £/ 5 | Regiment | N. I | ANT HAND | |
| \$400 × | en C | 6 4 | Regi | z | ARR. | 11 |
| | year | (1) | 0 | JOHN | ž , | 1: |
| (C.74) | F. | 77 | idow of | | | 18 |
| 1 | | 6 | Vid | | | |

POWER OF ATTORNEY.

| S | ATE OF GRO | win | COUNTY. | reon, and re | quest tha | | oy authorize |
|---------------------------|---------------------|--|---------------|------------------------|---|-----------------------------|---------------|
| dáy C | | ed in prencipe | 1906, | My hand and | seal, this | A mellay | [L. S.] |
| To Those Heretofore Paid. | 320.91 1906. | WIDOW'S PENSION For year ending Dec. 31, 1908. | Ma La Landley | Widow of J.P. L. All y | JOHN W. LINDSEY, Commissioner of Paulone. | WARRANT ISSUED (/2.2_1906, | AND HANDED TO |



STATE OF GEORGIA, 1895. Name 11 To M. Daniel
County Cobby POWER OF Ground ATTORNEY. by RICHARD JOHNSON, Secretary Executive Department. WARRANT HANDED TO 1895 Geo W Harrison, State Printer, Atlanta.

STATE OF GEORGIA.

hereby authorize

1895.

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

County.

Witness my hand and seal this

Executed in presence of

OUESTIONS FOR APPLICANT.

STATE OF GEORGIA.

W. N. TH Decriel 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) 71.74/11 Parciel Stringer, Colbb, Blackcull Grenged.
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?

- I live (IN Palo Chaill Iso (Ill ruy life (Dycer lost))
 3. When and where were you born? 1834 In well Carretty 30 inny 4. Did you volunteer in the Confederate Army or in the Georgia Militia? Caute Isate annu
- 5. When and where did you enlist? I culist in Hall County (Jul 6 1 ofany) as min
- 6. In what company and regiment did you enlist? Campany a Cloweth Israyik 7. How long did you remain in that company and regiment? I recu any welltes, africe 1465
- 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? 110 live charge, , or transfer
- 9. For how long a period did you discharge regular military duty? A belle wo four years
- 10. When, where and under what circumstances were you discharged from service of the start I could be such any C. Cho Ill any fifted fishes. love loger house the hear I gaile 11. What is your present occupation? La Lilling
- 12. How much can you carn per annum by your own exertions of labor? Jan not alle to take any
- 13. What has been your occupation since 1865? January 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? Itotakle tole out italiency thing twent toky 15. What is your present physical condition and how long have you been in such condition? Jane worldle 10 work an incame of a come Empley thigh &v Jane 11 1863- at Chickamaga Isa
- 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"? 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? Ver

- 18. What property, effects or income do you possess?
- 19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? I die it d ne oth son in 182.
- 20. In what County did you reside during, those years and what property did you then return for taxation? Oliver . i. Cold Camely & Prid ... o laxes
- 21. How were you supported during the years 1893 and 1894? Oce as a forded my child ien
- 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? It Cartahauly 500 Desutiche ted nothe
- 23. What was your employment during 1893 and 1894? What pay did you receive in each year? I did nothing Records nother and was sufforte ally my children
- 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 supports? I warned in a formal support of the country of face & children altery - 27 formal war a formal support of the country of the cou

| 20. Are you receiving a pension under any law of this State, if so what amount and for what disability? | AFFIDAVIT OF PHYSICIANS |
|---|--|
| Sworn to and subscribed before me this the 10 10 10 x 2 Manuel Applicant. | STATE OF GEORGIA, |
| Tol Stone Ordinary | |
| of Colob County. | Pagonally came defore mo Thu A Dungson and Op. Delet M. both known to me as reputable physicians |
| QUESTIONS FOR WITNESS. | of said founty, who being severally sworn, say on oath that they have examined carefully W. 11. |
| STATE OF GEORGIA, | applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows: |
| County. | Has a crippled |
| of said State and County, having been presented | the second and second in the |
| ns a witness in support of the application of AMMA Court for pension under the Act approved December 13th, 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? | line and age is not able to do kard work work of any book. |
| 2. Are you acquainted with /// trace // the applicant, if so | We further say on oath that the physical condition of applicant renders him unable to labor at |
| 3. Where does be reside, and how long has be been a resident of this State? We be be Consult. | any work or calling sufficient to carn a support for himself, and that we have no interest in said pension |
| (11) Kid 6: 4 (| Sworn to and subscribed before me this |
| 4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? | Sworn in and subscribed before me, this the B day of Africa 1895.) Effective Mar. |
| 5. When, where and in what company and regiment did he calist? (Lever farmy () | Al Stone |
| 6. Were you a member of the same company and regiment?. | |
| 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? | ORDINARY'S CERTIFICATE. |
| . , , , , , , , , , , , , , , , , , , , | STATE OF GEORGIA, |
| 8. What property, effects or income has the applicant? (Give your means of knowledge.) | 1. Ordinary in and for said County, hereby certify that |
| 9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, | the applicant WH Washarier resides in said County, and was a bona |
| fany, did he make of same? // 2 2 2 2 2 | resides in said County, and was a bona |
| | Town H. Dimpore MA Tof Sales of the first day of January, 1894, and that the witnesses, viz: W. H. Smill |
| 10. What is the applicant's occupation and physical condition? I for a formal of a formal | are of trustworthy character and that their statements are entitled to full faith and edit. I further certify that before answering the foregoing questions, the applicant and each witness took |
| 11. Is the applicant unable to support himself by labor of any sort, if so, why? We was a country of the support himself by labor of any sort, if so, why? We was a country of the support himself by labor of any sort, if so, why? We was a country of the support himself by labor of any sort, if so, why? We was a country of the support himself by labor of any sort, if so, why? We was a country of the support himself by labor of any sort, if so, why? We was a country of the support himself by labor of any sort, if so, why? | the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same were signed. |
| 12. How was he supported during the years 1893 and 1894? By Color of Colo Charles | I further certify that the tax digests of County show that applicant |
| 22. How was he supported during the years 1893 and 1894? 1000 Levy 1000 1100 1100 | returned for taxation in his name in 1803, M Albury dollars dollars |
| 3. 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 | of property, and in 1894, Witness my hand and seal of office, this. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| under the Act of December 15th, 1894? | TU. Those Ordinary |
| able to be to be a conserved to by x and | of County. |
| 15. What interest have you in the recovery of a pension by this applicant? | |
| Bower to and subscribed before me, this by S' day of April 1895. Williams Comments acher of White | AFOTH. Before any questions are answered, the Ordinary shall sweer applicant and the witnesses in the following words: "You shall true answers make to each of the questions saked of you, and the evidence you shall give will be the whole truth, so help you God." |

POWER OF ATTORNEY. Questions for Applicant. STATE OF GEORGIA.) 60.66 STATE OF GEORGIA. COLINTY 1 21 Cale le hereby authorize of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after to receive and receipt tor the pension allowed and request that he remit same to being duly sworn true answers to make to the following questions, deposes and answers as follow What is your name and where do you reside? (give State, County and post office.) rel, Vline ver Roswell & a. Cobb Count 2. How long and since when bave you been a resident of this State? Trerred 61 21 Witness my hand and seal this Lines May 1838 Executed in presence of 3. When and where were voy block? I was born in Summett's [L.S.] When and where and in what company and regiment did you enlist or serve? Januar Comfany (af I Loursville Isa. in 1861) Jacu auf vaon: Buse de isea. . Juneven the 36 M Me Samuel to meet Cleventh da at Hairesulle ara of the Comment 6. How long did you remain in such company and regiment? Oliver 3 years to so no se of well good grand afred their Some of the there have been a distance and 6. For how long a period did you discharge regular military duty? 1273 seece & Piece 7. When, where and under what circumstances were you discharged from served affect 1865 the west rolling them worther of outer must forall 8. What is your present occupation ... It 2222 ... buch Count Constella 9. How much can you carn (gross) per annum by your own expetions or labor ? Oleant 10. What has been your occupation since 1865? For 2 2 2 2 2 11. Upon which of the following grounds do you base your application to recision, viz: first "age and, poverty," second "infirmity and poverty" or third "blindness and poverty". 12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If the hotal very planing directlettime & now ent flow 13. What property, effects or income do you possess nut its gross value? I lettle brance 14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897 and what disposition, any, did you make of same" Rolling more than Oh and al ready ausure ted nothing hat Hausehald furniture How were you supported during the years 1896 and 1897 : By a person of new drown from the state 17. How most did you support over for each of those years and what portion did you contribute therein by your own labor or income the most blowny suffers out of furnish and shalls. 18. What was your employment during 1898 and 1897. What pay did you receive in each year? Forms on well law to reside on he lives." 19. Have your family? It so, who composes such family? Give their means of support? Have they a homestend? The support of the a leading on the form, No-20 Are by receiving any pension, if go, what amount and for what disability of home has Sworn to upd subsoribed before me this the

| QUESTIONS FOR WITNESS. |
|--|
| STATE OF GEORGIA, |
| 21. J. Onnith , of said State and County, having been presented |
| as a witness in support of the application of M.J. W. Daumel for pension tuder the Act approved December 16th, 1894, and after being duly aworn true answer to make to the following questions, deposes and answers as follows: |
| 1. What is your name and where do you reside? It I wonth, Sline on a be County, at Brannon as |
| 2. Are you required with the solution of the applicant, if so how long have you known him? Same, Wor HO years |
| 3. Where does he reside, and how long and since when has be been a resident of this State? The Roscuell . So College Car Since & Kensia Rine. |
| 4. When, where and in what company and regiment did he applied, and how do you know? Thill) 861 Thou concille sea, Co cupacy A Colegenth ber Passe has suled |
| 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 Confed- |
| crate soldier, and the time and circumstances of his discharge from the service? Alcount Sycons of me Sel, mode a splitchid rolling the way history of me Verginical in 1865 about her Luxerreuled |
| What property, effects or income has the applicant? (Give your means of knowledge) I would be the formal leaf of the surface o |
| 8. What property, effects or income did the applicant possess in 1890 and 1807, and what disposition, if any, did he make of same? It to the right least the household foundative against the household foundative against the household foundative. |
| 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? It is getting any all & Complains Quyrund of a form the first ling the referred during the word in his pay |
| 11. Is the applicant unable to support himself by labor of any sort, if so, why? I therefor he is |
| A dile to auffort hunsely, my reserve and |
| 12. How was he apported during the years 1800 and 1807. By few son Fralk! he could be aleast the boarse |
| 13. What porting of his support for these two years was derived from his own labor or income? Louffe out 36 20 30 20 Nov more duan that suy way |
| 14. Give a full and complete statement of the applicant's physical condition that entitles him to a ponsion under the Act of December 15th 1804. |
| work, to flee hero no fightly 3 - She is fleeteally a with a lot the gun that the the secure of being the above a little who were the with the above a little who were the with the above as 15. What interest have you in the receivery of a pension by this applicant? I to see whatever |
| Sworn to and subscribed before me, this |
| the // day of see / 1898.) Witness. |

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per

AFFIDAVIT OF PHYSICIANS.

| or in the second of the second |
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| STATE OF GEORGIA, |
| County. |
| Brown to the Market Simpora |
| |
| of said Coppity, who being severally (aworn, say on oath that they have examined carefully Libert |
| The drawnel , applicant for pension under the Act of 1894, and after |
| such personal examination say that his precise physical condition is as follows: |
| |
| Has very lille use I Set t leg from gun shot bound pies about tice - Leg is stiff and he can not wall well enough to flow or farm. Is infirm |
| and |
| who were thereing to grow it falle so infile |
| the state of the s |
| We further say on oath that the physical condition of applicant renders him unable to labor at any |
| work or calling sufficient to earn a support for himself, and that we have no interest in said pension being |
| allowed. |
| Sworm to and subscribed before me this the mollimps on main |
| The same of the sa |
| 1898.) |
| Ordinary. |
| |
| ORDINARYS' CERTIFICATE. |
| STATE OF GEORGIA. |
| Course |
| Su the |
| 1, Ordinary in and for said County, hereby certify |
| that the applicant resides in said County, and has |
| been a bona fide resident of this State since the undratered all This left 189 |
| and that the witnesses, giz. It I wonth, Soo. It Simply on M. D. |
| are of trust worthy character and that their statements are entitled to full faith and credit. |
| I further certify that before answering the forgoing questions, the applicant and each witness took |
| the eath 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 digesta of |
| returned for taxation in his name in 1896 |
| of property, and in 1897 Dollars of property. |
| In my opinion the foregoing cam is 11 made in good faith |
| Witness my hand and seal of office, this / h day of 1898 |
| |
| The Town Ordinary |
| of Cable County. |

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

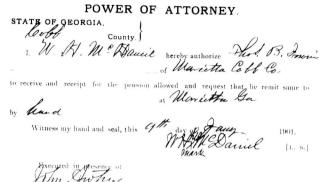
 Additional silidaris may be stached if blank spaces are insufficient.

 In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above

POWER OF ATTORNEY

| STATE OF | GEORGIA, | ER OI | ATTOR | MEI. | | |
|------------------------|--------------------------------|----------|--------|-------|---|---|
| | | | of | | hereby | |
| to receive and | receipt for the | | | | | |
| | | | at | | | |
| by | | | | | | |
| Witness | my hand and se | al, this | day of | | to the land | _1900, |
| Execut | ed in presence of | of | | , | | [L. S.] |
| (For Those Aiready F.) | INDIGENT SOLDIER'S PENSION, | 1900. | County | 1900. | UMARRANT HANDED Y, Communicate of Perticut. WARRANT HANDED TO | Geo, W. Hurrison, State Printer, a Lauta. |

POWER OF ATTORNEY.



(For Those Already Enrolled. INDIGENT SOLDIER'S PENSION

JOHN W. LINDSEY,

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, |
|--|
| County. |
| personally appears M. Hamil of Change Marlon |
| 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 hide 1857; that he is 6/ years old and |
| by occupation a that he enlisted in the military service of the Confed- |
| erate States (or of the State of) during the war between the States, |
| erate States (or of the State of) during the war between the States, and served for the term of the states, and served for the states of the states of the states. |
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| follows: Vous to with thigh puck above the |
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| that his property consists of the following items I found hold and |
| Metelin Justitus |
| of t value of t Dollars, that by reason of his physical |
| |
| consition 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 189 2 |
| Sworn to and subscribed before me, this, the W. N. M. Raucel |
| day of the great 1900. Went |
| All Soul Ordinary. |
| 1.00 . Collections |
| State of Georgia, |
| Country |
| 1. Sel corre Ordinand and Com |
| |
| do certify that I am well acquainted with W. W. We Warmil the |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true and I have be said affidavit and a said affidavit are true and I have be said affidavit are true an |
| in his said affidavit are true, and I know 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 Congrest 1900. |
| your real here. |
| a de signe |
| Ordinary (Co L- County. |
| Nors.—The blank spaces must be filled. |

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, |
|--|
| County.) |
| Personally appears W. A. W. Blauce of Coff |
| County, State of Georgia, who being duly sworn, says on oath that he is a bona hade citizen |
| and resident of said County and State, and has resided in said State continuously ever |
| since the 312 day of Way 1839; that he is 61 years old and |
| by occupation a Goffer that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war between the |
| States, and served for the term of April 20 de in Company A. of M th Regiment |
| of Ba Volantiers ; that his physical condition is as |
| allows Wound i' left think mad at B. H. I |
| Olion Mound in left things : ree at Batte of |
| a communication of the contraction of the contracti |
| KI A a |
| hat his property consists of the following items House hold and Kitchen |
| funiture: |
| |
| of the value of Dollars, that by reason of his physical |
| ondition and poverty he is numble to support himself by his own exertion or labor, and |
| hat he receives no pension but the one herein applied for. |
| Deponent desires to participate in the benefits of the Act, approved December 15th, |
| 884, and the Acts amendatory thereof, and makes application for the pension to which he |
| ounty been allowed a pension for the year 1901. |
| Swign to and subscribed before me, this the M. H. W. Darniel |
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| Ahn (Awhir) |
| film away Ordinary. |
| TATE OF GEORGIA, |
| Coff County |
| |
| 1. Jolin M. NWhey of certify that I am well acquinted with W. H. M. & Planiel the |
| oplicant in the foregoing affidavit, and am well satisfied that the statements made by him |
| his said affidavit are true, and I know he is the individual he represents himself to be |
| ad that he resides in this County. |
| Given under my official signature and seal, this |
| |
| day of fair |
| m formulating |
| Ordinary Conty. |
| Note - The black spaces must be filled Note - Affiday's should not be accounted before January 1st, 1901 |

| | POWER | OF ATTOR | NEY. | |
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| STATE O | F GEORGIA, |) | | |
| | County | y. } | | |
| I | | / hereby aut | horize | |
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| to receive a | ud receipt for the pen | | | emit same to |
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| by | | and the contract of the contra | | |
| | | is _ v _ day of _ | anuary | 1902. |
| | ess my hand and seal, th | 4 16 " | 11. Janiel | · (L. s.) |
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| | ed in presence of | | | |
| \mathcal{J} . | E. Hemle | | | |
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| | IER'S PER | Hellefan. | OHN W. LINDSEY | Me Longer Adams Ada |
| E ALREADY E | E TO | 11. Ja. | | HANI |
| ALBI , | | Rea Rea | W . | |
| g 38 | | 1 3 | 1 2 | 8 G |
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| CODE SECTION EN THOSE ALREADY ENFOLLED | | Name County Co. Co. | | |
| <u>.</u> | 98 | Name County | | |

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| | STAT | E OF | GEOR | GIA, | , | | } | | | | | |
| | I, | Sf .1 | 11 70 | 11. To | inil | County. | herel of_ | y author | ze | 7 | | 3-1× |
| | to rec | eive and | receip | ot for | the p | ension | allowed | and requ | est that | he re | emit s | same to |
| | by | | anci | 2 | | | | | | | | |
| | E | eccuted i | n prese | nce of | | | day | of fa | of he | Come | 76 | [[L. S.] |
| 11.0 min 125 | (FOR THOSE ALREADY ENROLLED.) | No. 486 | INDIGENT | SOLDIER'S PENSION | 1903. | Name Iles Il Minuell | County Color Harinan II if | WARR | | JOHN W. LINDSEY, Commussioner of Pentions. | WARRANT HANDED TO | un Arthur Harn Telle |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| | *** | A Company of the Comp | | |
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| STATE O | F GEORGIA, |) | | |
| C_{i} | bb / County | | | |
| | 11 77 970 | 1\X | ach | |
| Personally a | | Dancill of | | |
| | Geoogia, who being duly sw | | | |
| | said County and State, and | | | |
| since the by occupation a | day of | | 63 years old and | |
| federate States | /) | he enlisted in the milit | The state of the s | |
| lederate States (*) | or of the State of |) during | g the war between the | |
| States, and server | for the term of 4 year | . in Company | , of // th Regiment | |
| 11 174 0 | 200 | that his p | hysical condition is as | .* |
| tollous: | wing to my | injudy & | pourly | |
| un is i | tor the term of 4 has abs wing to Sing to Sing | epiport the | enself | |
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| that his property | censists of the following i | items 1 D. | | |
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| of the value of | | | reason of his physical | |
| | erty he is unable to suppo | | exertion or labor, and | |
| | o pension but the one herei | 3.55 | | |
| | sires to participate in the l | | | |
| | s amendatory thereof, and n year 1902. I have herete | | e pension to which he | |
| | ed a pension for the year 1 | nore as a resident of | * | Same |
| | | | * * | |
| Sworn to and | subscribed before me, this t | he (| | |
| () | in Cirlin | 12.1 | | |
| 1-11 1 | 1111 6-17/14 | Drdinary. | | |
| STATE OF | GEORGIA, | | | |
| 6-6 | 66 County. | 11 Hitte | Canic | |
| 1 | Chin Ch | final. | trans (Penid County, | |
| do certify that I | am well acquainted with | 0184 11 | Munich | 0 |
| | ie foregoing affidavit, and a | m well satisfied that the | statements made by | |
| | idavit are true, and I know | | | |
| be and that he res | ides in this County. | | 111 | |
| | Given under my official si | ignature and seal, this | 6 FZ | |
| | day of String | | | |
| 2.003 | | 17 1. | . Charles | .,) |
| 1 1 4 1 | 22.4 | 10 | 11 | |
| | Ord | TURNS (25) | County. | |
| | Nort Albitaxii should not be for | trested before Linuary by 1902 | | |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| Total Control | |
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| STATE OF GEORGIA, | |
| with Lount | Y.) |
| Personally appears | mill of Woh |
| County, State of Georgia, who, being duly sw | orn, 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 | 1836; that he is 64 years old and |
| by occupation a famuer, that | he enlisted in the military service of the Con- |
| federate States (At of the State of 4 |) during the war between the |
| States, and served for the term of 4 there | in Company Q , of // th Regiment |
| of Sa Mal sem bedyer | 75 Crafthat his physical condition is as |
| follows: Owing to one | imely and bounts |
| in the second | A STATE OF THE STA |
| , / . | 1 4 |
| that his property consists of the following ite | ems: Athing |
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| of the value of | Dollars, that by reason of his physical |
| condition and poverty he is unable to suppor | t himself by his own exertion or labor, and |
| that he receives no pension but the one herei | 50 50 • • · · · · · · · · · · · · · · · · · |
| | enefits of the Act, approved December 15th, |
| 1894, and the Acts amendatory thereof, and m | |
| is entitled for the year 1903. I have heretof | |
| county been allowed a pension for the year 1 | |
| Sworn to and subscribed before me, this th | |
| day of Jamesy 190 | 3. |
| - maryoney | Ordinary. |
| STATE OF GEORGIA, | |
| County. | |
| 1. John Ant | Ordinary of said County, |
| do certify that I am well acquainted with. | IN AM Daniell |
| the applicant in the foregoing affidavit, and as | n well satisfied that the statements made by |
| him in his said affidavit are true, and I know | he is the individual he represents himself to |
| be and that he resides in this County. | 1 Z |
| Given under my official si | guature and seal, this |
| day of Xamuany | (19n3. / a/ |
| Soul State S | 10 Memily |
| Ca) | Ordinary Commission |

Nors.—The blank spaces must be filled.

Nors.—Affidavit should not be attested before January lat, 1988.

For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA, PERSONALLY COMES MIRS. County of Osh Personally Comes Mirs. |
|--|
| 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 Securiber 639 That she is the Widow of who was a soldier in Company of the Conference of the Company Regiment of States, that he emisted in said regiment on or about the month of the Conference of States of S |
| 1862, and served in the Army up to Ag 23 1864. That he lost his life on the day of 28 1864 (State here) |
| particulars of the hardonol's douth, when where and from what course) |
| |
| 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 matried since his death aforesaid, and that she became his wife in the year 18 🔾 |
| 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 2, day of group 1905. John Antony Ordinary. Post-Office. |
| State of Georgia, County. Ordinary of said County, certify that I am well |
| acquainted with Mrs. Grand Limbby Who made the above affidavit and am satisfied that the facts therein stated are true, and I know sho is the individual she bepresents |
| herself to be, and that she has continuously resided in this State since the |
| Given under my official signature and seal, this the 2 day of June 1905. 1 Official 1 |
| Official Sent. Ordinary of Cosh 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, | PERSONALLY COMES MRS. |
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| County of Cora | Umathya Smille |
| | |
| who, being sworn, says on oath that | she is a bona fide resident of said County |
| | rgia, and that she has RESIDED in said S |
| continuously ever since | sgie, and that she has RESIDED in said S |
| continuously ever above | |
| - Xonoman Princley | who was a soldier to G |
| 6 | who was a soldier in Comp |
| of the | Regiment of |
| Volunteers, that he emisted in said regiment on or about | t the month of |
| 198 | o the mouth of |
| 186 and served in the Army up to | |
| life on theday of | 18(State |
| nonticular of the form | 16 (State |
| particulars of the husband's death, when, where and from | what cause.) |
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| Dur Camb | to horas |
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| The second secon | |
| Deponent swears that she was the wife of said deceased | |
| the year 18 | 0 . 1 |
| I have been pold a namelon | |
| occur paid a pension as a resident of | Country to |
| I have been paid a pension as a resident of | County, for |
| coar ending December 31, 1905, and now apply for the p | County, for |
| coar ending December 31, 1905, and now apply for the p | County, for |
| rear ending December 81, 1905, and new apply for the p December 81, 1908. | County, for |
| coar ending December 31, 1905, and now apply for the p | ension provided by law for the year endi |
| our ending December 81, 1905, and now apply for the p December 81, 1908. Sworn to and substitled before me | ension provided by law for the year end |
| our ending December 81, 1905, and now apply for the p December 81, 1908. Sworn to and subscribed before me | County, for |
| Sworn to and subscribed before me has 2 flar of 1906. | ension provided by law for the year end. |
| Sworn to and subscribed before me has 2 flar of 1906. | ension provided by law for the year end |
| December 81, 1906. Sworn to and subscribed before me his 2 day of 1906. Ordinary. | ension provided by law for the year end. |
| December 81, 1906. Sworn to and subscribed before me his 2 day of 1906. Ordinary. | ension provided by law for the year end. |
| Sworn to and subscribed before me has a property of the potential of the p | and a Lindle, |
| Sworn to and subscribed before me his flav of the policy o | and a Lindle, |
| Sworn to and subscribed before me his force of Creorigia, County, Ord | consider the year end on the y |
| Sworn to and subscribed before me has 2 day of 2 county. Ord | consider the year ending of the |
| Sworn to and subscribed before me his light of County. State of Creoring a County. Ord Ord Ord Ord Ord This stated are true, and Me satisfied that the facts therein stated are true, and Me satisfied that the facts therein stated are true, and Me satisfied that the facts therein stated are true, and Me satisfied that the facts therein stated are true, and Me satisfied that the facts therein stated are true, and Me satisfied that the facts therein stated are true, and Me satisfied that the facts therein stated are true, and Me satisfied that the facts therein stated are true, and Me satisfied that the facts therein stated are true, and Me satisfied that the facts therein stated are true, and Me satisfied that the facts therein stated are true, and Me satisfied that the facts therein stated are true, and Me satisfied that the facts therein stated are true, and Me satisfied the satisfied that the facts therein stated are true, and Me satisfied the satisfied the satisfied the satisfied that the facts therein stated are true, and Me satisfied the satisfied that the facts therein stated are true, and Me satisfied the s | consider the year ending of the year end |
| Sworn to and subscribed before me his force of Creoring a County. County Order of County Orde | consider the year ending of the year end |
| State of Georgia. County. Ord County. Or | consider the year ending of the year end of the y |
| Sworn to and subscribed before me his 1906. Sworn to and subscribed before me 1900. State of Creorsia. County. Ordinary. | consider the year ending of the year end of the y |
| State of Georgia. County. Co | pension provided by law for the year ondicated by law for the year on the year ondicated by law for the year of year ondicated by law for the year onding the year on year ondicated by law for the year on year on year |
| Note ending December \$1, 1905, and now apply for the processing th | consider the year ending of the year end of the y |
| State of Georgia, County, Ordinary. County, Ordinary. Ordinar | pension provided by law for the year ondicated by law for the year on the year ondicated by law for the year of year ondicated by law for the year onding the year on year ondicated by law for the year on year on year |
| State of Georgia. County. Co | pension provided by law for the year ondicated by law for the year on the year ondicated by law for the year of year ondicated by law for the year onding the year on year ondicated by law for the year on year on year |
| Sworn to and subscribed before me his flat of Green gran. Sworn to and subscribed before me his 1900. Sworn to and subscribed before me his 1900. State of Greorgia. County. County. Ord cquainted with Mrs. Green and Merself to be, and that she has continuously resided in this ay of 18 Given under my official signature and seal, this that Official | ension provided by law for the year ondicated by law for the year |
| State of Georgia, County, Ordinary. State of Georgia, County, Ordinary. County, Ordinary. County, Ordinary. County, Ordinary. Mrs. County, Cou | ost Office A who made the above affidavit, a know she is the individual she representations and the state of |

POWER OF ATTORNEY.

| STATE OF GEORGIA, C. C.C. COUNTY. I, II / Me fanci bereby authorize Fell Hernore of Recover |
|---|
| to receive and receipt for the pension allowed and request that he remit same to |
| Me at house |
| by hand. |
| Witness my hand and seal, this 2 day of familier 1904. If the left land [L.S.] Executed in presence of St. 6 St. 1000. |
| (FOR THOSE A.BEADY ENROLLED.) No. (2/2 INDIGENT 1BOA. ame // M. M.LILLOLA. OUNLY, C. f. f. OUNLY REMAYT ISSUED WARRAYT |

Carried, W. H.

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POWER OF ATTORNEY.

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| STATE OF GEORGIA, | .) | 1 | * |
| - 4 pth | COUNTY. | | |
| of Milaulac | 11 11 . 11 | Lucia C | hereby authorize |
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| to receive and receipt for the | pension allowed, | and request that | he remit same to |
| by 16111.1 | | And the second second | |
| WITNESS my hand and se | al, this | day of 10114 | د ^{ام} ال 1905, |
| Executed in the presence of | of to | mark 1 | [L. S.] |
| J. G. 11 c | illaic. | | |
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(FOR THOSE ALREADY ENROLLED.)
No. C. G. 3
INDIGENT
SOLDIER'S PENSION

no date

WARRANT ISSUED

1905.

JOHN W. LINDSEY.
Commissioner of Pensions.
WARRANT HANDED TO

MANAGER, FOR STATE PRINTER, ATLANTA.

A. 450

1.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, |
|---|
| County. |
| Personally appears/1 16 111 Daniel of Call |
| 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 183\% ; that he is $\omega \text{\%}$ years old and |
| by occupation a Service, that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war between the |
| States, and served for the term of in Company of the Regiment of La action under the Lander of the American Condition is as |
| follows: crosing to infinity and povery |
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| that his property consists of the following items: - I having |
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| of the value of Dollars, that by reason of his physical |
| condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. |
| Deponent desires to participate in the benefits of the Act, approved December 15th, |
| 1894, and the Acts amendatory thereof, and makes application for the pension to which he |
| is entitled for the year 1904. I have heretofore as a resident of |
| County been allowed a pension for the year 1903 |
| Sworn to and subscribed before me, this the day of fall 1904. |
| day of -211 1904. |
| V. "117 20/1/4" Ordinary." |
| STATE OF GEORGIA |
| STATE OF GEORGIA, County. |
| |
| 1, 200 The State of Said County, do certify that I am well acquainted with 1/21/1/ Securely |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made |
| by him in his said affidavit are true, and I know 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 1 dre 1904. |
| (Adi) - The Viole |
| Ordinary Sold County. |
| Sorn.—The blank spaces must be filled Norn.—Affidavit should not be attended before January 1st, 1904. |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, |
|---|
| Personally appears & H. M. Danuell 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 1838; that he is 65 years old and |
| by occupation a Hornes, that he enlisted in the military service of the Con- |
| federate States for of the State of) during the war between the |
| States, and served for the term of 4 Years in Company a, of // th Regiment |
| of Ly Val Yew anderson's Bright that his physical condition is as |
| follows: Infimily and povere |
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| that his property consists of the following items: horling |
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| of the value of Dollars. I am now earning, |
| by my labor, Dollars per month. That by reason of his |
| physical condition and poverty he is unable to support himself by his own exertion or |
| labor, and that he receives no pension but the one herein applied for. |
| Deponent desires to participate in the benefits of the Act approved December 15th, |
| 1894, and the Acts amendatory thereof, and makes application for the pension to which he |
| is entitled for the year 1905. I have heretofore as a resident of |
| County been allowed a pension for the year 1904. |
| Sworn to and subscribed before me, this the day of same 1905. The Any of same 1905. Ordinary. |
| Johnson Ordinary. |
| STATE OF GEORGIA, |
| County. |
| 1, John Aw Trey Cordinary of said County, |
| do certify that I am well acquainted with W Mo M Daniel |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made |
| by him in his said affidavit are true, and I know 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. |
| Ann County. |

Nors.—The blank spaces must be filled.

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

POWER OF ATTORNEY.

| | re of georgia. |
|-------|--|
| | of M Kembres of Romell hereby authorize |
| to re | receive and receipt for the pension allowed, and request that he remit same to |
| by | WITNESS my hand and seal, this # day of farmary 1908. # Me He January 1908. Executed in the presence of W. H. M. P. C. V. |
| | Executed in the presence of W. H. M. C. W. W. |
| | |

Regiment //

County -

WARRANT ISSUED

SOLDIER'S PENSION

1906.

Name II H

CODE SECTION 1234.
(FOR THOSE ALREADY ENROLLED.)

No. 1: 16

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| Tut Faanstan Dentrik Late Publishing Co., Gro. W. Hazen | 5 |
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Jun in

JOHN W. LINDSEY.

Commissioner of Pers
WARRANT HANDED TO

POWER OF ATTORNEY.

| the first and the second secon |
|--|
| STATE OF GEORGIA, |
| I. W H McPaniell, hereby authorize |
| to receive and receipt for the pension allowed, and request that he remit same to |
| bynand |
| WITNESS my hand and seal, this cost day of farmar, 1907. W. H. Kar D. Paniell [L. S.] |
| Executed in presence of |
| M. E. S. M. |
| |

| * | | | | | | |
|--|-------------------|-----------------------------------|----------------|------------------|-------------------|--|
| Cons General 184. (FOR THOSE ALREADY ERROLLED) No. 6 4 7 | SOLDIER'S PENSION | Name Hall Samith. County Regiment | WARRANT ISSUED | JOHN W. LANDSEY, | WARRANT HANDED TO | Gra. W. HAMMON, STATEPHINTER, ATLANTA. |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| TOWN THE BEST OF SERVICE TO THE SERV |
|--|
| State of Georgia, |
| Cobb County. |
| Personally appears 1 26 M Samuel of Colo |
| 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 J' day of May 1840; that he is 65 years old and |
| by occupation a falle, that he enlisted in the military service of the Con- |
| federate States (or of the State of War 26 /86) during the war between the |
| States, and served for the term of 4 545 in Company of 11 9th Regiment |
| States, and served for the term of 4 314 in Company , oll 4th Regiment of 1 2 12 10 11 11 11 11 11 11 11 11 11 11 11 11 |
| follows: |
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| that his property consists of the following items: |
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| of the value of Mallinic Dollars, I am now earning by my labor, / i Min Dollars per month. That by reason of his |
| that by read of this |
| physical condition and floverty 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 |
| County, been allowed a pension for the year 1905. |
| Sworn to and subscribed before me, this the flag of fair 1906. Sworn to and subscribed before me, this the flag of fair 1906. Ordinary: Ordinary |
| State of Georgia, |
| County. |
| (la has 8/2 Mar |
| do certify that I am well acquainted with I Some Sauce |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made |
| by him in his said affidavit are true, and I know 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 1998 A |
| / XAMIANOMELI |
| Affix your Flesh |
| Ordinary County. |
| Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January lat. 1996 |

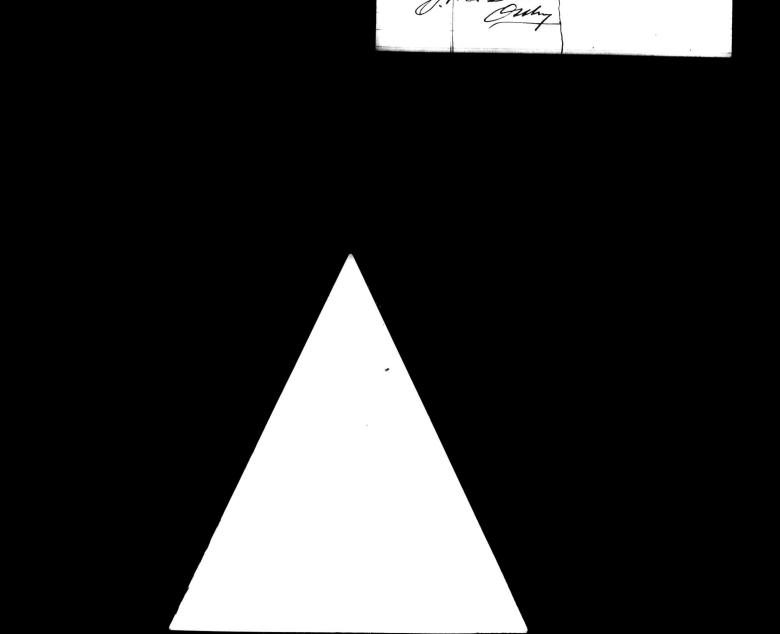
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

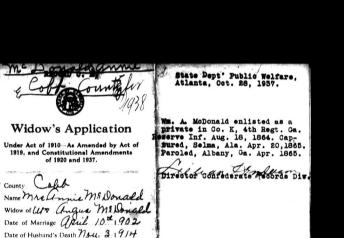
| State | of Georgia. | 1 |
|--------------------------|---|--|
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| | Ogunty | will of Coth |
| | / | |
| | | worn, says on oath that he is a bona fide citizen |
| | | has resided in said State continuously ever |
| | | that he isyears old |
| | | at he enlisted in the military service of the Con- |
| | | during the war between the |
| States, and ser | ved for the term of | in Company , of But Regiment |
| of and | mone signal | that his physical condition is as |
| follows: | | |
| | fre | |
| | construction of an interest of the second | |
| that his proper | ty consists of the following | items; |
| (0.000,000) (Med (0.000) | 4 | to the state of th |
| | 7/ | |
| of the value of | 4 | Dollars. I am now earning |
| by my labor, | | Dollars per month. That by reason of his |
| physical conditi | | to support himself by his own exertion or |
| | he receives no pension but th | |
| Deponen | t desires to participate in th | e benefits of the Act approved December 15th, |
| 1894, and the A | cts amendatory thereof, and | makes application for the pension to which he |
| is entitled for t | he year 1907. I have hereto | fore, as a resident of |
| County, been a | llowed a pension for the year | r 1906. |
| Sworn to | and subscribed before me, t | his the |
| de | 140f 1277 11 | 907. \ W H Tollefan |
| · Sol | my from | 907. WH The Me fan |
| _/- | | |
| State | of Georgia," | 2 11 |
| 10 | County. | Rowell |
| | | |
| | | 100000 |
| do certify that | I am well acquainted with | John Daniell |
| | 0 0 | sits well satisfied that the statements made |
| by him in his s | aid affidavit are true, and I k | snow he is the individual he represents himself |
| to be, and that | he resides in this County. | 1 |
| | Given under my official sign | |
| | day of XXX | |
| | - J | ving tryping |
| AMA | | Ordinary County. |
| here | | ust'be likely |

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

Cell County . 3 levent 1900. Bersonally appeared Said County to Connect July for re- westatement as S before Me the Midersegung au midiguet pusioner. Evoidence before thistory - Ordingey in and for Mid County Thomas M'lentales who being duly Levore Lago Mas Gody Showing Sain W. D. W. Daniel is mustle he is lutinately acquainted with. to earn a Support by his labor and that W. St. M. Pawil and Broad in the auswers to question 18 of his application does not apply to his personal later but Buy Company and Regiment 1Co A. M. Ga) watel after the Batt's of Chick that applicant had rented land as head aryanga_ Sept 28th 1865. at which of a family while applicanto children battle Laid Me Daniel was Counted Was Cultivated the same in Georg ramed, Theref We recommend that said applicant be mi in the left thigh. Hopount was transfer installed to the pursion listred to quartermaster Department after that battle. Witness leas Known O. L. Cam \"L. W. Wlair Paid M- Raciel intimalely Line the 2 J. W. Selman. 12 F.M. Hembre Wor and Knows that he physically 13 A. Armstrong J. F. Hadaway. J. Camp. 14 J. A. Mc Sicky unable to perform any Kind of Manne Cabor to Make a living the Can A. A. Wolf. 15 D. J. Ward not stand long or walk without 16 A. J. Alexander 1. P. Reed I. S. Wann 7 W. N. Wavenport great pain and Suffering- lad 18 H. B. lelan. agreeds lauply upon the ch luly as H. J. Durston the law git from les friends and tur 19 5. M. m. Elwath August 184900 & B. S. M. Sulvach Mujer daughter for his Repart 7. M. Januer. Sion to & Luberika before her this Sept 10th 900 Thos Mebertha M Stone Ardny

Office of Club of Coft Superior Cont Il Malitta In August 5 = 1900. I W.R. Montgowery Clark of Cobb Superior I Rortify that The W leutaken is a citizen of this county and that he statement on worky of full faith & credit. Sept 10th 1900-Court Orten that the within and foregoing begge is a true Extract from the minutes of Said Court Not record in my office relative to special fore Sutreent of Grand Jury recommending that W. A. M. Me Hamil be reinstated on pension roll. Titues my Landrale Seal of said Courtelis august 3 1900. more mentgomeny Bland de We certify that resuch condition ? WHM Source is Stiff les (loth) from pun shirt loonince, which disables him to extent of not being able to do very much form work . So clear rather fuelle from age & hood work. 220M Simpson mas & f weeke Mist Sworn to + Subscriber befor unflight= 25th 1900.





Ordinary's Certificate

STATE OF GEORGIA

Jas. .. Janiell

, Ordinary of said County,

the witness who swears to the citizen of said State since January 1st, 1920; that I also know irs. Annie choneld service of husband and/or the ge; that both of them are now the applicant

of said County

SEAL OF ORDINARY truthful and trustworthy and their Given under my hand statements are entitled to full faith and credit

pension; that

AUG 1:0

Company J. Reft La Resour Juf.

s Application

Ordinary's Certificate

STATE OF GEORGIA.

of 1910

Cobb COUNTY.

> Jan. C. Laniell . . Ordinary of said County, do certify

that I know | rs. Aprile | cloneld

the applicant for pension; that

she is the person she represents herself to be, and that she has been, continuously, a bona fide resident

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

the witness who swears to the service of husband 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 th

(SEAL OF ORDINARY)

1937 rdinary Cobb County.

INSTRUCTIONS

- Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You to colombly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be each of the control of the contr
- Attach certained copy of marriage means a monaman. I man, prove marriage, my near prices on, my general reputation.

 Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

 Do not take an application from any widow who is already receiving a pension.

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

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

OUESTIONS FOR APPLICANT TO ANSWER:

STATE OF OFORGIA COUNTY Commis

Personally appears before me, Mus Mel Donald 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:

| EC | TION I. |
|----|---|
| 1. | What is your name, and where do you reside? (Give Port Office and County) Mrs. Comie W. Donald, RID! Cowder Spg. Colo Co. Ja. |
| 2. | How long and since when have you been, continuously, a bona fide resident citizen of the State |

May 17.1870 Ager 67 Give date, or year, of your birth.

3. (1) When, (2) where and (3) to whom were you married? The angua Me Donald

- a. Have you married since the death of first and soldier husband?. b. When and where did your first husband die? Nov. 3, 1914 Cobb Co Sa
- Were you residing together when he died?
- d. If not, how long had you resided apart?.
- Have you or your husband heretofore been paid a pension by the State?

g. If so, when and for what cause were you be your husband placed on the roll warmen with the formal of the second 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?
- 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?
- When did he leave the Command?
- For what cause did he leave?...
- By whose authority did he leave?
- What was his physical condition when he left his Command?
- 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?
- If so, when and where? In what prison was he held and when was he released?.

Sworn to and subscribed before me, this the

ms. anine Mc Donald

An Affidavit

(Read carefully before making this affidavit.)

| ADDITION OF THE PERSON |
|--|
| 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; |
| 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; |
| That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband; |
| 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 |
| , Ordinary, |
| County. |
| é |

Ouestions for Witness as to Marriage and Service of Husband. STATE OF GEORGIA COUNTY. as a witness in support of the application of Mas Change Mark Algor 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) a. n. mayes, RADI Marie 2. How long and since when have you known Mrs. Chine about 40 years. 3. Where does she now reside, and since when has she begn, continuously, a bona fide, resident citizen. of this State? Near Lost Mtn 4. When and to whom was sile married? War angus mil How do you know? I was present 5. How long and since when did you know Warana husband? 1868 to 1914 From my earlie 6. When and where did 2000 and the husband of applicant, die? Near Lost Mitu 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? If the husband of the applicant was a pensioner, DO NOT answer the following questions. (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.) and a second control of the control 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 speci-15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? 16. What effort did he make to return to his Command and how do you know this? In what prison was he held?_____amd when released?____ Sworn to and subscribed before me, this the

3 10 to 2000

POWER OF ATTORNEY.

| STATE OF G | 11. | COUNTY. | | |
|-------------------|--|-----------------|---|--|
| John A | Alm | dhy | THE SECOND SECURITY SECURITY SECOND | hereby authoris |
| to receive and re | ceipt for the pe | nsion paid here | on, and request | that he remit same t |
| day of | whereo, I have | 1907. | hand and seal, th | ndley (1. s. |
| | | | . ×. | · |
| | | 16 | « ! ! ! | |
| 1902. | WIDOW'S PENSION For Year ending Dec. 31, 1907. | Cody or court | Widow of W. Character. Soft 184 Regiment GOHN W. LINDSEY, Commissioner of Prosina | WARRANT ISSUED S 1907 AND HANDED TO ON W HETTING, READ FYINT, ILLIND. |

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Un, a.a.com.

STATE DEPARTMENT OF FUBLIC WELFARE

FURT BUILDING

ATLAPTA

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

WHEREAS:

MRS. ANNIE McDonald, WIDOW OF WM. ANGUS McDonald,

has filed in this office an application for the Georgia pension allowed to vidows of Confederate veterans; and it appearing that the late humband of this applicant performed actual military corvice as a Confederate soldier and was honorably somerated from such sorvice; and that applicant was married to said soldier prior to January lat, 1920, and that she was not remarried; it is, therefore,

ORDEPED:

That said applicant be admitted to the pension real of the State of Georgia for the month of Jenugry 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 1937 .

Director, Confederate Division
State Department of Public
Wolfare

COURT OF ORDINARY, COBB COUNTY

JAB. J. DANIELL, ORDINARY

MARKETA, GA.

Georgia, Cobb County.

Marriages.

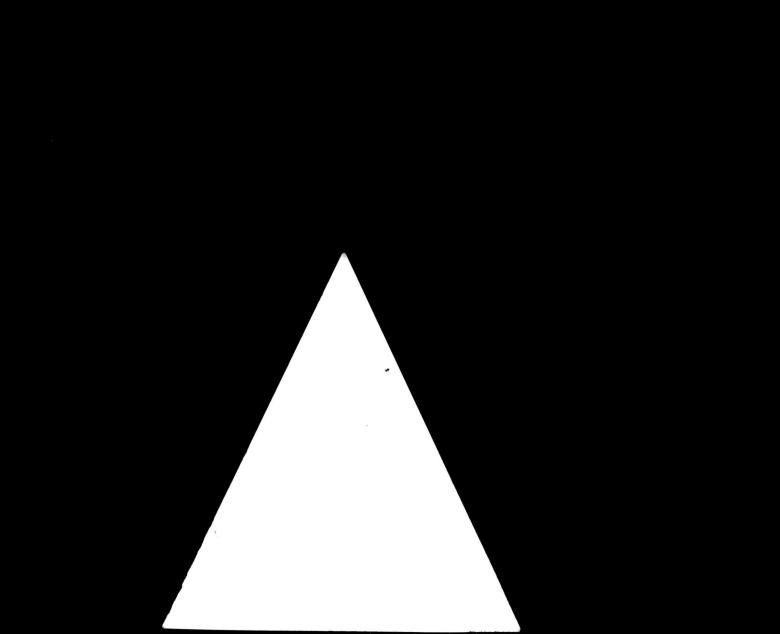
1937.

This is to certify that W. A. McDonald and Miss Annie Harper were married on the 10th day of April 1902 as found on Marriage Record Book E, page 201, Cobb County Record of

Given under my hand and seal of office, this July 24,

(an J. Daniel

Ordinary



Coff G.

Confederate

Soldier's Application.

UNDER ACT 1910.

Coll Donald

J. W. LINDSEY,
Commissioner of Pensions

8/30/10

Questions for Applicants to Answer. STATE OF GEORGIA. County. a manaly .. of said State and County, hereby applies or 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 What is your name and where do you reside? (Give County and Post-office). 2. How long and since when have you been a continuous resident citizen of this State? Over 50 georg - low Sing 1857 3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? 4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) 5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) level april 94/865- mark, 4 years When and where was your company and Regiment surrendered or discharged from the Service? 1865 at appointation Court House Were you actually present with your Command when it was surrendered or discharged? Application 8. If you were not actually present, state specifically and clearly where you were Where was your Command when you left it? AT apportation ba, at b. When did you leave the Command? april 9 7865 c. For what cause did you leave? War he d. By whose authority did you leave For how long was your leave granted? In what way? how 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?. Were you captured during the war? Capture at Suffer In the prison were you held and when were you released? I man 9. What property of every discription was owned, in the use, possession and control of yourself Value of 1/2 of Said Cha 600 1 Hely valed 2. Language of the language of 1908. To whom and for what price? Thrue 11. What property of any discription of any kind, and of any value now owned and in the use, one and souled tral 12. What annual or monthly income or earnings of yourself and wife and the source derived have mus 13. Are you drawing a pension of any amount from this State or the United States? 14. Have you ever applied for the Georgia Pension and and it refused and for Sworn to and subscribed before me, this the

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

| | Q UESTIONS FOR WITNESS AS TO SERVICE. |
|---------------------|---|
| STAT | E OF GEORGIA, |
| 2/ | County. |
| 11 | And so of said State and County is hereby presented |
| s a witr y the A | of said state and County is hereby presented as in support of the application of the pension provided to 1910, in said State, and after long sworn true answers to make to the questions propounded, as follows: |
| 1. | What is your name and where do you reside? |
| 2. | How long and since when have you known & M Knowld the applicant? |
| ate and | Where does he now reside and singe when has he been a bonafide continuing resident in this how do you know? Lot to Lovery So. Level Servey So. |
| | When, where and in what Company and Regiment did Ja Mc Arall enlist during- |
| r from | 1881 to 1865. (Give date and place) 116-7. 1. 1867. Co. D. 186. God How did you obtain your information of this Service. |
| n J | James King curent |
| 6. is Comp | How long within your own personal knowledge did he perform actual military service with pany and Regiment? (give date) Hiller Life 1985 Alexand & years |
| V 7. | When and where was his Command surrendered or discharged (give date and place) |
| | Were you personally present at the Surrender? 400 |
| | If not, where were you and how came you there? I was fruent |
| | Was the applicant personally present with his Command at surrender? |
| 11. | If not where was he and how came him there? He was possess |
| | When yet he jeave his Command? "It it When Scommand for what cause did he leave? By whose authority did he leave he granted leave? How do you know |
| | u have stated to be true? Hof your own knowledge (Tell clearly and specifically). |
| | 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 |
| | In what prison was he held? and when released? |
| Swo | ern to and subscribed before me, this the |
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| • | 1 M Garas Outhory 7th Rightons |
| 0 | of County. |
| | AFFIDAVIT OF TWO FREEHOLDERS. |
| ATE | OF GEORGIA. |
| Perso | • 1 |
| | onally before me comes |
| applicat | ney are ree notice; resulting in said county and we know. It for pension and we know the property that is now in the use, possession and control of himself d of its cash value to wit: (Make List by items and value.). |
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1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov.

| 100 | A THE STATE | | 7 | | ing of the light of the lead o | |
|----------|--------------------------------------|---|--|----------------------------------|--|---|
| 2 | When and t | o whom was it sold | de divon to? | 100 lajo 40 | 77. | *************************************** |
| | What was th | e price paid or state | to be noid? | | ••• | |
| 4 | What halate | e price paid of stated | to be paidr | | | |
| - 548 | tirk as de- | n is the party to app | MCART | | | ····· |
| 199 | What dispos | ition was made of th | e proceeds of t | he sale? | ************************************** | |
| | W M TO CIE | position of this prope | erty made in g | ood faith an | d full values? | |
| or was 1 | t made to obta | in a pension? | | <i>.</i> | ······································ | |
| 8 | worn to and su | bscribed before me, | this the | | | |
| | | day of | 191 } | | ****** | *************************************** |
| | | | Ordir | lary. | 1 | |
| | | of | | | County. | |
| | | ORDINAI | VIE CEL | TIPLO | · · · · · · · · · · · · · · · · · · · | |
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| | | County | , [| | | |
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| the anni | | | | Ordinary o | said County, e | ertify that I know |
| tue appr | mi | for Pensi | on is the pers | on he repre | sents himself to | be and resides in |
| said Cou | nty. That I al | so know | | | the witne | ss swearing to the |
| they are | all residents of | said County and wer | . 4.1. | | who are | ree holders, that |
| they are | all truthful and | trustworthy and the | ir statements a | re entitled t | ofull faith and | credit That the |
| Tax Res | ults of | | | shows that | oran maan maa | i and wife |
| | | 8 | | | | |
| | | hand and official sea | | | | |
| | | mana una omeiai eea | | | day 01 | 101 , |
| | | | -4 | | | County |
| NOTES 1. | Before any ques | tions are answered the | Ordinary shall sw | ear applicant | and all witnesses in | the following words |
| | "You do solemn shall give shall ! | tions are answered the ally swear that you will be the whole truth; so he avits may be attached ust be made before the no property at all in his | rue answers mai | e to each que | stion asked you as | d the evidence you |
| 2. 3. | Additional affid All affidavits m | avits may be attached ust be made before the | if blank spaces as Ordinary and cer | e insufficient tified by him. | | |
| 4. | If applicant has unnecessary. | no property at all in his | possession, use o | r control of a | elf and wife, affid | avits of Free holders |
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| QUESTIONS FOR WITNESS AS TO SERVICE. |
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| STATE OF GEORGIA, |
| County. |
| And State and County is harnly presented |
| as a witness in support of the application of the spiritation of 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: |
| What is your name and where do you reside? |
| Marilla Ma |
| 2. How long and since when have you known the applicant? |
| |
| 3. Where does he now reside, and since when has he been a bonafide, continuing resident in this state and how do you know? |
| Forder Spanys Cook County In Ever Sing & Amor him |
| 4. When, where and in what Company and Regiment did enlist during |
| war from 1861 to 1865? (Give date and place) May 1863; attal 34, 60 0 2 54 |
| 5. How did you obtain your information of this Service? |
| A H land the state of the state |
| 6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) Military Lapit 9/865 - West, 3 years |
| When and where was his Command surrendered or discharged (give date and place) |
| mally Constance on April 9. 1865- |
| 8. Were you personally present at the Surrender? |
| 9. If not, where were you and how came you there? The Many Brisish |
| 10. Was the applicant personally present with his Command at surrender? |
| 10. Was the applicant personally present with his Command at surrender? |
| 11. If not where was he and now came nim there? |
| 12. When did he leave his Command |
| when he left it? for what cause did he leave? |
| By whose authority did he leave |
| long was he granted leave? |
| sll 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? |
| that we today in the large |
| 15. Was applicant captured and prisoner. If so, when and where? In what prison was he held? and when released? |
| and when received? |
| Sword to and subscribed before me, this the |
| 18 Mars Ougus 1910 Pas a a arring |
| Ill Game orthogry |
| of County |
| AFFIDAVIT OF TWO FREEHOLDERS. |
| |
| STATE OF GEORGIA. |
| Personally before me comes the Angle of Ellinger, who on oath |
| ays that they are free holders residing in said County and we know |
| he applicant for pension and we know the property that is now in the use, possession and control of himself, pd wife and of its cash value to wife. (Make List by items and value) |
| 1/4 , 2 7/16 |
| 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov. |

| 087 (| (State it fully by theme.) | |
|-------|--|------------|
| 2. | When and to whom was it sold of given to? | (Assertion |
| 3. | What was the price paid or stated to be paid? | |
| 4. | What relation is the party to applicant? | |
| B. | What disposition was made of the proceeds of the sale? | |
| | Was the disposition of this property made in good faith and full values? | |
| | t made to obtain a pension? | |
| | worn todard subscribed before me, this the | |
| | 19 Cart Cart | |
| | Juday of Magel 1010 Ordinary 6, & Mayes | |
| | of County. | |
| ***** | | |

ORDINARY'S CERTIFICATE.

| STATE OF GEORGIA. | 1 | | |
|---|--------------------------------|------------------------------------|--------------------------------|
| TO ALL | County. | | |
| Jan Ja | | dinary of said County, certi- | for these I has |
| the applicant a Me Aouth | | he represents himself to be | |
| said County That I also know | | Wulson the witness s | |
| service and Atam Atam | 102 Maga | who are free | holders, the |
| they are all residents of said County they are all truthful and trustwooth | y and their statements are | entitled to full faith and ope | g affidavit an lit. That th |
| Tax Results of | sho | WE that a The Nor | wald and wi |
| value for tax is in 1908. | for 1909 \$.C | | |
| Sworn under the hand and o | fficial seal of office this | day of | ug 1910 |
| | of | Cosh | Counts |
| You do solemnly swear tha | wered the Ordinary shall swear | applicant and all witnesses in the | e following wor |

T. N. LINDLEY & SON abb County General Merchandise and Caskets Dec 23. POWDER SPRINGS, GA. 1921 Application for Pension Due Mr gno. a. m: Dones (Decens) Deceased Pensioner Under Act 1904 (To pay expenses of last illness or funeral) M Kare Ordinary \$ 75°°° To One Bureal Casket For & a Warmald Before me Come In fully Died Way 16 1921 The firm of The Lucy son, who being luly swow say That The about Approved and ordered paid 20 1/13-18221921. is a just cocount due In Luidly osm J. W. LINDSEY, Commissioner of Pensions. by Ino to mes Donned (decaded) Mr. Join ita -10/20.000 TA Lindley & Son Ordinary: Fill out above in full and send this blank to Pension Office for approval before you pay out the money. Atlanta Printing Co., Atlanta, Ga. By . T. Ir. Lindley Q/1050 K.W. Spratte ny who are Red of M Same 12/31/21 In Juney In POWDER SPRINGS GA Die 23 1921 Mr. Jno. m: Sonate (Leccuse) F. P. LINDLY M. D. Before me, Come FP fuctor, who long duly som. says the showe is a rote acot the home for draft K W Sprattus n.p. cold org

| Mr. | Jno | Α. | MoDonal | đ. | | | | Deceased |
|-----|-----|----|---------|----|--|--|--|----------|
| | | | | | | | | |

In account with

Mrs. Annie McDonald, Powder Springs Ga. Dr.

To services redered J.A. McDonald in his last Georgia Cobb County.

Personally appeared Mrs. Annie McDonald who on oath says that she is not related to Jno. A. McDonald and that she waited on him during his last illness for a period of eight-teen months continuously, that he was almost completely helpless the entire time that he died owing her a balace on account for services rendered, that he now owes her on the above account \$150.00

Sworn to and subscribed before me

Thie Dec. 31, 1921.

my anni Mc Lonald

Conn County Ga.

Was sister in (au) Sraused brothers widown

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

| | County. | |
|--|--|--|
| | ary of said County, comes | |
| Dr. 7. P. Luco Ley | of said County, who, a | fter being sworn, on oath says |
| that he knew free a. | | d County, and that he was on |
| the Canfularute | Pension Roll of Cus | County at the |
| time of his death, which occurred in | coah | County, in this |
| State, on the 16 24 | day of hung | 192/, and that |
| a Pension of Que Mun | Ind Zwritz five | Dollars was due him and |
| unpaid at the time of his death. Th | at he left no widow or dependent | children surviving him, and |
| no estate of any value sufficient to pa | ay his funeral expenses, which am | counted to the sum of 725/2 |
| Dollars, as per sworn statement, item | mized, hereto attached. | |
| Sworn to and subscribed before | me \ | |
| this of Disease | be 1921 1 D | Lindley |
| () - M () | Ordinary. | qually |
| | County. | |
| | / | |
| AFFIDA | VIT OF ORDINA | RY |
| GEORGIA, Loff C | County. | |
| 1. Im Jan | Ordir | sary of said County, do certify |
| that personally know & PL | | , who is a resident |
| citizen of said County, and that he is | | |
| | The state of the s | , and to rail raiti |
| and credit. | 0 | |
| and credit. I also knew A M | Donald | while in life: that he |
| 0 5 41 | | while in life; that he |
| I also knew A M | pears on the | ec Pension |
| I also knew And A M was the same person whose name ap | pears on the Co | Pension unty, and was paid a Pension |
| I also knew And A M was the same person whose name ap | pears on the | Pension unty, and was paid a Pension |
| I also knew factor A MA was the same person whose name ap Rolly of Control Con | pears on the Scripe Co | Pension unty, and was paid a Pension |
| I also knew A A May was the same person whose name ap Roll of A A A A A A A A A A A A A A A A A A | pears on the Scripe Co | Pension unty, and was paid a Pension a said County for 1922, and |
| I also knew And A Man was the same person whose name ap Rolly of A Man and A | pears on the Scripe Co | Pension unty, and was paid a Pension a said County for 1922, and |

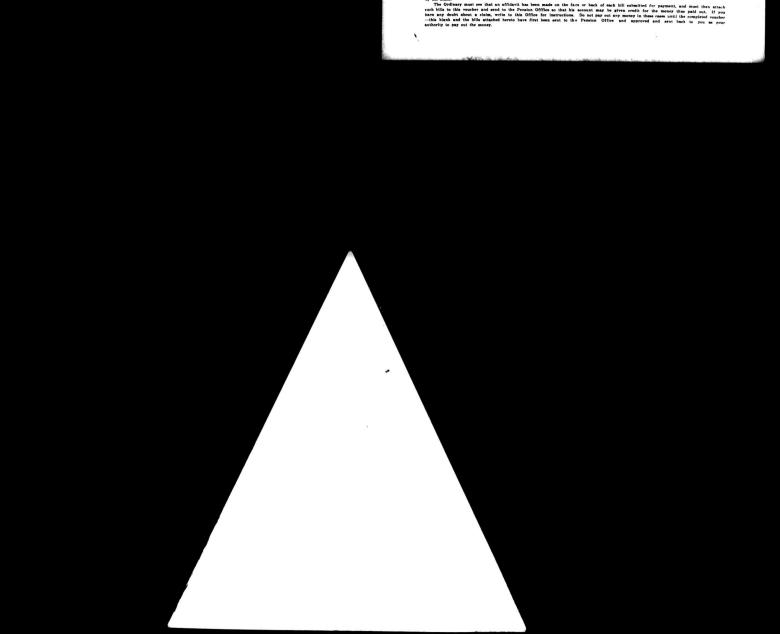
NOTE.—For use in all cases where pronioner died after Jan. 1st, had not been out of State longer than twelve months and died without owning sufficient property to pay such appearss. Require those claiming accounts for expresse of last illness and for funeral expresses, to make out the accounts in itemised form, giving value for each litera and for what. Ranning accounts, other than those consected with last illness before death, cannot be paid. All accounts must be made out and sworn to before the Ordinary, in the following form:

, who died without owning sufficient property to pay this bill."

Parties who pay such bills must see to it that they are itemised and sworn to as above directed before presenting them for payment

Parties who pay such this must see to it that they are itemited and sween to as above directed before presenting them for payment by the flats.

In the flats, the flats are parties when any desired in the force to have force to have force that in the habitist for payment, and must then attach when any doubt about a cision, write to this Office so that his account may be siren credit for the memory thus paid out. If when any doubt about a cision, write to this Office for instructions. Do not say out and not seen until the compited conclusion to the property of the same and the same until the compited conclusion.



Confederate
Soldier's Application.

UNDER ACT 1910.

County J. Coll.

Name M. G. M. Donneld.

Company A.

Regiment H. G. Reserves

For Widows Heretofore Allowed Pensions.

| who was a soldier in Company "Who was a soldier in Company "Wolcounteers, that he enlisted in said regiment on or about the month of 188 and served in the Army up o 188 That he lost his ife on the day of 18 (State here particulars of the husband's death, when, where and from what cause.) Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a bidder, 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 County, for the sear ending December 31, 1906, and now apply for the pension provided by law for the year ending eccember 31, 1907. Sworn to and subscribed before me is All day of 1907. While Army and I have been paid a pension that the pension provided by law for the year ending eccember 31, 1907. Ordinary of said County, certify that I am well passing the facts therein stated are true, and I know she is the individual she represents reself to be, and that she has continuously resided in this State since the Given under my official signature and seal, this that Ago of 1907. | STATE OF GEORGIA, | PERSONALLY COMES Mrs. |
|--|---|--|
| State of Georgia, and that she has RESIDED in said State coptionously ever since. That she is the Widow of who was a soldier in Company who was a soldier in Company of the July Regiment of Regiment 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 Regiment of Reg | County of Cosh | A & Findley |
| who was a soldier in Company To the Ground a pension as a resident of Country, for the gar ending December 31, 1906, and now apply for the pension provided by law for the year ending eccember 31, 1907. Sworn to and subscribed before me is Ady of Soundry Country. Ordinary of Said County, certify that I am well quainted with Mrs. A Country. Ordinary of said Country, certify that I am well quainted with Mrs. A Country. Ordinary of said Country, certify that I am well quainted with Mrs. A Country. Given under my official signature and seal, this the Aday of Sound Country of Sound Country of Said C | | |
| who was a soldier in Company H. of the | continuously ever since | . That she is the Widow of |
| Volounteers, that he enlisted in said regiment on or about the month of | H of the 14 & | |
| Second and served in the Army up o 186 That he lost his life on the day of 18 (State here articulars of the husband's death, when, where and from what cause.) Died Group Charac Seponent swears that she was the wife of said deceased soldier, during his service in the Army as a bidier, and that she has never married since his death aforesaid, and that she became his wife in se year 18. I have been paid a pension as a resident of County, for the sear ending December 31, 1908, and now apply for the pension provided by law for the year ending eccember 31, 1907. Sworn to and subscribed before me is Army to and subscribed before me is Army Ordinary Post Office. Latter of Georgia. County, for the pension provided by law for the year ending eccember 31, 1907. County, for the pension provided by law for the year ending eccember 31, 1907. County, for the pension provided by law for the year ending eccember 31, 1907. County, for the pension provided by law for the year ending eccember 31, 1907. County, for the pension provided by law for the year ending eccember 31, 1907. County, for the pension as a resident of the pension provided by law for the year ending eccember 31, 1907. County, for the pension as a resident of the pension provided by law for the year ending eccember 31, 1907. County, for the lost has a policient of the pension provided by law for the year ending eccember 31, 1907. County, for the lost has a policient of the pension provided by law for the year ending eccember 31, 1907. County, for the lost has a policient of the pension provided by law for the year ending eccember 31, 1907. County, for the lost has a policient of the pension provided by law for the year ending eccember 31, 1907. County, for the lost has a policient of the pension provided by law for the year ending eccember 31, 1907. County, for the lost has a policient of the pension provided by law for the year ending eccember 31, 1907. County, for the lost has a policient of the pension provided by law for the year ending ecce | Volounteers, that he enlisted in said regi | |
| day of | | |
| December 31, 1908, and now apply for the pension provided by law for the year ending december 31, 1908, and now apply for the pension provided by law for the year ending december 31, 1908. Sworn to and subscribed before me is AJ day of the year ending december 31, 1907. Attack of Georgia. That is the facts therein stated are true, and I know she is the individual she represents reself to be, and that she has continuously resided in this State since the good. Given under my official signature and seal, this the Aday of the person. Difficial Seal | life on the | _day of18 (State here |
| Died Crusp Chase Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a poldier, 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 | particulars of the husband's death, when, u | ohere and from what cause) |
| I have been paid a pension as a resident of County, for the ear ending December 31, 1906, and now apply for the pension provided by law for the year ending ecember 31, 1907. Sworn to and subscribed before me is Al, day of Post Office. Latte of Georgia, Ordinary Ordinary Ordinary of said County, certify that I am well quainted with Mrs. A Swindley who made the above affidavit, and a satisfied that the facts therein stated are true, and I know she is the individual she represents reself to be, and that she has continuously resided in this State since the Given under my official signature and seal, this the Aday of Post Official Seal | | / |
| I have been paid a pension as a resident of County, for the ear ending December 31, 1906, and now apply for the pension provided by law for the year ending ecember 31, 1907. Sworn to and subscribed before me is Al, day of Post Office. Latte of Georgia, Ordinary Ordinary Ordinary of said County, certify that I am well quainted with Mrs. A Swindley who made the above affidavit, and a satisfied that the facts therein stated are true, and I know she is the individual she represents reself to be, and that she has continuously resided in this State since the Given under my official signature and seal, this the Aday of Post Official Seal | | The state of the s |
| I have been paid a pension as a resident of County, for the ear ending December 31, 1906, and now apply for the pension provided by law for the year ending ecember 31, 1907. Sworn to and subscribed before me is Al, day of Post Office. Latte of Georgia, Ordinary Ordinary Ordinary of said County, certify that I am well quainted with Mrs. A Swindley who made the above affidavit, and a satisfied that the facts therein stated are true, and I know she is the individual she represents reself to be, and that she has continuously resided in this State since the Given under my official signature and seal, this the Aday of Post Official Seal | | |
| I have been paid a pension as a resident of County, for the ear ending December 31, 1906, and now apply for the pension provided by law for the year ending ecember 31, 1907. Sworn to and subscribed before me is Al, day of Post Office. Latte of Georgia, Ordinary Ordinary Ordinary of said County, certify that I am well quainted with Mrs. A Swindley who made the above affidavit, and a satisfied that the facts therein stated are true, and I know she is the individual she represents reself to be, and that she has continuously resided in this State since the Given under my official signature and seal, this the Aday of Post Official Seal | the street account to | |
| Sworn to and subscribed before me is AJ day of 1907. ALWAY WMY Ordinary PostOffice In Charlest the facts therein stated are true, and I know she is the individual she represents reself to be, and that she has continuously resided in this State since the grown under my official signature and seal, this the Aday of 1907. Official Seal | ear ending December 31, 1906, and now | County, for the |
| tate of Georgia, Quanty Ordinary of said County, certify that I am well quainted with Mrs. A A dividley quainted with Mrs. A A dividley quainted that the facts therein stated are true, and I know she is the individual she represents reself to be, and that she has continuously resided in this State since the Given under my official signature and seal, this the A day of 1907. | | |
| quainted with Mrs. A Sundley who made the above affidavit, and a satisfied that the facts therein stated are true, and I know she is the individual she represents reself to be, and that she has continuously resided in this State since the ground of the satisfied and that she has continuously resided in this State since the ground of the satisfied of the satisfi | day of sy | 907. A & Lindley |
| quainted with Mrs. A Scientify that I am well quainted with Mrs. A Scientify that I am well a satisfied that the facts therein stated are true, and I know she is the individual she represents reself to be, and that she has continuously resided in this State since the god. Given under my official signature and seal, this the Aday of the property of the continuously resided in this State since the god. | Ording, Ording | ary Post Office |
| quainted with Mrs. And Jumbley, who made the above affidavit, and a satisfied that the facts therein stated are true, and I know she is the individual she represents reself to be, and that she has continuously resided in this State since the you for the Given under my official signature and seal, this the day of the facts of the graph of the facts of the facts of the facts of the since the graph of the facts of the fa | tate of Georgia, | 1. whichestry |
| satisfied that the facts therein stated are true, and I know she is the individual she represents resif to be, and that she has continuously resided in this State since the got 18. Given under my official signature and seal, this the J day of 1907. Official Seal | quainted with Mrs. A A Sin | / / |
| got and that she has continuously resided in this State since the got 18 given under my official signature and seal, this the 3 day of 1907. | satisfied that the facts therein stated a | |
| Given under my official signature and seal, this the J day of 1907. Official Seal | | |
| micial John Thy | y of18 | 13-12-12 |
| 24/ . (20 16 1 - 1 | Official) | 100 00 77 |
| | Seal) | Orginary of County. |

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| | 8. | 0 |
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Soldier's Application.

-UNDER ACT 1910.

Confederate

me. W. a W. Don

| | | | | *** |
|-------|--------------|------------------------|--------|-----------|
| APPLI | CATION FOR S | SOLDIER'S PENSION | UNDER | ACT 1910. |
| | Q uestio | ns for Applicants to A | nswer. | |
| STATE | OF GEORGIA, | | | |

| STATE OF GEORGIA, | |
|--|---|
| County. | |
| of said State and County, hereby applies | |
| for the pension provided by Met of 1910 to Confederate Soldiers and submits to | - |
| 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) | |
| 4 Am Donald Pander Springs lobb Courts | |
| 2. How long and since when have you been a continuous resident citizen of this State? | |
| all they life next 2 years being out of Shal in 1897 8/898 | |
| 3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State | |
| from 1861 to 1865? | |
| 4. When ann where, and in what Company and Regiment did you enlist? (Give the arm and class | |
| of Service) William / 1004. Co of the Mesence V. 1 - 0 | |
| 5. How long did you remain in the actual Military Service with said Company and Regiment? | |
| (Give date of discharge) Market 1861 - 6. When and where was your Company and Regiment surrendered or discharged from the Service? | |
| my to une gentlement at Sulam Ala april 2 1865 - Var Cel, Selman | |
| Were you actually present with your Command when it was surrendered or discharged? | |
| 8. If you were not actually present, state specifically and clearly where you were | |
| y voice of the state specifically and clearly where you were | |
| a. Where was your Command when you left it? | |
| , | |
| b. When did you leave the Command? | |
| c. For what cause did you leave? | |
| d. By whose authority did you leave? | |
| e. For how long was your leave granted? In what way? | |
| f. Why did you not return to your Green J. G. | |
| and you not return to your Command after leave expired? | |
| g. In what way were you prevented? | 1 |
| and you make so revail to the same of the | 7 |
| The state of the s | |
| 1. 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. 19082 (Make list by items and value.) | |
| 40 acres of Frank valued at \$ 80000 (hourlass and 200 | |
| 1/2 Int in one mule saline 5000 | |
| 1/2 Milal Part 1000 Tulel 8850 | |
| 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! Lele & nover of hand for 125- | |
| John Mis Illelli Illandin | |
| 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). | |
| (Make itemized list). | |
| Jame as Shill about | |
| | |
| 12. What annual or monthly income or earnings of yourself and wife and the source derived have | |
| your the the said wall on the said have | |
| 13. Are you drawing a pension of any amount from this State or the United States? | |
| 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was | |
| not allowed? | |
| | |
| System to and subscribed before me, this the | |
| Mayorthan 1912 | |

| Q UESTIONS FOR WITNESS AS TO SERVICE. | |
|--|----|
| STATE OF GEORGIA, Jackson County. | |
| as a witness in support of the application of A. W. Sonalder 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? EAM Mounald Commerce, Han Hay Package to Le How long and sincy when have you known W. A. W. | |
| 3. Where does he new reside, and stare when has he been a bona fide, continuing regident in this Nighte and house to you know? The first that August his gray to get the first that the f | × |
| War from 1861 to 1892 (five upon and place for for any \$60 and sometile for all you detain your information of this service? Information of the service? Information of the service? | 1 |
| 6. How long within your own personal knowledge did he perform notical military service with this Company and Regiment? (give date from fully to Arity Fruit!). April 2 When and where has his Command surrendered or discharged (see date and place) Obvicts Ups, 26 2/865 Nevr Albany II. | 11 |
| 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? Wo free was he and however his Command him there? Wo free was he and how the command that the command which we have the command when the command the command when the command the command the command when the command the com | 4 |
| Shen he left it? for what cause did he leave? By whose authority did he leave | |
| Wyon have stated to be true? If of your own knowledge (Tell clearly and specifically) White My white of Bonne Command and 13. In what way was he prevented from returning to his Command? low do you know? | 2 |
| 14. What effort did he make to return to his Command and how do you know? 15. Was applicant captured as a prisoner of the so, when and where? | |
| Sworn to and subscribed perfore me, the the | |
| of Ordinay, | |

1. 1912 Wellgrdinary Ja ke

J.AWills, Orlinory of said county do kereby certify that I know is are entitled to tellef and oredit, this the other, by of Arrille

AFFIDAVIT OF TWO FREEHOLDERS.

| | County. | _ | | | |
|-------|--|---------------|---------------|-----------------|--------------|
| Pe | ersonally before me comes. | Clarer | | | |
| | | | | | who o |
| nat | they are freeholders residing in said Co | ounty and we | know | | |
| oplie | cant for pension and we know the proper and of its cash value to wit: (Make Lis | ty that is no | w in the use, | possession and | control of l |
| a | ares of Land Value | t by items at | id value,) | | |
| 200 | Tomate Treate | 5000 | Janes | hoer go | mg 2 |
| Li | t in mak low | 15.00 | | | |
| 1. | What property if any has been all | , | | | |
| 15 | What property, if any, has been sold of State it fully by items.) | given awa | y by the app | licant or his w | ife since 4 |
| 4 | 12500 | | neo br | a la m | 10 m |
| 2. | When and to whom was it sold or give | on to? | | Eill . | Eller I |
| 3. | What was the price paid or stated to be | e paid? | 25.00 | A | |
| 4. | What relation is the party to applican | | | | |
| 5. | What disposition was made of the pro- | | | 411 | |
| 6. | Was the disposition of this property of | anda in accd | | · · · | u |
| it | | | taten and fu | Il Values? | |
| ow. | orn to and subscribed before me, this th | he | 9 2 | nies | |
| | A y of May 191. | 2 | 2 | 244 | 40 |
| | y un cause | Ordina. | , 6,d | Maye | 5 |
| | | | | | |

ORDINARY'S CERTIFICATE.

| STATE OF GEORGIA, | |
|---|-----|
| County | |
| I, Wa Garus Ordinary of said County, certify that I know | |
| Ordinary of said County, certify that I know | ow |
| the applicant resides and resides to be and resides | in |
| said County. That I also know the witness swearing to the country to the stress swearing to the country to the | ha |
| said county. That I said know the witness swearing to | ile |
| they are all residents of said County and were duly sworn by me before signing the foregoing affidavit as | nt |
| they are all truthful and true worthy and their statements are entitled to full faith and credit. That the | ıd |
| | |
| Tax Returns of shows that and w | fe |
| Tax Returns of shows that Act and we value for tax is in 1908 550.0 | |
| Sworn page my land and official seal of office this 15 - day of 1912 | |
| | |
| Ordinary, Or 1 | |
| of Count | v. |

NOTES 1. Before any questions are answered the Ordinary shall sweat applicant and all witnesses in the following words "You do colomnly sweat that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth is obley you don't.

Additional affidavits may be attached if blank spaces are insufficient.

Additional affidavits may be attached if blank spaces are insufficient.

If applications be made before the Ordinary and certified by him.

If applications are no property at all in his possession, use or control of self and wife, affidavite of freehelders unnecessary.

of County. M& Donald; W.A. 1961 Application for Pension, Due Deceased Soldier Under Act 1891. Mrs. aune Ma Donald Widow of It a W Donald of County Cobb Co. Reg't. Vols. APPROVED AND PAID. ...190 J. W. LINDSEY, Commissioner of Pensions

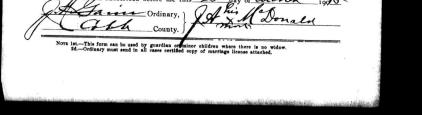
Application for Pension Due Deceased Soldier

UNDER ACT APPROVED OCTOBER 9, 1891.

| A |
|--|
| STATE OF GEORGIA. County. |
| Personally before me comes Mrs. aun Me Donald, of said county |
| after being duly sworn, on oath says that she is the widow of It a. Il Document |
| who was duly enrolled as a Peruice Pensioner from the count |
| of Cook and was paid a pension of Sixly |
| 1461 |
| H. a M. Doursed died in Colk Country or |
| the 3 - day of Mor. 1904, and at the time of his death a Pension |
| of Sixty Rollow was due him from Cott K county |
| and unpaid for 199 5. Applicant further swears that she married the said |
| M. a. M. Calacis led on the 10 day of april |
| 1957 in Coff county and State of Georgie 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 23 day of March 100 5 |
| M Dun Ordinary, |
| Pace County. Mis Curie M. Donaldo |
| AFFIDAVIT OF WITNESS. |
| GEORGIA, County. |
| P11 1 C |
| |
| noath says that he knew If it Manald while in life |
| nd that he knows Mrs. annie 11 Honald |
| he above applicant; that he knows that the said Ir a. Mc Bonald |
| nd Comme Commer were in due form of law married in the county |
| Tabh in the State of Ga on |
| day of April 1801, and that they resided |
| ogether as husband and wife from date of marriage to the day of his death on the |
| ay of Arrambic 1986; and I now know that she is his dependent widow. |
| Sworm to and subscribed before me this 23 day of March 1005 |
| Tame Ordinary, Of his flet |
| |
| 1 2 1 amala |
| Norz ist.—This form can be used by guardian orminor children where there is no widow. |

and unpaid for 190 5. Applicant further swears that she married the said D.a. McDaus en on the 10 day of april 1807 in _county and State of Georgie 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____ 23 day of March 1905. mis annie My Donalds County. AFFIDAVIT OF WITNESS. 0061 GEORGIA. County. Personally before me comes_ on wath says that he knew If u Manald Mrs. annie 11 Donald the above applicant; that he knows that the said Ir a McDonald and Christ & Bonald were in due form of law married in the county in the State of day of april 1802, and that they resided together as husband and wife from date of marriage to the day of his death on the day of Arrente 1986, and I now know that she is his dependent widow. Sworm to god subscribed before me this 23 day of Morok Ta con Ordinary, County. Norz 1st.—This form can be used by guardian of minor children where there is no widow. 2d.—Ordinary must send in all cases certified copy of marriage license attached.

Distly Rollars was due him from Coth



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

on the Holy State of Matrimony, according to the Constitution and Laws of this State and for so doing this shall be your License.

And you are hereby required to return this License to me, with your Certifi-

cate hereon of the fact and date of the Marriage.

Given under my hand and seal this africe

State of Georgia CERTIFICATE County of Cobb I CERTIFY that M. a. Mc Donala

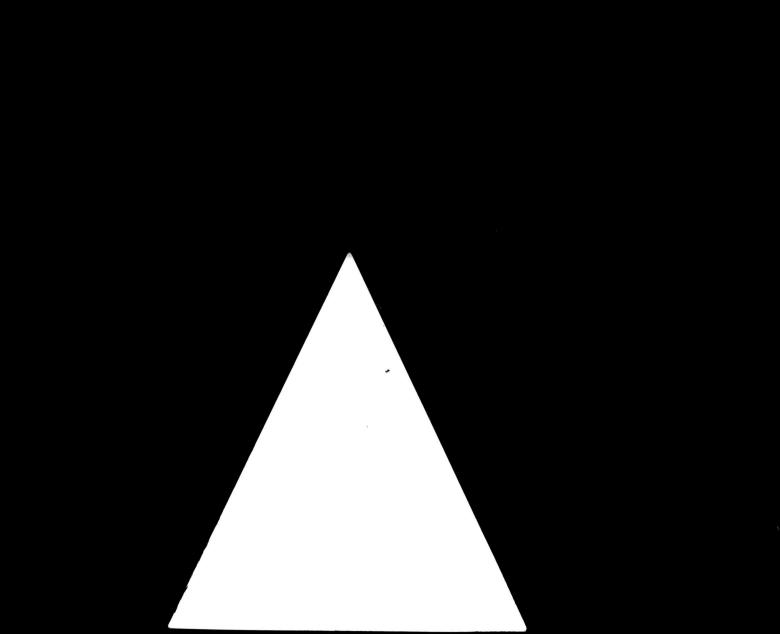
and annie Harper Nineteen Hundred were joined in Matrimony by me this 10

Recorded

191

ORDINARY





| | Me Donald, M. N. | anga saha sa sa sanaga. | | | |
|---------------------------------------|--|-------------------------|--|--|--------------------|
| | (For Those Already Enrolled.) No. COO INDIGENT Soldier's Pension. | | IN WITHERS WHEREO day of American in presence of Manufacture of Ma | STATE OF GEORGIA, Country of the Cou | |
| , , , , , , , , , , , , , , , , , , , | 1897. Name 7 76 M. Drado County 76 M. Drado 1897. | Ċ | S. WHEREOF, I have hereunto set my hand and seal, this amount of the seal of t | County. County. County. County. Of hereby authorize of the pension paid hereon and required by. | POWER OF ATTORNEY. |
| C. | RICHARD JOHNSON, Commissioner of Persons. WARRANT HANDED TO LECT. WAR | | id and seal, this | whereby authorize M. Em. of M. Conetta Gu. paid hereon and request that he remit same to by. M.M. | EΥ. |

me South, W. W.

Cash lannie

| STATE OF GEORGIA, County. 1. H. County. of Market 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 scal, this day of Any, 1897. Executed in presence of |
|--|
| to receive and receipt for the pension paid hereon and request that he remit same to Much 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. 1897. M. J. M. Jonasse. Executed in presence of |
| at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of. Executed in presence of |
| at IN WITNESS WHEREOF, I have hereunto set my hand and scal, this day of Any. 1897. Executed in presence of |
| IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1897. My Monday. Executed in presence of |
| IN WITNESS WHEREOF, I have hereunto set my hand and scal, this day of Any, 1897. Executed in presence of Executed in presence of |
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| 1897. |
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| GENT GENT GENT Pension GENT Pension Pension GENT GE |
| GENT GENT GENT Pension GENT Pension Pension GENT GE |
| See Aiready Enrolled. See Aiready Enrolled. Vision Digent See A. S |

In the County Judge's Court, Jefferson County, Florida IN PROBATE

STATE OF FLORIDA. SS. JEFFERSON COUNTY.

I. Thomas B. Bird, County Judge in and for the County of Jefferson, State of Florida, do hereby certify that the foregoing is a true and correct copy of Marriage License issued to

> Josiah Lewis, Jr. and Sallie W. Lamar and of Certificate of Marriage of the above named persons by E.L.T.Blake, Minister of the Gospel, - - - -

as the same now appears of record and on file in said Court

I further certify that the said County Judge's Court is a Court of record, with an official seal, and that the Judge of said Court is the custodian of the records and of the seal of said Court; that said Court has original jurisdiction of settlement of the estates of decedents and minors, to order the sale of real estate of decedents and minors, to take probate of wills, to grant Letters Testamentary and of Administration and Guardianship, and to discharge the duties usually pertaining to Courts of Probate; that said Court has no Clerk of Record but the duties usually performed by a Clerk of Record are performed by the Judge of said Court; that the signature below subscribed is the signature of the sole and presiding Judge of said Court; that the seal hereto affixed is the seal of said Court and that this attestation is in due form and by the proper officer according to the laws of the State of Florida.

In witness whereof, I have hereunto set my hand and the scal of the County Judge's Court, at Monticello,

Florida, this the 27th day of April A. D. 19.38.

County Judge, Jefferson County, Florida.

BUTTER THE TATAL STATES OF THE
MARRIAGE LICENSE

THE STATE OF FLORIDA WAR BELL

To any Person Authorized to Solemnize the Rites of Matrimony --- Greetings:

These

are to License and permit you

to join together in the

Holy Estate of Matrimonv and

Josiah Lewis, Jr.

Sallie W. Lamar

and make return to this office, as the law directs, to-wit, within ten days.

Given under my hand and seal of office, at Monticello Ithis 34th, day of

March of the United States of America A. D. XR 1875, and of the Independence

(SEAL)

M. J. Taylor, Clerk Circuit Court, By A.B. Grunwell, D.C.

STATE OF FLORIDA,) County of Jefferson

This is to Certify That I have joined together the above named parties in the Holy Bonds of Matrimony, in pursuance of the above License, this 35th lay of Narch E.L.T.Blake, Minister of the Gospel A D. IR 1875.

Entered March 25th.1875. M.J. Taylor, Clk. By A.B.GRUNWELL, D.C.

STATE DEPARTMENT OF PUBLIC WELFARE HURT BUILDING ATT.ANTA

Hon. Jas. J. Daniell. Ordinary, Cobb County, Marietta, Georgia.

WHEREAS :

MRS. SARAH L. LEWIS. WIDOW OFJOSIAH LEWIS.

has filed in this office an application for the Goorgia ponsion allowed to widows of Confederate votorans; and it appearing that the late husband of this applicant performed actual military sorvice as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to the year 1881, and that she was not remarried; it is, thoroforo.

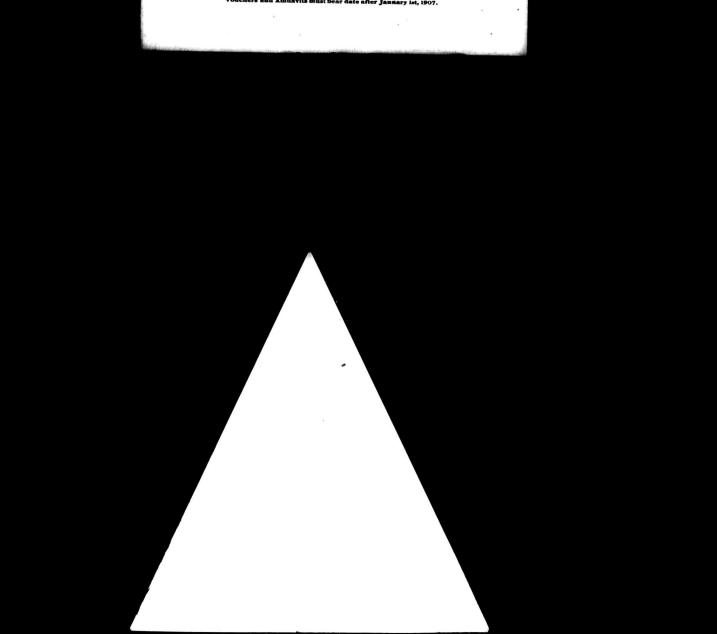
ORDERED:

That said applicant be admitted to the pension roll of the State of Goorgia for the month of September, 1938 , 2022, and thoroafter; and that a copy of this order be sent to the Ordinary of said County.

This, tho 16th day of September , MEXT, 1938.

L' Thos (Pas) Gillen

Director, Confederate Division State Department of Public Wolfaro.



For Applicants Heretofore Allowed Pensions.

| · · · · · · · · · · · · · · · · · · · |
|---|
| STATE OF GEORGIA, |
| County. |
| personally appears M. M. Donald Look |
| 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 continuesly ever since |
| the all day of Many 1835; that he is years old and |
| by occupation a former; that he enlisted in the military service of the Confed- |
| erate States (or of the State of Ma.) during the war between the States, |
| and served for the term of 3 (45 \$ 10 m in Company a, of the Regiment of |
| Ma., Wols. ; that his physical condition is as |
| follows: fry on account of wound |
| and by general disobility to |
| that to am unable to do work. |
| that his property consists of the following items |
| |
| Mone |
| 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 |
| hat 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 |
| s entitled for the year 1897. I have heretofore as a resident of |
| county been allowed a pension for the year 1896. My 1/hi mas |
| Sworn to and subscribed before mer this, the |
| day of thing 1897. S |
| All Soul Ordinary. |
| STATE OF GEORGIA. |
| Tout County. |
| Tooling. |
| I, Ordinary of said County, |
| do certify that I am well acquainted with 11 0 M. Wonslo the |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him |
| n his said affidavit are true, and I know he is the individual he represents himself to be |
| and that he resides in this County. |
| Given under my official signature and seal, this |
| day of. 1897. |
| Ant Sum. |
| |
| Ordinary 2 Test County |

Note-The blanks spaces must be filled.



Application for Pension

(UNDER ACT 1919) expenses of last illness and funeral) Ordinary

Due Deceased Pensioner

15 792 8 Amount \$/00

Approved and ordered paid of Lecember 26, JOHN W. CLARK. Commissioner of Pensions.

Ordinary: Fill out above in full and send Ordinary: Fill out above in full and send this blank to Pension Department for approval. Do not pay out the money until the approved blank is in your hands giving you authority to do so. Send back to the Pension Department with your receipted payrolls to be purmanently filed with them. Do not keep this application in your office. STATEMENT

November 15.

Powder Springs,

M W.H.MoDonald Fstate.

Day Phone 400

-Marietta-Ga.,

ACCOUNT RENDERED BALANCE ACCT.

To Casket.

Suit.

Heerse Hire,

County.

Powder Springe, Ga. T.H. Lindley. IN ACCOUNT WITH CUNDERTARING CO. The

FUNERAL DIRECTORS---AMBULANCE SERVICE 108 Winters Street Night Phones 49-W and 257

> 80 00 I5 00 Fmbelming. I5 00

> > 10 00 120 OO

Les Allowance. 20 00 \$100 00 The above and foregoing account

192_8.

bill. Under taker . Sworn to and subscribed before me, this 22, day of December 1928.

is rendered for Funeral services of W.H.McDonald, who died without owning sufficient property to pay this

Minery, Cobb County, Ga,

eck for One Hundred Opeld, decessed

Criinery, 30'b 30.r Numeral enterses obill.

e smount fo per sttach (,1929.

Dollars, being a Pensioner, as pe

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)

| | County. |
|--|--|
| Personally before me, the Ordinary of | said County, comes a. F. mc. Jose e |
| ways that he knew T. N. M. C. N. Was on the Pension Roll of said County at County, in this State, on the | of said County, who, after being sworn, on oath of said County, and that said Pensioner the time of death, which occurred in 1928, and no estate of any value sufficient to pay these funeral state. |
| Sworn to and subscribed before me, Ordinar Count (Seal of Ordinary) | a Fine D mald |
| | The second secon |

CERTIFICATE OF ORDINARY

| GEORGIA, County. |
|--|
| County. I Ordinary of said County, do certify that I personally know Q. 7 777 Chorace at , who is a resident |
| that I personally know a. 7 777 Chorace a who is a rapidont |
| citizen of said County, and that said person is of truthful and the |
| faith and credit: that I also know IT N MICI DOLL as & |
| the same person whose name appears at the property of the same person whose name appears at the property of the same person whose name appears at the property of the same person whose name appears at the property of the same person whose name appears at the property of the same person whose name appears at the property of the same person whose name appears at the property of the same person whose name appears at the property of the same person whose name at the person was at the person whose name at the person was at the person whose name at th |
| was paid a Pension of |
| 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 at- |
| tached hereto. |

Given under my hand and official seal, this

(Seal of Ordinary)

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 aworn 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 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.

STATEMENT Powder Springs. -Marietta, Ga., November 15. M W.H.McDonald .Estate. Powder Springe, Ga. IN ACCOUNT WITH T.N. Lindley. BEACK UNDERTARING CO. Tac. FUNERAL DIRECTORS---AMBULANCE SERVICE Day Phone 400 108 Winters Street Night Phones 49-W and 257

| ACCOUNT RENDERED | | 1 |
|------------------|----------|---|
| BALANCE ACCT. | | 1 |
| To Casket, | 80 08 | |
| Suit, | 15 00 | |
| Fmbelming, | 15 00 |) |
| Hearse Hire, | 10 00 | |
| | 120 00 | 5 |
| Les Allowance, | 20 00 | |
| | \$100 00 | |

The above and foregoing account is rendered for Funeral services of W.H.McDonald, who died without

owning sufficient property to pay this bill.

Sworn to and subscribed before me, this 22, day of December 1928.

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.

he was procent with command at surrender as he states it. The witness' sub-Applicant must show some testimony that 45 Confederate Soldier's Application. UNDER ACT 1910. mitted knows nothing of this latter service. Pension office 10/21/1910

Pension office 10/21/1910 Applicant must show seme testimony that 45he was present with command at surrender as he states it. The witness submitted knows nothing of this latter service.

J.W. Lindsey. Com. Of Pens.

Confederate
Soldier's Application
UNDER ACT 1910.

Company
Com

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910. Ouestions for Applicants to Answer. STATE OF GEORGIA. 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: W. H. Honald Towder Shries & How long and since when have you been a continuous resident citizen of this State? All They life ever Since July 31-184 3. Did you enlist in the Army of the Confederate State on of the Organized Militin of this State army of the Confederale States of Service) how 1862 allowing & 6 6 .63 5. How long did you popula in the actual Military Service with said Company and Highwort & Cive date of discharge Method Lifty 28 1865 - Out Yugunum become So Small When and where was your Company and Regiment surrendered or discharged from the Service? Will 2 1865 Franstorough the 7. Were you actually present with your Command when it was surrendered or discharged? 8. If you were not natually present, state specifically and clearly where you were I was three and and pay socler at that the Here was your Command when you left it? We were distant the army Surre orderes b. When did you leave the Command? I Kensel let c. For what cause did you leave? answered allow have helt the morning d. By whose authority did you leave? We have to a orlle & e. For how long was your leave granted? In what way? 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? If so, when, and where? In what prison were you held and when were you released? Kever was Captuned 9. What property of every discription was owned, in the use, possession and control of yourself and wife, and its cash value on the Wov. 1908? (Make list by items and value.) ... force value \$ 200,00 Vagons Pour 25-00 Homehold Grand 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? Myne ii. What property of any discription of any kind, and of any value now owned and in the use,

12. What annual or monthly income or carning of yourself and yile and the source derived have you?

13. Are you drawing a pension of any amount from this State or the United States? 11.

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?

Sworn to and subscribed before me, this the

Ordinary,

Ordinary,

Ordinary,

2 Make itemized list).

| O UESTIONS FOR V | WITNESS AS TO SERVICE. |
|---|--|
| STATE OF GEORGIA, | |
| County. | |
| J. H level | W. M. Mand State and County is hereby presented |
| as a witness in support of the application of by the Act of 1910, in said State, and after bei | ing sworn true answers to make to the questions propounded, |
| answers as follows: | 04/1 41 |
| 1. What is your name and where do y | |
| 2. How long and since when have you | known the applicant? |
| 3. Where does he now reside, and since | e when has he been a bonafide continuing resident in this |
| State and how do you know? | and a second sec |
| 4. When, where and in what Company a | and Borimont did |
| When, where and in what Company a war from 1861 to 1865? (Give date and place). | 63 Sa Co la Nov 1862 actanta Sec |
| How did you obtain your information | on of this Service? |
| 6. How long within your own persona | l knowledge did he perform actual military service with |
| this Company and Regiment? (give date) | ment provious to somuda 1865 |
| 7. When and where was his Command | surrentiered or discharged (give date any place) |
| 8. Were you personally present at the S | |
| 9. If not, where were you and how came | you there? home on Joneough |
| 10. Was the applicant personally present | 1011 f ## |
| 11. If not where was he and how came hir | t with his Command at surrender? I left have with their |
| | 1 |
| 12. When did he leave his Command? when he left it? Nevry Reff | for what cause did he leave? For yor as Know |
| By whose authority did he leav | |
| long was he granted leave? | How do you know |
| all that you have stated to be true? If of your ov | wn knowledge (Tell clearly and specifically) |
| 13. In what way was he prevented from re | eturning to his Compand? Plate their |
| How do you know? | |
| What effort did he make to return to h | 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 t | 1 1 |
| 10 day of avertino | The graph Comme |
| will wright | Ordinary. |
| ما or | County. |
| AFFIDAVIT OF | TWO FREEHOLDERS. |
| STATE OF GEORGIA. | |
| County | -7. |
| Personally before me comes | T. Mulling who on oath |
| says that they are free holders residing in said Co | ounty and we know Hot M Would |
| | ty that is now in the use, possession and control of himself t by items and value) |
| 2 Argues Value 2000 | Yoyan Thayan 500 24 8 |
| 2 None 25 | Horning John 26 Jele 460 |
| 1. What property, if any, has been sold of | or given away by the applicant or his wife since 4 Nov. |

When and to whom was it sold or given to?.. What was the price paid or stated to be paid? What relation is the party to applicant? Hure What disposition was made of the proceeds of the sale? 0. Was the disposition of this property made in good faith and full values? Here or was it made to obtain a pension? Sworn to and subscribed before me, this the Dy Miller D. Bullord ORDINARY'S CERTIFICATE. Ordinary of said County, certify that I know Pension is the person he represents himself to be and resides in they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all residents of and country and were they are all truthful and truthful and truthful and truthful and truthful and prife they are all truthful and truthful and prife value for tax is in 1908 \$3.5.5. for 1909 \$41.5. for 1910 \$4.000. Sworn under my hand and official seal of office this. NOTES 1. Refore any questions are answered the Ordinary shall swear applicant and all witnesses in the following words:
You do solumnly swear that you will true answers make to each question asked you and the evidence you
Additional afflactive may be attached if bains space are insufficient.

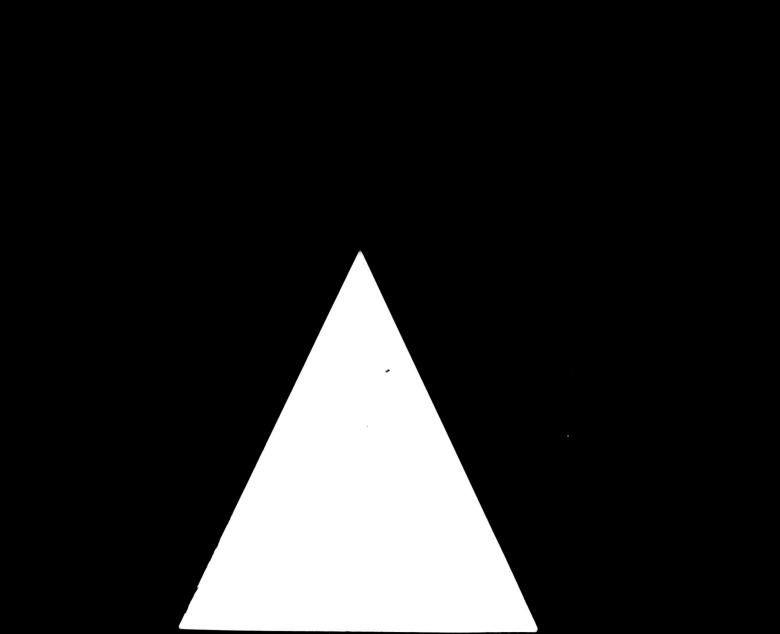
All afflactis must be made before the Ordinary and certified by him.
If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders

BAD COPYNGGORGELIGHT PRINT

GREENSBORD', NORTH CAROLINA,

In account of the terms of the M. tary Convention, entered into on to twenty sixth day of Arc., 1800, the word of oral Joseph E. Jonestov, Commanding the Conventure Arc., and Manurer cons. W. T. Sociative, Commanding the United States Army in North Conventure, the given I seem to give mode to take a product the Government of the States must properly to be defound to take a product the forecasting the United States Army in North Conventure.

It is be disturbed by the constant states authorities and the to return to the conventure of the disturbed by the constant of the conventure of



STATE OF GEORGIA POWER 湖水, OF ATTORNEY. Ground 1895. RICHARD JOHNSON, Secretary Executive Department. WARRANT HANDED TO

Widow's Pension UNDER ACT 1910. County Cold J. W. LINDSEY,

ORDINARY'S CERTIFICATE.

| STATE O | F OFORCIA, | ì | | |
|------------------|----------------------------|--------------------------|--|---------|
| | Janua C | County. | | |
| \mathbf{I}_i | and | Hora Ordinary i | in and for said County, hereby certification | fy_that |
| the applicant | 7.6.9.1 | MeDougal | resides in said County, and was a | i bona |
| fide resident of | this State on the first da | ay of January, 1894, and | Witnesses, vix: | |

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 some were signed, Cloble County show that applicant

I further certify that the tax digests of

1) othing

returned for taxation in his name in 18937

Hothing adolar of property.

Witness my hand and seal of office, this

County.

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

Teorgia, 3 andinonys affice of said County of Biorgon to. 3 S. T. B. Baldwine Centinony of Soid coming and state do himmy certify the C, Ir Baldwin, the witness is of trust northy chometer and that his stallments are entitled to full frith and endil - Siven under my hand and The size of this went this the 245 don of augh, 18 Breawing andinony morgon Cury

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA, County.

Personally came before meg Justille ch H WKunyaw , both known to me as reputable physicians

of said county, who being severally sworn, say on oath that they have examined carefully for their

C.P. Incornal , applicant for pension under the Act of 1894, and after

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

cope a ... would iterry week and inches . ofw Eyes trave railed while we can according weed it assime a rain labor. He has an ald stouble Lugar deal income that have some in days That The court controll I with way increhat in her hunnile it pines , This suptime wione senders time procetion ely smaller is its any work at his occupation no a car wenter, or on a ferm as he have buneryinger do for the cast new mans, kinde in har har in pu the it rollies have trade deside the trouble afore huntioned his her dougal ice we lighty ocasrom a count ax its weight concern which !cancel alsofly as the increwe, and awachinese and the some which is alexanded on one seine ingles justy set the weeth this was hereald by well reme a terree, and tear some her front a line de peccely in had wrethen when it courses time is limp -4 simo a great chal of pain. The trature of the " you mentioned require a ce such as is under wifele can't We further say on outh that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension

2) Dilice Clock lud. & alb. Runyou M. S.

STATE OF GEORGIA. County.

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

Witness my band and seal This

Executed in presence of

10. What is the applicant's occupation and physical condition " I have hart Sense. much of line of lot, but When I sow him lost in served to be in hurhealth sout able to do offer on much humand

11. Is the applicant unable to support himself by labor of any sort, if so, why? 2. Think africant is much to Support himself, because of this age of mund for heatte

12. How was he supported during the years 1893 and 1894? I do swot Kurry

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

2 know mil-

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? I have Surely access Know about his physical Condition of World Say that his age o from health which is appoint from a look ax him, would entith him is a fewerin

15. What interest have you in the recovery of a pension by this applicant? I have home Sworn to an I subscribed before me, this Chas 4 Facturein the 24 day or aught 1898) Armen applie a & Cook Thomas B, Bleaum Olegnin Enfa andinory morgoniles, Sa

Morgan County.

To see the Act approved December 15th, 1844, 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? Chat HBall livin & & Cericle at Madison Ba

2. Are you acquainted with J.E. P. M. Dongal , the applicant, if so how long have you known him? I am . L 2 . Le Te Tiller Line

3. Where does he reside, and how long has he been a resident of this State? He fairful

in him Sinh transfer Persisted sun Sine & Turnet.
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you

any this? I more that in Service in Graphalathe arying, became between in the Company of which

5. When where and in what company and regiment did be epilist? I am hat seem that they have the theory the the theory the theory the the theory the the theory the the theory the theory the theory the theory the theory the theory the the theory the the theory t

6. Were you a member of the same company and regiment 2 2

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? I the form the form to be service? I then the form the service?

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

9. 12 wor northing I his treats but
always crickered line is in it was poor.

Mean

9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? I do that there

QUESTIONS FOR APPLICANT.

| STATE OF GEORGIA, |
|---|
| County. |
| (ED med |
| O O Mil Dorigal 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. C. M. Dougal - austile Colf Coffa |
| Where did you reside on January 1st, 1894, and how long have you been a resident of this State? |
| all my life - resident of this State |
| 3. When and where were you born? Hely 1st 1833 - In Ellet Coly |
| 4. Did you volunteer in the Confederate Army or in the Georgia Millia? Confederate Army or in the Georgia |
| 5. When and where did you enlist? May 1862 - In Madison Ga |
| 6. In what company and regiment did you enlist? Co V. Cobbo Legion |
| 7. How long did you remain in that company and regiment? File Close of the |
| 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? & Remained in that |
| Company and Lagion till Surrender |
| 9. For how long a period did you discharge regular military duty? Hear there Ele. |
| 10. When, where and under what circumstances were you discharged from service? |
| at the Dunenal |
| 1 |
| 11. What is your present occupation? Tarming |
| 12. How much can you earn per annum by your own exertion or labor? |
| That in the state of the state |
| inon man go o. per year. |

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? It will require probably \$100. For year to support the I have I have the work of more and can not do to be a forced any foother.

| 20. In what County did you reside during those years and what property did you then return for taxatlor of the conforty. | 17 |
|--|-------|
| Smoferty | - |
| 21. How were you supported during the years 189 and 1897. By My Down | |
| | |
| 22. How much did your support cost for each of those years, and what portion did you contribute theret | to |
| \$100. Der Asor - nothing but Garden and Jotal | -, |
| 23. What was your employment during 1896 and 1897. What pay did you receive in each year of dish forme Garden & Joseph Work Obrut home The pay | ; |
| | |
| Are you married and have you a family " If so, is your wife living and how many children have you live goe and sex of oxideren and their means of support? If so, a living them Children the is line. Son 35 yrs of age - Son 20 yrs aled A daughter 24 yrs aled | ? |
| 25. Argyon receiving a pension under any law of this State, if so what amount and for what disability? Home at all 6. Are you receiving any aid from your County, and if so, how much? Did you ever apply for such aid: | |
| No aid from any source | |
| | |
| | |
| Sugara to and subsequibed before me this the | |

Applicant.

| 15. What's your present physical condition and how long have you been in such condition? |
|---|
| or was founded during the |
| war - fare lost syng helasth |
| and have not been able to |
| bout you years |
| |
| |
| |
| * * * * * * * * * * * * * * * * * * * |
| • |
| O contraction of the contract |
| 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? ou acoust |
| of loss of health and infrint and power. 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? |
| am physically disabled to |
| do any work - have no freshety |
| nor theom |
| |
| |
| |

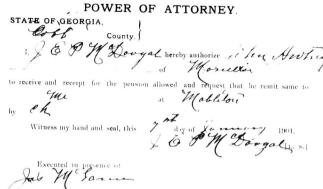
18. What property, effects as Income do you possess ?

19. What property, effects or income did you possess in 189 and in 1897 and what disposition, if any did you make of salter to the work of the salter to the

Mar. . .

| I, J. | 6. P. U.S. to | ounty.} Dougal ice of I pension allowed, a | Marie | tta, | |
|---|-------------------------------|--|---------------|---|------------------|
| by Luc | | , this 3rd day | or The | bruar | 1900, |
| Execute | red in presence of Nauceby | - 11 8 | gla blesser | eg. C | [L. S. |
| 1 1 | • | 1 × | Q | 1 | . 11 |
| CODE SEC. 1284. These Aiready Enrolled.) NO. 43-4 | indigent IER'S PENSION | 6. M. Louge | ARRANT ISSUED | HN. W. LINDSEY, Commissioner of Pension | ARRAYT HANDED TO |

POWER OF ATTORNEY.





For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA. |
|---|
| County. |
| 08 20, 90 |
| Personally appears J. O. V. M. Lougal of 1000 County, State of Georgia, who being duly sworn, ways 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 / st day of Thebruary 1833; that he is 67 years old and |
| by occupation a Jacob : that he enlisted in the military service of the Confed- |
| |
| |
| Robby Legion Sa, Poly; ; that his physical condition is t. |
| follows: Our account of age, infirmity |
| and froverty he is muchle to |
| sufficit himself |
| that his property consists of the following items |
| Nothing |
| <i>F</i> |
| of the value of Dollars, that by reason of his physical |
| condition and poverty he is unable to support himself by his own exertion or labor, and |
| that he receives no pension but the one herein applied for. |
| Deponent desires to participate in the benefits of the Act, approved December 15th, |
| 1894, and the Acts amendatory thereof, and makes application for the pension to which he |
| is entitled for the year 1900 thave heretofore as a resident of Cobb county been an action to the year 1899 |
| |
| 3 rd hay of thebruary 1900 A & y Mish cigal |
| Ordinary. Made the |
| State of Georgia, |
| County. |
| I. J. W. Staul Ordinary of said County, |
| do certify that I am well acquainted with J. E. P. M. Dougal the |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him |
| in his said affidavit are true, and I know 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 February 1900/ |
| Amer Stone |
| and Challe |
| Note.—The blank spaces must be filled. |

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, |
|--|
| Coff County) |
| Dersonally appears 1 & PM Dogg Colf |
| County, State of Georgia, who being duly aworn, says on oath that he is a bong tide citizen |
| and resident of said County and State, and has resided in said State continuously ever |
| since the / day of thet 1893; that he is 67 years old and |
| by occupation a former that he enlisted in the military service of the Con- |
| federate States (or of the State of |
| States and served for the term of the form in Company of the Regiment of Cookin Legione See Yols; that his physical condition is as |
| follows: On do sount of Age Infinity and powerty |
| he is much to support hemself |
| |
| that his property consists of the following items hothing |
| of the value of Dollars, that by reason of his physical |
| condition and poverty he is anable 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 Colf |
| county been allowed a pension for the year 1900 |
| Sworn to and subscribed before me, this the day of landay 1901. |
| - John Awlry Ordinary. |
| STATE OF GEORGIA, |
| County. |
| 1, Ithu Anthry Ordinary of said County. |
| do certify that I am well acquinted with & PMD and the |
| applicant in the foregoing affidavit, and m well satisfied that the statements made by him |
| in his said affidavit are true, and I know 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 1911. |
| The Awhy |
| Comment of the Commen |

Note —The blank spaces must be filled.

Note —Affidavit should not be attested before January 1st, 1991

| STATE OF GEORGIA, |
|---|
| Sougal hereby authorize |
| to reserve and receipt to: the pension allowed and request that he remit same to at . |
| Witness my hand and seal, this 9 day of for 1902. 19 EM Lougus |
| Historial in presence of |
| |

POWER OF ATTORNEY.

| STATE OF | | } | | | |
|--|------------------------|-----------------|----------------|-----------------------|---------------------|
| | Cou | inty.∫ | | | |
| I, | | hereby | authorize | | 100 100 100 100 100 |
| | | of | | | |
| to receive an | d receipt for the pen- | sion allowed as | nd reques | t that he re | emit same |
| | | at | | | |
| by | | | | | |
| Witness n | y hand and seal, this | _day o | of | | .1903. |
| | | AE | :1) | Meda | ugals |
| Executed | in presence of | 7 | | | / |
| Name of the last | | | | | |
| | | | | | |
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| | | X | .2 | | |
| <u> </u> | Z | E E | 2 | 1 303. | 1 1 |
| (FOR THOSE ALREADY ENROLLED. No. 4 8/ | | 30 3 | . * | Penario | |
| OW N | | 3, 3 | ² 0 | LINDSEY, | 5 |
| X E | | 6 1 | ISSUED | DSI | DED |
| CODE SECTION 1284 ISE ALREADY E | S PI | Regiment | | 5 3 OHN W. LINDSEN | WARRANT HANDED TO |
| ALRI 4 | | 8 7 3 a | WARRANT | \u0111 | F |
| SE | | 6.64 | ARR | HN | R. C. |
| No. No. | | 32 A T | ≥ | 2 | WAE |
| 8 | | uty. | | | |
| <u> </u> | . 2 | Name Corni | | i | |

SOLDIER'S PENSION 1902.

INDIGENT

(FOR THOSE ALREADY ENROLLED.

1902.

WARRANT ISSUED

JOHN W. LINDSEY,

Name Count

D. 3. 6

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, |
|--|
| Personally appears & PM Dongal of Osh |
| County, State of Geoogia, who being duly sworn, says on oath that he is a bona fide citizen |
| and resident of said County and State, and has resided in said State continuously ever |
| since the At day of Florary 1853; that he is 69 years old and |
| by occupation a Karmus hat he culisted in the military service of the Con- |
| federate States (or of the State of) during the way between the |
| States, and served for the term of the years in Company of the states |
| follows: In Jeou untol age missed deed |
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| porcely he is misble to duffirst thinash |
| |
| that his property consists of the following items |
| V/ Y Miry |
| A Market record of the Control of th |
| 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 mision to which he |
| is entitled for the year 1902. I have heretofore as a resident of |
| county been allowed a pension for the year 190/ of EN MC Sought |
| Sworn to and subscribed before me, this the |
| 9 aday of 1902 1902 |
| They Swhen Ordinary. |
| Controlly. |
| STATE OF GEORGIA, |
| County |
| I Dhu Www County, Ordinary of said County, |
| do certify that I am well acquainted for IEM Wir Sorgal |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made by |
| him in his said affidavít are true, and I know he is the individual he represents himself to |
| be and that he resides in this County. |
| Given under my official signature and seal, this |
| day of January 1902. |
| John Westery |
| Ordinary Oh County. |
| Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January 1st, 1902 |
| annual just, inte |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| | - | | | | |
|---|---|---------------|--------------------------------------|---|--|
| STATE C | F GEORG | IA, | | | |
| Ook | | County. | | | |
| Donosmalla | V P | DIM | 200 | 0 1 | 111 |
| Personally a | | a dulu | xvy | el of b | oda |
| and resident of s | Georgia, who, being aid County and S | g duly sworn | , says on oa | th that he is a b | ona fide citizen |
| since the | day of The | Late, and has | 18 3 3 | said State con | years old and |
| by occupation a | / | that he | | | years old and vice of the Con. |
| | or of the State of | , that he | curisted in i | | |
| | d for the term of | 4 900 | in Comp | of A | ar between the |
| of Ka. Z | ulo | | | at hipphysical | |
| follows : In | acet as | ath | mint | | mark |
| & suppo | Marina | 1/4 | | | Annual Control of Cont |
| | | | | | |
| that his property | consists of the foll | lowing items | | | |
| - | Noth | 8 | | • | |
| | | 7 | | | |
| of the value of | Zeroman money | | Dollars, t | hat by reason o | of his physical |
| condition and po- | verty he is unable | to support hi | mself by hi | s own exertion | or labor, and |
| that he receives u | o pension but the | one herein ap | plied for. | | |
| Deponent de | sires to participate | in the bene | fits of the A | ct, approved D | ecember 15th, - |
| | s amendatory there | | | | |
| | year 1903. I hav | | | it of Oo | |
| county been allow | ed a pension for th | he year 1/2 | 2 | | |
| | subscribed before n | | (() | 20001 | |
| day | of | 1903. | 201 5 | | |
| | - | , | 124 6 | 90/110 | Dougne |
| | | , | CLY Condinary. | | Dougn (|
| STATE | GEORGIA | | CLY C | | Douga (|
| STATE OF | 1 | | CY C | | Dougn (|
| STATE OF | 1 | , | LY C | | |
| I, Silve do certify that I a | Au The | County. | モアル | Ordinary of | said County, |
| I, Julia do certify that I a the applicant in the | Au Hu R um well acquainted ne foregoing affidav | County. | FP H | Ordinary of | said County, |
| I, July do certify that I a the applicant in the him in his said affi | well acquainted are foregoing affidav idavit are true, and | County. | FP H | Ordinary of | said County, |
| I, Julia do certify that I a the applicant in the | well acquainted are foregoing affidav idavit are true, and ides in this County | County. | PH ell satisfied s the individ | Ordinary of The states that the states dual he represe | said County, |
| I, July do certify that I a the applicant in the him in his said affi | when well acquainted are foregoing affidavidavit are true, and ides in this County | County. | PH ell satisfied s the individ | Ordinary of The states that the states dual he represe | said County, |
| I, July do certify that I a the applicant in the him in his said affi | well acquainted are foregoing affidav idavit are true, and ides in this County | County. | PH ell satisfied s the individ | Ordinary of The states that the states dual he represe | said County, |
| I, July do certify that I a the applicant in the him in his said affi | when well acquainted are foregoing affidavidavit are true, and ides in this County | County. | PH ell satisfied s the individ | Ordinary of The states that the states dual he represe | said County, |

Nork.-The blank spaces must be filled. Nork.-Affidavit should not be attested before January 1st, 1963.

| STATE OF GEORGIA, | |
|--|---------|
| COUNTY. | |
| STATE OF GEORGIA, County. County. County. | |
| _of | |
| to receive and receipt for the pension allowed and request that he remit | same to |
| at | -1144 |
| by. | |
| Witness my hand and seal, this day of the | _1904. |
| Witness my hand and seal, this day of the March | [L. s.] |
| Executed in presence of | |
| Licarm | |
| | |

Name - C. William

Regimen .

County

1904.

1904.

141

WARRANT ISSUED

JOHN W. LINDSEY.

WARRANT HANDED TO

POWER OF ATTORNEY.

| STATE OF GEORGIA, COUNTY. | , , |
|--|------------------|
| 0 6 Q 41, a/1 | hereby authorize |
| to receive and receipt for the pension allowed, and request that | he remit same to |
| by | |
| WITNESS my hand and seal, this day of the seal | Journal . |
| Executed in the presence of | 7(2.5.) |
| | |

SOLDIER'S PENSION

INDIGENT

1905.

Name 🗡

Country

(FOR THOSE ALREADY ENROLLED.)

No. 7 84.

Mc Dougal

SOLDIER'S PENSION (FOR THOSE ALREADY ENROLLED.) MEDougal J.E.C. INDIGENT 100

m data

no date

WARRANT BANDED TO

JOHN W. LINDSEY,

WARRANT ISSUED

32 NYC

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, |
|---|
| Personally appears 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 over |
| |
| Personally appears of Colored of Colored |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen |
| and resident of said country and plate, and has resided in said blace continuously ever |
| since the day of 1835; that he is 2 years old and |
| by occupation a control that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war between the |
| States, and served for the term of in Company C, of Lah Regimen. |
| follows: |
| follows: vis al de |
| My Down to Jan Jan Janach it - |
| Copper Time co |
| that his property consists of the following items: |
| - Of lines |
| |
| of the value of Dollars, that by reason of his physical |
| condition and poverty he is unable to support himself by his own exertion or labor, and |
| that he receives no pension but the one herein applied for. |
| Deponent desires to participate in the benefits of the Act, approved December 15th, |
| 1894, and the Acts amendatory thereof, and makes application for the pension to which he |
| is entitled for the year 1904. I have heretofore as a resident of |
| County been allowed a pension for the year 1. |
| Sworn to and subscribed before me, this the |
| day of 1904. |
| Ordinary. |
| |
| STATE OF GEORGIA, \ |
| o o C 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 2004. |
| (AMI) |
| (Seal here.) Ordinary County. |
| Nors.—The blank spaces must be filled. |
| Nora.—Affidavis should not be attested before January 1st, 1904. |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, |
|--|
| County. |
| 0 (41 7 . 0) |
| Personally appears & C. J. M. Dougal of Obli |
| 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 1833; that he is 71 years old and |
| by occupation a Harrier, that he culisted in the military service of the Con- |
| federate States (or of the State of) during the war between the States, and served for the term of 4 4 are in Company 5 , of a three ginear trans- |
| States and served for the term of 4 years in Company 2, of Thregiment a |
| of that his physical condition is as |
| follows: aga Infirmal, and povery |
| |
| |
| 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 ellewed a panelin for the year 1904 |
| Sworn to and subsgribed before me, this the |
| day of Jana 1905. |
| John Antrey Ordinary. |
| Julian, Sidning. |
| STATE OF GEORGIA, (|
| County, |
| 1, Ordinary of said County, |
| do certify that I am well acquainted with & D. M. Dongal |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made |
| by him in his said affidavit are true, and I know 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 21806 |

Nors.- The blank spaces must be filled.

County.

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

Widow's Pension

UNDER ACT 1910.

Widow of H Ludly

Widow of H Ludly

Widow of H Ludly

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

| STATE OF GEORGIA, | |
|--|---------------------------------------|
| | |
| County. | • |
| The de Garden | |
| Personally before me comes MA AL Comments of said State | and County |
| and after being duly sworn, on oath says that she desires to apply for a pension allowed up | nder the Act |
| of | |
| lowing questions to wit: | es to the lot- |
| 1. What is your name, and where do you reside MM A ST | // |
| | 24 |
| 2. How long and since when have you been a continuing resident in the State of Ge | orgia? > |
| all my life | 4 |
| 3. When, where and to whom were you married will 15- 1869 Colo E | Ja N |
| 4. When, where and in what Company and Regiment did your husband enlist as a sole | dian in Con |
| federate Army or Georgia Militia? (State the arms and class Service.) | aiei in Con- |
| Powder Shaw The Co in Co & 7 Ta General & | |
| | forly |
| 5. When and where did the Commands of your husband surrender of discharge from | nAhe army? |
| apena 1 1000, who many va. | |
| 6. Was your husband personally present at the time of the susrender or discharge of this | s Command? |
| MI (NOS | A |
| 7. If he was not present state clearly where he was 7 | / |
| 8. Where was his Command when he left? | .7. |
| /=0 | , A |
| a. For what cause did he leave his command? | · · · · · · · · · · · · · · · · · · · |
| b. By whose authority did he leave his Command? | 23 |
| c. For how long was he granted leave of absence? | 1,2 |
| 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? | 4 |
| h. Was he captured by the enemy at any time? | li |
| i. If so, when and where captured and where held as a prisoner, and when and for wh | nat cause re- |
| leased? | |
| | · · · · · · · · · · · · · · · · · · · |
| J. When and where did your husband die? Lata Commy, July | 1892 8 |
| k. Were you residing together when he died? | 1 |
| | |
| 1. If not, how long had you resided apart? | 7, |
| 1. If not, how long had you resided apart? | |
| 9. What property of any description did you own, hold or control for your and its | cash value |
| 1. If not, how long had you resided spart? 9. What property of any description did you own, hold or control for younguse and its Nov. 4, 1998. (Sinte spare by jeems.) | cash value |
| 1. If not, how long had you resided spart? 9. What property of any description did you own, hold or control for your me and its Nov. 4, 1908. (State same by teems.) At the control of your me and its Nov. 4, 1908. (State same by teems.) | cash value |
| 1. If not, how long had you resided spart? 9. What property of any description did you own, hold or control for you me and its Nov. 4, 1908. (Sinte spare by citems.) At A and I will be the first form of the fi | cash value |
| 1. If not, how long had you resided spart? 9. What property of any description did you own, hold or control for your use and its Nov. 4, 1908. (State again by gleenas). At Acting of which the first found is 10 that for 1/00000 that the formal of the for | cash value |
| 1. If not, how long had you resided spart? 9. What property of any description did you own, hold or control for your use and its Nov. 4, 1908. (State again by gleenas). At Acting of which the first found is 10 that for 1/00000 that the formal of the for | cash value |
| 1. If not, how long had you resided spart? 9. What property of any description did you own, hold or control for your use and its Nov. 4, 1908. (State again by greens.) At Advance of the state of the | cash value |
| 1. If not, how long had you resided spart? 9. What property of any description did you own, hold or control for your use and its Nov. 4, 1908. (Since spare by terms.) At Act and the factor of the f | cash value |
| 1. If not, how long had you resided spart? 9. What property of any description did you own, hold or control for you was and its Nov. 4, 1908. (State spare by terms.) 10. What property of any kind have you sold or given away since Nov. 4, 1908? What or it and what did you do with the proceeds thereof? (Give items and cash value.) | |
| 1. If not, how long had you resided spart? 0. What property of any description did you own, hold or control for younger and its Nov. 4, 1908. (State spare by items.) At Act and I would have been specified by the spare by items.) At Act and I would have been specified by the spare by items. The spare by | |
| 1. If not, how long had you resided spart? 9. What property of any description did you own, hold or control for younger and its Nov. 4, 1908. (State spare by items.) At Act and I would have be sufficiently for the first f | |
| 1. If not, how long had you resided spart? 9. What property of any description did you own, hold or control for youngest and its Nov. 4, 1908. (State same by items.) At Act and for the first | |
| 1. If not, how long had you resided apart? 9. What property of any description did you own, hold or control for younge and its Nov. 4, 1908. (Since apare by terms.) 10. What property of any kind have you sold or given away since Nov. 4, 1908? What is a large of the standard of the st | |
| 1. If not, how long had you resided apart? 9. What property of any description did you own, hold or control for your use and its Nov. 4, 1908. (Since space by items.) At Act and a factor of the first of the factor of the fact | |
| 1. If not, how long had you resided apart? 9. What property of any description did you own, hold or control for your use and its Nov. 4, 1908. (State apare by items.) At Act and what had been a few or the first of the first o | |
| 1. If not, how long had you resided apart? 9. What property of any description did you own, hold or control for your use and its Nov. 4, 1908. (State apare by items.) At Act and what had been a few or the first of the first o | |
| 1. If not, how long had you resided apart? 9. What property of any description did you own, hold or control for your was and its Nov. 4, 1908. (Sinte space by items.) 10. What property of any kind have you sold or given away since Nov. 4, 1908? What is a large of the standard of the | |
| 1. If not, how long had you resided spart? 9. What property of any description did you own, hold or control for your use and its Nov. 4, 1908. (Sigte spare by items.) At Act and a function of the first and what did you do with the proceeds thereof? (Give items and cash value.) 11. What property of any description of any value have you now the first first and cash value? 12. What are your annual earnings or income and their value? 13. What are your annual earnings or income and their value? | |
| 1. If not, how long had you resided spart? 9. What property of any description did you own, hold or control for your use and its Nov. 4, 1908. (State spare by tens.) 10. What property of any kind have you sold or given away since Nov. 4, 1908? What is a limit of the state of | |
| 1. If not, how long had you resided spart? 9. What property of any description did you own, hold or control for your was and its Nov. 4, 1908. (Sittle spare by terms.) 10. What property of any kind have you sold or given away since Nov. 4, 1908? What is a like that the standard of th | |
| 1. If not, how long had you resided apart? 9. What property of any description did you own, hold or control for younge and its Nov. 4, 1908. (Since apare by terms.) 10. What property of any kind have you sold or given away since Nov. 4, 1908? What is a large of the standard of the st | |

| STATE OF G | is my | untv.) Jon cal of cusion allowed, an | d request t | | hereby authoriz | _ |
|---|--------------------|---|----------------|--------------------------------------|-----------------|------|
| by | | at | | | | - |
| WITNESS | my hand and seal, | this | his of a | Son | 1906. | s. J |
| Executed | in the presence of | 2 | ,,,, | | | |
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| ED. | ION | m. | 1906. | astons. | 3 | |
| COM SECTION 1294. FOR THOSE ALREADY EMPOLLED. No. S & C | PENS G. | mess | SUED | V. LINDSEY. Commissioner of Pensions | HANDED TO | |
| COOR SECTION 1214 SE ALBEADY E. | IER'S P | S S S S S S S S S S S S S S S S S S S | WARRANT ISSUED | JOHN W. LINDSEY | WARBANT HAN | |
| Copy | | \$ vir | z (| or | | |
| | 82 | Nаше Социцу | | |] | |

POWER OF ATTORNEY.

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| STATE OF GEORGIA, | COUNTY. | | |
| in the Old of | Dougal | a. | hereby authorize |
| windrawny | 6f | | |
| to receive and receipt for | he pension allowed, and | i request that h | e remit same to |
| (M. 1844) X X X X X X X X X | at | | |
| by | - //- | · · · · · · · · · · · · · · · · · · · | |
| WITNESS my hand and | seal, this | And I | |
| | - x ler | YF WI | Laura |
| Executed in present | e of | m | |
| Misami | L. | | |
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| FOR THOSE ALBEADY EMPLED NO. G. 2. 3. INDIGENT INDIGENT | X2 | | 0 |
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| - 1 4 E | 1 2 6 % | NT ISSUED LINDSEY, Commissioner of | NDE |
| OSSE ALREADY E No. C 2 3 INDIGEN | O NA B | WARRANT ISSUED MAN 2.1 JOHN W. LINDSEY, Commissioner | WARRANT-HANDED TO |
| | J 500 # | KR. K. | AN |
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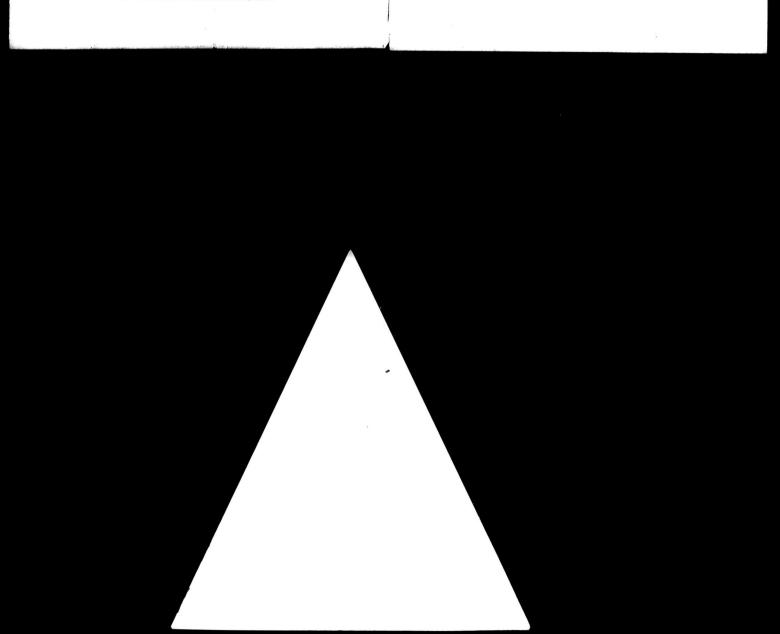
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

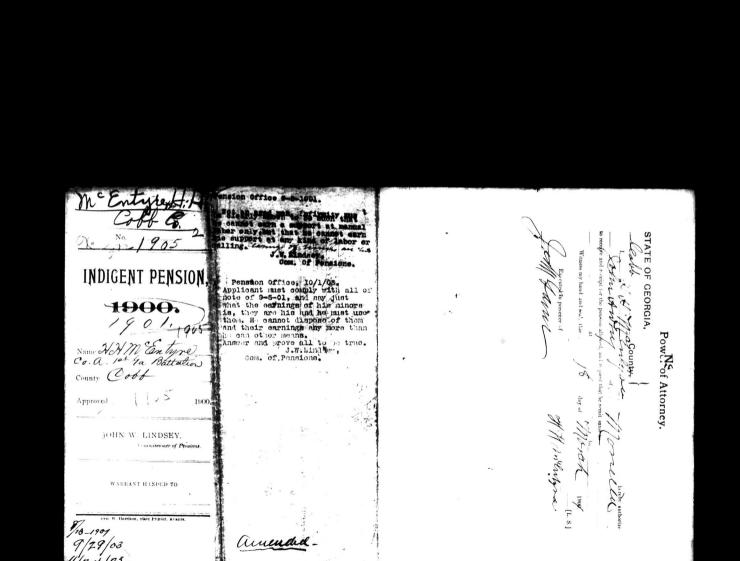
| State of Georgia, |
|--|
| ath County. |
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| |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen |
| and resident of said County and State, and has resided in said State continuously ever |
| since theday of18; that he isyears old and |
| by occupation a ,, that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war between the |
| States, and served for the term ofin Company 5 Company |
| of - da To |
| follows: |
| Notice to the same of |
| |
| that his property consists of the following items: |
| V A S Comment |
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| of the value of Dollars. I am now earning |
| by my labor, Dollars per month. That by reason of his |
| physical condition and 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 |
| County, been allowed a pension for the year 1905. |
| Sworn to and subscribed before me, this the 1 x 6 X/1 Drugal |
| 2 day of to 1908, minh |
| Who hayOrdinary. |
| |
| State of Georgia, |
| County. |
| 1 Som Storey 2 Ordinary of said County |
| do certify that I am well acquainted with I morning |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made |
| by him in his said affidavit are true, and I know 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 |
| sym was |
| Anni Jour Ordinary County |
| Nora.—The blank spaces must be filled. |
| Norm 4 (Identitational and be estated by T. |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

| State | of Georgia, |
|-----------------------------------|--|
| Person | nally appears to Ill Sougal of God |
| | te 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 that he isyears old |
| | pation a, that he enlisted in the military service of the Con- |
| federate Stat | es (or of the State of) during the war betygen the |
| States, and se | erved for the term of in Company of of the Regiment |
| of Elm | erved for the term of in Company of of the Registrent ; that his physical condition is as |
| follows : | that his physical condition is as |
| | manice from |
| T NAME OF STREET | The second secon |
| . L L ! | CALCALLY CALLS |
| that als prop | erty consists of the following items: |
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| by my labor, | |
| | ition and powerty he is unable to support himself by his own exertion or |
| | at he receives no pension but the one herein applied for. |
| | ent desires to participate in the benefits of the Act approved December 15th, |
| | Acts amendatory thereof, and makes application for the pension to which he |
| s entitled for | the year 1907. I have heretofore, as a resident of |
| County, been | allowed a pension for the year 1906. |
| 111 | to and subscribed before me, this the 1 C M Hours hay of 1907. May of 1907. Ordinary. |
| State | of Georgia, |
| | |
| 4 | Sin Audry Ordinary of said County, |
| 1 1 | Un Autry Ordinary of said County, |
| | |
| . 522 | t I am well acquainted with & M. Dowyal |
| | in the foregoing affidavit, and am well satisfied that the statements made |
| | said affidavit are true, and I know he is the individual he represents himself |
| o be, and that | t he resides in this County. |
| | Given under my official signature and seal this |
| | day of 1.6 my 1907. |
| | / WINTO THEIS |
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| Affia | Ordinary County. |

Nors.—Affidavit should not be attested before January 1st, 1907.





Power of Attorney. STATE OF GEORGIA. Costs Antie to receive and recept for the person all feed, and represt that h day of Morah 1904 [L 8] Witness my band, and seal, this LINDSEY -

Questions for Applicant. STATE OF GEORGIA.

County. to avail himself of the Pension Act (Section 1251, Code, hereby submits his proofs, and offer 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)

- K. K. MEGITERE. Rende it Marietta interior Service 2. How long and since when have you been a resident of this State? I have he is a resident
- 3. When and where were you have proposed regiment did you entire or very the angular to the way that for any standing.
- in Attenta George Catalian in Murch 1961
- 5. How long did you remain in such company and regiment of conserved a second company Both When and where was your company and regiment supendered and discharged? Che and

Recent & part roll breast of the time employed and and a land to the framework and day to herrority and and

- 7. Were you present with your company and regiment when it was surrendered? I was a re-8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
- How much can you care (green) per annum by your own exertions or labor? I logged set to
- What has been your occupation since 1865? Love or way & Charley herete
- 11. Upon which of the following grounds do you have your application for pension, viz: first, "age and soverty," second, "infirmity and poverty," or third, "blindness and poverty" on the solored, which the 12. If upon the first ground, state how long you have been in such condition that you could not early your support? If upon the second, give a full and complete history of the infirmity and its extent? If
- u, on the third, state whether you are totally blind and when and where you lost your sight? & ters MA act. he had and I no tracker formers and which about 6xb from
- 13. What property, real or personal, or mesone, do you possess, and its gross value? Asthery land can whall have stored introduce there & house
- What projectly, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and
- what disposition, it may, by sale or gitt, have you made of same? I have not be itered a such as the head a fee got law on the least even in gold, we have have hard to least to the law of law to had to the hard to have the law of law of the law of la
 - (to a level on the court of collection wether you detuned for testing 4500 16. How were you supported during the years 1898 and 1899; I was higherted by the well of ing chi clean to so have I we recovered use and all a week from the
- 17. How much did your support cost for each of those years, and what party in did you contribute therety
- by your own labor or meame? hay support out for my sein knien in is 18. What was your employment during 4898 and 1899? What pay did you receive in each year?
- be weet laying wicken or ever me what timed hall work Indularly so co 19. Have you a family? If so, who composes such family? Give their means of support? Have they
- a homestral of the expectation of the horse of manter of kendelly my aged by the I support the horse have a me at English kendels from the horse of the house of the horse of
- 20 Are yen precising any pension! If so, what amount and for what disability! I am I what is a very Long hen han taket
- 21. Have you ever made an application for person before the visit he get made in application 2! How many applications have you ever made and under what class? I have nevermade
- an Application for feating aggress class sage to and subscribed before me this the How Whityn

QUESTIONS FOR WITNESS.

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AFFIDAVIT OF YSICIANS.

| STATE OF GEORGIA, | |
|---|----|
| Porsonally game, before me Alls. A. Field, M.S. and both known to me as reputable aboveletance | |
| of said Sounty, who, being severally sworn, say on oath that they have examined carefully. All latyre applicant for pension under Section 1254, Code, and after | |
| such personal examination say that his precise physical condition is as follows: At paw anguit fastist indigortion frame frames the | m |
| Sustritis which hand de hunderable to be growing | 0 |
| and had that nie weit worth sine der bitter when I send | 26 |
| 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 the | · |
| 12th day of Argent 1000 6.0 - sever 11/2 | |
| ORDINARY'S CERTIFICATE. | |
| STAT OF GEORGIA, COUNTY: 1. Shu Workey, Ordinary in and for said County, hereby cortifine that the applicant A We Things. | |
| that the applicant to the Store since the and that the witnesses vis the Mardin, Char, W. Frills 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 cach tw Bness took 1 | |
| the oath bereen prescribed, and that the full text of the affidavits was read to the applicant and without before same was signed. | |
| I further certify that the tax digests of County show that applicant creturned for taxation in his name in 1899. | |
| of property, and in 1880 Horty Dollars of property. In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this 12th day of Sumust 1994 | |
| John Awter Ordinary, | 7 |
| County. NOTE: 1. Hefere any questions are answered, the Ordinery shall swear applicant and the witnesses in the following words: "You you God." Note: The county of the questions asked of you, and the widness you shall give will the whole truth, so help | |

| STATE OF GEORGIA, | } | , , |
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| which it | He M Esil | hereby authori |
| receive and receipt for the | pension allowed, and | request that he remit same |
| by | at | |
| WITNESS my hand and so | al, this 🗧 day | y of Lac 1905. |
| Executed in the presence | of . | Michy L. S |
| - Line | in | • • |
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| | The state of the s | 1905, |
| ENSIO | 70 | Prince of |
| FOR THOSE ALREADY No. 72 INDIGEN OLDIER'S PR | Sell (| OHN V. LIN |
| SE ALI | 160 x | JOHN W. Con |
| IDI | 08 | JC MAR |
| - S | Name County | 2 |

POWER OF ATTORNEY.

| STATE OF G | | of | | | hereby authoriz |
|----------------------------------|-------------------------|---|--------------------------|--|--|
| | my hand and seal, | The H | day of h | m | [L. S. |
| (FOR THOSE ALREADY ENROLLED.) No | SOLDIER'S PENSION 1906. | Name N. St. M. Curty. County WAY. Co. N. 1 37 Regiment Confe- | WAL BUBD. WARRANT ISSUED | JOHN W. LINDSEY. Commissioner of Persions. | WARRANT HANDED TO ROOM OF THE PROPERTY OF THE |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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| STATE OF GEORGIA, | State of Georgia |
| . Cokh County. | Gow. |
| Personally appears 26 He Wilyw of Cool | Personally appears |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen | County, State of Georgia, who, bein |
| and resident of said County and State, and has resided in said State continuously ever | and resident of said County and S |
| / / | since theday of |
| | by occupation a Mcham's |
| by occupation a Maroe, that he enlisted in the military service of the Con- | federate States (or of the State of |
| federate States (or of the State of) during the war between the | States, and served for the term of |
| States, and served for the term of & years in Company 2 of / Var Regiment | Batt. of Lorgia rols. |
| follows: are Infirmal, I fresely | follows: |
| follows: age majeraly bereit | usi-t |
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| , | that his assessment assessment of the fo |
| that his property consists of the following items: | that his property consists of the fo |
| note | |
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| of the value of Dollars. I am now earning, | of the value of |
| by my labor, Dollars per month. That by reason of his | by my labor, |
| physical condition and poverty he is unable to support himself by his own exertion or | physical condition and poverty he |
| labor, and that he receives no pension but the one herein applied for. | labor, and that he receives no pens |
| Deponent desires to participate in the benefits of the Act approved December 15th, | Deponent desires to particip |
| 1894, and the Acts amendatory thereof, and makes application for the pension to which he | 1894, and the Acts amendatory the |
| is entitled for the year 1905. I have heretofore as a resident of | is entitled for the year 1906. I he |
| County been allowed a pension for the year 1905. / // /11 6 1 22 | County, been allowed a pension for |
| Sworn to and subscribed before me, this the | Sworn to and subscribed befo |
| | I hay day of thing |
| 27 0/17 | Jan Dowelly |
| formitted HEG Ordinary. | ν |
| STATE OF GEORGIA, | State of Georgia |
| | Gold C |
| County. Ordinary of said County. | 1 Som Awhy |
| | do certify that I am well acquaint |
| do certify that I am well acquainted with Hol He Mc Parly Ve | the applicant in the foregoing affi |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made | |
| by him in his said affidavit are true, and I know he is the individual he represents himself | by him in his said affidavit are true |
| to be, and that he resides in this County. Given under my official signature and seal, this | to be, and that he resides in this Co |
| day of 1905. | Given under thy off |
| 1 6-1. 75-To- | day of |
| AMI DE SECONDES | Tames / |
| here Ordinary County. | Four teal there |
| Nore The blank spaces must be filled. | Norm.—The blank |
| Note.—Affidavit should not be attested before January 1st, 1905. | Note. — Affidavit |

Note.—The blank spaces must be filled.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

a. ng duly sworn, says on oath that he is a bona fide citizen State, and has resided in said State continuously ever _1852; that he is 63 years old and , that he enlisted in the military service of the Conduring the war between the H 1/20 _in Company A _, of Shilt was fulful as that his physical condition is as _Dollars. I am now earning Dollars per month. That by reason of his is unable to support himself by his own exertion or sion but the one herein applied for. ate in the benefits of the Act approved December 15th, reof, and makes application for the pension to which he ive heretofore, as a resident of Cost the year 1905. Ordinary. idavit, and am well satisfied that the statements made e, and I know he is the individual he represents himself ounty. icial signature and seal, thi

POWER OF ATTORNEY.

| STATE OF GEORGIA, | |
|--|--------------------|
| COUNTY. | , hereby authorize |
| to receive and receipt for the pension allow | |
| at | |
| by | |
| WITNESS my hand and seal, this | day of /1907. |
| Executed in presence of | I Intuly |
| - Linkit | |
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SOLDIER'S PENSION CODE SECTION 1254.
(FOR THOSE ALREADY EMPOLLED) No. 021 INDICENT

1907.

Name, 9. 84 M

Mc Entyre, H. H.

County (26). WARRANT ISSUED

JAN 21

JOHN W. LINDSEY, Commissioner of Prasiona.

WARRANT HANDED TO

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2.000

| FOR APPLICANTS HERETOFORE ALLOWED PENSIONS |
|--|
| State of Georgia, Goth for the Botton |
| Personally appears HH W Enline of Cold |
| 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 Con- |
| federate States (or of the State of) during the war between the |
| States, and served for the term of in Company , of Jath Regiment |
| of; that his physical condition is as follows: |
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| The final fi |
| that his property consists of the following items: |
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| of the value of Dollars. I am now earning |
| by my labor Dollars per worth That by recent of his |
| physical condition and peoplity 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 Cold |
| County, been allowed a pension for the year 1908. |
| Sworn to and subscribed before me, this the day of Life 197 1907. |
| State of Georgia, |
| |
| County. |
| 1, Min State Orther Ordinary of said County, |
| do certify that I am well acquainted with A A M Ently 20 |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made |
| by him in his said affidavit are true, and I know 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 16 1 19 |
| John Honey |

Ordinary OFA

Nora.—The blank spaces must be blieft.

Nora.—Affidavit should not be attested before January 1st, 1907.

___County.

| Q uestions for the Witnesses as to Service of Husban | d and Marriage. |
|---|----------------------------|
| STATE OF GEORGIA, | |
| County / | |
| Personally before me comes A Audion | who after |
| being duly sworn true answers to make, to the following questions, paswers as foll | ows: |
| 1. What is your name and where do you reside? | n monella of |
| 2. How long and since when have you known that W. T. Land | Chy applicant? 40 years |
| 3. How long and since when has she continuously resided in this State? | (Give date.) |
| 4. When and to whom was she married? Flundly How do yo | ou know I Know them when |
| 5. How long and since when did you know of Frank | her her |
| husband 2 for Line, 357 - 553 gglis | |
| 6. When and where this I for sive day of death I | would En |
| 7. Where the Aplicant and her husband living together as husband, and w | |
| lood by | |
| 8. If not, how long did they live apart before his death? They have | Imma brother |
| Were they divorced? | |
| 9. When, where and in what Company and Regiment did | edley enlist? |
| May 3/9/66/ Wilanda Sa. Co D. 172 Ex | Region ! |
| If Inforting | eg. |
| 10. Were you a member of the same Company? Jes of the Arm | us Pen set but hat Some |
| 11. How long within your personal knowledge did he perform actual milital | the marriage with his Com- |
| pany and Regiment With april 9 7865 Ward | 4 um |
| When, and where did his Command surrender, and was discharged? | - / 6 - 4. |
| appointly ba | 7.001 |
| 13. Were you personally present when it was surrendered? Les | |
| Mary A | If not where |
| and how came you | there? |
| s and the same of | • • • • • • • • |
| 14. Was the Justiand of applicant personally present at surrender? | If not |
| where was he? At was freeins whe | n, 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? |
| - | |
| 9 8 9 9 | · · |
| 15. For what cause, if you know of your own knowledge was he prevented | from returning to his |
| Command?. | realing to ma |
| 16. What effort did he make to return to his Command and how do you | know this? (W |
| own knowledge or how? | Know talk: Of your |
| Sworn to and subscribed before me this the | · / |
| 2/0 day of October 1000 Moral | ow the |
| () M. G. 6 246 | apt, Co. IT you Baylo |
| Ordinary, | Lundal |
| of County. | |
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| AF | FIDAVII OF I | WU FREEMOL | DERS. | 0 |
|---|-------------------------------|--------------------------|---|------------|
| STATE OF GEOR | | | Ili Kirscha | T.A |
| LOOD | County. | v 11 8 1 | - Kurscha | inal |
| Personally before t | ne comes Miss Anna S | Expedient 3/ Min 1- | elli . | |
| are freeholders of said Cou | | | who on oath says | than they |
| of said County and know w | what property she owned | on 4th Nov. 1908, and it | s cash value to be as | set out by |
| Schedule (A) as follows | | | | |
| Per | sonal property | | | |
| Not | es and accounts due | | | |
| 71.4 | Total Za | | s , D | |
| Me personal | ly the Sched | | It K Lun | |
| Mill Thing Heat | rty sold or given away sin | Tour that | She own | WH: |
| is in form | Notes and accounts | nate from | 150000 for | which |
| also know what | property she for my in | tle (C). | control to wit: | _ |
| Acre | os of and worth | a about / | organo. | ego |
| Hor | ses and Mules | | , | 0 |
| | s and Hogs | | s | |
| | er property | | 8 | 4 44 3 |
| ancon | Total Value of all prop | out 1 - 5 | \$ | 11.110 |
| Sworn subscrib | ed before me this the | 1 // 1 1 1 1 | , , _, | |
| 1 4 2 markey 01 | Daloher 1910 | umasz | interior | 10/2 |
| 1711 | m. | Meter Jan | spatus | 4 |
| | . 4 | Ordinary | | |
| | | | County, | |
| | 000000 | | | |
| CTATES COOM | ORDINARY'S | CERTIFICATE | . " | |
| STATE OF GOOD | ilA, | | | |
| 7/10 | County. | | | |
| VIII | um | - 0-1 | | |
| that, Tknow A L | 9-14 | | aryof said County d | |
| i ne person she represer | nts herself to be and s | she is a bonafide conti | applicant for pension nuing resident citizen | on. She |
| County and was in the 4th | November | | | |
| That I also know | XI Juna | son | the Suitanes at | |
| to the service of husbane | d, and limited / Go | reporting () hilly | Must be love t | |
| freeholders. That all of the the foregoing affidavits and full faith and aradis | m are now residents of sa | ud County and were duly | y sworn by me before | signing |
| full faith and credit. | and they am, are truth | ui, trustworghy, and the | eir statements are en | titled to |
| That the Tax Retu | rns 2 17 T | Linkly | Returned for Tax | is for |
| 1908 \$ 0 | for 1910 \$ | o , | | 101 |
| | l and official seal of office | this 26 | day of 🕰 | e. 4 |
| 1910 | () | my | | |
| SEAL. | | 111 Lanu | JOrdinary, | |
| (SFAL) | | <u>E</u> | 000 | County |

(SEAL.)

- (OEAL)

 NOTES 1. Before any questions are answered the Ordinary shall awear applicant and the witness in the following words:

 "You do olemnly awear that you will true answers make to each of the questions asked you and the evidence
 you shall give will be the truth. So the state of the distance of the questions asked you and the evidence
 Additional affidavits may be attached if blank spaces are insufficient.

 All affidavits must be made before the Ordinary.

 Only widows who married prior to first January 1870, are entitled.
 Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Nors.—The blank spaces must be filled.

Nors.—Affidavit should not be attested before January 1st, 1907.

M&IntyrE, H.H.
Cobb Co/935

Application for Pension Due/ Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

for A H Ma Enty or

of County

Died March 1 El 1921

Amount #/00 #/

Approved and ordered paid.

Commissioner of Pension

Ordinary: Fill out above in full and send this blank to Pension Office for approval. Do not pay out the money until the approval plank is in your hands giving you authority to do so. Send back to the Pension Office with your receipted pay-rolls to be permanently filed with them. Do not keep this application in your office.

Index Printing Co., Atlanta, Ga.

Application for Pension Due to a Deceased Pensioner

(Under the Act of August 15, 1904)

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

| GEORGIA. | County. | |
|--|--|-----------------------|
| Personally before me, the Ordinary | of said County, comes Muss In | |
| that the knew | of said County, who, after bein | |
| 8 | Enlyre of said County, and | |
| time of death, which occurred in | Passell Roll of | County at the |
| | ay of Murch | County, in this |
| Pension of One Lu | 11 | 192. , and that |
| mpaid at the time of pensioner's death. | hat he left no widow or dependent ch | due pensioner and |
| | hese funeral expenses, which amounted to | |
| er sworn statement fully and completely | | the sum of \$ 200 |
| Sworn to and subscribed before me | , and an | |
| his 22 and april | 1925 1 01 | |
| 2m Janua | 1925 Jannie // (Ordinary) | (milite. |
| Capp | County. | |
| | County, | |
| | Manne Il Enly | County, do certify |
| itizen of said County, and that said pers | on is of a truthful and trustworthy chars | oter entitled to full |
| | | |
| I also knew | M'Enlyre while | n life and that this |
| as the same person whose name appears | on the Benice | Paneion |
| oll of Can | County and | was paid a Pension |
| One hundred | Thereig for Dollars in said Cou | nty for 1994 and |
| now believe said pensioner to be dead. | 10 | , and |
| now believe said pensioner to be dead. Given until any hand and official se | al, thin 22 mil or Cifirel | 1994 ~ |
| | 127119 | , 1000 |
| (SEAL) | X / / Vac | LL C Ordinamy |
| (SEAL) | X 11 Cur | Ordinary. |

In fu grew worms to disuse the Edwa account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true,
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may The shows and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of it.

By office the service of
And Requires those extamination of the properties of the second of the s The above and foregoing account is rendered for services in the last lliness (or for funeral expenses, as the case may be off. The continent must be offered by legitimate in every respect, and properly service in a statched neatly to this blank, after this ask, bill is perfectly legitimate in every respect, and properly service in the continent of mark 7,005 u Miss Mannie MO Solgie for funeral expense of A. A. Mo Salgre John S. Dobbins & Sons Buneral Birectors-Embalmers LADY ASSISTANT 14 PARK SOUARE MOTOR EQUIPMENT Night Phone 359-W Casked, atside Lot, Cross fronds, grane 16500 ling Pall flain gloves + livice's 1500 Emfalming 700 pluy grades removing d'il Jaid notice atlanta Constitution

1 aid notice atlanta Constitution

19 fine 18 28V 10.00 885

((callet Mr. 23 29/1903.

Statu of Guorgia Cobb County.

iorsonall appears before me, John Awtry, Ordinary of said, county, H.H. Mc.ntyre, who being sworn on oath dispersant makes the following snowing in reference to his application beretefor made for pensoon:

chewing as to minors.

I have with me now only two of the minor children mentioner in my original application for pension, one aged 14 year and one aged 8years. One of the minor sens mentioned in the original application is not now white me and a receive nothing from his carnings, he serving as an apprentice learning too trade of a harhor and is not allowed more than enough by the employer to more than meet his expenses. The non now with me aged 14 is working on a salary of \$2.00 per week and at a drug store where he is required to expend enough of the carnings to keep in shape to old the place and after this has not more than enough to pay board and inclidentials and is not any help to me after those deductions. From the sen 8 years old a receive nothing but have to manage to see that he has a support rather than the contributing to me, where he takes and subscribed before he takes and for how, 1903.

oneria come county.

In person came before me, Jne. Awtry, Ordinary of sata county, who being duly sworn, on eath says that the facts set out in the above affidavit are true and known to him to be true and that he as no interest in the granting of this pension.

this thuy day of Now 1983.

1, Jno. Awtry, Ordinary of Coh county, wereby cortify that hold the dell is a citizen of said county, and is afterworty contained and that his statements are ontituded to all fair hand credit are

State of deorgia Cobb County.

Personally appeared before me, Jno.Awtry, Ordinary of said county, H. H. Mosntyre, who being duly sworn, on oath says, that the following additional showing made to his original application for pension hereto attached is true.

I am the same H. H. Mobilityre who made the application for a pension in the application hereto attached. I am now 61 years old and my physical and financial condition is worse that when my application was first made. I suffer from indigestion more intensely and am troubled continuely thereform. I suffer continuely from the effects of a broken ankle and am hindered from doing any kind of work as a regular hand.

I cannot undertake to de farm work at all and on account of my physical condition cannot secure work at any other trade for a length of time more than through the summer months ***** and fair weather.

application was first made and cannot earn from my own labor nothing like a support and nothing like the amount mentioned in my original application. I am not educated and have no other trade or calling except the ones mentioned in my original #8888888 application.

Sworn to and subscribed before me If Monte Configuration and this fine/28 day of Sept. 1903.

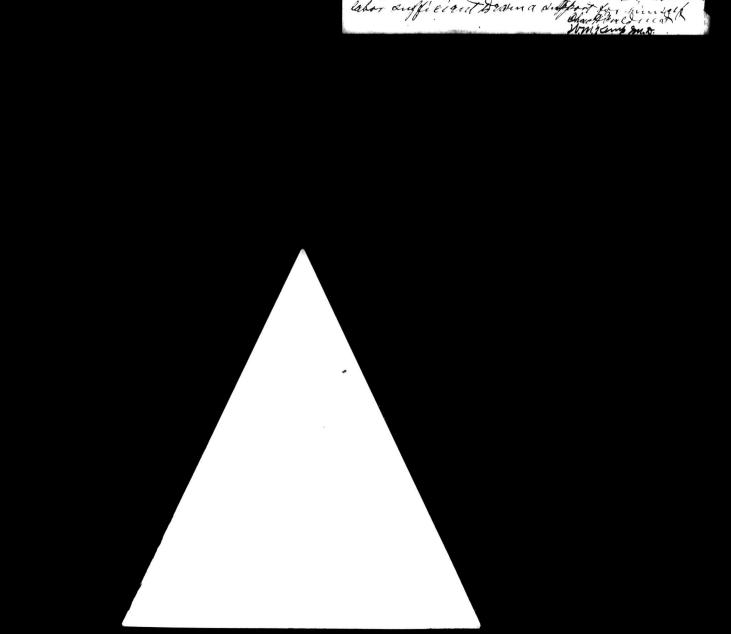
Solving Sol Gung

May Well of Stoff December Lake good of State and more winds this was will wit

musch washing allower & showing settento more from family Broken will Swolan sight and place of file of

Which randate fine absolutely weally

Wingens mo





POWER

IN WITNESS WHEREOF, I have hereunto

receipt for the pension paid

MCGINNIS, MRS. MINERVA COBB COUNTY 1902 1st County was CHEROKRE 1891 To Those Heretofore Paid. 1901. No. 243 For year ending February 15th, 1901. Widow of JOHN W. LINDSEY, WARRANT ISSUED 16 1902 AND HANDED TO

POWER OF ATTORNEY.

STATE OF GEORGIA,

O County,

A Management of the pension paid heron and request that he remit same to at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this of the pension paid heron and request that he remit same to at

Executed in presence of A Management of the pension paid heron and request that he remit same to at the pension paid heron and pension paid heron and pension paid heron and pension paid heron

POWER OF ATTORNEY.

| STATE OF GEN | M. A. M. | Gimis of Ma | wiete | hereby authorize |
|--------------|----------------------|-----------------|-------|------------------|
| | ot for the pension p | paid hereon and | | |
| IN WITNE | SS WHEREOF, I h | | // | 01 |
| day of Jan | | M.) | XX ME | innio[L. S.] |
| Executed in | | | | |
| | | | | |
| | | | | |
| 1 | | nty. | 11 | 300 |



To Those Heretofore

JOHN W. LINDSEY

For 17 Jaws Heretofore Allowed Pensions.

it in

For Widows Heretofore Allowed Pensions.

| • |
|---|
| STATE OF GEORGIA, Personally Comps Mrs. |
| County of Williams |
| |
| 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 / B 2; That she is the Widow of |
| Morrin My Churis who was a soldier in Company |
| of the HH Regiment of Sa |
| Volunteers, that he enlisted in said regiment on or about the month of Africa |
| 186 2 and served in the Army up to. My 186 2 That he lost his |
| life on the 31 day of Mary 1862 (State here |
| particulars of the husband's death, when, where and from what cause) |
| I de was killed in the |
| I down Light around Richmond |
| Valan 3/ day of hung 1862 |
| |
| |
| 6 |
| |
| 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 1 have been allowed a pension as a resident of County for the year ending February 15th, 17 1 and now apply for the pension provided by law for the year ending February 15th, 1901. Sworn to and subscribed before me, this day of farm 1901. Post Office State of Georgia, Ordinary said County, certify that I am well acquainted |
| she has never married since his death aforesaid, and that she became-his wife in the year 18 6 2 I have been allowed a pension as a resident of County for the year ending February 15th, 1904 and now apply for the pension provided by law for the year ending February 15th, 1901. Sworn to and subscribed before me, this day of farm 1901. Post Office State of Georgia, |
| I have been allowed a pension as a resident of County for the year ending February 15th, 1 10, and now apply for the pension provided by law for the year ending February 15th, 1901. Sworn to and subscribed before me, this day of farm 1901. John Mary Ordinary: Post Office State of Georgia, County, Ordinary and County, certify that I am well acquainted |
| I have been allowed a pension as a resident of County for the year ending February 15th, 1 10, and now apply for the pension provided by law for the year ending February 15th, 1901. Sworn to and subscribed before me, this day of farm 1901. Post Office State of Georgia, Ordinary said County, certify that I am well acquisited with Mrs. If I I would be compared and county, certify that I am well acquisited |
| I have been allowed a pension as a resident of County for the year ending February 15th, 176, and now apply for the pension provided by law for the year ending February 15th, 1901. Sworn to and subscribed before me, this day of 1901. Post Office State of Georgia, Ordinary said County, certify that I am well acquired with Mrs. With Mrs. With Mrs. With Mrs. With Mrs. Who made the above affidavit and ram satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she |
| I have been allowed a pension as a resident of County for the year ending February 15th, 176, and now apply for the pension provided by law for the year ending February 15th, 1901. Sworn to and subscribed before me, this day of 1901. Post Office State of Georgia, Ordinary said County, certify that I am well acquefited 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. |

For Widows Heretofore Allowed Pensions.

| County of | Personally Comes Mrs. M. A. M. Ginnio |
|--|--|
| who, being sworn, says on oath, State of State of Martin M. Green's of the | that she is a boun fide resident of said County of Georgia, and that she has REMINED in raid State That she is the Widow of who was a soldier in Company Regiment of Sungia |
| 6. P and served in the Army up to. May 3/20 on the 31/21 day by Martinguigns of the hydrand's death, when, where and from Said Martin M. Linnis & Luce Augus Light was | |
| Seven days fight wear | c Mehumet, Va, on |
| ponent swears that she was the wife of said deceased soldier, of has never married since his death aforesaid, and that she bee I have been allowed a pension as a resident of poruary 15th, 1902, and now apply for the pension provided Sworn to and subgeribed before me, this | Country for the year 18 5 J. Country for the year ending |
| tate of Georgia, | I John Mohey ry (Maid County, certify that I am Will acquainted |
| t the facts therein stated are true, and I know she is the fund continuously resided in this State since the | who made the above affidavit and am satisfied lividual she represents herself to be, and that she lay of the l |
| Official (| L'opacioning. |

POWER OF ATTORNEY.

, hereby authorize to receive and receipt for the pension paid hereon, and request that he remit same to In Witness Whereof, I have bereunto set my hand and seal, this 14-Executed in presence of

WIDOW'S PENSIO

POWER OF ATTORNEY.

| STATE OF | GEORGIA, COUNTY. |
|----------------|---|
| to receive and | Historical ofofofof |
| In With | VESS WHEREOF, I have hereunto set my hard and soal, this 18 |
| <i>C. '</i> | d in presence of Mars (Singles |
| James | Myann |
| | |
| | |

WIDOW'S PENSION TO THOSE HERETOFORE PAID. 1904. 1.67

YEAR ENDING DECEMBER 31, 1904.

JOHN W. LINDSEY, Commissioner of

AND HANDED TO

WARRANT ISSUED

· belizibile

WARRANT ISSUED

JOHN W. LINDSEY,

For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA, | PERSONALLY COMES MRS. |
|--|---|
| County of Cook | MAM Courses |
| who, being sworn says on out | h. that she is a bona fide resident of said County of |
| ~ U V I | f Georgia, and that she has RESIDED in said State |
| continuously ever since 332 | That she is the Widow of |
| Martin Milimn | who was a soldier in Company |
| of the 14 | Regiment of 9 |
| Volunteers, that he enlisted in said regiment on o | at v |
| 186 and served in the Army up to Mu | and the mount of |
| life on the 3/ day of | Men |
| • | |
| particulars at the lasband's death, when, where and f. | De was tilled in |
| The I days fight a | round Rich mand |
| on 3/1 day Muy | 862 |
| | |
| we in the second | * 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | |
| | *** |
| | ceased soldier, during his service in the Army as a |
| | death aforesaid, and that she became his wife in |
| the year 18 3 | 000 |
| I have been paid a pension as a resident of. | County for the |
| year ending December 31, 1902, and now apply fo | r the pension provided by law for the year ending |
| December 31, 1903. | 14 |
| Sworn to and subscribed before me, | THE TELL |
| this. 14 3 day of the 1903 | 1 Junes |
| Thutsity Ordinary. | Post-Office Monelly |
| | 0 1 1 |
| State of Georgia, | way more |
| State of Georgia. | 1.18.1111111111111111111111111111111111 |
| M MELLY | Ordinary of said County, certifly that I am well |
| ,,,,,,, | , 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 reside | d in this State since the |
| day of18 | 0 |
| Given under my official signature and seal, t | his the day of 1908. |
| (ONLIN) | Xmix office |
| Official Seal. | D: HI |
| | nary of |

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, | 1 | PERSONALLY CO | |
|--|----------------------|----------------------------|-----------------------|
| County of_ woh | · · | In U M Lie | inis |
| who, being sworn says | | e is a bona fide resident | |
| continuously ever since. 1832 | | That sh | |
| Martin M-Gin | | | |
| of the H | | Regiment of | soldler in Company |
| Volunteers, that he enlisted in said reg | | | |
| 186 2 , and served in the Army up | 10 may | 1HB 2- | That he lost his |
| 1862, and served in the Army u | or_apr | 1862 | (State here |
| particulars of the husband's death, when, | where and from wh | hat cause.) | |
| Lally arround | No was | Stilled in | the I day |
| | | | |
| * = = | | | |
| | | | Die Green a Cress |
| Deponent swears that she was the wife | | | |
| soldier, and that she has never marr | ied since his dea | th aforesaid, and that she | became his wife in |
| the year 1858 | | Cosh | |
| I have been paid a pension as a r | esident of | won | County for the |
| year ending December 31, 1903, and | now apply for the | pension provided by law | for the year ending |
| December 81, 1904. | | 2 | |
| Sworn to and subscribed before this 8 day of An Angles | 1904. | of Office | Vinnis |
| | | 0000 | 1. |
| State of Georgia | County. Or | dinary of said County, c | ertify that I am well |
| acquainted with Mrs. Ma Mic | Guni | | above affidavit and |
| am satisfied that the facts therein st | tated are true, an | d I know she is the indiv | idual she represents |
| herself to be, and that she has contin- | | | |
| day of18 | - | O | |
| Given under my official signatu | | 18 100 | 1904. |
| triven under my omcial signatu | re and sear, this ti | | 3 |
| (Omeial) | | J mix | VIEZ. |
| | Ord | inary of | County |
| NOTE All blank spaces m | ust be filled. | | |

OFFICE OF ORDINARY.

GEORGIA, COBB COUNTY.

I, J. M. GANN, Ordinary and ex-officio Clerk of the Court of Ordinary (I having no clerk) do hereby certify that I have compared the foregoing copy of formage orcense & toudh,

Min St. C. Kerkyaliel.

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 nemayes, tolio 438

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Court of 8 day of Franker 19/0 Ordinary, this the 12-12-200

ORDINARY AND Ex-OFFICIO C. C. O.

MARRIAGE LICENSE.

STATE OF GEORGIA, COBB COUNTY.

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

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

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

Given under my hand and seal 15 day of Capril 1869

1 bereby certify, That & Flingley

HOLY BONDS OF MATRIMONY

POWER OF ATTORNEY.

| 1 | LOZ | ma | A M | COUNTY | } | | , hereby | *************************************** | |
|---------------------------|-------|-----------|--|----------------------|-----------------------|-----|-------------------------------|--|--|
| day | In of | Witness | | have hereun | N o. | | 19 | t same to | |
| | | | ē | | | | | | |
| To Those Heretofore Paid. | 1905. | No. 2017. | WIDOW'S PENSION, For year ending Dec. 31, 1906. | Thus JM Car TOM Land | Widow of Co. Regiment | HOſ | WARRANT ISSUED AND HANDED TO | 12 Francisco de manores de manore | |

1ª Glinnes M. O. mr.

POWER OF ATTORNEY

| STA | ATE C | of GEO | RGIA, | | Coun | ry. } | | NIVE I | | ereby | authoris |
|-----------------------|----------|----------------|-----------|-------------------------|---------|---------------|---|-----------------|----------------|---------------|-----------------|
| to re | eceive a | AN and rece | pt for th | e pen | | of hereon, | | | | remit | same to |
| day | | Execut | | sence | 1906 | set my ha | and | d seal, thi | cf | lsus | u (z. s. |
| | | | | | | | | | | | |
| Paid. | | | NOISN | 1, 1906. | Linesi | County, | | YY, | | 1806, | Parameter, Shr. |
| Those Heretofore Paid | 9061 | No. 184 | W'S PE | ar ending Dec. 31, 1906 | 2 a M C | WW.W. | Regiment | JOHN W. LINDSEY | WARRANT ISSUED | AND HANDED TO | College |

WIDOW'S PEN

To Those Heretofore

M. Girmie

For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA | PERSONALLY COMES, MIS. M. W. M. Gunnis |
|--|---|
| continuously ever since 18., 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. | Regiment of Toggiment on or about the month of April |
| | / (// |
| | 10- |
| - | the face of |
| | |
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| 0 | |
| Deponent swears that she was the wife | of said deceased soldier, during his service in the Army as a |
| soldier, and that she has never married | I since his death aforesaid, and that she became his wife in |
| the year 18 | |
| I have been paid a pension as a r | resident of Otto County for the |
| A 15 | |
| | ow apply for the pension provided by law for the year ending |
| December 31, 1905. | The said |
| Sworn to and subscribed before | re me. William |
| this 62 day of the | 1905. |
| Lotmothorny ord | linary. Post-Office |
| | Towe Onke |
| State of Georgia, | 1. John Hotra |
| | ounty. Ordinary of said County, certify that I am well |
| acquainted with Mrs. Mu | W Thursis, Who made the above affidavit and |
| am satisfied that the facts therein state | d are true, and I know she is the individual she represents |
| herself to be, and that she has continue | ously resided in this State since the |
| day of 18 | |
| | e and seal, this the 12 day of Lary 1905 |
| Given under my omcial signature | e and seal, this the day of 1905. |
| (Official) | withouter. |
| Seal. | A. Call |
| | County. |

NOTE .- All blank spaces must be filled.

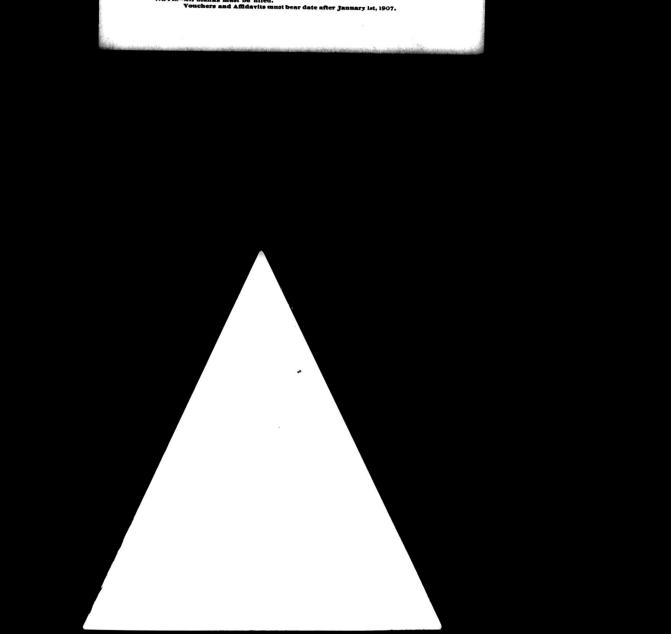
For Widows Heretofore Allowed Pensions.

| County of County |
|--|
| who being swarp ears a set of the |
| 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 |
| m du wiel That she is the Widow of |
| D of the 14 Regiment of |
| Volunteers, that he enlisted in said regiment on or about the mouth of |
| 186 and served in the Army or to |
| 186 and served in the Army up to |
| life on the |
| particulars of the husband's death, when, where and from what cause.) |
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| Lieu 7 Days fright |
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| the second secon |
| P. Control of the Con |
| 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. 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 |
| |
| 11 V-XV Came |
| popular him |
| 11 V-XV Came |
| popular him |
| State of Georgia, County. Ordinary of said County, certify that I am make |
| State of Georgia, County. Ordinary of said County, certify that I am make |
| State of Georgia, County Ordinary of said County, certify that I am well acquainted with Mrs. M. a. M. C. M. State of the above affidavit, and |
| State of Georgia, County. Ordinary of said County, certify that I am well acquainted with Mrs. M. A. M. County. who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents. |
| State of Georgia, County Ordinary of said County, certify that I am well acquainted with Mrs. M. a. M. C. M. State of the above affidavit, and |
| State of Georgia, County, Ordinary of said County, certify that I am well acquainted with Mrs. M. A. M. County, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she representative berself to be, and that she has continuously resided in this State since the |
| State of Georgia, County. Ordinary of said County, certify that I am well acquainted with Mrs. M. A. M. G. M. Saures, 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 Given under my official signature and seal, this the day of Jane 1906. |
| State of Georgia, County, Ordinary of said County, certify that I am well acquainted with Mrs. M. A. M. County, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she representa herself to be, and that she has continuously resided in this State since the day of |

POWER OF ATTORNEY. STATE OF GEORGIA, hereby authorize to receive and receipt for the pension paid hereon, and request that he remit same to In Witness Whereo/, I have hereunte set my hand and seel; this JOHN W. LINDSEY, AND HANDED TO WARRANT ISSUED No. 15

For Widows Heretofore Allowed Pensions.

| STATE OF E EORGIA, | PERSONALLY COMES MRS. |
|--|--|
| County of COOP | M. M. Ma Times |
| | oath, that she is a bona fide resident of said County of |
| Ste | ste of Georgia, and that she has RESIDED in said State |
| continuously ever since | 1894 That she is the Widow of |
| M. M. V Zuhnis | who was soldier in Company |
| of the 14th | Regiment of |
| Volounteers, that he enlisted in said regiment | on or about the month of |
| | 186 That he lost his |
| | of 18.62 (State here |
| particulars of the husband's death, when, where a | |
| Michmone 7 a | lays fight around |
| E 20 F E SEC. S | The second secon |
| | The second control of |
| | tool office and a state of the |
| | The control of the co |
| 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 perfore the was- | 2 |
| I have been paid a pension as a resident | a Coald |
| | for the pension provided by law for the year ending |
| December 81, 1907. | for the pension provided by law for the year ending |
| | , Kur |
| Sworn to and subscribed before me | M DIME C. |
| this day of acry 1907. | Mand Turis |
| for twiky Ordinary. | Post Office |
| | 0.00 |
| State of Georgia, | 1. frm Antres |
| County. | Ordinary of said County, certify that I am well |
| acquainted with Mrs. M. A. Mag | , who made the above affidavit, and |
| am satisfied that the facts therein stated are tru | e, and I know she is the individual she represents |
| herself to be, and that she has continuously resi | |
| day of18 | 7 |
| Given under my official signature and sea | I, this the day of the 1907 |
| | 1907. |
| Official Seal | 1 halland / |
| | dinary of County. |
| NOTE.—All blanks must be filled. | |
| voucners and Amdavits must | bear date after January let, 1907. |



Widow's Application UNDER ACT 1910. Who Lost a Husband During War as a Soldier, Remarried and is Now a Widow. Name of Last Husband Berney W. Hare Approved J. W. LINDSEY, Chas. P. Byrd, State Printer, Atlanta

Widow's Application
UNDER ACT 1910.
Who Let a Hashard During Were as a State Remarked and is Now
Sales Remarked and is Now
Sales Remarks Widow.

Solder Remarks Name
Gentle Widow.

Solder Remarks Name
Gentle Widow.

Solder Remarks Name
Gentle Widow.

Approved

1. W. LINDSEY.

Commission of Persons.

Widow's Affidavit -- Who Lost Husband -- Killed During War and Afterwards Married, now a Widow.

| STATEO | E GEORGIA, | - |
|-------------------|--|---|
| 9 | County | |
| Personal | ly before me comes Cynthe Marie said con | |
| says that she b | ecame the lawful with a serial fleeness | unty who after being sworn on oath |
| that he did on | the day of 1862 enlist in Co | |
| and was on the | 2.7 day of Goldman hilled or died as the | ompany Z, 43 Regiment |
| in line of duty | on the day of 18 | ne result of an injury received while |
| | 16 day of Deunta 1864 she was married to B | leaving this applicant, his widow. |
| Proto | County, and that on the 5 day of | September 1872 in the county |
| of Ent | L State of Ha the said B | Mandied and that |
| this deponent | | |
| That she | was on the 4th day of November, 1908 or at the death control of the property. Stated in schedule (A) | of her last husband left in the use |
| | 7 acres of land cash value of | \$ 900.00 |
| , . | Horses or mules | " 700,00 |
| | Hogs and cows and other stock | |
| | money, notes, etc | |
| | actual income and savings withing suff or | 11 km \$ 100.00 |
| | Total | |
| | SCHEDULE B. | |
| That sine | ee the 4 of November, 1908 or the death of her husban | d. she has sold or given away the |
| | And the state of t | are the soul or given away the |
| | as follows | |
| | | |
| | Total value | |
| and that the pr | occeds were disposed of . | |
| | | |
| and a serior man | the second control of the control of | |
| | SCHEDULE C. | |
| That she i | s now in the use, possession and control of the following p | |
| 107 | acres of land of the cash value | 90000 |
| | Horses and cows of the cash value | 11 120,00 |
| | Hogs and other stock | |
| | Cotton and other farm Products, worth. | 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| | Tradition would be a | **** *** *** *** *** *** *** |
| | Total value of all property | 90000 |
| and that the valu | nation of all of said property, is stated strue cash va | lu- |
| Sylven To | abscribed to by me thisday of day | Sust 1010 |
| 1.12 | Messe Ordinary Care Th | 7010 |
| X Colas | - Game | man Han |
| | County) | |
| E 1100 | A THE RESERVE OF THE PARTY OF T | |
| Affida | vit of the Witness to the Service and | |
| | Husband and Her Marriage | ı. |
| STATE OF | GEORGIA. | |
| Chow | County. | |
| Personally | before me come S. D. Resed who after being d | h.b |
| 4 4 | wild after being (| duly sworn on oath says that he |

knews A. J. Agriculture that he enlisted in Company C, S. Regiment of Juneau veterans on the day of Juneau 18 2. and that on the 2. J. day of Juneau 18 2. and that on the 2. J. day of Juneau 18 2. he was killed or died at a result of the injury received

while in line of duty as a soldier, in the Confederate army, and that he knows Mrs.

| er said soldier husband were married on theday of |
|--|
| at his death, that he knows that the said |
| Dac 1866 to one Barney MCHan and |
| n the S day of Sept 01887 and that the |
| dow. |
| is 1 9 day of Aug. 1910 |
| Eber Wolford |
| 13 0 0 100 |
| (60) S. D. Allred |
| s to the Property and its Value. |
| |
| |
| |
| who after being sworn on oath says that they are |
| and that they know Mr. Jackson M. Herrand |
| he death of her last husband, on theday |
| he use, possession and control of property at its true cash |
| |
| HEDULE A. |
| 1 value 900,00 |
| - 1 - 1 - |
| In other way |
| / / / |
| 8 |
| |
| The same and the s |
| perty |
| EDULE B. |
| 808 or since the death of her last husband she has sold or |
| |
| |
| l kind |
| |
| |
| were its, full cash value and was disposed of |
| , and an imposed of |
| · · · · · · · · · · · · · · · · · · · |
| |
| The second secon |
| DULE C. |
| use, possession and control of property of the actual |
| 7 960 10 |
| 7960 00 |
| ue of |
| and the second second second second second |
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| erty |
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| 21h 0. |
| day of Partings |
| day of Cathering |
| |

ORDINARY'S CERTIFICATE.

| | 4.0 % | 1 2 2 | |
|------|-------|-------|-------|
| STAI | E OF | GEO | RGIA. |

County. Malesand am ordinary of said County and do certify that I know Mrs. graffed half House, the applicant for Pension and that I know that she is the person that she represents herself to be, and that she is a bona fide continuing resident of said county, and was on the 4th day of November, 1908.

of Husband, and I also know Anthernative Management of Husband, and I also know Anthernative Management of Husband, and I also know Anthernative Ant er my hand and official seal of affix, this the

Read this note.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
You do selemnly 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 find:

All all additivations are presented in the product of the continuence of the person to be sworm.

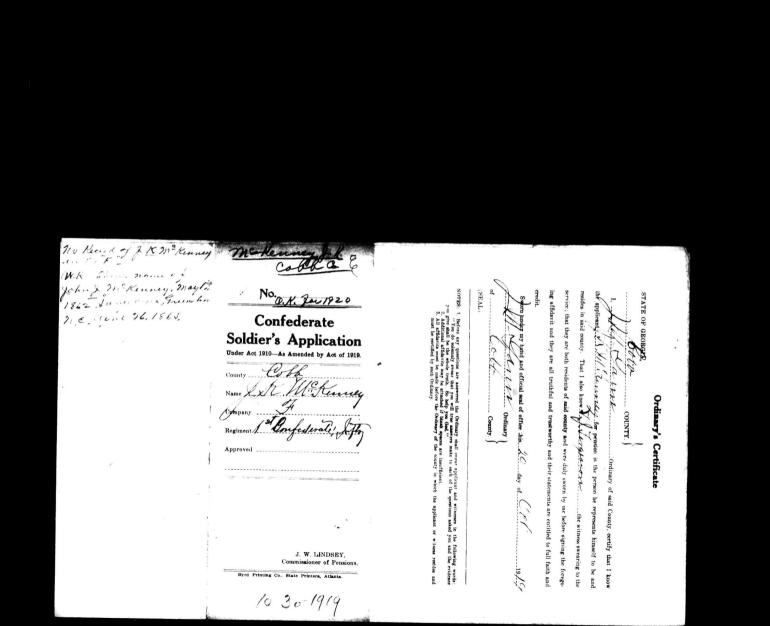
All all additivations are all the day to be a product of the continuence of the person to be sworm arried and is now a wildow are entitled to this Pension. On highlight, presented in the ordinary of the continuence of the person to be sworm.

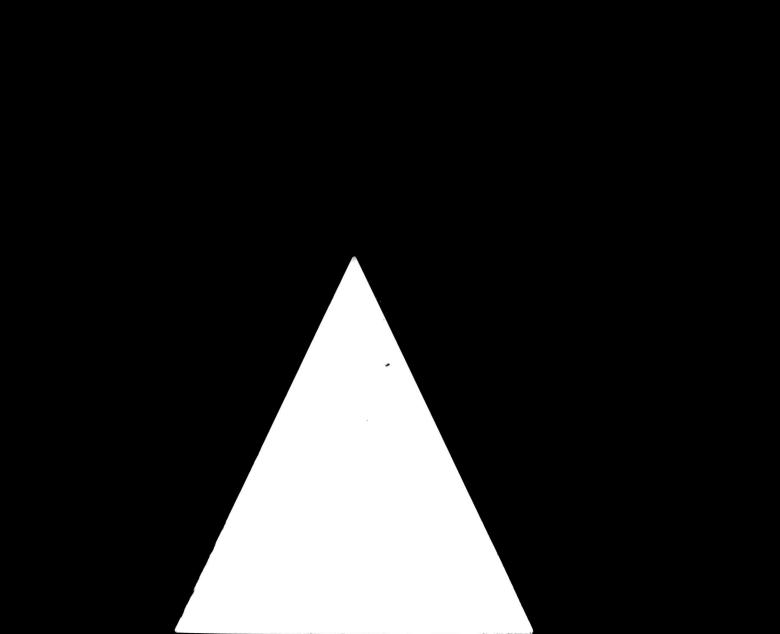
All all all and a productions are continuent to the production of the person to be sworm.

All all and a productions are continuent to the pension of the production.

Attach copies of marriage license of both marriages or prove marriage, by some who know it, or by general reputation.

of County of Bondan





Ordinary's Certificate

| STATE OF GEORGER. | |
|---|---|
| STATE OF GEORGIA, | |
| OCCO COUNTY | |
| /// /-// COUNTI.) | |
| 1. John Callet Ordinary | of said County, certify that I know |
| 16 - VI VI VI VI VI | |
| the applicant I Illi Le ser seles for pension is the per | son he represents himself to be and |
| resides in said county. That I also know & Lengtown | the witness swearing to the |
| service; that they are both residents of said county and were duly sw | orn by me before signing the forego- |
| ing affidavit and they are all truthful and trustworthy and their sta | tements are entitled to full faith and |
| credit. | |
| Syorn junder my bond and official seal of office this 20 day | of Cel 19/9 |
| LILL North 1111 Continues | . , |
| of Colf County | |
| | |
| (SEAL) | st. |
| | |
| NOTES: 1. Before any questions are answered the Ordinary shall swear application. You do solemnly swear that you will true answers make to each of you gove shall be the whole truth. So help you God." 2. Additional affainavis may be attached if blank spaces are insufficient. | the questions asked you and the evidence |
| All affidavits must be made before the Ordinary of the county in who must be certified by such Ordinary. | hich the applicant or witness resides and |

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

Questions For Applicants to Answer

GeorgiamCarroll County.

I.W.J.Millionn.Ordinary in and for said county, do hereby certify that I.J.Perperson.the witness to service herein is a resident of Carrell County, Ca. and that he was dary sworn by mend that his statements are entitled to full faith and oredit.

Witness my hand and seal this the 3rt day of Santamber, 1919.

J. K.W. Ken of

Questions for Witness as to Service

| STATE OF GEORGIA, |
|---|
| Carrell COUNTY. |
| T.J. Fergersen |
| as a witness in support of the application of J.K.McKenney 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! T.J. REKERFRER GATFOLL Q. Ga. |
| 2. How long and since when have you known J.K.McKenney the applicant? |
| 3. Where does he now reside, and since when has he been a bons fide, continuing resident in this State, |
| and how do you know! Near Austell, Cobb Co.Ga.All his life |
| 4. When, where and in what Company and Regiment did. J?K.McKenner enliat during |
| war from 1861 to 1865! (Give date and place.) May.1862, Cobb County, Ga.in Co."F" lst Confederate.Inft. |
| 5. How did you obtain your information of this Service! I MAR a DEMDER of Same Co.& Reg. and enlisted at the same time. |
| 6. How long within your own personal knowledge did he perform actual military service with this |
| Company and Regiment! (Give date) From May 1862 till avril 1865.as I am infored. I was captured and not present with him at surrender 7. When and where was his command surrendered or discharged (give date and place) |
| Latril 26th 1266 and Gradentens, N.Q. as I am Advised |
| 8. Were you personally present at the surrender? |
| 9. If not, where were you and how came you there? In prises Leuisville Ky |
| |
| 10. Was the applicant personally present with his command at surrender 7 I do not knew |
| 11. If not where was he and how came him there? So far as I knew he was present |
| 12. When did he leave his command! |
| By whose authority did he leaveand how |
| long was he granted leave! |
| all that you have stated to be true! If of your own knowledge, tell clearly and specifically Refrence knowle |
| 80 far as I testify. I was captured at Kennesaw Meuntain, June, 1864, and knew nothing futher of his service except from general reputation 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. To |
| when released |
| Sworn to and subscribed before me, this the Arg. Jay of Bantembar 1919 |
| 1 1 Milliam Ordinary) |
| Carrell (Cartificate as to credibility on back hereef) |
| SEAL) |
| |

WHEN AND WHERE BORN?

A resident of Georgia all my life, 79 years. ENLISTED WHEN AND WHERE? May, 1862, Cobb County, Georgia.

YEAR 1920COUNTY

RANK:

NAME OF CAPTAIN AND COLONEL?

COMPANY AND REGINENT?

McKenney, J.K.

CAPTURED, WHEN AND WHERE?

WOUNDED?

RELEASED:

DIED, WHEN AND WHERE?

BURIED:

WITNESSES:

SB.

WHEN AND WHERE SURREIDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

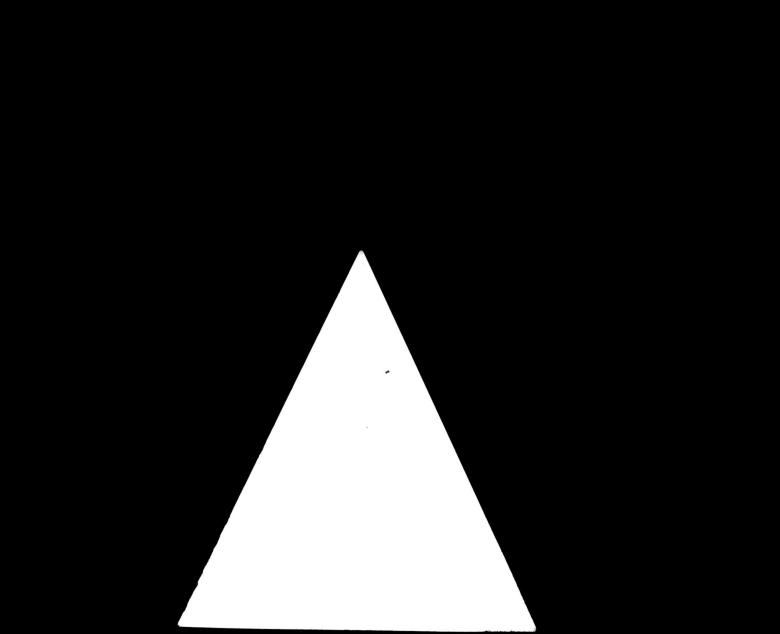
T. J. Ferguson - same command - - - - No data.

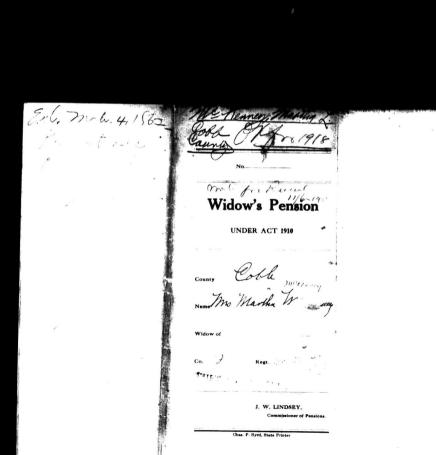
Greensboro, N. C., April 26,1865.

1

Cobb.

Company F, 1st Confederate Vols Inf.





Application for Pension by a Widow Under Act of 1910 .-- Questions for Applicant. STATE OF GEORGIA. Personally before me comes Marka & Willemay of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of-----1910, and submit testimony to make out the same, true answers makes to the following questions to-wit: 1. What is your name, and where do you reside? Marke & M. Varance A. How long and since when have you been a continuing resident of the State of Georgia 8. When, where and to whom were you married? 1859. Took 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? May 2 18 65 Sking alm but live had Samuel and at Varbury larles Was your husband personally present at the time of the surrender or discharge of this Com-If he was not present state clearly where he was? The was free full 8. Where was his command when he left? 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? ___ so, when and where captured and where held as a prisoner, and when and for what cause j. When and where did your husband die? June 1914, Sowler k. Were you residing together when he died? _______ If not, how long had you resided apart?____ What property of any description did you own, hold or control for your use and its cash you do with the proceeds thereof? (Give items and ash value.) 11. What property of any description of any value have you now?_____ 12 What are your annual arnings or income from any source and their value 13. 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?....

| Questions for the Witnesses as to Service of Husband and Marriage. |
|--|
| STATE OF GEORGIA, |
| County. |
| Personally before me comes A I Muller who after |
| being duly sworn true answers to make, to the following organitions, answers as follows: 1. What is your name and where do you reside? A Little Downless Constitution of the control of t |
| 1. What is your name and where do you reside? A Little Proviler Samue |
| 2. How long and since when have you known Jarthus & M. Stewney applicant? 60 |
| 3. How long and since when has she continuously resided in this State? (Give date.) |
| all his life |
| 4. When and to whom was she married? Dank My Horning w do you know? Proces the familia |
| 5. How long and since when dld you know. Q & Magainly her |
| husband? Sixty Gears of there |
| 6. When and where did, a & M. Konney |
| the husband of Applicant die? June 1914, Probler Springs Bobb Bo Ga |
| 7. West the applicant and her husband living together as husband and wife at the date of his |
| death? Les |
| 8. If not, how long did they live apart before his death? |
| Were they divorced? MO |
| 9. When, where and in what Company and Regiment did |
| He was in a Company in which I enterties in the 1/2/865 |
| 47, 40 Ja |
| 10. Were you a member of the same Company? 400 |
| 11. How long within your personal knowledge did he perform actual military service with his |
| Company and Regiment? Mushil May 2/65 we wer well wen Inffry |
| 12. When and where did his Command surrender, and was discharged? |
| May to Sting Am Ga |
| 13. Were you personally present when it was surrendered? |
| were you & 11 20 present and how came you there? |
| and now came you there? |
| Yen |
| 11. Was the husband of applicant personally present at surrender? |
| where was he? We had 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 |
| Sworn to and subscribed before me this the |
| M. L. |
| Ordinary. |
| of County. |

から

AFFIDAVIT OF TWO FREEHOLDERS

| AFFIDAVII OF TWO FREEHOLDER | RS. |
|---|--|
| STATE OF GEORGIA, | |
| County, | |
| Personally before me comeswho | |
| are freeholders of said County and that they know | ash 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 co | |
| Horses and Mules | |
| Cows and Hogs | |
| Other Property | |
| Income and Earnings | |
| Total Value of all property and effects | |
| Sworn and subscribed before me this the | * |
| day of | |
| , | 1 |
| Ordinary. ofCounty. | |
| orCounty. | |
| ORDINARY'S CERTIFICATE. | |
| STATE OF GEORGIA, | |
| County. | |
| Ordinary of | sald County do certify |
| that I know Martha N // Versely the appli | cant for pension. She |
| is the person she represents herself to be and she is a bona hide continuing r | esident citizen of said |
| County and was on the 4th Nov., 1903. That I also know O Miller th | |
| | |
| o the service of husband, and reeholders. That all of them are now residents of said County and were duly signing the foregoing affidavits and that they all are truthful, trustworthy, an | sworn by me before |
| ntitled to full faith and credit. That the Tax Returns | Paturned for Ton in for |
| 008 \$ | |
| or 1914 \$2 for 1915 \$0 for 1916 \$000 for 1917 \$300 | Tor 1913 8.7 |
| Sworn under my hand and official seal of office this | day of |
| (SEAL.) | |
| (SEAL.) | Ordinary, |
| (SEAL.) | County |
| OTES 1. Before any questions are answered the Ordinary shall swear applicant and the witn "You do solemnly swear that you will true answers make to each of the questions as you shall give will be the truth. So bely you God.?" | ess in the following words. sked you and the evidence |
| OTES 1. Before any questions are answered the Ordinary shall sever applicant and the wing. You do scientify swear that you will true answers make to see he of the questions as you shall give will be the truth. So help you God.?" Additional sillades may be attached if blank space are insufficient. All addards must be made before the Ordinary. 1970, are entity, the state of the ordinary of the control of the ordinary of the control of the ordinary. All addards be critical color of merriage legens if bottainsh. | y some person, or by gen- |

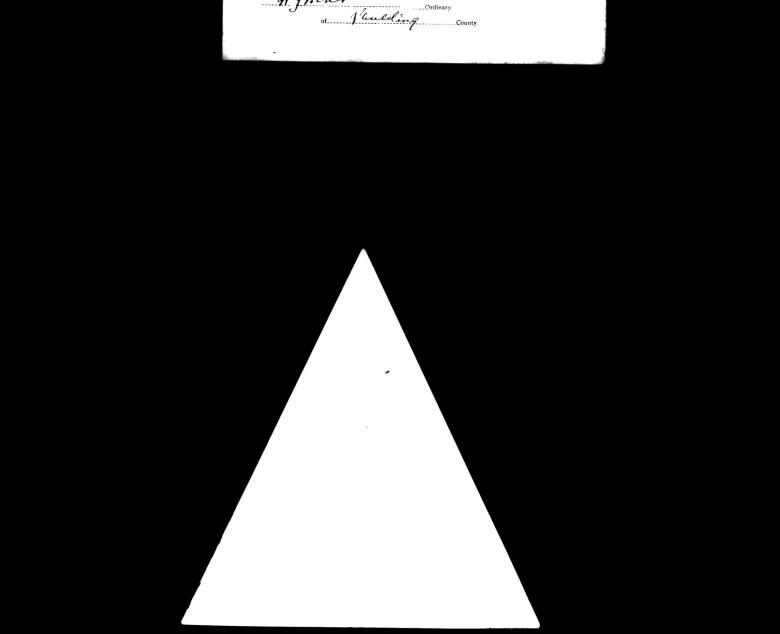
This belings to this Mckenney pepers Application for Pension by a Widow Under Act of 1910 .- Questions for Applicant. STATE OF GEORGIA. County. Personally before me comes Min Francis Milabell of said State and County. and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of______1010, 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? Thereway Wil obell . agurish Le How long and since whan have you been a continuing regident of the State of Georgia? lais all very lefe forg 18 1860 When, where and 19 whom were you marked? Joseph 1860, Geworth with C 4. When, where and in what Company and Regiment did your husband enlist as a soldier in Sonfederate Army or Georgia Militia? Grate the arms and chas of Service, Merrig, 1861. When and where did the Commands of your husband surrender or discharge from the army? Chiel 9 1865; afo formally to 6. Was your husband personally present at the time of the surrender or discharge of this Com-If he was not present state clearly where he was the was forgated.

Where was his command when he left? A forgated the Bountains and the for what cause did he leave his Command to the Bountains and the formal of the Bountains and the formal of the formal 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 Commend? What effort did he make to return to his Command? In what way was he prevented from going back to Command? i. It so, when and where captured and where held as a prisoner, and when and for what cause released? Theres Capturely j. When and where did your husband die Jeny 17 1903, Clewrth La When and where did your mussand die second in the case with the case of the ca value Nov 4, 1009? (State name by items and where situated) and to cons of hand 10. What property of any kind have you sold or given away since Nov, 4/1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.)____ 11. What property of any description of any value have you now? Give list and cash value_____ 12. What are your annual earnings or income from any source and their value?.... time 13. Have you or your husband heretofore been paid a pension by the State? If so, when and for wheat cause were you or your husband placed on the Roll? lines on the orch Sworn to and subscribed before me this the In Journey Hilehely. -----day of _____19__

| 11. (1) | |
|--|---------------|
| County. | |
| | who after |
| sing duly sworn true answers to make, to the following questions, answers as follows: | 0 . |
| 1. What is your name and where do you reside? Coll Worskoep 1 | a la lang |
| 8. How long and since when have you known In A ling Konney | applicant? |
| 3. How long and since when has she continuously resided in this State? (Give da | ate.) |
| by fine years in more | |
| 4. When and to whom was she married a 9 the land you know & | wel Luga |
| 5. How long and since when did you know (1 111 1lannay as he | ten 19 |
| shand? 60 heer, | |
| 6. When and where did Q G 1:12 Rancing | |
| husband of Applicant die C.S. Kr H | |
| 7. Were the applicant and her husband living together as husband and wife at the | |
| oth? Or well Kneer | a dete of ula |
| 8. If not, how long did they live apart before his death? | |
| ere they divorced? U.Q. | |
| 9. When, where and in what Company and Regiment did a 9 In allowed | |
| by 1862 Rannour Ga to H HOTE Ly K | enlist? |
| , | |
| 10 W | |
| 10. Were you a member of the same Company? | |
| 11. How long within your personal knowledge did he perform actual military serv | |
| npany and Regiment? 1864 July 13rd bus. 1 www cup | |
| 12. When and where did his Command surrender, and was discharged? I was | |
| with The 110th Ga Kegt any were after I was | , |
| 13. Were you personally present when it was surrendered?If | not where |
| e youand how came you there? | |
| | |
| 14. Was the husband of applicant personally present at surrender? Do und | |
| re was he?hwhen, where an | d for what |
| e did he leave Command? (Give-date.) | _By whose |
| ority did he leave his Command? | _and how |
| was he granted leave? | his? |
| Jenlistad and Severed with him tell of | ul 186. |
| , , | / ` |
| 15. For what cause, if you know of your own knowledge, was he prevented from re | turning ,to |
| Command? | |
| 16. What effort did he make to return to his Command and how do you know this? | |
| knowledge or how? | |
| | |
| Sworn to and subscribed before me this the | |
| Sworn to and subscribed before me this the 3074 day of Mry 1927 W. J. War Ordinary of County. | |
| IN Miller | |
| Ordinary | |
| 11 200 | |

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

STATE OF GEORGIA,

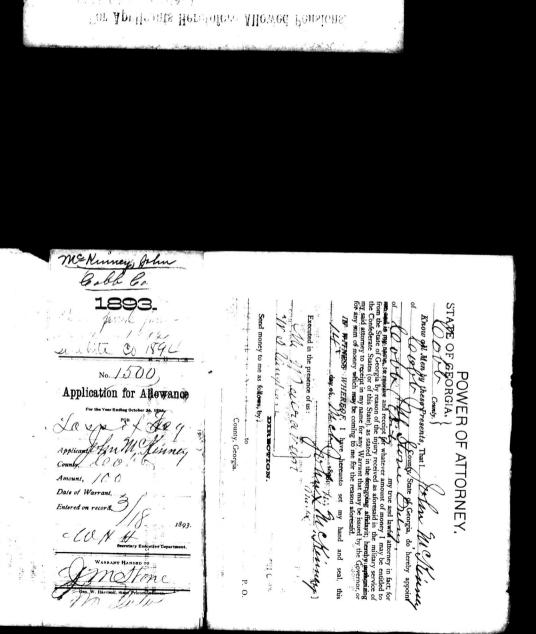


| milter 98 | | 0 | | on law one past | 0 | - North Association | Belgerije | | | - confi |
|--|---|---|-------------------------|---|-----|--|--------------------|-------------------|--------------------|---------|
| For The Air and Enrolled. No. 2975 INVALID SOLDIER'S PENSION. 1896. Name & Sindsey County Coba Disability Air a a a a Amount, \$ 30. | n | | Executed in presence of | IN WITNESS WHERBOF, I have hereunto set my hand and seal, this day of | by. | to receive and receipt for the pension paid hereon and request that he remit same to | I,hereby authorize | STATE OF GEORGIA, | POWER OF ATTORNEY. | |
| RICHARD JOHNSON, Commissioner of Pensions. WARRANT HANDED TO CALLA SEA W. AMERICA, STATE PRINTER, ADALTA | | | [L. S.] | nd and seal, this | | nest that he remit same to | | | EY. | |

100 data

POWER OF ATTORNEY. STATE OF GEORGIA, Know all Men by these Presents, That I. County State of Georgia, do hereby appoint of my true and lawful attorney in fact, for meetal in my mone, to repeate 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 WATTAMESS WHEREOF, I have hereunto set my hand and seal, this Executed in the presence of us: Send money to me as follows, by }. P. O. County, Georgia.

For Aprile ints Herotofere Allowed Pousions.



| For Applicants Heretofore Allowed Pensions, |
|---|
| STATE/OF GEORGIA.) |
| COPOLO CONST. |
| PERSONALLY Appears Token M. Kinney of Coll |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and |
| resident of said State, and has resided therein continuously ever since the |
| day of |
| federate States (or of the State of) during the war between the |
| States, and served as a Crivate in Company B, of 57th Regiment |
| of Wolunteers Stripe 's Brigade; that whilst engaged in |
| such military service at the battle of Safters () in the State |
| wounded as follows: At Pursh of Many 186 a be was |
| More ankle thenhe Causing dail fort |
| leg to be amputation ne as one beforethe |
| Muce, |
| D |
| Ransioner drew from Hall Co. |
| east year. |
| Deponent desires to praticipate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for |
| the year ending october 26, 1893. I have heretofore been allowed a pension of |
| dollars, for |
| Sworn to and subscribed before me, this, the |
| day of fle ch 18930 11111 |
| |

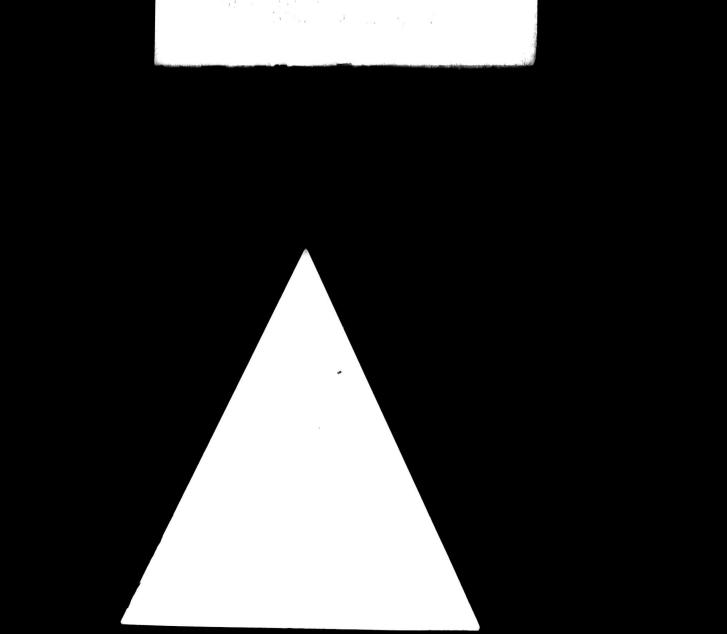
Note- State fully nature of wound or character of disease which causes the disability, and replain particularly the extent of the disability, resulting from the wound.

I. Stoney ordinary of said County, do certify that I am well acquainted with John McKinney 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 14 day of Mch 1893.



Ordinary's Certificate

COUNTY.

ing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and service; that they are both residents of said county and were duly sworn by me before signing the forego-

and official seal of office this.

said county. That I also know.

Successful the witness swearing to the

ion is the person he represents himself to be and Ordinary of said County, certify that & know

| me Bain ba mang | | · to zero o o o o o o o o o o o o o o o o o o | |
|--|-----|---|-----------|
| V No. 92 1923 | æ | NOTES: 1. Before any questions are "You give shall be inches the whole true 2. Additional affairstic may 3. All affairst must be made, must be certified by such | of (SEAL) |
| Confederate Soldier's Application | | Before any questions are asswers 'You do solemally swear that you give shall be the whole truth. Bo Additional affidiewine may be star. All affidiewine must be made before must be certified by such Ordinary | 1 |
| Under Act 1910—As Amended by Act of 1919. | | ar fed and of the | - H |
| onder Act 1910—As Amended by Act of 1919. | | whole whole ust be ust be | 2 6 |
| County Cabb | • | | 7, |
| Name James M Lain | | at you be stach | ž |
| Company Q | | the Or will true dp you ' d if bla the Ord | Ord |
| Regiment /8 | | nevered the Ordinary stall owner applicant and witnesses in the following worth that yew will true start; and are not of the questions asked you and the ordinary is, the play yes (GAL), or make no insufficient, he streamed if hand spaces are insufficient, the forces the Ordinary of the county in which the applicant or witness residue and beliancy. | Ordinary |
| Approved | | make to make to a are in the cour | |
| | | each each | |
| THE CONTRACT OF CONTRACT OF THE CONTRACT OF TH | | of of | |
| | | the c | |
| 1/ | T . | be guest | |
| . 1 5 | ! | itnesses tions asl | |
| | | g 2.5 | |
| <i>-</i> 4 | Ī. | the following words you and the crides you know resides an | |
| J. W. LINDSEY. | | follo | |
| Commissioner of Pensions. | | a Fi | |
| Street, Specials, or and others, and appropriate | | de mond | |
| Hyrd Printing Co., State Printers, Atlanta. | | F 19 | |
| 10.30-1919 | | | |

Ordinary's Certificate

| STATE OF GEORGIA, |
|--|
|) CCCC COUNTY. |
| COUNTY. Ordinary of said County, certify that I know |
| the applicant to the for pension is the person he represents himself to be and |
| the applicant to the person by represents himself to be and resides in said county. That I also know A. S. Account the witness awaring 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 cutifled to full faith and |
| eredit. |
| Sworn under my bound and official seal of office this AD day of C 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| of County. |
| SEAL |
| |
| NOTES: 1. Before my questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do selemnly assert that you will true answers make to each of the questions asked you and the evidence you gue shall be the shade trath. So help you find," "Addressed affisharts may be attached if blank papers are immifficient, "An offisharts must be made before the Ordinary of the county in which the applicant or witness resides and |

Soldier's Application Confederate

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

Questions For Applicants to Answer

| STATE OF GEORGIA, |
|---|
| COUNTY |
| Marin 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 pane and phere do you reside! (flive County and Post-office) |
| James M. Lain Rewith Cold & En |
| How long and since when have you been a continuous resident citizen of this State! |
| 3. Did you emist in the Army of the Confederate States or in the organized militia of this State from |
| 1861 to 18651 7.20 |
| 4 Whey and where, and in what Company and Regimentality you enlist (Give the arm and class of Service Pople 1862 Coth Co. C. C. L. S. Jan Roy J. January |
| 5. How long did you remain in the actual military service with said Company and Regiment! (Give date of discharge) |
| 6. When and where was your Company and Regiment surrendered or discharged from the Service ! |
| Mary 9 1860, Wellomathy |
| 7. Were you actually present with your command when it was surrendered or discharged? |
| 8. If you were not actually present, state specifically and clearly where you were was at home |
| a. Where was your command when you left it? Name will Learn |
| b. When did you leave the command 25 day I hus 1863 |
| c. For what cause did you leaves limined at battle of trongvelle |
| d. Bywhose authority did you have I was Sent to Norfill of Longen June |
| 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 wart 400 |
| i If so, when, and where? In what prison were you held and when were you released? |
| with 19 Day of July 1864 on the day and to fort Delawage where I remember |
| O. Ara you all all ing A Jennion of any amount from this State or the United States |
| 10. Have gon ever applied for the Georgia Panaion and had it refusal! and for what canagit was |
| and Die 8 1964 Burst never near many Sufficient for Berry of guy there |
| hick was on me for 2 month after now altery worth I had Chronic brook |
| Sworn to and subscribed before me, this the |
| 30 day of august 1919 games : Ch Janel |
| Part Ordinary |
| of County. |
| (SEAL) |

Questions for Witness as to Service

| STATE OF GEORGIA, |
|--|
| COUNTY |
| of said State and County is hereby presented |
| as a witness in support of the application of Janual Lain 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! S. Mooking |
| Marilla Ly |
| 2. How long and since when have you known the applicant? |
| or gens or mire |
| 3. Where does he now reside, and sinca when has he been a bona fide, continuing resident in this State, and how do you know! Laworth label as level Boury & Through |
| Line |
| 4. When, where and in what Company and Regiment Air |
| war from 1861 to 1865! (Give date and place.) Both 862 Both 80. En |
| 5. How did you obtain your information of this Service! I mas in Dame & |
| y aginen |
| 6. How long within your own personal knowledge did he perform actual military service with this |
| Company and Regiment 1 (Give date Hattil Battle thinging, In 28-1863 |
| When and where was his command surrendered or discharged (give date and place) |
| Upril 9 1865 appoinally |
| 8. Were you personally present at the surrender? |
| If not, where were you and how came you there? I had been Coppliant, in |
| 10. Was the applicant personally present with his command at surrender! |
| 11. If not where was he and how came him there In Lordbern Copland at thingoils Lond |
| 12 When did he leave his command 200 1863 . Where was his command |
| when he left it? I how orille has For what cause did he leave I borneled in built |
| By whose authority did be 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 with him will be has bounded a Capline |
| 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 t |
| 15 Was applicant applicant applicant with the second of th |
| 15. Was applicant captured as a prisoner 450 11 se, when and where A 44-1863 From with Len In what prison was he held? For Adams and |
| when released don't 12ms |
| Sworn to and subscribed before me, this the |
| Al gos of August 1919 |
| In Janu Ordinary) |
| of Cobb County |
| (SEAL) |
| |

McLain, Jame

YEAR 1920 TOTAL CObb.

WHERE BORNS

ENLISTED WHEN AND WHERE?

A resident of Georgia all my life, 76 years.

September, 1862 Cobb County, Georgia.

RANK:

COMPANY AND REGILIER'S

Company A, 18th Georgia Regiment Inf.

NAME OF PARTAIN AND POLONELS

WOUNDERS November 28,1863, At Bettle of Knoxville, Tenn,, wounded and sent to ospital at Louden, Tenn. Suffered with Diarrhea which was on me for 12 months after the war closed.

Ad NURE, SELF ACT ACTES.? Dec.5,1863, Louden, Tenn., and sent to Fort Lelaware, remaining there until Bep.18,1864 when I was paroled and sent to Michmond, Va., receiving a furlough for 30 days. I came to Georgia on this furlough but could not get home. Returned to Richmond (and received another furlough, reaching home Dec.2, 1864, never fully re-

Ft. Lelaware Sect.18,1864. (Covering from Elarrhea. Command surrendered: April 9, 1865, Appomattox, Va.

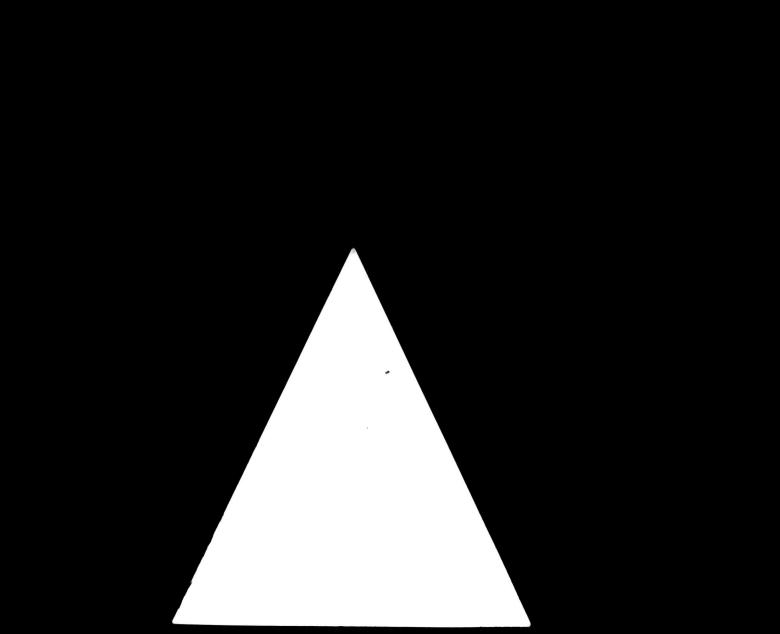
IF NOT IRESELT AT MURRENTER, WE ERE WERE YOU? At home .

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: J.S. Goodwin - same command - - - - - - No data.

SB.



NOTES

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted to the first payments provided the following suggestions are submitted and fully set torth by applicant and physician, and followed by a plain statement of the stowing 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 askinatually and accordingly sacles.

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 uncless.

4. If the papers are returned for correction and amendments are added to any of the show that the amendments must be made native outh before an officer, and the proofs must show that the amendments must be made native outh before an officer, and the proofs must 5. Every application must be certified by the Ordinary of the country of the Pedialence of the Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

No payments can be made for any past year.

W. H. HARRISON.

Clerk Ex. Dept

APPLICATION FOR ALLOWANCE

Log de soble All Chin Amount, 50 Date of Warrant mel 5 1/

Entered on record

CLO H H

POWER OF ATTORNEY

| | | . 01 1111 | ORTHE I. | |
|----------------|----------------------|------------------------|---|--|
| STATE OF | GEORGIA, | 1 | | • • |
| | County | .} | | |
| Ι | | hereby | authorize | |
| | | of | | ~ |
| to receive and | receipt for the pen: | sion paid hereon | and request that he | remit same to |
| | | by | | |
| at. | | | | |
| IN WITN | ESS WHEREOF, | I have hereunto se | et my hand and seal, | this |
| day of | | _1898, | . * | |
| | | | | [L. S.] |
| Execut | ted in presence of | | | (|
| | | / | | |
| | |) | | |
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| | | 47 % | HN W | WARRENT HANDED OMECK FREE THE FORCE OF THE PORCE OF TH |
| 12 g | 4 10 Q | 1.7 4 | 0 4 5 8 | 1 2 |
| 3 % | | 100g | N W ARI | 2 |
| Z Z | Z H | 2 | # E | WAR. |
| For | - - - | | H | 1 |
| | <u> </u> | Name County Disability | Amount, \$ | |
| £ 10 | 0.1 | - A O A | € 1 | 3.4 |

| | 1 | POWER | OF ATTORN | EY. | |
|------------|--|---------|---------------------|--|--------|
| STATE | OF GEORG | IA,) | | | |
| • | MINI (Mellinda - 1 como a) accordance accord | County. | | | |
| Ι, | | | hereby authoris | ze | |
| | | | of | | |
| to receive | and receipt | | paid hereon and req | | |
| | S | | | | |
| | xecuted in pre | f900. | 2 | The second secon | [L. S. |
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| * | | | | | |
| | | | | | |
| | * | | | | |
| | | e | | | |

SOLDIER'S PENSION 1900.

INVALID

CODE SECTION 120.
(For Those Aiready Enrelled.)

Disability A County (Name

Warraut issued 19 1/3 ,, 1900. JOHN W. LINDSEY,

Amount, \$

NOTES.

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

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

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

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 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.

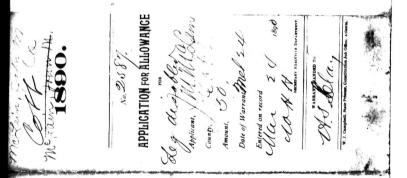
5. Every application must be critical by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

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

of the physicians and applicants to these points.

7. No payments can be made for any past year.

W. H. HARRISON. Clerk Ex. Dept.



For Use of Applicants Who Have not Heretofore Drawn.

| · · · · · · · · · · · · · · · · · · · |
|---|
| STATE OF GEORGIA, |
| PERSONALLY Appears 21/1/1/1/1/2/ain Cath |
| 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 continuously size of the citizen and |
| resident of said State, and has been continuously since the |
| day of |
| federate States (or of the State of) during the war between the |
| States, and served as a Land in Company of St th Regiment |
| of Sa, Volunteers Hoffords Brigade; that whilst engaged |
| in such military service at the battle of letty of try |
| of Jens, on the 3 day of July 1863, he was |
| wounded as follows: in Minning ball othiking left feg |
| about half may betinen the Muy and ankle and passin |
| directly through said leg, bushing the bones, From |
| of heart to book alloca, and thinky Causing fice |
| deponent is unable to ralk on it at times |
| All id have been died |
| and Substantially useless, and deponent is mound |
| incompetant to Deglorm the ordinary manual |
| work ations 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 thereunder, ending October 26, 1890. |
| Sworn to and subscribed before me this the |
| day of May 1890). |
| Nore. State fally paying a wound or shapping be discover which causes the disability, and explain particularly the extent of the disability. It has a based on the paying the extent of the disability. |
| (call the |
| COMMISSIONED OFFICER'S AFFIDAVIT. |
| |
| STATE OF GEORGIA, |
| |
| PERSONALLY come before me A X & MON of the county |
| State of Georgia, who, being duly sworn, says that he was |
| Regiment of WW. |
| Volunteers, and that deponent knows the Mulkanyand that he received the |
| wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said |
| 7/1 9/ a stand by him in said affidavit. Deponent further states that said |
| is a bona fide citizen of this State and resides |
| county. |
| Sworn to and subscribed before me this) |
| and day of March 1890. |
| The toppoling apports Approach of suitable false should a refer by a commissioned affect of |

STATE OF GEORGIA,

PERSONALLY came

citizens of

county, in said State.

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

and know, from having been with him in the army, 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 disabled applicant, as stated by him; the said applicant is a hona 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

NOTE. Above efficient most be made by three citizens who personally know of the service of applicant and can state of their Note 2. The attesting officer most overtheed, and what disables him. Note 2. The attesting officer most over that each winess reads, or has even to him the affidurit he signs.

J. W. Stone Ordinary of said county, and St. 72 Gz both known to PERSONALLY comes before me 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 by a niminate ball hafaing through the left by about half have because a like a line breaking by the bones a linear pand by in such an manin that it has never healed, + is still painful for afficant to bethe tothing it always painful for afficant to bethe tothing cannot walk at all. Said bounds sender the leg substantialy + resentedly useless to ferform the ordinary sookstions

Note-The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting intererrom.

'Nork 2—It 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, |
|--|
| Coly County. |
| 1, Ordinary of said county, |
| do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his raids of the statements and the statements and the statements are statements. |
| 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 halief |
| I further certify that & M. Mitchell before |
| whom the foregoing affidavity were made and power of attorney was signed, is a |
| signatures thereto are genuine |
| Given under my official signature and seal, this That day of Mich 1890. Ordinary Cathle |
| Let Hom |
| Ordinary Could County. |

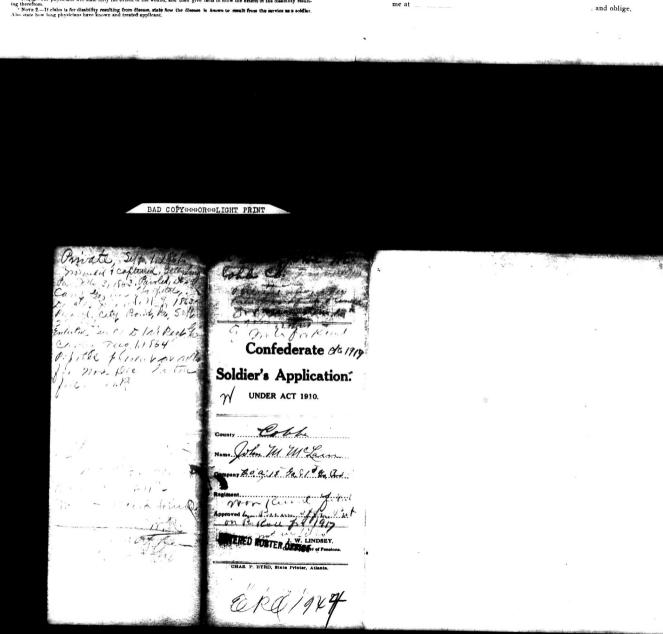
Power of Attorney.

| STATE OF GEORGIA, | |
|---|---------------|
| Know all Men by these Presents, That I. John M. Mer. | 1 |
| county in said State, do hereby appoint of Color of County Juny true and lawful attorney in fac | ct, fo |
| to from the State of Georgia by reason of the injury received as aforesaid in the mi | title |
| service of the Confederate States (or of this State), as stated in the foregoing affidhereby authorizing my said attorney to receipt in my name for any Warrant that mi | av be |
| assued by the Governor, or for any sum of money which may be coming to me for the reaforesaid. | easo t |
| IN WITNESS WHEREOF, I have hereunto set my hand and seal, | this |

| The state of the s | | |
|--|-----------|-------|
| day of | nich 1890 | |
| Executed in the presence of us : | John Me | nesa. |
| JUL, Flor |) | |
| J. X. Power. |) | |
| DIR | ECTION. | |
| If allowed, send amount by | | |

me at

and oblige,



QUESTIONS FOR WITNESS AS TO SERVICE.

| STATE OF GEORGIA, | |
|---|--------------|
| Some Hot Source of said State and County is hereby presented | |
| Cas a witness in support of the application of the M. M. Clause for the pension provided | |
| by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded | |
| 1. What is your name and where do you reside? | |
| 2. How long and since when have you known than III " & Butta the applicant? | |
| 3. Where does he now reside, and since when has he been a bona fide, sontinuing resident in this State and how do you know? As worth Cobb Co. he references | 3 |
| from Ieras in heay 1915: | 1.3 |
| 4. When, where and in what Company and Regiment did. was from 1861 to 1865? (Give date and place) 44/186/. Ce. H., 182 Ga. Rey South | Jake. |
| 5. How did you obtain your information of this Service? I have the Same & | ž A |
| 6. How long within your own personal knowledge did he perform actual military service with | G. |
| this Company and Regiment? (give date) while July 3 1863 when he was worn | whit |
| 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? | 1 |
| 10. Was the applicant personally present with his Command at surronder? | ş |
| Gellishing & Caplines | } - |
| 12. When did he leave his Command? On alive 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? | γ. |
| all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) | Ì |
| 13. In what way was he prevented from returning to his Command? How do you know? he has herealth ou he mand of the hunch, and found Com | elm |
| 14. What effort did he make to return to his Command and how do you know? | 0 |
| | 0 |
| 15. Was applicant captured as a prisoner. J. If so, when and where? Julius Fung In what prison was he held? Arrive School May January May the melassed | Vene |
| Sworn to and subscribed before me, this the | |
| my a Sept 1916 | |
| Ordinary, N S Conley | |
| ofCounty. | |

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910

| ATTECATION FOR SOLDIER'S PENSION UNDER A | CT 1910. |
|--|--|
| . Questions for Applicants to Answer. | 30 |
| STATE OF GEORGIA, | 130 |
| County. | <i>i</i> |
| John M. W. Clair | |
| | |
| In testimony to make out the same, and after being duly sworn true answers to make a propounded, answers as follows, to wit: | to the questions |
| 1. What is your name and where do you reside? (Give County and Post-office) | × × |
| John M. W. Glam agworth Coth found | 2, 1 |
| 2. How long and since when have you been a continuous resident citizen of this S | tate? |
| 8. Did you enlist in the Army of the Confederate States on of the Confeder | ······································ |
| Did you enlist in the Army of the Confederate States or of the Organized Milifrom 1861 to 1865? | itia of this State |
| 4. When and where, and in what Company and Regiment did you and at a Color of | h |
| of Service) All 186/ Warm Coale in Ca 18 - Ca | danker " |
| 5. How long did you remain in the actual Military Service with said Company | and Regiment? |
| (Give date of discharge) Berry Mars Ro. T. Rey water Jack 1863 on h | us dale Is |
| April 267865. AT Design of the April 267865 AT DESIGN OF THE APRIL | om the Service |
| 7. Were you actually present with your Command when it was surrendered or dis | scharged? 48 |
| 8. If you were not actually present, state specifically and clearly where you were | ouarged |
| the prison | |
| a. Where was your Command when you left it? | |
| Church M.C. | |
| b. When did you leave the Command? | |
| | |
| | |
| the action | |
| f. Why did you not return to your Command after leave expired? | ver |
| g. In what way were you prevented? | |
| h. What effort did you make to return? | |
| i. Were you captured during the war? | |
| 3 1862 If so, when, and where? In what prison were you held and when were you release | used? |
| 9. What property of every description was owned, in the use, possession and our | 1 1863 |
| and its cash value on the 4 Nov. 1908? (Make list by items and value.) | teroi of yourself |
| 290 acres ofland 2 muchs & I have valen & | Tall door |
| V | , |
| 10 111 | |
| 10. What property of any kind have you disposed of and for what purpose 1908. To whom and for what price? All & hard and then to Live | since 4 Nov. |
| hat all the first process that the same and | of and |
| 11. What property of any description of any kind, and of any value now owned | and in the use |
| (Make itemized list) | 20 |
| marie to the state of the state | an Martanli |
| withing and am Taplus by my Children and | have |
| 12. What annual or monthly income or earnings of yourself and the source | derived bear ? |
| you? Those sources of calmings of yourself and the source | uerived nave |
| 13. Are you drawing a pension of any amount from this State or the United States? | ho |
| 14. Have you ever applied for the Georgia Pension and had it refused? and for wha | t cause it was |
| no: allowed? 72 | |
| | |
| Sworn to and subscribed before me, this the | |

Bworn to and subscribed before me, this the day of the little of the lit

QUESTIONS FOR WITNESS AS TO SERVICE

| TO SERVICE. |
|--|
| STATE OF GEORGIA, |
| County, |
| CAP11 4 |
| M Tucker in country is hereby presented |
| 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; XX Roy day |
| 2. How long and since when have you known M. M. Slain the applicant? |
| Luca /80 6 |
| 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? Let fine Since May 1916, he feed to |
| in Jesas Some 4 years in Each County all the suit of his lig |
| 4. When, where and in what Company and Regiment did to the form of the Company and Regiment did to the Company and Regiment di |
| war from 1861 to 1805? (Give date appolece) Since the form of the |
| I may member of Jame 80 Payment |
| 6. How long within your own personal knowledge did he perform actual military service with |
| this Company and Regiment? (give date) Hull april 26 1865 |
| 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? I was forest |
| |
| 10. Was the applicant personally present with his Command at surrenders. |
| 11. If not where was he and how came him there? he was There |
| |
| 12. When did he leave his Command? |
| when he left it With Jan Henry Unor War Jord what caugh did no leave? Surrely |
| By whose authority did he leave and how |
| long was he granted leave? |
| all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) |
| 13. In what way was he prevented from returning to his Command? Were auce |
| 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? |
| |
| 1010 |
| Sworn to and subscribed before me, this the |
| A Lane |
| Ordinary, |
| |

| AFFIDAVIT OF TWO FREEHOLDERS. |
|--|
| STATE OF GEORGIA. |
| County |
| Personally before me comes A H Coulin 1 M & M Lin who on oath |
| says that they are freeholders residing in said County and we know & M. M. Caire |
| the applicant for pension and we know the property that is now in the use, possession and control of himself |
| and of the early alue to wit: (Make List by items and value) 200 for four of any |
| 1. What property if any, has been sold or given away by the applicant since Nov. 4, 10087 (State it fully by Items). A state of the sold o |
| 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? Sale & Mar his debt. |
| 6. Was the disposition of this property made in good faith and full values? |
| was it made to obtain a pension? |
| Sworn to and subscribed before me, this the delicing day of Quit 1916 |
| Ordinary, |
| of Cook County |
| |
| ORDINARY'S CERTIFICATE. |
| STATE OF GEORGIA, |
| 41.11 |
| County. |
| Ordinary of said County, certify that I know |
| aid County That I also known & Course W. P. M. a. T. W. Kans due |
| prvice and NHCashins T M S Warning to the |
| ney are all residents of said County and were duly sworn by me before signing the foregoing efficient |
| they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the |
| ax Returns of Cobb shows that A Mefani |
| alue for tax is in 1908 \$2500 for 1909 \$2206 for 1910 \$200 |
| r 1911 \$.2 for 1912 \$.2 for 1913 \$.2 for 1914 \$.9 for 1915 \$.2 |
| Sworn under my hand and official seal of office this. 3/ day of 02 1916 |
| Ordinary, |
| of Coth County. |
| OTES 1. Before any questions are narweed the Ordinary shall swear applicant and all witnesses in the following words "You do celembly swear that you will true answarp make to sets question asked you and the swidence you shall give shall be the whole truth Additional sfifled vise may be attached if blank papers are insufficient. All affidavits must be made before the Ordinary and certified by him. If applicant has no property at all in his possession, use or control of self affidavits of freeholders unnecessary. |
| |

Maimed Soldiers. Voucher No. 21581 Audited Amount & 050 Paid Cof Ohn M M Lain COMPTROLLERS ENERAL Included in warrant No. issued to Treasurer. 18 WARRANT CLERK.

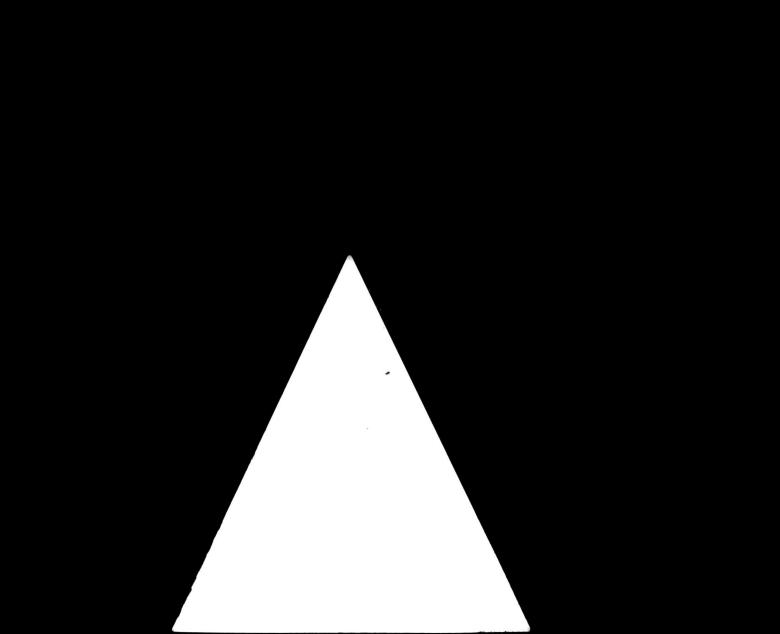
W. J. Campbell, State Printer, Constitution Job Office.

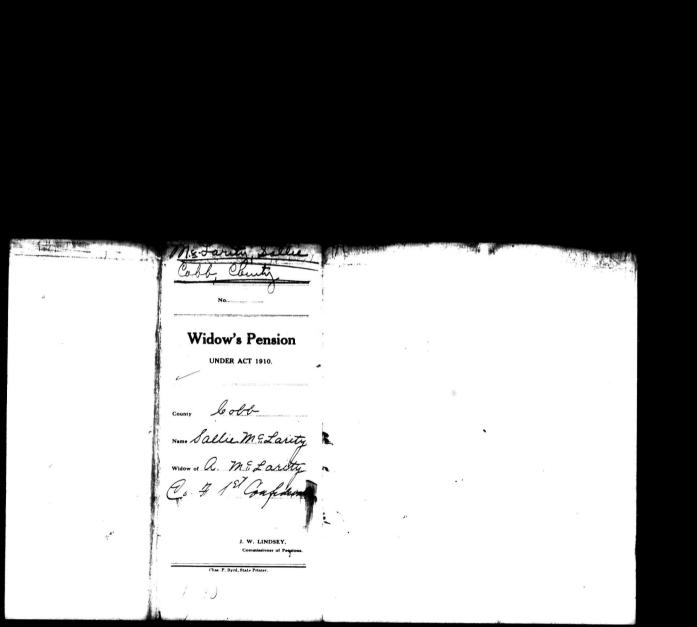
W.S. Clay.

No. 2581 STATE OF GEORGIA, Allanta, Ba, Mar 24 1090. EXECUTIVE DEPARTMENT. w John m m Lain having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, approved, Dec. 24, 1888, and the same having been examined and allowed for He is entitled to receive the sum of the for such disability, the same being the allowance due for the year ending October 24, 1890.

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

GOVERNOR, Veg desabled By the Governor, Co N. Namen CLERK EXECUTIVE DEPARTMENT ,50 RECEIVED OF STATE TREASURER, R. U. HARDEMAN, 24 of man per above voucher, this A. S. bel ay his any in fact





| | for Applicant. |
|---------------|--|
| | STATE OF GEORGIA, |
| 1 / 2 | County. |
| 1 | Personally before me comes Sally Mebball |
| | and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Anti- |
| | of |
| | Towning questions to wit: |
| | What is your name, and where do you reside? Sadding M. Colords. Willed to How long and since when have you been a continuing resident in the State of Georgia? |
| alln | up life lover binn april 10-1884, 16 years |
| | 3. When, where and to whom were you married forms 1. 1854. Abrumbs Mobile 4. When, where and in what Company and Regiment did your husband enlist 9s a soldier in Con- |
| 1013 80.5 | federate Army or Georgia Militia? (State the arms and class of Service.) In 2 1862, Vandy Spin |
| S lic | 5. When and where did the Commands of your husband surrender or discharge from the army? |
| 21176 | 6. Was your husband personally present at the time of the surrender or discharge of this Command? |
| 1, 15 | |
| 30 | 7. If he was not present state clearly where he was? |
| 15/23 | 8. Where was his Command when he left? |
| } H_ | a. For what cause did he leave his command? |
| 11/24/12 | |
| 116 | c. For how long was he granted leave of absence? e. What was his physical condition when he left his Command? |
| 18 | f. What effort did he make to return to his command? |
| 18.7 | g. In what way was he prevented from going back to Command? |
| 1 / / 1 | b. Was he captured by the enemy at any time? |
| | h. Was he captured by the enemy at any time? If so, when and where captured and where held as a prigoner, and when and for what cappured. |
| - where | Man boug the horning on from the serve Charle |
| | When and where did your husband die? Ware you said a |
| | how long had you resided apart? |
| | What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by ijems.) |
| - | 60 cares Value \$100000 Jame hope good latel 15- |
| 1 | 3400 |
| 1 | 10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received |
| Ĭ | for it and what did you do with the proceeds thereof? (Give items and cash value.) |
| - | Jung Con to me Drill |
| | I have I for 34 = pain turne & pares |
| | 4 |
| Ť. | 11. What property of any description of any value have you now? 30 Court fact Value 1000 to Give list and cash value? |
| | 12. What are your annual earnings or income and their value? |
| -4 | |
| 2. | 1/3. Have you heretofore been paid a pension by the State? |
| | If so, when and for what cause were you struck from the Roll? |
| | Swort and subscribed before me this the John John - T |
| ¥. | It In by of auget 10/0 Dates many conty |
| . | Jacker Grdinary. |
| 4 | of County. |
| * | Organicas for the Witness A. S |
| | Questions for the Witnesses as to Service of Husband and Marriage. |
| | STATE OF GEORGIA, |
| | County County |
| in the second | Personally before me comes & It M Running who after |
| 0.1 | being duly among the who after |

Widow's Pension
UNDER ACT 1910.

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

For Applicants Heretofore Allowed Pensions.

| , |
|--|
| STATE OF GEORGIA, |
| Colle scoynty. |
| personally appears of Color |
| County, State of Georgia, who being duly sworn, says on oath that he is a tona fide citizen |
| and resident of said State, and has resided therein continuously ever since the |
| day of May 18 43, that he enlisted in the military service of the Con- |
| federate States (or of the State f) during the war between the |
| States, and served as a frugh, in Company t, of 3 th Regiment |
| of You Volunteers, Casas 's Brigade; that whilst engaged |
| in such infitary service in the State of fa , on the day |
| of 186/, he was wounded, injured or diseased as follows: |
| that while an Amil |
| Service at Brunsmill Ha in |
| DEAN 1861 By C. Touther |
| Fill. Water a days on Grant |
| district the second |
| to the state of the state of |
| the the the organist to perform |
| the ording Manual auxe alows of left |
| 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 gar ending October 26th, 1899. I have heretofore under said law as a |
| resident of county been allowed an invalid pension of |
| Dollars, for the year 189 |
| Sworn to and subscribed before me, this, the |
| DO May of HEby 1899 POST-OFFICE ROSAFELL Ha |
| Sul Het. |
| Norz-Side fully the nature of wound or character of disease with course the disability and employ nucleusly the nature |
| Nove-Dide 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. |
| Cobba County. |
| County.) |
| I, Ordinary of said County, |
| do certify that I am well acquainted with Linds the |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him |
| in his said affidavit are true, and I know 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 Truy. (1896) |
| And South |
| (Bire) |

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, |
|--|
| Cobb County |
| personally appears & Line Sey of Ovol |
| 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 |
| and day of May 1843 that he enlisted in the military service of |
| the Confederate States (or of the State of ,) during the war be- |
| tween the States, and served as a free in Company , of 3 th |
| Regiment of A volunteers, Carro 's Brigade; that whilst |
| engaged in such military service in the State of 20191 4 on the |
| day of 186 , he was wounded, onjured or diseased as follows: |
| That while he thank |
| Since at Joursman The |
| my de 1861, he Gentrated |
| Typhus Malone, ferr on |
| age out of which disabil |
| The is Kapalice of Drugationall |
| busompeted to perform the ordering |
| Deponent makes application for the pension to which he is entitled for the year |
| ending October 26th 1990. I have heretofore under said law as a resident of |
| County been allowed an invalid pension of |
| Dollars, for the year 1899. |
| Sworn to and subscribed before me, this, the |
| Aday of Aslay. 1900. POST OFFICE Regardle & |
| (but the |
| In some one |
| Note.—State fully the nature of wound or character of disase which causes the disability, and explain porticularly the extent of the disability resulting from the wound or disease. |
| STATE OF GEORGIA. |
| $\mathcal{O}(11, \dots, 11)$ |
| County.) |
| I, Stone 1 Ording of said County, |
| do certify that I am will acquainted with Linds, the |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him |
| in his said affidavit are true, and I know 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 1263. |
| your (|
| () Son |
| Ordinary County. |

| 1. What is your name and where do you radid? He Handan & H.W. Yearner | |
|--|---|
| | 1 |
| How long and since when has the continuously resided in this State? (Give date.) | 1 |
| 4 When and to what we have the second to what the s | 1 |
| 5. How long and since when did you know A Malolrich her husband of Jans ever Since 1860 or before A my | þ |
| husband VI years ever Since /860 or before 1 miles | 1 |
| 1862. Fronter Springs Co. F. 1 Confederate the Regional Control | 1 |
| |) |
| Nere you a member of the same Company? 8. How long within your personal knowledge did he perform actual military service with his Company and Regiment Above 1/1 years 9. When, and where did he Company surrender, and was discharged? April 26 1866 West Yours formed to the Company surrender of the State | |
| They Guess own of the Command surrender, and was discharged? april 26 1866 | |
| 10. We you personally present when it was surrendered? If not where you Lines Present and how come you there? | |
| 11. Was the hisband of applicant possonally present at surrender? 400 16 25 | |
| 11. Was the hydrstand of applicant personally present at surrender? 400 II Aut Out of the hydrogen of the hyd | |
| nutherly did be leave to indiminal? | |
| Do you state if of your own personal knowledge? (State all you know fully and how you know it) | |
| 12. For what cause, if you know of your own knowledge was he prevented from returning to his Command?. | |
| 13. What effort did he make to return to his Command and how do you know this? Of you | |
| own knowledge or how? | |
| 011 L. K. Ma Kennesse | |
| | |
| I'M Garin Ordinary | |
| of Marine Ordinary. | |
| of County. | |
| I'M Waring Ordinary. | |
| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA, | |
| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA, Caunty. | |
| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA, County, Personally before me comes A Multiplication who on oath says that they are freeholders of said County and that they know | |
| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA, County. Personally before me comes Personally before me comes The state of said County and that they know of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by | |
| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA, County. Personally before me comes Abdulina who on oath says that they are freeholders of said County and thou who what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows. | |
| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA, County. Personally before me comes Personally before me comes The state of said County and that they know of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by | |
| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA. County. Personally before me comes Manufacture who on oath says that they are freeholders of said County and that they know 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 | |
| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA, County. Personally before me comes Affidavit of said County and that they know 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). | |
| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA, County. Personally before me comes About who on oath says that they are freeholders of said County and that they know 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: | |
| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA. County. Personally before me comes Affidavit and that they know 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 Schedule (B). We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows: Peysonal property Schedule (B). | |
| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA. County. Personally before me comes Abdulution who on oath says that they are freeholders of said County and that they know 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). | |
| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA. Caunty. Personally before me comes are freeholders of said County and that they know 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: Pegsonal property Money, Notes and accounts Schedule (C). We also those that troperty he has now in her possession, use and control to wit: ### A Possion of the Property of the Property of the November of the Possession and the Possession are and control to wit: ################################### | |
| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA. County. Personally before me comes Are freeholders of said County and that they know. 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: Pegsonal property Money, Notes and accounts Schedule (C). We also place that roperty she has now in her possession, use and control to wit: | |
| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA. County. Personally before me comes About the whole on oath says that they who 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 those from troperty she has nog in her possession, use and control to wit: A Med Manda Addrillor or and troperty she has nog in her possession, use and control to wit: | |
| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA. County. Dersonally before me comes who will be a set out by Schedule (A) as follows: Personal 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 that property she has nog in her possession, use and control to wit: Other property Other property income and carnings | |
| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA. County. Personally before me comes Affidavity and that they know 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 those find froperty high has nog in her possession, use and control to wit: A Control of the property income and earnings. Total Value of all property and effects. | |
| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA. County. Personally before me comes Are freeholders of said County and that they know. 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: Pessonal property Money, Notes and accounts Schedule (C). We also blook that froperty he has nog in her possession, use and control to wit: Other property income and acarings Total Value of all property and effects. | |
| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA. Caunty. Personally before me comes are freeholders of said County and that they know 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 that froperty she has now in her possession, use and control to wit: Stockholder of the property of the | |

| ORDIVIA DAVIG CHE THE CO |
|---|
| ORDINARY'S CERTIFICATE. STATE OF GEORGIA. |
| County. |
| that know Miss Lettin Molarify the applicant for pension. She is the person she represents herself to be and she is a bonafide continuing resident citizen of said |
| County and was in the 4th Nov. 1998 |
| That I also know the witness who swears |
| to the service of humand, and M. Wulles 15 Source 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 Sallis W Colony Returned for Tax is for |
| Sworn under my hand and official seal of office this 23 - day of Select |
| 191 D (18) 01 |
| SEAL. Ordinary. |
| (SEAL.) |
| NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words, you do softening swear that you will tree answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God, ? All affail districts may be attached if blanks spaces for insufficient and the evidence of the state |
| ieorgia, Cobb County: I, J. Gann, Ordinary of said County, Certify that all records |
| in this office including the Marriage Record of said County was |
| runed together with the Court House by Shermans Army in the year |
| 864 and we have no County records previous to 1865 |
| Ordinary. |
| |

| | 0.010 |
|------|--|
| | 1. What is your name and where do you reside the makilla CH. |
| | 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.) |
| | my Dury I Thend her for 50 years to my Smallesty |
| | 4. When and to whom was she married? How do you know? Low four |
| | 5. How long and since when did you know A mclerity her |
| | husband? wer Samae/860, or tufore |
| | 6. When, where and in what Company and Regiment did A. M. Clerity enlist? |
| | - VPM VIII |
| | 7. Were you a member of the same Company? |
| - | 7. Were you a member of the same Company? 8. How long within your personal knowledge did he perform actual military service with his Com- |
| | pany and Regiment? I Tarana |
| | When, and where did his Command surrender, and was discharged? |
| | |
| | 10. Were you personally present when it was surrendered? |
| | were your frag in ferring in Court labour am Ording and A |
| 10 | any with Other Confederaly bordness was reserved here |
| elio | er er Det the this you bispottante or mails proporty and order of 6.1. Me same |
| , 4 | where was he's as I was there I left when where and for what |
| `./ | pause diche lave Companed? (Sive date.) |
| 36 | authority did he there his Company! |
| re | long was be granted leave! How do you know all this? |
| | Do you state if of your own personal knowledge? (State all you know fully, and how you know it.) 12. For what cause, if you know of your own knowledge was he prevented from returning to his |
| | Command?. |
| | 13. What effort did he make to return to his Command and how do you know this? Of you |
| | own knowledge or how? |
| | Sayorn to and subscribed before me this the |
| | My Chay of Och Lamber 1910 |
| | f Marie Ordinary. |
| | of County. |
| | AFFIDAVIT OF TWO FREEHOLDERS. |
| | |
| | STATE OF GEORGIA, |
| | County. |
| | Personally before me comes |
| | rersonally before me comes who on oath says that they are freeholders of said County and that they know. |
| | 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 |
| | Unana and Mala |
| | Cows and Wass |
| | Other property |
| | income and earnings |
| | Total Value of all property and effects |
| | Sworn and subscribed before me this the |
| | day of |

of.......County.

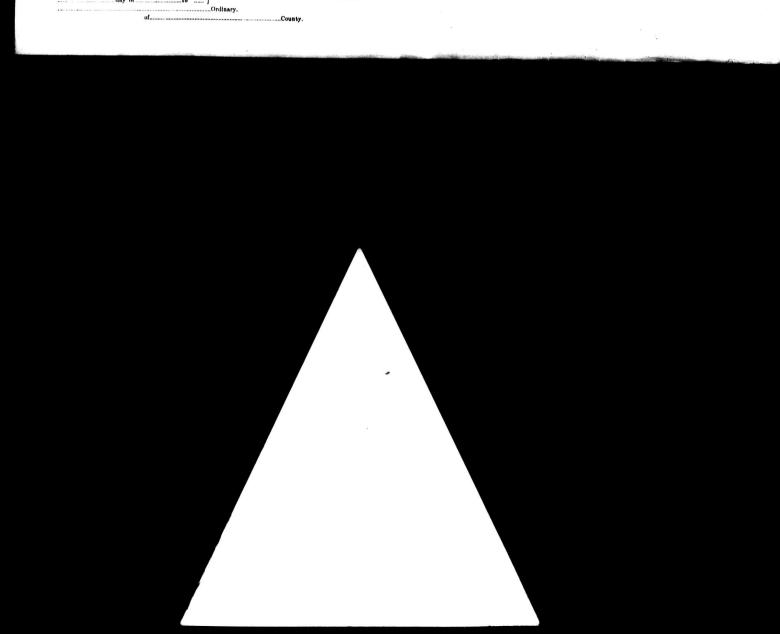
ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

| | County. | |
|--------|--|--|
| 18 th | the person she represents herself to be | Ordinary of said County do certify |
| Coun | unty and was in the 4th Nov,. 1908 | |
| | That I also know | the witness who swear |
| the fe | foregoing affidavits and that they all, are to faith and credit. | who are of said County and were duly sworn by me before signing ruthful, trustworthy, and their statements are entitled to |
| | That the Tax Returns | |
| 1908 | 8 9 | 010 \$ |
| | Sworn under my hand and official seal of | office thisday of |
| | | Ordinary. |
| | (SEAL.) | County |

- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
 "You do selembly swear that you will true answers make to each of the questions asked you and the evidence
 "The state of the questions asked you and the evidence
 All affidavits must be made before the Ordinary coses are insufficient.

 All affidavits must be made before the Ordinary for the state of the



In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand payments provided, the following engagestions are submitted as the rules adopted by the Governor touching the payments provided, the following engagestions are submitted as the state of th

a duly sworn to.

6. Every application must be certified by the Ordinary of the country of the residence of the applicant, certificate of any other will not be received in any case.

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

* how they 414 3 , ablow

188 4 SECRETARY EXECUTIVE DEPARTMENT. Ca Luiwood,

NOTES

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

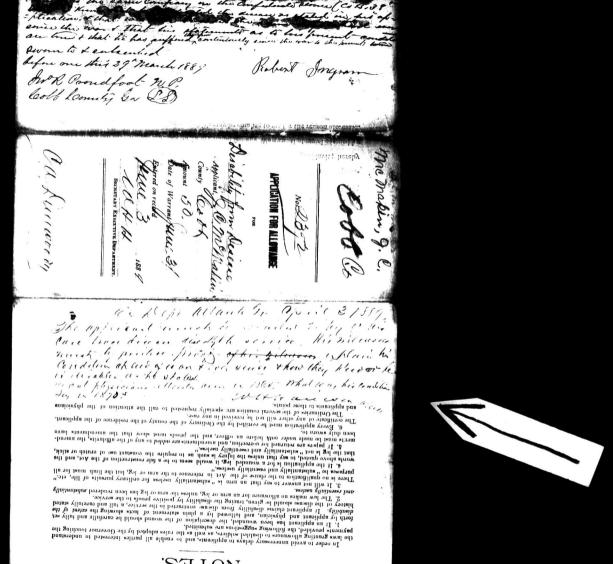
1. It an applicant has been wounded, the description of the wound should be carefully and fully set.

I in applicant and byte-icin, and followed by a plain statement of facts showing the extent of the disability. It applicant and physician, and followed by a plain statement of facts showing the extent of the disability. It applicant claims disability from disease contracted in the service, a full and caroluly state. distingty. It appares cames unanity from the size contracted in the service, a turning another products to the service. It is not account states that the service is the service. It is the service of the service. It is the window of allowance for an arm or leg, unless the arm or leg has been rendered substantially

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless." 4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless," 5. It papers are returned for correction, and amendments are added to any of the affidavits, the amendmerts must be made under oath before an officer, and the proofs must show that the amendments have 6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

For Use of Applicants Who Have not Heretofore Drawn.

| TI TO THE MOUTH | cictofole Diawii. |
|--|------------------------------------|
| STATE OF GEORGIA, | - |
| County. | |
| PERSONALLY appears & Co. M. Mallanof . | locks. |
| State of Georgia, who, being duly sworn, says on oath that he resident of said State, and has been such since the | is a bona fide citizen and |
| 1839; that he enlisted in the n | day of |
|) d | uring the war between the |
| in Company | of it Danimont |
| Volunteers / 10 Nava 's Bri | gade; that whilst engaged |
| and the service, as the patrie of | in the State |
| of fire given on the day of any of fire the first production of the first prod | ox posses after the to |
| ween, so much so that of I had the brakes of | weed not and |
| | |
| | |
| × • | |
| Deponent desires to participate in the benefits of the Act, a | pproved October 24, 1882 |
| and the Act amendatory thereof, approved December 24, 1888 a | nd makes application (|
| the anowance to which he is entitled for the year thereunder end | ing October 26, 1880 |
| Sworn to and subscribed before me, this the | Q |
| 28 day of Delmany 1889 7.6 M | c makin. |
| Brok. Poulled no | |
| Note. State fully hature of wound or character of disease which causes the di- | whillen and a second |
| the extent of the disability. | satility, and explain particularly |
| | |
| | |
| Commissioned Officer's Affiday | rit. |
| STATE OF GEORGIA, | |
| County. | |
| PERSONALLY came before me | of the county |
| of State of Georgia, who, being duly | sworn, says that he was |
| a commissioned officer in Company, of Rec | riment of |
| Volunteers, and that deponent knows | and that he received the |
| wounds (or contracted the disease) in the military service, as stated and that wounds (or disease) permanently disables the said. | in his foregoing affidavit, |
| as stated by him in said off 1 | The second second |
| as stated by him in said affidavit. Deponen | t further states that said |
| in county. | of this State and resides |
| county. | |



NOLES.

| STATE OF GEORGIA, |
|---|
| Colf County. |
| PERSONALLY came In sept le Balis of Cheroster les fa |
| Herry Co. Sugham of metter last I Roll Ingham of all as |
| citizens of Cherekie . Mullan & Coll. county, in said State, |
| who, being duly sworn, say that they are acquainted with John . lo. maken |
| 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 discase) permanently disables applicant, as stated by him; that said applicant is a bona |
| fide citizen of this State, and resides in Coll county, and we |
| are well satisfied that all the statements in his affidavit are true. |
| Sworm to and subscribed before me, this I day of Behinday 1889 On A County of 21.0 live . C. Jugani Lool C. County Ga (SD) Nichard Ingrain |
| day of Asherany 1889 (Com |
| Lool (County In (ID)) Hohad Ilmoore |
| Note Above affidavit must be made by three citizens of the county of applicant's residence. |
|) |
| |
| STATE OF GEORGIA, |
| County. |
| PERSONALLY comes before me Hold After Ordinary of said county, |
| S. C. Freen and E. J. VIERE , both known to |
| me as reputable physicians of said county, who, being severally sworn, say on oath that |
| they have carefully examined wither Chilly in the control and after such |
| examination say that the applicant has been injured as follows: by Chrerie Therman |
| in but a second and and ale the think |
| Miller to in the will have be come of its |
| Some it is a self with the Control in Supposition |
| the lite then a short with of the |
| The me decrease it was racked with |
| ciall Count's the |
| Syoru to and systeribed before me, this day of MCC 1887 - of Sulze 1100 |
| day of Mele 1889 of Sitze no |
| Ill Stom |
| 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. |

Executed in the presence of us

STATE OF GEORGIA, do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this county. 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 KLON. Brondfort whom the foregoing affidavits were made and power of attorney was signed, is a lothy Inblic of said county, and the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this day of Mgh 188 7

POWER OF ATTORNEY.

STATE OF GEORGIA, Know all Men by these Presents, That I, I lo no marie county, in said State, do hereby appoint to a Dunier day 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

BAD COPYSHOORSOLIGHT PRINT

& conit that & have being . C. Willathing to delan for In Comprand that had been to My Vertain to mentedge, a and relieves pour Istana, in wether June some Chernie Enumation as tihere duting Stoom to + subsculed before new this 27' day of march 1899 ANTR Ormelfool 241. Telt County 4a & D Lestify that I was J. l. memakes Junily Physician from 1865 to 1870 that he sufered more or less with asthuma and Chronic Rheumutism I have known him to be confined to his room for weeks at a line during these years with the above Disinses & knew him before he entered service he was a stout healthy man Sword to & Subscribes before of I be antice MAS. me This 15 day of May 1889

J.M.M. Fowler N.O.

Millon. No. Ta

Maimed Soldiers.

Voncher No. 9372

Amount, \$ 60.

Paid of C. M. Markin

For Disability from

Nicease,

Luce 8 1889.

. Wood receiving va

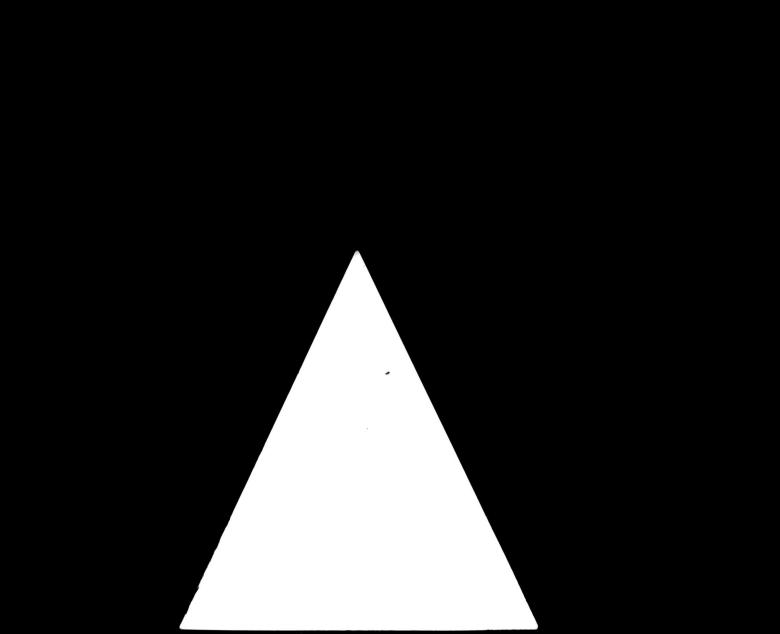
Audited Jum 8th

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

LOW December 27

issued to Treasurer

| | No. 2 8 92 |
|-------------------------------------|--|
| | STATE OF GEORGIA. EXECUTAR DEPARTMENT. Allanta. Ga Julic & 1889. |
| | of the County having filed his application in the Executive |
| Tingia, Mills County. | Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec 24, 1888, and the same having been allowed for Leader Community of the Community of the Secretary o |
| wir in Dail Carrier do Certify that | The Treasurer will pay the same and hold the court of the year ending October 24, 1889 The Treasurer will pay the same and hold the court of the year ending October 24, 1889 The Treasurer will pay the same and hold the court of the year ending October 24, 1889 The Treasurer will pay the same and hold the court of the year ending October 24, 1889 The Treasurer will pay the same and hold the court of the year ending October 24, 1889 The Treasurer will pay the same and hold the court of the year ending October 24, 1889 The Treasurer will pay the same and hold the court of the year ending October 24, 1889 The Treasurer will pay the same and hold the court of the year ending October 24, 1889 The Treasurer will pay the same and hold the court of the year ending October 24, 1889 The Treasurer will pay the same and hold the court of the year ending October 24, 1889 The Treasurer will pay the same and hold the year ending October 24, 1889 The Treasurer will pay the same and hold the year ending October 24, 1889 The Treasurer will pay the same and hold the year ending October 24, 1889 The Treasurer will pay the same and hold the year ending October 24, 1889 The Treasurer will pay the same and hold the year ending October 24, 1889 The Treasurer will pay the same and hold the year ending October 24, 1889 The Treasurer will pay the same and hold the year ending October 24, 1889 The Treasurer will pay the same and hold the year ending October 24, 1889 The Treasurer will pay the same and hold the year ending October 24, 1889 The Treasurer will pay the same and hold the year ending October 24, 1889 The Treasurer will pay the same and hold the year ending October 24, 1889 The Treasurer will pay the same and hold the year ending October 24, 1889 The Treasurer will pay the same and hold the year ending October 24, 1889 The Treasurer will pay the same and hold the year ending October 24, 1889 The Treasurer will pay the year end october 24, 1889 The Treasurer will pay the year end october 24, 1889 The Trea |
| They 14/1589 | By the Governor Of Manager Clerk Executive Department |
| Xm & Cakey | S (C), Received of State Treascrer, R. U. HARDEMAN, |
| | per above voucher, this of Ac 2006 1889. |
| | d. a. Dinwody aty |



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| receive and | receipt for the pen- | | | |
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| IN WITH | NESS WHEREOF, | I have hereu | nto set my hand and | seal this |
| y of | | 1901. | | |
| | | | | [L. S.] |
| Execu | ited in presence of | | | |
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| Thos | | 80 | Disability Amount, \$ \$ | W H |
| | | | Disability Amount, | |

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| STATE | OF G | | County | | | | | | | | |
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| to receiv | | eceipt for the | pensio | on paid h | ereon a | - 2 | | at he r | emit : | same | t |
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| IN | | SS WHERE | | ave herei | nto set | my har | d and | seal this | | | |
| day of | | 1. 1. | 1902 | | f.g. | Lin | dse | <i>y</i> | | [L. : | s. |
| | A.L. | presence of | | | | | | | • | | |
| | | | | | e a Louisia | Per ciralhompus | , | • | | | |
| CODE SECTION 1500 (FOR THOSE ALREADY ENROLLED.) | No. 280 | SOLDIER'S PENSION | 1902. | Name Officialses | Co. K Regiment 32 | Disability 20 20 | 116 1902 | JOHN W. LINDSEY, Committeer of Praction. | WARRANT HANDED TO | Geo. W. Harrison, State Printer, Atlanta. | |

1,()!

(J/2) (1

| Ordinary's Certificate STATE OF GEORGIA. COUNTY. The applicant for person. She is the person as recognized present for person. She is the person as represents herself to be and she is a bord fide conjunging resident citizen of said County and was on the 4th November 1908; that I also know. The person are now residents of said County and the witness who swears to the service of husband; that both of them are now residents of said County and |
|--|
|--|

Widow's Pension Under Act 1910—as Amended by Act of 1919.

Name The Julia Ul Willam Widow of Gland Milian

Approved

and official seal of office

are entitled to full faith and

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

10-30-1949

Ordinary's Certificate COUNTY. -----Ordinary of said County, do certify ----the applicant for pension. She the witness who swears to the service of husband; the 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 th County NOTES: 1. Inform any questions are asserted the Ordinary shall swear applicant and the witness in the following words; You do selembly swear that you will trea manyers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God!. 2. Additional afforstire may be attached if blank spaces are insufficient. 3. Only widows who married prior to January 1st, 1881, are entitled. A. A. To the same of the prior to January 1st. The residence of the person to be sworn and certified by A. To the same of the person 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

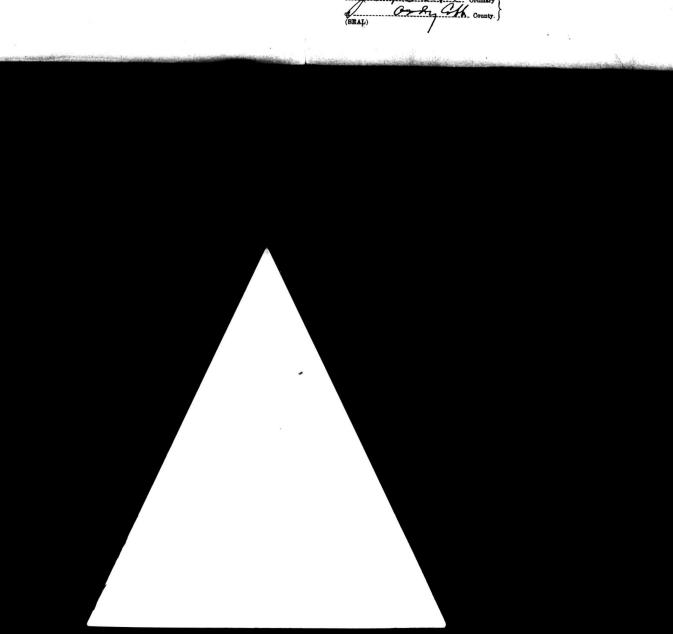
Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919

Questions for Applicant

| STATE OF GEORGIA, |
|--|
| , |
| Personally before me comes Nua Juliu McWillan 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 the hule William Dework Je |
| 2. How long and since when have you been a continuing resident of the State of Georgia! |
| When, where and to whom were you married 1 2 1876 Mercer Country Ky, |
| 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 Con- |
| federate Army or Georgia Militia! (State the arms and class of Service) 1 862 2 - |
| Corujany D. 12 Lengia Cavaly |
| 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! He was a trusumer |
| 8. Where was his command when he left? |
| |
| a. For what cause did he leave his command Consend & Court C |
| a. For what cause did he leave his command? |
| b. By whose authority did he leave his command f |
| b. By whose authority did he leave his command? |
| b. By whose authority did he leave his command? |
| b. By whose authority did he leave his command? |
| b. By whose authority 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 whose and for what cause released! |
| 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 heldes a prisoner, and when and for what cause released! |
| 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 whom and for what cause released! j. When and where did your first husband die! WAX. A. All Advanced. |
| 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 whom and for what cause released! j. When and where did your first husband die! |
| 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? if so, when and where captured and where held as a prinoner, and when and for what cause released? J. When and where did your first husband die! J. When and where did your |
| 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 perioner, and when and for what cause released? J. When and where did your first husband die! Were you residing together when he died! If not, how long had you resided apart! m. Are you now a widow! |
| 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 A. h. Was he captured by the enemy at any time! i If so, when and where captured and where held as a prisoner, and whom and for what cause released! J. When and where did your first husband die! Lax . It. j. When and where did your first husband die! Lax . l. If not, how long had you resided apart! m. Are you now a widow! J. Have you or your husband heretofore been paid a pension by the State! |
| 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 perioner, and when and for what cause released? J. When and where did your first husband die! Were you residing together when he died! If not, how long had you resided apart! m. Are you now a widow! |
| 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 A. h. Was he captured by the enemy at any time! i If so, when and where captured and where heldes a primoner, and when and for what cause released! J. When and where did your first husband die! Lax Y. I. III. J. When and where did your first husband die! Lax Y. I. III. J. When and where did your first husband die! Lax Y. I. III. Are you now a widow! m. Are you now a widow! g. 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! Bworn to and subscribed before me this the day of J. III. All J. |
| 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 A. h. Was he captured by the enemy at any time! i If so, when and where captured and where held as a perioner, and when and for what cause released! J. When and where did your first husband die! J. When and where did your first husband die! J. When and where did your first husband die! J. When and whore did |
| 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! LAX. J. When and where did your first husband die! LAX. 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! Sworn to and subscribed before me this the day of LAX. Ordinary |

| to bervice of riusband and marriage |
|--|
| STATE OF GRORGIA |
| 6864 OQUNTY |
| Personally before me comes . H. Ragardale |
| being duly sworn, true answers to make to the following questions, apergers as follows: |
| 1. What is your name and where do you reside! |
| 2. How long and since when have you known less address M Willows applicant |
| 3. How long and since when has she continuously resided in this State? (Give date.) |
| 4. When and to whom was she married the Williams How do you know! |
| 5. How long and since when did you know Surm Children her husband? |
| 6. When and where did hamme under the husband of applicant, die word has been seen a 1911 |
| 7. Were the applicant and her husband living together as husband and wife at the date of his death? |
| wife at the date of his death? |
| 8. If not, how long did they live apart before his death? |
| Were they divorced! |
| 9. When schere and in what Company and Regiment did DMM U class enlist! 1862 - January Bourfung D. H. Bengie Caroling |
| 10. Were you a member of the same Company ! 42 |
| 11. How long within your personal knowledge did he perform actual military service with his Company |
| and Regiment? Grant Section 12. When and where did his Command surrender, and was discharged? / 8.6.1 . Kungel |
| Georgia |
| 13. Were you personally present when it was surrendered! |
| were youand how came you there! |
| 14. Was the husband of applicant personally present at surrender! 16 no. |
| where was he! I prisoner y hav |
| cause did he leave Command! (Give date Command: 3:1364 attails 18 whose authority did he leave his Command! |
| long was he granted leave!And howHow do you know all this! |
| has present this |
| |
| 15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command to the transfer of the command to th |
| 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 |
| My December 19/7) |
| Only Cli |
| (SEAL) |

in the second of extensional



me? narte, J.B. Param of a 2/11 1899 Poha Courtin Neither pointy or in from to an clear INDIGENT PENSION Person offer At 1900 hust class they to was prout with his Commel - win it was This by a reliens who was misultinis if and Kinne of his own Kinneledy that offluing stating Approved TRICHARD JOHNSON, Do Vinday Cours of Rum WARRANT HANDED TO

STATE OF GEORGIA.

Con St. County.

1. S. M. Whorter

Guitry or Man to receive and receipt for the pension allowed, and request that he remit same to Wirness my hand and seal this 1 de B Tie Mesan to Executed in presence of

Questions for Applicant.

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:

What is your name and when do you reside & give State, County and poet office.

2. How long and since when have you began a resident of this State 30 years _ Lines 1869

3. When and where were you born? May. 26. 1835: Cickens Dit. S.C. 4. When and where and in what company and regiment the you entist or server I unlisted in 1862.
Co. H. 2 5. C. Rifles at Fundamentille, S. C.

5. How long did you remain in such company and regiment ? From the time of enclisted with the surrounder 1865 or about I years.

6. For how long a period did you discharge regular military duty? 7. When, where and under what circumstances were you discharged from serving an april 9. 1864, at approximation.

8. What is your present occupation? Farming 9. How much can you carn (gross) per annum by your own exertions or labor ? Rothum then \$50.

10. What has been your occupation since 1865 ? . Farming 11. Upon which of the following grounds do you have your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty". 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?

upon the third, state whether you are totally blind and when and where you lost your sight ? () 3 or 6 years. (2) General failur of health - Jam now near by years old and 1d. What property, effects or income do you possess, and its gross value?

position, if any did you make of same? About the same as states

15. In what County did you reside during those years, and what property did you then return for taxation? "Co 16 Co. Y returned the above he openty fortage

16. How were you supported during the years 1897 and 1899?

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

18. What was your employment during 1897 and 1898? What pay did you receive in each year? ta sur q - Hout 8000 as stated a bork-

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? 'Ses, myself revise rome granddoughter about 13 years at a - May labor a few that help of my slop son as stated of my slop son

20. Are you receiving any pension 7 If so, what amount, and for what disability & B.a M. Tharter

Sworn to an subscribed before me this the

OUESTIONS FOR WITNESS

| QUESTIONS FOR WITHESS. |
|--|
| STATE OF GEORGIA, |
| COUNTY. |
| Sand State and County, having been presented |
| as a witness in support of the application of M. M. Whorter - 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 mapse and where do you reside " the or Buyrua |
| 2 Are you acquainted with \$13.711- (North the applicant; if so |
| 2. Are you requainted with XII More than Sing years, the applicant; if so how long have you known itm? More than Sing years |
| 3. Where does he reside, and how long and since when has he been a resident of this State? |
| Me or thug a line o. Va. armsuce there has a are |
| 1. 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? |
| |
| All the processing of processing and |
| 7. What property, effects or income has the applicant? (Give your means of knowledge.) |
| Rothing except what is delow in applicants and a bound |
| 8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what disposition, if any, did he make of same? Rolling mean than klaledin |
| applicants auxion- |
| 9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? |
| Mone - Banyang |
| 10. What is the applicant's occupating and physical condition of the service of the surface of t |
| The up day of whether the wall of the wall the leg beind but surey. |
| he is all and feeble and because of his divine |
| no income - probelocally no property x 20 one to helphing |
| 12. How was be supported during the years 1807 and 1808? By what little the |
| 13. What portion of his support for these two years was derived from his own labor or income? |
| At the more Than one kalf- |
| 14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? Question 1254, Code? Questions 10 × 11 Fally |
| auxiver 14. |
| |
| 15. What interest have you in the recovery of a pension by this applicant? Noul - |
| Sworn to and subscribed before me, this the 2 Hayry acrys 1890. I Suite Rectificion. |
| the Witness. |
| //XII SAMIL |

| | | AFFIDAVIT OF PHYSICIANS. |
|----|-----------------------------------|--|
| | STATE O | F GEORGIA, |
| | B Q -II | county, |
| | Personally | and before one as reputable physicians |
| | I B Moe | thorse severally sworn, say on oath that they have examined carefully |
| | (Much personal exam | ination say that his precise physical condition is as follows: |
| - | an frem | g from porter age and |
| ~ | is in | cable to follow his vocation |
| | of fa | ming |
| ١. | We further work or calling suf | my on eath that the physical condition of applicant renders him unable to labor at any icient to earn a support for himself, and that we have no interest in said pension being |
| À | allowed. | Janberito Defore me this the Gifter Jument me ? |
| | 915 | of Stone Ordinary. |
| | | ORDINARY'S CERTIFICATE. |
| | STATE OF | GEORGIA, |
| | 1, 2.7 | COUNTY.) |
| | that the applicant_ | resides in said County, and has sident of this State since the day of 189 |
| | | 808, viz: Jana Reed, Gilbert Terraint 21 18 |
| | are of trustworthy | haracter, and that their statements are entitled to full faith and credit. |
| | | ify that before answering the foregoing questions the applicant and each witness took scribed, and that the full text of the affidavits was read to the applicant and witness. |
| | I further or | ed. |
| | | n in his name in 1897 1 \$260. Bollars |
| | of property, and in | The state of property. |
| | | n the foregoing claim is |
| | Witness my | and and seal of office, this day of Jan 1899. |
| | | of Cook County. |

NOTE.

...County.

NOIL.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You you for the nanwer make to sach of the questions asked of you, and the evidence you shall give will be the whole truth, so help you for the nanwer make to sach of the questions asked of you, and the evidence you shall give will be the whole truth, so help you for the name of the sach of the proof as above set out,

Comment Kinn

- due veg for

Hamilton

Land Same

Witness.

| QUESTIONS FOR WITNESS. |
|---|
| STATE OF GEORGIA, |
| E CLORGIA, |
| Swinnett COUNTY. |
| Leonard Hamilton , of said State and County, having been presented |
| as a witness in support of the application of |
| under Section 1254, Code, and after being duly sworn true answers to make to the following questions, |
| deposes and answers as follows: |
| 1. What is your name and where do you reside? \ |
| 111 - 2 William it Eventy - 40 |
| 2. Are you acquainted with 4 13 Milliohetting , the applicant; if so |
| how long have you known him? The SS- Than |
| 3. Where does he reside, and how long and since when he has be been a maid-of this flower |
| - Michway in diate levely Single 18 95-2000 |
| 4. When, where and in what company and regiment did be enlist, and how do you know? 1.1. 1862 in SE ED # Sleept of rights I was with. |
| 111.842 in SE BO to I Right of rifels I was wither |
| the same company and regiment? & 1000 |
| 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? I years he wee |
| |
| A kood Soldier in 1865 by The Sounder |
| Si sura solder on 1865 by The Laureder |
| |
| 7. What property, effects or income has the applicant? (Give your means of knowledge.) |
| |
| 7. What property, effects or income has the applicant? (Give your means of knowledge.). |
| 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, 1897 and 1898, and what disposess. |
| 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, 1897 and 1898, and what disposition, if any, did he make of same. |
| 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, 1897 and 1898, and what disposition, if any, did he make of same? |
| 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, 1897 and 1898, and what disposition, if any, did he make of same." |
| 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, 1897 and 1898, 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? |
| 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, 1897 and 1898, 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? |
| 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, 1897 and 1898, 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? |
| 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, 1897 and 1898, 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? |

12. How was he supported during the years 1897 and 1898?

Sworn to and subscribed before me, this

- Rober Dodelle

under Section 1254, Code?

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

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

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

__Ordinary.

| STATE OR GEORGIA, |) |
|-----------------------------------|--|
| Cook 10 c | ounty. |
| 1. SB Thorter | hereby authorize |
| - Something | of |
| tol receive and receipt for the p | ension allowed and request that he remit same to |
| by hund | at |
| by | 0 |
| Witness my hand and scal, this | J. Belle Whoters. |
| Executed in presence of | |
| Myams | |

CODESECTION USA.
(FOR THOSE ALREADY ENROLLED.)

065

No.

INDIGENT

POWER OF ATTORNEY.

| STATE OF REORGIA, | County. | |
|---|---------------------------|-------------------|
| The Towney to receive and receipt for the | e pension allowed and req | |
| by Witness my hand and seal, | this / b day of 3 | he Whorte [L. s.) |

Executed in presence of

INDIGENT

(FOR THOSE ALREADY ENROLLED.)

MEWhorter

Ga &

SOLDIER'S PENSION

1903.

County

County

County

County

Co. Regiment 7

WARRANT ISSUED

Commission of Program.

WARRANT HANDED TO

COUNTY

C

SOLDIER'S PENSION 1904.

Name County County County County Regiment

JOHN W. LINDSEY, Commissioner of Per

WARRANT HANDED TO

mater

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

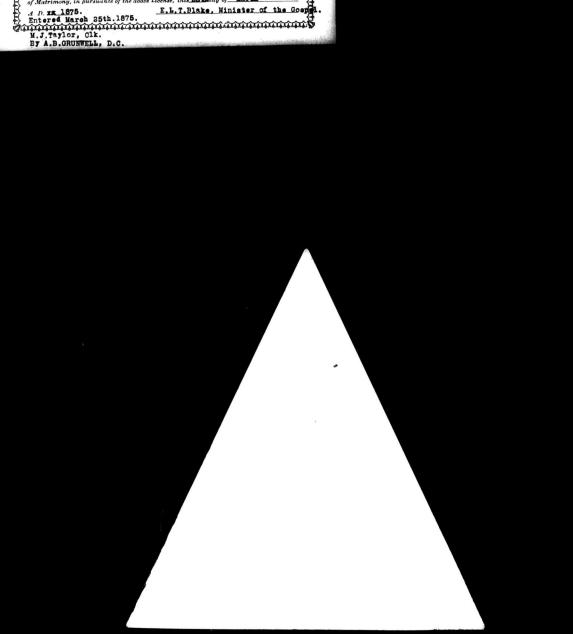
| | | | 10101101 |
|--------------------------|--|----------------------------------|--|
| STATE OF | GEORGIA, | | |
| Col | County | | |
| 400 | County.) | 1 - | // |
| Personally appe | ars 15 // 5/1/ | whin of Le | 50 |
| County, State of Geor | rgia, who, being duly sworn | , says on oath that he is a bona | fide citizen |
| and resident of said | County and State, and has | resided in said State continu | iously ever |
| | ay of | 1868; that he is 08 ye | ears old and |
| by occupation a. Ta | that he | enlisted in the military service | |
| federate States (,or of | |) during the war l | |
| States, and served for | the term of 3 Korb | in Company & F, of 2 th | suff awhen |
| of worth by | | that his physical con | |
| follows : Sta | 0 | Dia ne | dition is as |
| | , , , , , , , | - Torres | |
| | | | AND THE PERSONNEL PROPERTY. |
| . L Let | | | |
| that his property cons | sists of the following items | ·) | |
| | | nothing - | |
| | | <i>V</i> | |
| of the value of | | Dollars, that by reason of h | is physical |
| condition and poverty | The is unable to support hi | imself by his own exertion or | labor, and |
| | usion but the one herein ap | | |
| Deponent desires | to participate in the bene | fits of the Act, approved Dece | mber 15th, |
| 1894, and the Acts am | endatory thereof, and make | s application for the pension to | which he |
| mac | r 1903. I have heretofore | | |
| | pension for the year 190 | 3 4 /h e 1/c | Motorton |
| Sworn to and sules | ribed before me, this the | 11/01/0 | 11 pour |
| day of | Muary 1903. | | |
| Mondro | tree, () | rdinary. | |
| STATE OF G | EORGIA, | | |
| Col | County | | |
| 1. Som | Anther | | |
| , , | vell acquainted with So | Walth Ordinary of sai | d County, |
| | | ell satisfied that the statement | and the same of th |
| him in his said affidavi | t are true and I know he is | s the individual he represents | s made by |
| be and that he resides | in this County. | s the murviduar ne represents | himself to |
| | | 121 | |
| | ven under my official signal | Boy / C | |
| (Ami) | | 8000 | |
| here | | The same | |
| | | inary ON | County. |
| Not Not | The blank spaces must be filled. Affidavit should not be attested | before January 1st, 1908. | |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE (| OF GEORG | IA. | | | |
|-------------------|------------------------|-----------------|-------------------------|--------------------|------------|
| 6-12 | Cou | } | | | |
| | Cou | nty. | | S | |
| Personally | ., 0 | 177.6 | Train-of | | _ |
| County, State of | Georgia, who, being | g duly sworu, s | ays on oath tha | t he is a bona fi | de citizen |
| and resident of | said County and S | tate, and has | resided in said | State continuo | usly ever |
| since the | day of | | $18c \hat{J}$; that he | is year | s old and |
| by occupation a | grossu. | , that he e | nlisted in the m | ilitary service of | the Con- |
| federate States (| or of the State of | |) dı | ring the war be | tween the |
| States, and serve | d for the term of C | 7479 | in Company | 2 th 2 th 1 | Regiment |
| of Virginia | Mucien | Lefter | ; that his | physical condi | tion is as |
| follows: | n- 11.60 | fe more | in tor | 2216 | |
| | | | (| - 1- | |
| | 47 | * | | | 100 |
| that his propert | y consists of the fol | lowing items: | | 2 | |
| | t (fine) | 1000 WILLIAM 1 | 1.0.0 | c16.7 | |
| | | | The attachment to be a | | |
| of the value of | - mint | | Dollars that | by reason of his | nhweical |
| condition and p | overty he is unable | to support his | mself by his ow | n exertion or l | abor and |
| | no pension but the | | | a exercion of t | aoor, and |
| Deponent | desires to participat | e in the benefi | ts of the Act, a | pproved Decem | ber 15th. |
| | ts amendatory there | | | | |
| | e year 1904. I hav | | a resident of | | |
| County been all | owed a pension for | the year 1 | 3 F 1 | One I | 11/20 |
| Sworn to a | nd subscribed befor | e me, this the | 000 | 11/10 1 | 2 / |
| / (a a da) | of James | 1904. | } | | |
| Sau | Auty | Χ, |) Ordinary. | | |
| 0 | | | ordinary. | | |
| STATE, | OF GÉORGI | [A,] | | | |
| 6000 | Cou | inty. | | | |
| 1, | hu Duis | tuf, | m m | rdinary of said | County, |
| do certify that I | am well acquainte | d With | 10 . 19 | whorles | |
| | the foregoing affida | | | | |
| by him in his sa | id affidavit are true, | and I know he | e is the individu | ial he represent | s himself |
| | e resides in this Co | | | 1175 | |
| (| Given under my offic | cial signature | and seal, this | 16th | |
| | lay of Janu | ay 1 | 7_19012 | 8-1 | |
| AMIL | / | U . V. | Thu y | Hukeg | 9 |
| here. | | Ordinary | - Qu | 4-1 | County. |

Nors.—The blank spaces must be filled.

Nors.—Affidavit should not be attested before January 1st, 1984.



For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, County. |
|--|
| Personally appears & Lindsey 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 23.3 |
| |
| |
| States, and served as a powali in Company of 3 th Regiment |
| States, and served as a Volunteers, Oakers 's Brigade; that whilst engaged |
| |
| in such military service in the State of SA, on the day |
| of 186, he was wounded, injured or diseased as follows: |
| of Der 186/, he was wounded, injured or diseased as follows: That relief in said service at Viryanich had in Der 186/ he Combrade Ty hurs malaria fever on account of Which disability he is rendered peachantly |
| Bruswick & a m Die 1861 he Combodie |
| Ly hours malaria Lever on assount of |
| which disability he is sendered boachaully |
| in competent to perform the ordinary mountal |
| To sation of fill |
| a no continue of tage |
| |
| Deponent makes application for the pension to which he is entitled for year end- |
| ing October 26th, 1901. I have heretofore under said law as a resident of |
| Coll Melon County been allowed an invalid pension of |
| Dollars, for the year 1900. |
| Sworn to and subscribed before me, this the Junidacy |
| 25th day of July. 1901. Postoffice |
| Cother Custine Order |
| xorm chorning, or tray. |
| Norz finte fully the nature of the wound or chrocter of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. |
| STATE OF GEORGIA. |
| |
| |
| I, John arbing Ordinary of said County, |
| do certify that I am well acquinted with & Lundsey the |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him |
| in his said affidavit are true, and I know he is the individual he represents himself to be |
| and that he resides in this County. |
| |
| Given under my official signature and seal, this |
| day of Jany, 1901. |
| Dry Clocky |
| Ame your seal seal seal seal seal seal seal seal |
| Ordinary County. |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, |
|---|
| County. |
| Personally appears Africal Sendsey of Coff |
| |
| County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the |
| day of Many 1843 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 frivaff in Company It, of 3 th Regiment |
| of 10 9 Volunteers, levino's Brigade; that whilst engaged |
| in such military service in the State of day |
| of 21 1867, he was wounded, injured or diseased as follows: |
| - That while in land |
| Service at Brunswich Ga in Del |
| 186/ Contracted Thy phus Maloria |
| five on account of which dis |
| Valilly the is ornfield prophently |
| incompleted to kerfound manual |
| avocation of life |
| 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 |
| County, been allowed an invalid pension of |
| Dollars, for the year 1901. |
| Sworn to and subscribed before me, this the |
| day of Jamy 1902. Post-office Avenuely |
| John Hubry Ordery |
| NOTE.—State fully the nature of the wound or character of disease which causes the disability, and expluin particularly the extent of the disability resulting from the wound or disease. |
| 899:1 |
| STATE OF GEORGIA, |
| County. |
| i, John awhey Condinary of said County. |
| do certify that I am well acquainted with for Lines |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made by |
| him in his said affidavit are true, and I know he is the individual he represents himself to |
| be and that he resides in this Country |
| Given under my official signature and seal, this /5 Th |
| day of 1902. |
| John Swhil |
| Otomary_ County. |
| Nors.—Fill all blanks and of Company and Regiment. Nors.—All youchers and affidavits must bear date after January 1, 1902. |
| |

| STATE OF GEORGIA, COUNTY. S LANG Melhorlin hereby author of | |
|--|-----|
| to receive and receipt for the pension allowed, and request that he remit same | to |
| by WITNESS my hand and seal, this 'H day of 1905. | |
| & B Die Wortsen | s.1 |
| Executed in the presence of | , |

Regiment &

WARRANT ISSUED

SOLDIER'S PENSION

INDIGENT

(FOR THOSE ALREADY ENROLLED.)

1 1/2 Cox

to the

WARRAND HANDED TO

JOHN W. LINDSEY,

JA W 23

POWER OF ATTORNEY.

| STATE OF GEORGIA, |
|--|
| COUNTY DOWN |
| Life County of Market hereby authoris |
| KMAWay of |
| to receive and receipt for the pension allowed, and request that he remit same |
| at |
| by Juny |
| WITNESS my hand and seal, this day of the 1906. |
| B me Whorter |
| Exeguted in the regence of |
| Milans |
| |
| |
| |

no data

MEUShooting

LDIER'S PENSION INDIGENT 1908.

CODE SECTION 1234.

(FOR THOSE ALREADY ENROLLED.)

No. 697

WARRANT ISSUED

JOHN W. LINDSEY. WARRAYF HANDED TO

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, |
|--|
| County |
| County. |
| Personally appears De Mathories of Copy |
| |
| 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 186 8; that he is 6 9 years old and |
| by occupation a first , that he enlisted in the military service of the Con- |
| |
| States and served for the term of 3 General in Company 3/2 of 1 th Parisment |
| federate States for of the State of States, and served for the term of 3 fews in Company 16, of the Regiment of Struth Croling Hefly; that his physical condition is so |
| |
| age Infinity & povery |
| that his property consists of the following items: |
| ming |
| 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 |
| Sworn to and subsgribed before me, this the |
| |
| day of 19 1905. |
| photolog - Ordinary. |
| STATE OF GEORGIA |
| STATE OF GEORGIA, County, |
| When Anothing and and and and |
| do certify that I am well acquainted with ABM Thurter |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made |
| by him in his said affidavit are true, and I know he is the individual he represents himself |
| to be, and that he resides in this County. |
| Given under my official signature and seal, this |
| day of Jany 1905 |
| Affice Dhistory |
| here Ordinary County. |
| Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January 1st, 1905. |
| NOTE.—Amdavit should not be attested before January 1st, 1905. |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| 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 | - | |
|--|---|--|
| 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 | State of Georgia, | • } |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the | Personally appears | Whorter of |
| since the | | sworn, says on oath that he is a bona fide citizen |
| since the | and resident of said County and State, ar | nd has resided in said State continuously ever |
| that he enlisted in the military service of the Confederate States (or of the State of | | |
| decrate States (or of the State of | | |
| States, and served for the term of | | |
| that his property consists of the following items: of the value of | | 4/ |
| that his property consists of the following items: of the value of | of Tifle | that his physical condition is as |
| 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 County, been allowed a pension for the year 1905. Sworth to and subscribed before me, this the dayof. Dordinary. State of Georgia, County. I Whotley 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 | follows: | |
| 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 County, been allowed a pension for the year 1905. Sworth to and subscribed before me, this the dayof. Dordinary. State of Georgia, County. I Whotley 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 | | THE RESIDENCE OF THE PARTY OF T |
| 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 County, been allowed a pension for the year 1905. Sworth to and subscribed before me, this the dayof. Dordinary. State of Georgia, County. I Whotley 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 | | The second of th |
| 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 County, been allowed a pension for the year 1905. Swort to and subserpted before me, this the dayof. Dollars per month. That by reason of his pension for the pension for 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. Swort to and subserpted before me, this the dayof. Dollars per month. That by reason of his pension to which he is the Act approved December 15th, 1894. Ordinary. State of Georgia, County, do certify that I am well acquainted with Ordinary of said County, do certify that I am well acquainted with a well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this | that his property consists of the following | items: |
| 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 County, been allowed a pension for the year 1905. Swort to and subserpted before me, this the dayof. Dollars per month. That by reason of his pension for the pension for 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. Swort to and subserpted before me, this the dayof. Dollars per month. That by reason of his pension to which he is the Act approved December 15th, 1894. Ordinary. State of Georgia, County, do certify that I am well acquainted with Ordinary of said County, do certify that I am well acquainted with a well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this | | The Residence of Colonial Contract of Cont |
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| State of Georgia, County. County, been allowed a pension for the year 1906. Sworth to and subscribed before me, this the dayof. County. County | | 3000 CONTROL (0000 CONTROL (00 |
| State of Georgia, I. County, been allowed a pension for the year 1905. Swort to and subscribed before me, this the dayof. County. County. County. County. I. County. I | | •• |
| State of Goorgia, County, County, I, Mark That I am well acquainted with Mark That I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this | | ~ / / / |
| dayof County. State of Georgia, County. I. County. In County, | and recommended to the recommendation of the second contract of | |
| dayof County. State of Georgia, County. I. County. In County, | | hatha All We Topoler |
| Ordinary. State of Georgia, County. I. State of Georgia, Ordinary. Ordinary. Ordinary. Ordinary. In State of Georgia, Ordinary. Ordinary. Ordinary. Ordinary. Ordinary. Ordinary. In State of Georgia, Ordinary. Ordinary. Ordinary. Ordinary. In State of Georgia, Ordinary. Ordina | | |
| State of Georgia, County, I. A Provide 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 | hhill the | 7 |
| County, I. Show the county, ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this 2 | Jimani a | Ordinary. |
| County, I. Show the county, ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this 2 | | |
| I. A most of county, do certify that I am well acquainted with a most of the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under by official signature and seal, this 2 | // // - | } |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this | Count | Xe) |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under may official signature and seal, this | 1 minh | Ordinary of said County, |
| by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under by official signature and seal, this | do certify that I am well acquainted with | |
| to be, and that he resides in this County. Given under my official signature and seal, this | the applicant in the foregoing affidavit, as | nd am well satisfied that the statements made |
| Given under my official signature and seal, this | by him in his said affidavit are true, and I | know he is the individual he represents himself |
| | | • |
| | Given under my official sig | nature and seal, this |
| | (1 | 1906. |

Nors.—The blank spaces must be filled.

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

Affix your seal here

| STATE OF GE | BORGIA, Ga Mclinon Virey | COUNTY. | | | hereby a | uthorize |
|---|-----------------------------------|--------------------|------------------------------|--|-------------------|--|
| to receive and | receipt for the p | ension allowed, an | d request | that h | e remit | same to |
| F-sou | my hand and soal, t | S B | Legay of | Who | when | 1907. [L. S.] |
| Com Bernel 134. (FOR THOSE ALREADY EMPOLLED) No. 62 2 | INDICENT 1907. | unty Regiment | HARRANT ISSUED JAN 21 1907. | JOHN W. LINDSRY, Commissioner of Pensions. | WARRANT HANDED TO | Obb. W. Manness, Rent Pursta, Aflants. |

County

ny dota

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

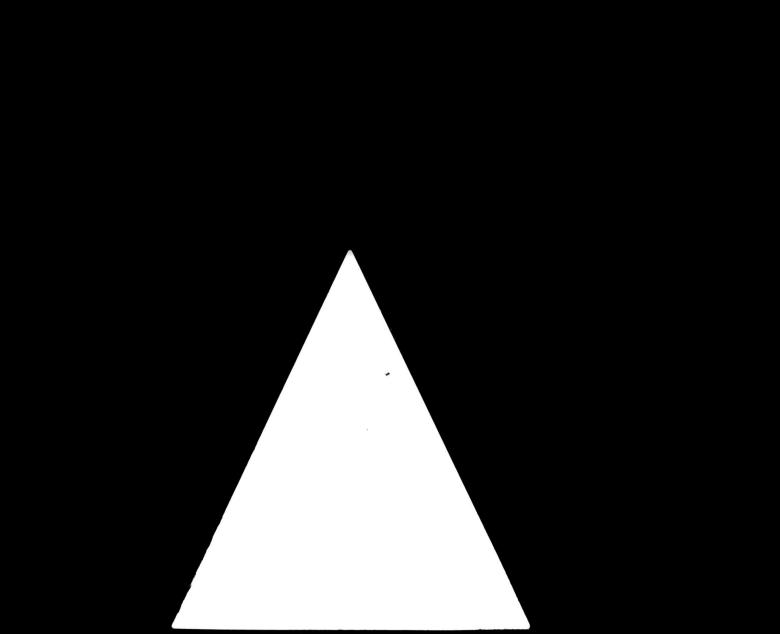
| State of G | eorgia, | | 1 |
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| app | County. | | |
| Demonally ann | ma yiich | writer of | ash |
| Personally app | Cal off | , says on oath that he is a | hong fide citizen |
| County, State of Geor | gia, who, being duly swort | resided in said State co | ontinuously ever |
| and resident of said C | ounty and State, and has | 18; that he is | veers old |
| since the | day of | e enlisted in the military s | ervice of the Con- |
| and by occupation a | , that he | during the | war between the |
| federate States (or of | the State of | in Company, of 2 | one for |
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| by my labor, | | Dollars per month. That | |
| physical condition and | powerty he is unable to | support himself by his | own exertion or |
| labor, and that he rece | eves no pension but the o | ne herein applied for. i: | r t |
| Deponent desir | res to participate in the be | enefits of the Act approved | December 15th, |
| 1894, and the Acts am | endatory thereof, and ma | kes application for the per | nsion to which he |
| is entitled for the year | r 1907. I have heretofore | e, as a resident of | Con The Contract of the Contra |
| County, been allowed | a pension for the year 18 | 106. July | 1 |
| | subscribed before me, this | | Who |
| day of_ | 1907 | . I min | 1 |
| univer | mel . | _Ordinary. | |
| | / | | |
| State of G | eorgia, | | 4 |
| Push | County. | | |
| | County. | 0.11 | - C 14 C |
| I, Jem | 1 4 Litrey | Ordinar | ry of said County |
| do certify that I am | well acquainted with | X 10 11 11111 | Then |
| the applicant in the f | oregoing affidavit, and an | well satisfied that the | statements made |
| by him in his said all | fidavît afe true; and I kwo | whe is the individual he | represents himsel |
| to be, and that he res | sides in this County. | | |
| Giver | n under my official signat | | <i>I</i> |
| day o | of pring | 1907. | |
| | 0 / | Johnsta | THEY |
| AMX | ~ | dinary Cook | County. |
| your seal here | | | |
| | Norn.—The blank spaces must Norn.—Affidavis should not be | be filled. attested before January 1st, 1907. | |
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Georgio Sunnett les Amendaint-Po voonalle of feard leefou me I I Howelly who on with some did Congra, leable County-JOB M. Wholer was freaent with his erson are cause & M. M. Suporter Samuond when dee secretary Milicant who whim outh koup that that soirs Comfany surrenderson bucause file infimiles scaled the gile day of affil 1866 at the deforent pays furtir that he humpely woo free his to hoters en said Malication Teens locally weed to love a suffer at labor of any being - and teat le mono no hisherty ar colour - what lette peoperer Company dud Vkriow of my where per in for loves own senowledge dotate is the register when the receing frels an stated on luce romy. from in a rin - wie de now legone me This 12 Day of Falygor) John Hhelo . Constantly endibuling money rations to for our Kukpenh. is backy a day lot our and stasa long facilly of it, nor this low about 3 rigen org Thurgia therinter County Decory lo o I farm I hob Delinary in and for Peril in how defend & J. Bell- Mhorton Laid Caunty do Berting 1. 11 - 7 Janutless is a headow of dance J. M. Stone County Thus he is a man of know Character and thus his word is willed o full faith and creder and thew-The was deven to the above appeared in my krains welmer my hand and Lead of Office Feb 121902 gohn & Meth Ording

(7) Character and thus his word is sutillar o full faith and Execus and thewthe was deven to the above appearant in my leasn't welmorony hand and Lead of Office Feb 121802 John & Mith Ording Georgia Found. County. I John Paleble - Ordinary in. and for said County hereby certify that the witness Leonard Namilton. is of trustworthy character and that his statements are entitled to full faith and credit thetiess my hand and seal of office, this 27 day of gam 1899.

John Mittel - Ordinary

of Eloinsett County



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

J. W. LINDSEY, Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919

Approved ...

Confederate

mable

Ordinary's Certificate

| | STATE OF GRORGIA. COUNTY 1. Ordinary of said County, certify that I know the applicant A Wald for pension is the person he represents himself to be and resides in said county. That I also know the applicant of the witness awearing to the server, 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 laust and official scal of office this. day of Daffit 19/7. | | |
|-----|---|------------|--------|
| ί | County SEAL NOTES 1 Before an questions are answered the Ordinary shall overal applicant and nitnears in the following words: "Year developing wear that you will true answers make to each of the questions asked you and the evidence sorn gave shall be the shole truth. So help you find," All affidiates may be attached of blank spaces are handfaried. All affidiates may be attached of blank spaces are handfaried. All affidiates may be attached of blank spaces are handfaried. All affidiates may be attached of blank spaces are handfaried. All affidiates may be attached of blank spaces are handfaried. All affidiates may be attached of blank spaces are handfaried. All affidiates may be attached of blank spaces are handfaried. All affidiates may be attached of blank spaces are handfaried. | | Cibint |
| 444 | Confederate Soldier's Application Under Act 1910 As Amended by Act of 1919 Company Company Company Company Company Commission Approved J. W. LAINERY Commissioner of Persions. Bred Friedler Co. State French Amen | 16 30-1914 | , |

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

Questions For Applicants to Answer

| STATE OF GEORGIA, |
|--|
| The state of the s |
| A Wable 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? Alive County and Post-office). A Mable Mableton Cobb Co. Go. |
| 2. How long and since when have you been a continuous resident citizen of this State! |
| 3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from |
| |
| 4. When any system, and in what Company and Regiment did you enlist! (Give the arm and class of Service) July 18 has surred to the group 18 has a That May 10 the Board to the Description of the Second Service) |
| 5. How long did you remain in the fetual military service with said Company and Regiment (Give date of discharge) Seeld Meg 1865. According how May 5, 1865. |
| 6. When and where was your Company and Regiment surrendered or discharged from the Servical 26 & April 1864. Straked arms and discharged at Albury 4, accounty |
| 1. Were you actually present with your command when it was surrendered or discharged! Two |
| 8. If you were not actually present, state specifically and clearly where you were |
| |
| n. Where was your commund when you left it! Albany, dis hander |
| b When this you leave the command of hout whene 28 or 29 186.5 |
| e. For what cause did you leaves for hood deaded |
| d. By whose authority did you leave? |
| e. Fer 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 wart W |
| 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? |
| 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 |
| () Jay of trigues 1919) |
| Della Ordinary |
| County. |
| (SEAL) |

Questions for Witness as to Service

| STATE OF GRONDIA |
|---|
| COUNTY |
| A Carrie of said State and County is hereby presented |
| as a witness in support of the application of AMALL 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 rough X. V. Carrie |
| Remoan Bosh & Ly |
| 2. How long and since when have you known A Malle the applicant? |
| Cover Bonne Many 1864 |
| 3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, |
| and how do you know! Wable a Co. G. |
| • |
| 4. When, where and in what Company and Regiment did A Way enlast during |
| war from 1861 to 1865 (Give date and place.) May 1864. Manuly To Co. D |
| 5. How did you obtain your information of this Service! I was member |
| of the Same Co, I Ryument |
| 6. How long within your own personal knowledge did he perform actual military service with this |
| Company and Regiment! (Give date Bas Jan |
| 7. When and where was his command surrendered or discharged (give date and place) |
| hater arms at alkany many tofor; Descharge or pay rolle |
| 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? |
| when he left it? For what cause did he leave! |
| By whose authority did he leaveand 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 in Barne & with applant, and with how |
| 13. In what way was he prevented from returning to his command 1 |
| How do you know? |
| 14. What effort did he make to return to his command and how do you know? |
| \.\ |
| 15. Was applicant captured as a prisoner |
| In what prison was he held! and |
| when released |
| Sworn to and subscribed before me, this the |
| day of Defol 1919 |
| SM Jame Ordinary) |
| of County. |
| . , |
| (SEAL) |

| TATE OF GEORGIA, |
|---|
| TATE OF GEORGIA, |
| I, hereby authorize Me. Pour |
| I, A fooding hereby authorize the found |
| o receive and receipt for the pension paid hereon and request that he remit same to |
| Me at firmer by I and |
| · Service ya |
| IN WITNESS WHEREOF, I have hereunto set my hand and seal this |
| ay of 21 ity face 1903. |
| Carew MC Reed, |

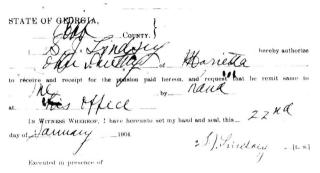
SOLDIER'S PENSION

1903.

DISABLED

(FOR THOSE ALREADY ENROLLED.)

POWER OF ATTORNEY.



re state

JOHN W. LINDSEY,

FOR THOSE ALREADY ENROLLED.

S 2. K

DISABLED

1904.

SOLDIER'S PENSIO

JOHN W. LINDSEY.
Commissioner of Pe

,

Mable, A.

RANK:

WOUNDED?

RELEASED:

BURIED:

SB.

WITNESSES:

WHEN AND WEERE BORN?

COMPANY AND REGISENT?

6 Months first enlistment (Does not give 1st enlistment). NAME OF CAPTAIN AND COLONEL?

CALTURED, WILL AND WERE?

DIED, WHEN AND WHERE?

WHEN AND WHERE SURRE! DERED? April 28,1865

IF NOT PRESENT AT SURRENDER, WEERE WERE YOU?

J. T. Carrie

ENLISTED WHEN AND WHERE? July 1st, 1863 , Cobb County, Ga. May 10, 1864, Marietta, Cobb Couty, Ga.

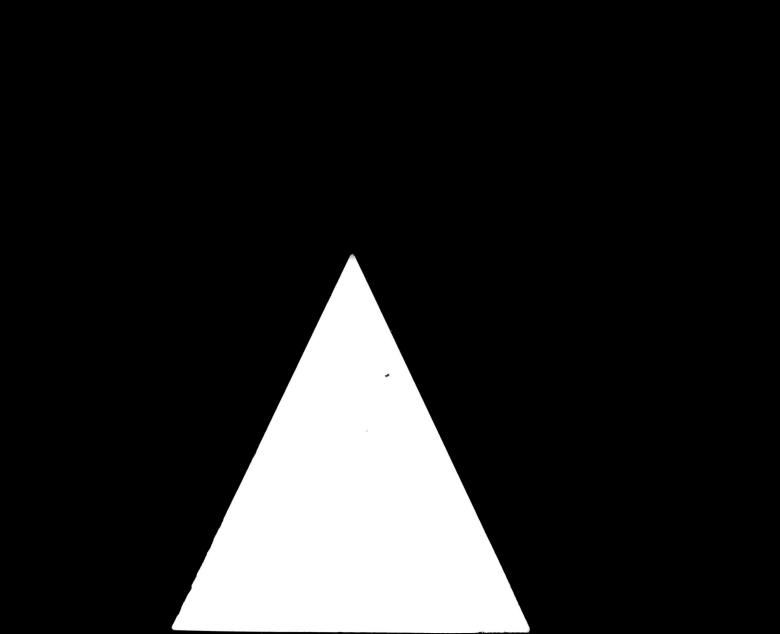
YEAR 1920 COUNTY Cobb Co nty.

A resident of Georgia 72 years.

1st enlistment was for six months - branch of service not stated. Company D, 4th Georgia Reserves Inf.

Disbanded at Albany, Ga. Paroled at Macon, Ga.

- same c.mmand ---- No data.



makon J.C. (For Those Aiready Enrolled.) No.31)6 Executed in INVALID POWER OF ATTORNEY SOLDIER'S PENSION. -1899. County Cobb Disability Disease + would Amount, 8 J RICHARD JOHNSON, WARRANT BANDED P GEO. W HARRISON, STATE PRINTER, ATLANTA no data

he remit same to to receive and receipt for the pension paid hereon and IN WITNESS WHEREOF, I have hereunto set my hand and seal, this. John Collohans Executed in presence of

> SOLDIER'S PENSION INVALID 1899

at

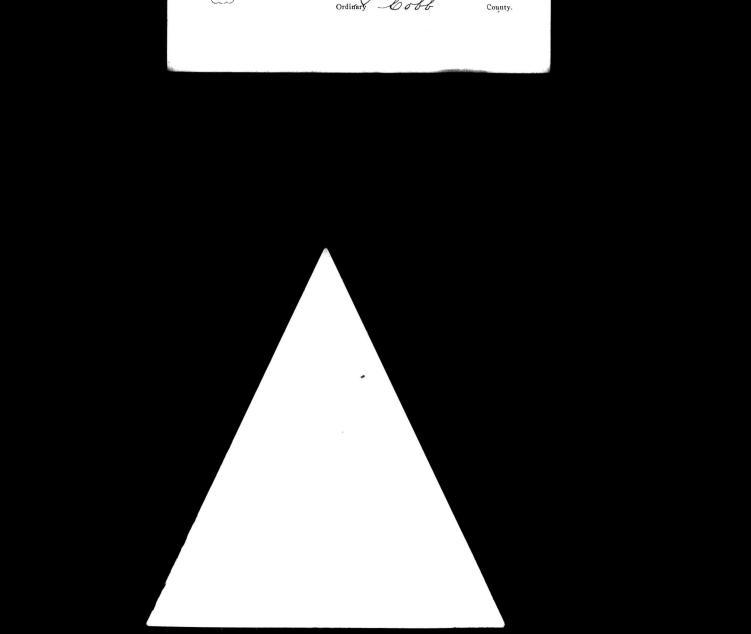
day of

For Those Aiready Enrolled.)

RICHARD JOHNSON,

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, |
|--|
| Cold County |
| 1 10 1 0 11 |
| personally appears I be suchous of Cobb |
| County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen |
| and resident it said State, and has resided therein continuously ever since the |
| day of 183/; that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war between the |
| States, and septed as a fine Company of the company |
| 000 |
| in such traitery sergice in the Stand of , on the day of |
| O D A Was woulded, triffined of diseased as follows: |
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| The state of the s |
| agriculture of the state of |
| afficient of actions |
| Sotrut to agree form the ordin |
| May Marinal acraeling |
| rife . |
| Deponent makes application for the pension to which to is entitled for the year end- |
| ing October 20th, 1809. I have heretofore under said law as a resident of |
| County been allowed an invalid pension of |
| Dollars, for the year 189 |
| Sworn to and subscribed before me, this, the |
| 1897 POST OFFICE OUT THE |
| (IN Thone |
| Note State fully the nature of wound or character of disable without causes the disability, and explain particularly the extent of the disability resulting from the wound or deserve |
| |
| STATE OF GEORGIA, |
| County. |
| 10.00 |
| I. J. Cw. Stoul Ordinary of said County, |
| do certify that am well acquainted with J. C. Guohow the |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him |
| in his said affidavit are true, and I know 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 Febry (1899. |
| AME Stone |
| (here) |
| Ordinary Ooht County |



| | The second secon | Control and Contro | Control of the Contro | PPOPE AT THE RESERVE SHEET | | | | |
|---|--|--|--|----------------------------|-----------------------------|----------------|--------------------|----|
| Maloney, James H. | 1900 P. C. GRAND COMMUNICATION CO. L. | I STATE OF THE PARTY OF THE PAR | | The second state of | Annual Property of the Per- | 100 | - S Paraditire | |
| | | | | | 8 | l S | | |
| No | | | | Wit | I, | STATE | | |
| INDIGENT PENSION, | | | | Witness my hand and seal | I, | OF GEORGIA, | | |
| | | | | hand and | t for the | BORG | ש | ¥. |
| 1900. | | • | | st seal this | pension | [A, _County | wo | |
| Namo Sa. Ho. Maliney | | | ٥ | | allowed, | aty. | POWER OF ATTORNEY. | |
| Namo Will. Maliney | * | | | ~ | and requ | | OF / | |
| | · · | | | day of | nest that | | TT | |
| Approved Rugh / n 1900. | | | | - | of _ | | ORN | |
| JOHN W. LINDSEY, | | | | by | same to | | EY. | |
| Commissioner of Pensions, | | | | | | | | |
| WARRANT HANDED TO | | | | 1900 | , hereby authorize | | | |
| Geo. W. Harrison, State Printer, Atlanta. | | | | (F s) | authoriz | × | | |
| 1/15-1900 | | | | · 1 | | | | |
| 1100 | | | | | | | | |

| STATE OF GEORGIA | .] | l | | 140 | |
|------------------------------------|-------------|--------------|-----------------------------|---|---------------------------------|
| | County. | | | | |
| I, | | | | | _, hereby authorize |
| | | | of_ | | |
| to receive and receipt for the pen | sion allowe | d, and reque | st that he re | mit same to | |
| | _ at | • | | by | and the following of the second |
| Witness my hand and sea | 1 this | day | y of. | | _1900. |
| Executed in presence of | | } | | | /T 9 |
| | | { | Market St. American St. Co. | V 10 1 10 10 10 10 10 10 10 10 10 10 10 1 | (L. S. |

LINDSEY

How long and since when have you been a resident of this State Henre heln a resident of this state of When and where were you born? Det 1012 1827 in Su Tremained with Externed full 10 1 1864 6. For how long a period did you discharge regular military duty? When, where and under what circumstances were you discharged from service? was discharge from indianappolis and preson at the close of the war -What is your present occupation? when I able I try to work gen form How much can you carn (gross) per annum by your own exertions or labor ? Welling 10. What has been your occupation since 1865?, set settled 11. Upon which of the following grounds do you base your application for panalon, viz: first, "age and poverty," second, "Infirmity and poverty," or third, "blindness and poverty"? Ass & haverte 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 fine years - my arm was ampulated In sept. 1898 - buch was you from Cane lar swiral years, my other hand is emphila What property, affects of income do your possess, and its gross value? 14. What property, effect or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? Withing whateste 16. In what County did you reside during these years, and what property did you then return for exaction? Usiala in Coft for telumid is her from How were you supported daring the years 1898 and 1899? Mustly by Charles a homestead? Have a wife of one third hime seems a The owns no stock, I not my child - owns nothing of all 20. Are you receiving any pension? If so, what amount, and for what disability mone Sworn to and subscribed before me this the

Questions for Applicant.

to avan himself of the Pension Act (Section 1264, Code), hereby submits his proofs, and after being duly

unis A. Moloney - nichajach - abb lounty &a

sworn true answers to make to the following questions, deposes and answers as follows: What is your name and where do you reside? (gipe State, County and post office

... of said State and County, desiring

STATE OF GEORGIA.

OUESTIONS FOR WITNESS.

| Q=2=11=11=1=111112==1 |
|---|
| STATE OF GEORGIA, |
| COUNTY. |
| of said State and County, having been procented |
| as a witness in support of the application of January Mullanus for pension under Section 1251, Code, and after being day sworn true answers to make to the following questions, |
| deposes and answers as follows: |
| 1. What is your name and whose do you reside? Martly of My with |
| 2. Are you acquainted with AMWS & Malprey the applicant; if so |
| how long have you known him? Hes - howe known line about 30 years |
| 3. Where does he resider and how song and since when has he been a resident of this state? Resides in was to were recident of this that were I flags |
| 1. When, where and in what company and regiment did he entire, and now do you know I the thether was but the time the substitute was with him |
| 5. Were you a member of the same company and regiment Duras in Same Pag. Co. 77 |
| 6. How long did he perform regular military duty, and what do you know of his service as a Confederate solylier, and the time and circumstances of his discharge from the service? He almed in to |
| 1. So In ly in marly & years, he was a good coldier |
| 1867 - I hero now much the work captured in full |
| 7. What property, effects or income has the applicant? (Give your means of knowledge.) |
| The time |
| 8. 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? None that I know |
| 9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? |
| 10. What is the applicant's occupation and physical condition? his physical drydition |
| back cupped he has no occupation |
| 11. Is the applicant unable to support himself by labor of any cort, if so, why? |
| owing to his windition first described. |
| 12. How was he supported during the years 1898 and 1899? |
| 13. What portion of his support for these two years was derived from his own labor or income 2 11 |
| do not know the many spinion very title. |
| 14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1204, Code? ht Mio no mismo Of authorith has |
| no property his physical Englition is auch that |
| 16. What interest have you in the recovery of a pension by this applicant? North Weatherly |
| Sworn to and subscribed before me, this |
| the day of HUU - 1900? \ Witness. |
| XI VIA (XA) A A A A A A A A A A A A A A A A A A |

| AFFIDAVIT OF PHYSICIANS. |
|--|
| STATE OF GEORGIA, COUNTY.) Personally came before me C. T. Molan and Living Jenund, both known to me as reputable physicians |
| of said County, who, being severally sworn, say on oath that they have examined carefully |
| applicant for pension under Section 1254, Code, and after |
| such personal examination say that his precise physical condition is as follows: |
| About 3 months of o m. moloney, righe hand |
| Left hand is contracted interfering moterially its unefulness. General condition faitely |
| serefulness. General condition painty |
| Good for one of his age. |
| 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 the |
| and day of they, 1900. Silbert Lennent to |
| Ordinary. |
| ORDINARY'S CERTIFICATE. |
| STATE OF GEORGIA, COUNDY. I, Country, Ordinary in and for said County, hereby certify that the applicant The allowing resides in said County, and has been a bona fide residence; this State since the day of |
| STATE OF GEORGIA, COUNDY. I, Country, hereby certify that the applicant. The Malurey resides in said County, hereby certify that the applicant. The Malurey resides in said County, and has been a bona fide resident of this State since the day of and that the winesses yie: The Malurey resides of the Malurey resides in said County, and has been a bona fide resident of this State since the day of the Malurey resides in said County, and has been a bona fide resident of this State since the day of the Malurey resides in said County, hereby certify that the winesses yie: |
| STATE OF GEORGIA, COUNTY. I, Wallow resides in said County, hereby certify that the applicant. Wallow resides in said County, and has been a bona fide resident of this State since the day of and that the witnesses we will be the wind of the said County, and has been a bona fide resident of this State since the day of and that the witnesses we will be the said county of the said County, hereby certify that the spoil of the said County, hereby certify that the said County, hereby certified the said County, hereby certify that the said County, hereby certify the said County, hereby certif |
| STATE OF GEORGIA, COUNDY. I, COUNDY. I, COUNDY. I, COUNDY. I, COUNDY. I, COUNDY. I and for said County, hereby certify resides in said County, and has been a bona fide resident of this State since the and that the witnesses with the said that the witnesses with the said that the witnesses of trustworthy character, and that their statements are entitled to full faith and credit. I further certify that before answering the foregoing questions the applicant and each witness took |
| STATE OF GEORGIA, COUNDY. I, COUNDY. I, COUNDY. I, COUNDY. I, COUNDY. I, COUNDY. I and for said County, hereby certify resides in said County, and has been a bona fide resident of this State since the and that the witnesses with the same of trustworthy character, and that their statements are entitled to full faith and credit. I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness |
| STATE OF GEORGIA, COUNDY. I, County, Ordinary in and for said County, hereby certify that the applicant of this State since the day of and that the witnesses with the statements are entitled to full faith and credit. I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed. |
| STATE OF GEORGIA, COUNDY. I, County, breeby certify that the applicant and been a bona fide residence; this State since the day of and that, the witnesses with the statements are entitled to full faith and credit. I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed. I further certify that the tax digests of County show that applicant |
| STATE OF GEORGIA, COUNDY. I, County County, and has been a bona fide residence; this State since the day of another 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 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 the affidavits was read to the applicant returned for taxation in his name in 1898 Dollars |
| STATE OF GEORGIA, COUNTY. I, That the applicant. In that the applicant. In the certify that the first attements are cutified to full faith and credit. If 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 the affidavits was read to the applicant and witness before same was signed. I further certify that the tax digests of the affidavits was read to the applicant and witness before same was signed. I further certify that the tax digests of the affidavits was read to the applicant and witness before same was signed. Dollars of property, and in 1899 Dollars of property. |
| STATE OF GEORGIA, COUNDY. I, County County, and has been a bona fide residence; this State since the day of another 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 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 the affidavits was read to the applicant returned for taxation in his name in 1898 Dollars |

1. Before any questions are answered, the Ordinary shall swarr 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 2. Additional affidaviu may be attached if blank spaces are insufficient. So In every class the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set obta.

STATE OF GEORGIA.

County.

hereby authorize

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

h

Those Already Enrolled.

051

Witness my hand and seal, this

day of

1901.

[L. S.]

Executed in presence of

INDIGENT

SOLDIER'S PENSIO

OHN W. LINDSEY,

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

1902.

[L. S.]

Executed in presence of

NDIGENT

FOR THOSE ALREADY

OHN W. LINDSEY,

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

| TOTAL | STATE OF GEORGIA. |
|---|--|
| STATE OF CHORGIA | |
| STATE OF GEORGIA, | County. |
| County. | Personally appears D. L. windsey of loth |
| Personally appears a mulsey of with | County, State of Georgia, who being duly sworn says or eath that he is a few first |
| 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 |
| and resident of said State, and has resided therein continuously ever since the | 1845; that he enlisted in the military service of the |
| day of 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 Drivale 1 in Company of |
| States, and served as a in Company 1 7, of 3 th Regimen: | Volunteers OAD 1 P O's Brigade that the |
| of Volunteers, Shirt's Brigade: that whilst engaged | on the |
| in such military service in the State of Aq, on the day | of the was wormded injured or discoved as fellows |
| of New 1862 , he was wounded, injured or diseased as follows: | Topoch I day is the to |
| Male in tail vernice at | the con many to and |
| Formand In m Vie so the Contracting | The conference de by |
| your on the sa, the Controlly | A TO TO receive Habon or down of |
| of which dis could the is rendered | acus kinst. |
| Somahaving moon belief to berform the | |
| Sommer homes avoration of lite | and the second s |
| | Deponent makes application for the pension to which he is entitled for the year |
| 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 |
| ending October 20th, 1903 I have heretofore, under said law, as a resident of | County been allowed in the |
| County, been allowed an invalid pension of | Dollars, for the year 1903. |
| Dollars, for the year 1902. | Sworn to and subscribed before me, this the 1 & 9. |
| Sworp to and subscribed before me, this the | day of they 1904. Dunday |
| 16 4 day of Light 1903, Post-office Provide | Post-office Maruella |
| Alu Dustiff Chery | Nore - State fully the nature of the |
| Nors. State fully the nature of the wound or character of disease which causes the disability and explain particularly the extent of the disability resulting from the wound or disease. | The world of disease. |
| | STATE OF GEORGIA, |
| STATE OF GEORGIA, A Strickey | County |
| County. | |
| 1 Ding the first of the same of the | do certify the I was a country, |
| do certify that I am well acquainted with Six dice the | do certify that I am well acquainted with A Cocacci |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made by | the applicant in the foregoing affidavit, and am well satisfied that the statements made |
| him in his said affidavit are true, and I know he is the individual he represents himself to | by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County |
| be and that he resides in this County. | (Given under my official signature and seal, this |
| Given upder my official signature and seal, this. | day of 1904. |
| day of Millille - 1 1803. | Carr |
| TAME! A Stille Sucher | Your See See See See See See See See See Se |
| Ordinary County. | Ordinary County. |
| Note.—Fill all blanks and of Company and Regiment. | Norms-Fill all blanks and of Company and Regiment. |
| Note.—All vouchers and affidavits must bear date after January 1, 1903, | Note All vouchers and affidavits must bear date after January 1, 1904. |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, | | | |
|---|--|--|--|
| personally appears & Maloney of Coff | | | |
| personally appears I I I I I only of Coff & | | | |
| County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen | | | |
| and resident of said County and State, and has resided in said State continuously ever | | | |
| since the day of 1828; that he is 72 years old and | | | |
| by occupation a horizon, that he enlisted in the military service of the Con- | | | |
| federate States (or of the State of) during the war between the | | | |
| States, and served for the term of 3 fea to in Company N, of 36 th Regiment | | | |
| that his physical condition is an | | | |
| follows on account of Age Infirmety and from by the in mable to suffert. | | | |
| Tringela y ne 11 thate to support | | | |
| that his property consists of the following items | | | |
| h. Thing | | | |
| 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 190). I have heretofore as a resident of Coth county been allowed a persion for the year 1901 | | | |
| Sworn to and subscribed before me, this the | | | |
| Ablin Aristy Ordinary | | | |
| 11 | | | |
| STATE OF GEORGIA, County. | | | |
| I still a starter Continue of the Continue of | | | |
| do certify that I am well acquinted with p A Malorine, the | | | |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him | | | |
| in his said affidavit are true, and I know he is the individual he represents himself to be | | | |
| | | | |
| Given under my official signature and seal, this | | | |
| day of ferrinary 1901. | | | |
| Infin An Try | | | |
| The Aug P | | | |
| Ordinary Co b Confuty. | | | |
| | | | |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE, OF GEORGIA, |
|--|
| County. |
| Personally appears A Maloney of Sol |
| County, State of Geoogia, who being duly swoon, 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 1825; that he is 23 years old and |
| by occupation a that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war between the |
| States, and served for the term of 3 400 in Company K, of 36th Regiment |
| |
| , that his paraient condition is as |
| |
| hovery he is much support thinks |
| Access to Manual more to the first of the construction of the cons |
| that his property consists of the following items |
| withing. |
| |
| 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 |
| 41. |
| county been allowed a pension for the year 1/0/ |
| Sworn to and subscribed before me, this the |
| deportation 1002 marsh |
| Mu flevely Ordinary. |
| STATE OF GEORGIA, |
| / 4 4 4 |
| O d county. |
| 1. John Harling Ordinary of said County, |
| do certify that I am well acquainted with Maloney |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made by |
| him in his said affidavit are true, and I know 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. |
| (Amx) |
| your full for |
| Ordinary Colh County. |
| Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January 1st, 1902. |

| | | • |
|----------------------------------|------------------------------|----------------------|
| STATE OF GEORGIA, | ounty. | |
| I, | hereby authorize | |
| | _of | |
| to receive and receipt for the p | ension allowed and request t | hat he remit same to |
| | at | |
| by. | | |
| Witness my hand and seal, this | day of | |
| | | [L. S.] |
| Executed in presence of | | |
| | | |
| | | |
| | | |

1/23 1903.

WARRANT ISSUED

JOHN W. LINDSEY, Commissioner of Pensis

WARRANT HANDED TO

The settle

SOLDIER'S PENSION

INDIGENT

1903.

Name J & Malorny

Regiment 3 6

(FOR THOSE ALREADY ENROLLED.)

No. 8 89

Lacin Sunt

POWER OF ATTORNEY.

| STATE OF GEORGIA, | _County. | |
|---|----------------------------------|------------------|
| | hereby authorize | |
| | of | |
| o receive and receipt for the | pension allowed and request that | he remit same to |
| management of the state of the | at | - |
| у | 5 may 5 | |
| Witness my hand and seal, th | nis day of | 1904. |
| | | [L. S. |
| Executed in presence of | | |

Walowy Janes H. (FOR THOSE ALREADY ENROLLED.)

SOLDIER'S PENSION 1904. INDIGENT

Name

JOHN W. LINDSEY,
Commissioner of Pensions. WARRANT HANDED TO

WARRANT ISSUED

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STA/TE OF GEORGIA, |
|--|
| County. |
| Personally appears / Maloney of bold |
| 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 1828, that he is 24 years old and |
| by occupation a farmer , that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war between the |
| States, and served for the term of June in Company K, of Joth Regiment |
| that his phonical condition is as |
| Tyling; on sectopas infinity operest he cannot |
| Supporthindel |
| |
| 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, |
| 1804, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of |
| county been allowed a pension for the year 1902 0 1 han |
| Sworn to and subscribed before me, this the) |
| |
| Sher Auty Ordinary. |
| STATE OF GEORGIA, |
| County. |
| 1. Dolan Awting Man. Ordinary of said County. |
| do certify that I am well acquainted with & M Maloney |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made by |
| him in his said affidavit are true, and I know he is the individual he represents himself to |
| be and that he resides in this County. |
| Given under my official signature and seal, this |
| day of Jany 7 1908. |
| mail to the chilling |
| Ordinary County. |
| Noτκ.—The blank spaces must be filled. |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| E 1 1 10 E |
|--|
| 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 18 = 1 that he is 7 d years old and |
| by occupation a, that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war between the |
| States, and served for the term of the term of the in Company of of \$4 th Regiment |
| of - that his physical condition is as |
| follows: with it a v process, it we were neverties, |
| And wary with and ing able 18 |
| - Nico dop - week |
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| that his property consists of the following items: |
| in the second of |
| • Commonweal and Commonweal Commo |
| 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 12. 3 |
| Sworn to and subscribed before me, this the |
| , |
| ordinary. |
| STATE OF GEORGIA, |
| Co b County. |
| I, John Swing 2 at Ordinary of said County, |
| |
| do certify that I am well acquainted with 10 Malone |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made |
| by him in his said affidavit are true, and I know 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 x LLL 1904 |
| The state of |
| AME YOUR DEAD |
| Ordinary County. |

Nors.—The blank spaces i

NOTE.—The blank spaces must be filled.

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

| | ı, | COUNTY. COUNTY. COUNTY. CO. of. | and request that he | remit same to |
|--------------------------------------|-------------------------|---|---|-------------------|
| by WITNESS II | ny hand and seal, | thin 18 Year | Muleney | 1905. |
| (FOR THOSE ALREADY ENRULED.) No. 609 | SOLDIER'S PENSION 1905. | Name & The Makersey County Y Co-6 K Co. K Regiment 36 | WARRANT ISSUED 1966. JOHN W. LINDSEY. Commissioner of Persions. | WARRANT HANDED TO |

POWER OF ATTORNEY.

| STATE OF GEORGIA, | |
|--|---|
| COUNTY. | |
| (V Home o | 1 |
| and the state of t | hereby authorize |
| Johnstwhy of | |
| to receive and receipt for the pension allowed, and request that | he remit same to |
| at | , ^V =. |
| by | |
| WITNESS my hand and seal, this | 1906. |
| William | , |
| / Mau | [L. 8.] |
| Axecuted in the presence of Mank f | |
| mann | |
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| 一大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大 | The Antonia strike of the street of the |

18th route

no data

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 6''

SOLDIER'S PENSION 1908. INDIGENT

WARRANT HANDED TO JOHN W. LINDSEY.

WARRANT ISSUED

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, | | | |
|--|--|--|--|
| County. | | | |
| Personally appears & Muloney of Soft | | | |
| 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 1828; that he is 74 years old and by occupation a 50 22 22 22 , that he enlisted in the military service of the Con- | | | |
| by occupation a Former, that he enlisted in the military service of the Con- | | | |
| federate States (or of the State of) during the war between the | | | |
| States, and served for the term of 3 years in Company I, of 3.6 th Regiment | | | |
| of that his physical condition is a | | | |
| follows: | | | |
| follows. | | | |
| | | | |
| that his property consists of the following items: | | | |
| Nothing. | | | |
| No. of the same of | | | |
| 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 subspribed before me, this the lay of stary 1905. | | | |
| formtwing 1905. I med | | | |
| | | | |
| STATE OF GEORGIA, | | | |
| Cobb County. 1 | | | |
| 1, 50 mil Drey Ordinary of said County, | | | |
| do certify that I am well acquainted with 26 Walnuy | | | |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made | | | |
| by him in his said affidavit are true, and I know 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 Juny 1905. | | | |
| John twing | | | |
| South County. | | | |
| Norg.—The blank spaces must be filled. | | | |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| State | of Georgia, | } |
|---------------------------------|----------------------------------|--|
| Persona | County. lly appears & Ha | |
| | | worn, says on oath that he is a bona fide citizen |
| and resident o | f said County and State, and | has resided in said State continuously eve |
| since the | day of | 18; that he isyears old an |
| by occupation | that l | ne enlisted in the military service of the Cor |
| federate States | (or of the State of | during the war between th |
| States, and ser | ved for the term of | in Company L, of 6 th Regimen |
| of Isa | · hotel | ; that his physical condition is a |
| follows'; | C | , that his physical condition is a |
| 3 | 3.1 | 1 1 1 |
| - 44 | 7 | mily of franch |
| hat bis assessed | | The second section of the second section of the second sec |
| mac mis proper | ty consists of the following it | |
| | ETT ev | And the second s |
| | to the second second | and a second sec |
| of the value of | | Dollars. I am now earning |
| by my labor, | | Dollars per month. That by reason of his |
| physical condi- | ion and poverty he is unable | e to support himself by his own exertion o |
| | he receives no pension but the | ie one herein applied for. benefits of the Act approved December 15th |
| 1894 and the A | cts amendatory thereof and r | nakes application for the pension to which he |
| s entitled for | the year 1906. I have hereto | fore, as a resident of |
| | llowed a pension for the year | 1905. A him. |
| | and subscribed before me, this | |
| | ay of 190 | 06 May |
| John | Mat | , ,,,,,, |
| 1 | - Comment | Ordinary. |
| Stato | of Georgia. | 1 |
| State | . ~ , ~ , ~ , ~ | } |
| | County. | , |
| Ι, | | Ordinary of said County |
| | I am well acquainted with | |
| the applicant is | the foregoing affidavit, and | am well satisfied that the statements mad |
| by him in his s | aid affidavit are true, and I kn | low he is the individual he represents himsel |
| | he resides in this County. | • |
| | Given under my official signa | ture and seal, this |
| | | 1906. |
| $\epsilon = \hat{E}_{\epsilon}$ | | |
| Affix your | 1 | |
| here | POWER OF | Ordinary County. |

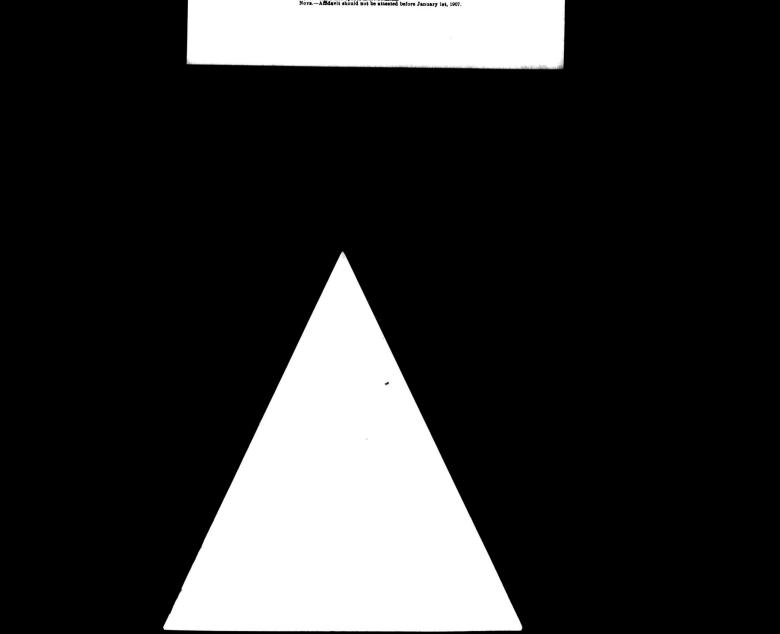


POWER OF ATTORNEY.

| of St. | by V Maci | COUNT | -1 | | | , hereby | 1 14 122 | |
|---------------------------------------|------------------|------------|---------------------|-------------------------|--|-------------------|--|-------|
| WITNESS | my hand and | seal, this | at | request day of Ma | Car | he remit | 1907. | |
| (FOR THOSE ALRADY ENROLLED) Ao 6 3 0 | OLDIER'S PENSION | 1907. | outy 12 19 Regiment | MAII -1 1907. | JOHN W. LINDSEY, Commissioner of Pensions. | WARRANT GANDED TO | One. W. Mannow, State Paints, Atlants. | at to |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

| State of G | \commun. |
|--------------------------|---|
| State of G | eorgia, |
| Cush | County. |
| Personally app | |
| | rgis, who, being duly sworn, says on oath that he is a bona fide citize |
| and resident of said C | county and State, and has resided in said State continuously eve |
| since the | day of |
| and by occupation a | that he enlisted in the military service of the Con |
| federate States (or of t | the State of) during the war between the |
| States, and served for | the term of in Company 1, of 36 th Regimen |
| of | the Company 21 , or 20 th Regimen |
| follows: 4th | Infinity that his physical condition is a |
| | |
| | |
| hat his property cousi | sts of the following items: |
| | 7 |
| 1 | 218 |
| of the value of | L' |
| y my labor, | Dollars. I am now earning |
| | Dollars per month. That by reason of his powerty he is unable to support himself by his own exertion or |
| bor, and that he recei | ves no pension but the one herein applied for. |
| Deponent desirer | s to participate in the benefits of the Act approved December 15th, |
| 894, and the Acts amer | ndatory thereof, and makes application for the pension to which he |
| entitled for the year | 1907. I have heretofore, as a resident of |
| | pension for the year 1906. |
| Sworn to and sul | bscribed before me, this the |
| | CZ = 52 _ 1907. |
| . F.11.25 2 | UILEG Ordinary. |
| | · |
| State of Ge | |
| 1241 | County |
| 1000 | 14 C. |
| | |
| certify that I am we | Il acquainted with Alalowey |
| e applicant in the fore | going affidavit, and am well satisfied that the statements made |
| him in his said affida | wit are true, and I know he is the individual he represents himself |
| be, and that he reside | |
| | nder my official signature and seal this |
| day of | 1807. |
| | 1 wall Stating |
| your seal | Ordinary County |



POWER OF ATTORNEY.

County. STATE OF GEORGIA.

00 Know all Men by these Presents, That I,

Ocunty, in said State, do herety appoint of the said said and lawful attorney in lact, for me and in my name, to receive and recept 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 ne for the reason County, in said State, do hereby appoint of

Executed in the presence of us

(' [L. S.]

set my hand and seal, this

WITNESS WHEREOF. day of

NI

send amount by

me at

to

and oblige,

unce

Warrant Issued 1891

AND HANDED TO

tien W. Harrison, State Printer Atlanta.

STATE OF GEORGIA.

County.

Know all Men by these Presents, That I, Mio L. A. Macce

County, in said State, do hereby appoint of Cook of Co 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.

If allowed, send amount by

me at



Affidavit to be Made by the Widow.

| STATE | OF | GEORGIA. | |
|-------|----|----------|--|
| | | | |

County of CO ACC in person come before me, the undersigned Ordinary in and for the County of CO & CO

Mrs. L. W. Mrlanev , who being sworn according to law, says under oath that she is the widow of Leuderson E. Thauer, who was a soldier in

the service of the Confederate States, and served as a member of Company

Congra Volunteers; that he enlisted in said

service on or about the day of Charic 1862, and was in the Charles detailed. Army up to 116 2 1863 That while in the Army, he was on the 125 day of Cabreau, 1863, (See Note No. 1)

Aposed to a cold rain in a box car in allanta ba, contracted cold which terminated in brain feogr

from which he died in the Thospital at Davannah ga on the 2 day of March 1863.

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 22 th day of DE Cecue Bet 1853, and that she has resided in Georgia continuously since the day of Lace warry 1838; 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 day of Chricason marke

State in blank above the date of the death of the husband, and how, and when, and where he died. And in case death resulted from disease, state how the disease is that is positively to have resulted from the service of the soldler in the A

POWER OF ATTORNEY.

| - | | |
|--|---------------------|--|
| STATE OF GEORGIA, |) - | |
| | UNTY. | |
| 1,872 | udrey | hereby authorize |
| Sohn Hotry | . of | |
| to receive and receipt for the per | sion paid hereon, a | and request that he remit same to |
| | by | and the second s |
| at. | | |
| In WITNESS WHEREOF, I have | hereunto set my h | nand and seal, this. |
| day of January | 1905. | 20 |
| day of | ST | Lindou _[1.8.] |
| Executed in the presence | of | |
| Vin Gam | - | • |
| , | | |
| | | |
| ø. | | |
| | | - 1 |
| | | l sé l' |
| | | 190) |
| S | | CA. 199 CAMISSIONER OF Persion CA. 199 CA. 19 |
| | y n | LINDSEY, umissioner of HANDED TY |
| | Regiment | J. J |
| SABL PS P PS P PO P | 0.10 | Schming L. C. |
| | 163 . | 3 4 4 3 1 |
| FOR THOSE No. No. DIS | 2000 | |
| | J. ** | t i |
| | Name County Co. A | Amount, |
| 52 | 2 0 0 1 | |
| of the second se | | |
| | | |

POWER OF ATTORNEY.

| Jul | Co | EEORGIA, Co I. S. J. S. | of_ | | | hereby authorize |
|-------------------|-------|---|--|--|------------------|-------------------|
| day of | 11 | ess Whereof, I h | 1 | | | is[L. S.] |
| Coss Section 120. | No. 5 | DISABLED OLDIER'S PENSION 1906. | ine of the state o | sability of National sability of National sability | JOHN W. LINDSEY. | WARRANT HANDED TO |

Affidavit for Three Witnesses.

| STATE OF GEORGIA, |
|--|
| In person came before me, the undersigned Ordinary |
| County of ignand for said County, witnesses in and county of certain the certain the county of certain the |
| allating live las Bairce |
| and , il . I walke (each known to said Attesting Officer as truthful. |
| |
| Mrs A. // (liner), of the County of Cor 6 |
| State of Georgia is the widow of Kingler State of Georgia is the widow of Kingler State of Hillmer, who was a soldier in Regiment of State Sine Va. Volunteers. |
| Company 6 of the Regiment of Stats Line Va Volunteers |
| on the Georgia State Troops) on or |
| about the day of U \$500 That while in said service, or by |
| reason of said service in the Army, he lost his life as follows: |
| By Expression whillburta Va. in Vaid |
| Sy Espassion ah Monta La, in Vaid Sirie From which he Contraction Cold which Tomicrated in brain fever |
| which to |
| The order of the |
| From Which he died in the Mossita |
| ich Sudannah Var on the 2nd day |
| 01 74 in wh 1863 |

We further swear that Mrs. L. H. Illuner soldier during the service, and that she has not intermarried since his death, and that she resides in County of the State of Georgia.

Sworn to and subscribed before me, this, the)

Sworn to and subscribed before me, this, the day of Coffice 1891. If I Gaine Phone is those ordinary. I Phone is the Continuous ordinary. I to Manhwell

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

STATE OF GEORGIA,

1. La Stown Ordinary in and for said County of Coll

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

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

day of (Bic. ful Stone

Ordinary.

Form No. 4.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act,

The facts to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death.

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

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish tull 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.

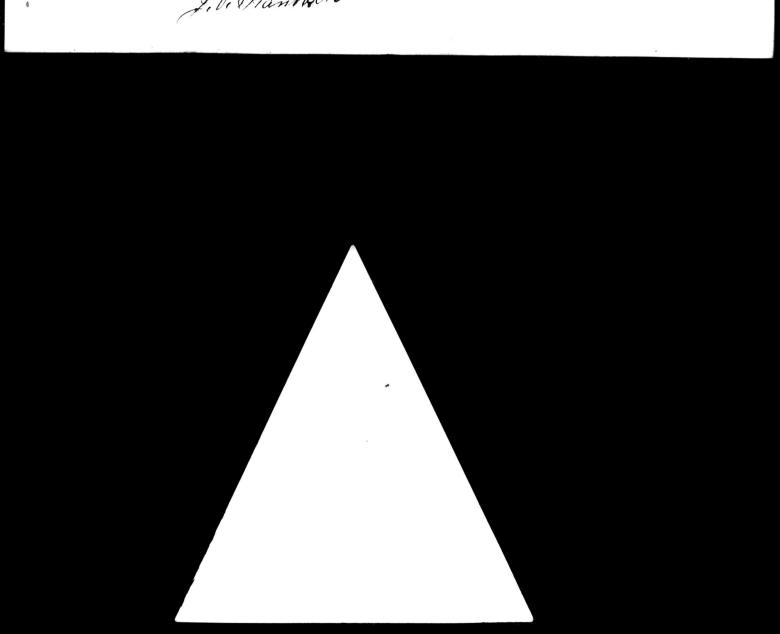
Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.

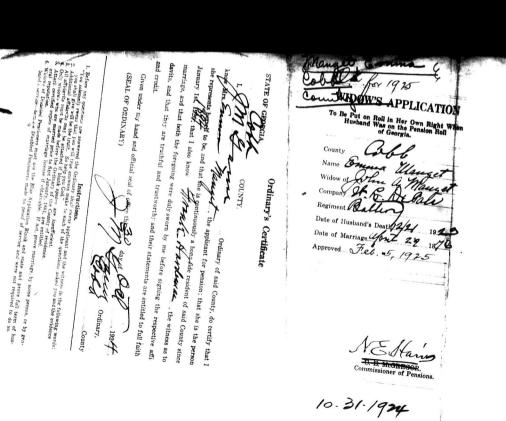
Fill out the "directions" below Power of Attorney, so that your Agent will know where and how to send the money.

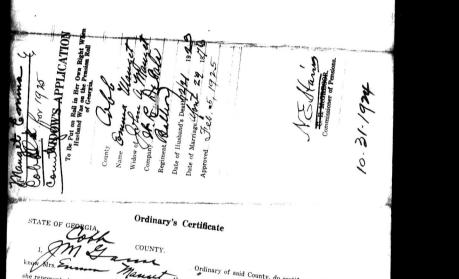
By order of the Governor.

W. H. HARRISON.

Sec. Ex. Department.







Ordinary of said County, do certify that I

beyself to be, and that she is continuously a bong-fide resident of said County since , the applicant for pension; that she is the person marriage, and that both the foregoing were duly sworn by me before signing the respective affi-

davits, and that they are truthful and trustworthy and their statements are entitled to full faith Given under my hand and official seal of off

(SEAL OF ORDINARY) . 1924 Ordinary,

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

Gen lepathed Pensioners must use the Blue Application Blank and state and prove full term of hus-band's service—because Disabled Pensioners made no proof of service and were not required to do so.

^{1.} Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:

"You solicity swear that you will be the state of the questions asked you and the evidence you shall make the state of the questions asked you and the evidence of the questions who are marked from the property of the County of Co

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be Used by the Widow of a Disabled Soldier Pensioner.)

| Personally before me comes Translat Amount to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Survey Who made the foregoing affidavit, is the lawful widow of the Amounty on the Amounty in said State of the Amounty in said State on the State of the Amounty in said State on the State of the State on the State of the Sta | STATE OF GEORGIA, |
|--|--|
| who, after having been duly aworn, says that she is the widow to whom, in the County of State of Work ahe was married on the 21 day of Georgia and that she remainednis wife, and resided with him to the date of his death in 22 1922 and that she has not since his death remarried; at the time of his death he was a resident of County, in said State of Georgia, and he was on the County for 1924 (per annum), on account of being a soldier in Company of County for 1924 (per annum), on account of being a soldier in Company of County, resided there since day of Sworn to and subscribed before me, this the Gay of County, resided there since day of County. (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF CEORGIA. COUNTY. Personally before me comes of the county, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. County in said State of August who made the foregoing andidavit, is the lawful widow of the County of the 2 day of County in said State of the 2 day of County in said State of the 3 day of County in said State of the 3 day of County in said State of the 3 day of County in said State of the 3 day of County in said State of the 3 day of County in said State of the 3 day of County in said State of the 3 day of County in said State of the 3 day of County in said State of the 4 day of County in said State of the 4 day of County in said State of the 4 day of County in said State of the 4 day of County in said State of the 4 day of County when he died. Sworn to and subscribed before me, this the | |
| to whom, in the County of the 27 day of County of the 27 day of County of the 27 day of County of the 28 day of County of the 29 day of County of the 29 and that she remainednis wife, and resided with him to the date of his death in 29 1923 and that she has not since his death remarried; at the time of his death he was a resident of County in said State of Georgia, and he was on the of Georgia, and he was on the County for 1924 (per annum), on account of being a soldier in Company of County for 1924 (per annum), on account of being a soldier in Company of County for 1924 (volunteers or State Militia). That she is now a bona fide resident citizen of said State of has, continuously, resided there since day of Sworn to and subscribed before me, this the County Ordinary Ordinary Ordinary (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY. Personally before me comes a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. County in said State of the day of County when he died. Sworn to and subscribed before me, this the | Personally before me comes Zuma Manget of said County, |
| to whom, in the County of the 27 day of County of the 27 day of County of the 27 day of County of the 28 day of County of the 29 day of County of the 29 and that she remainednis wife, and resided with him to the date of his death in 29 1923 and that she has not since his death remarried; at the time of his death he was a resident of County in said State of Georgia, and he was on the of Georgia, and he was on the County for 1924 (per annum), on account of being a soldier in Company of County for 1924 (per annum), on account of being a soldier in Company of County for 1924 (volunteers or State Militia). That she is now a bona fide resident citizen of said State of has, continuously, resided there since day of Sworn to and subscribed before me, this the County Ordinary Ordinary Ordinary (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY. Personally before me comes a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. County in said State of the day of County when he died. Sworn to and subscribed before me, this the | |
| the 27 day of April 1876, and that she remained his wife, and resided with him to the date of his death in 24 1923 and that she has not since his death remarried; at the time of his death he was a resident of County, in said State of Georgia, and he was on the Ocupty for 1924 (per annum), on account of being a soldier in Company I. I. All flatter that she is now a bona fide resident citizen of said State of April 19 (Volunteers or State Militia). That she is now a bona fide resident citizen of said State of April 19 (Volunteers or State Militia). That she is now a bona fide resident citizen of said State of April 19 (Volunteers or State Militia). That she is now a bona fide resident citizen of said State of April 19 (Volunteers or State Militia). That she is now a bona fide resident citizen of said State of April 19 (Volunteers or State Militia). That she is now a bona fide resident citizen of said State of April 19 (Volunteers or State Militia). That she is now a bona fide resident citizen of said State of April 19 (Volunteers or State Militia). That she is now a bona fide resident citizen of said State of April 19 (Volunteers or State Militia). That she is now a bona fide resident citizen of said State of April 19 (Volunteers or State Militia). That she is now a bona fide resident citizen of said State of April 19 (Volunteers or State Militia). That she is now a bona fide resident citizen of said State of April 19 (Volunteers or State Militia). That she has not since remarried; that she became the wife of April 19 (Volunteers or State Militia). That she has not since remarried; that she became the wife of April 19 (Volunteers or State Militia). That she has not since remarried; that she became the wife of April 19 (Volunteers or State Militia). That she has not since remarried; that she became the wife of April 19 (Volunteers or State Militia). That she has not since remarried; that she became the wife of April 19 (Volunteers or State Militia). That she has not since remarried; that she became | to whom, in the County of State of head Gorde she was married on |
| the date of his death in 22 1922 and that she has not since his death remarried; at the time of his death he was a resident of County, in said State of Georgia, and he was on the County for 1924 (per annum), on account of being a soldier in Company of State Militia). That she is now a bona fide resident citizen of said State of And she has, continuously, resided there since day of Sworn to and subscribed before me, this the Gay of County. (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF CEORGIA. COUNTY. Personally before me comes County of the person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. State of Andrew on the Language of the said State of County in said State of County County in said State of County | the 29 day of Coferie 1876, and that she remained his wife, and resided with him to |
| the time of his death he was a resident of County, in said State of Georgia, and he was on the County for 1944 (per annum), on account of being a soldier in Company of County for 1944 (per annum), on account of being a soldier in Company of County for 1944 (volunteers or State Militia). That she is now a bona fide resident citizen of said State of Annual Sworn to and subscribed before me, this the day of Sworn to and subscribed before me, this the day of County. (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF CEORGIA. COUNTY. Personally before me comes County, who after having been duly aworn, says that of deponent's own personal knowledge, Mrs. State of May of County in said State of May | the date of his death in Oc 2/ 1923 and that she has not since his death remarried; at |
| Pension Roll of the State and paid a pension of State in County for 194 (per annum), on account of being a soldier in Company of State Militia). That she is now a bona fide resident citizen of said State of and she has, continuously, resided there since day of Sworn to and subscribed before me, this the Gay of Marriage and Date of Death of Husband. STATE OF CEORGIA. COUNTY. Personally before me comes of a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Sworn to all State of Any of Marriage and Date of Death of Husband. County in said State of Any of Marriage and Date of Death of Husband who died in the lawful widow of Marriage and Date of Death of Husband. County in said State of Any of Marriage and Date of Death of Husband with the lawful widow of Marriage and Date of Death of Husband. County in said State of Any of Marriage and Date of Death of Husband and wife, continuously, since Lg day of Marriage and Date of Death of Husband and wife, continuously, since Lg day of Marriage and Date of Death of Husband and wife, continuously, since Lg day of Marriage and Date of Death of Husband and wife, continuously, since Lg day of Marriage and Date of Death of Husband and wife, continuously, since Lg day of Marriage and Date of Death of Husband and wife, continuously, since Lg day of Marriage and Date of Death of Husband and wife, continuously, since Lg day of Marriage and Date of Death of Husband and wife, continuously, since Lg day of Marriage and Date of Death of Husband and wife, continuously, since Lg day of Marriage and Date of Death of Husband and wife, continuously, since Lg day of Marriage and Date of Death of Husband and wife, continuously, since Lg day of Marriage and Date of Death of Husband and wife, continuously when he died. Sworn to and subscribed before me, this the | |
| County for 194 (per annum), on account of being a soldier in Company I. Defense in Company I. Defense in Company I. Defense is now a bona fide resident citizen of said State of and she has, continuously, resided there since day of 199 (Applicant) Sworn to and subscribed before me, this the Gay of County. Ordinary (Applicant) Ordinary (Applicant) (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF CEORGIA. COUNTY. Personally before me comes Thank (Applicant) OCUNTY. Personally before me comes Thank (Applicant) And that she has not since remarried; that she became the wife of May of Mark (Applicant) On the 2 day of Mark (Applicant) On the 3 day of Mark (Applicant) On the 4 day of Mark (Applicant) On the 5 day of Mark (Applicant) On the 6 day of Mark (Applicant) On the 6 day of Mark (Applicant) On the 6 day of Mark (Applicant) On the 7 day of Mark (Applicant) On the 6 day of Mark (Applicant) On the 7 day of Mark (Applicant) On the 6 day of Mark (Applicant) On the 7 day of Mark (Applicant) On the 6 day of Mark (Applicant) On the 7 day of Mark (Applicant) On the 7 day of Mark (Applicant) On the 6 day of Mark (Applicant) On the 7 day of Mark (Applicant) On the 6 day of Mar | of Georgia, and he was on the Dervice Pension Roll of the State and paid a pension |
| That she is now a bona fide resident citizen of said State of has, continuously, resided there since day of Sworn to and subscribed before me, this the Gay of County. Sworn to and subscribed before me, this the Gay of County. (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY. Personally before me comes County. Personally before me comes Grand in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. State of Georgia affidavit, is the lawful widow of the County in said State of Grand On the 2 day of Grand On the 3 | of stoo in County for 1924 (per annum), on account of being a soldier in |
| That she is now a bona fide resident citizen of said State of has, continuously, resided there since day of 19 Sworn to and subscribed before me, this the day of Manager (Applicant) Ordinary (Applicant) (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF COUNTY. Personally before me comes county. Personally before me comes residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. County in said State of the day o | Company J. L. De Gare Ragheliny & C (Volunteers or State Militia). |
| Sworn to and subscribed before me, this the Sworn to and subscribed before me, this the Gay of May 1924. Ordinary County. (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF CHORGIA. COUNTY. Personally before me comes Anomal knowledge, Mr. Samuel Mayor who made the foregoing affidavit, is the lawful widow of Marriage and County, who after having been duly sworn, says that of deponent's own personal knowledge, Mr. Samuel Mayor who made the foregoing affidavit, is the lawful widow of Marriage and day of Marriage and that she has not since remarried; that she became the wife of Mayor on the 2 day of Marriage and that she has not since remarried; that she became the wife of Mayor on the 2 day of Marriage and that she had resided together as husband and wife, continuously, since 29 day of Marriage and fe had resided together as husband and wife, continuously, since 29 day of Marriage and Date of Death of Husband and wife, continuously, since 29 day of Marriage and Date of Death of Husband and wife, continuously, since 29 day of Marriage and Date of Death of Husband and wife, continuously, since 29 day of Marriage and Date of Death of Husband and wife, continuously, since 29 day of Marriage and Date of Death of Husband and wife, continuously, since 29 day of Marriage and Date of Death of Husband and wife, continuously, since 29 day of Marriage and Date of Death of Husband and wife, continuously, since 29 day of Marriage and Date of Death of Husband and wife, continuously, since 29 day of Marriage and Date of Death of Husband and wife, continuously, since 29 day of Marriage and Date of Death of Husband and wife, continuously, since 29 day of Marriage and Date of Death of Husband and wife, continuously and that the Marriage and Date of Death of Husband and wife, continuously, since 29 day of Marriage and Date of Death of Husband and wife, continuously and that the Marriage and Date of Death of Husband and wife, and that the Marriage and Date of Death of Husband | |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF CEORGIA. COUNTY. Personally before me comes Transford (Applicant) Mongat (Applicant | 201 |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF CEORGIA. COUNTY. Personally before me comes a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. County in said State of who died in the lawful widow of Marriage and day of the day of th | Sworn to and subscribed before me, this the |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF CEORGIA. COUNTY. Personally before me comes a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. County in said State of who died in the lawful widow of Marriage and day of the day of th | 5- day of May , 1924. |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF CEORGIA. COUNTY. Personally before me comes a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. County in said State of who died in the lawful widow of Marriage and day of the day of th | AM Garie Ordinary Miss Common Mornat |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF CHORGIA. COUNTY. Personally before me comes that of deponent's own personal knowledge, Mrs. Server Witness own personal knowledge, Mrs. Server Witness own made the foregoing who died in the lawful widow of the deponent's own personal knowledge, Mrs. Server Witness own died in the lawful widow of the deponent of the | of County. (Applicant) |
| Personally before me comes County. Personally before me comes Cou | (SEAL OF THE ORDINARY.) |
| Personally before me comes County. Personally before me comes Cou | (max in the second seco |
| Personally before me comes Tank Lander a known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Second Words who made the foregoing affidavit, is the lawful widow of Many of Words who died in the County in said State of the day of the d | Affidavit of Witness to Prove Marriage and Date of Death of Husband. |
| a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Survey Who made the foregoing who died in County in said State of War on the Hay | STATE OF CEORGIA, |
| a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Survey Who made the foregoing who died in County in said State of War on the Hay | COUNTY. |
| that of deponent's own personal knowledge, Mrs. And that of deponent's own personal knowledge, Mrs. And that she has not since remarried; that she became the wife of the A Happy on the 2 day of the A Happy on the 3 day of the A Happy on the 4 day of the 4 | Personally before me comes It rault Annierra known to be |
| county in said State of on the 2 day of State of one of the 2 day of State of one of the 2 day of State of the 2 day of Sta | a responsible and truthful person, residing in said County, who after having been duly sworn, says |
| county in said State of on the 2 day of State of one of the 2 day of State of one of the 2 day of State of the 2 day of Sta | that of deponent's own personal knowledge, Mrs. There Monget, who made the foregoing |
| and that she has not since remarried; that she became the wife of the A Hayst on the 19 day of 1875; that she and so had resided together as husband and wife, continuously, since 19 day of 1975, and that the was the same man who was on the pension roll of said State from College when he died. Sworn to and subscribed before me, this the | |
| the 29 day of And 1872; that she and he had resided together as husband and wife, continuously, since 29 day of And Park 1876, and that Levas the same man who was on the pension roll of said State from Collection when he died. Sworn to and subscribed before me, this the | |
| and wife, continuously, since L9 day of Speel 1886, and that Let was the same man who was on the pension roll of said State from Collaboration when he died. Sworn to and subscribed before me, this the | and that she has not since remarried; that she became the wife of the A Magein on |
| vas the same man who was on the pension roll of said State from. Colling County when he died. Sworn to and subscribed before me, this the | |
| Sworn to and subscribed before me, this the | |
| Sworn to and subscribed before me, this the | was the same man who was on the pension roll of said State from. |
| in Oct | County when he died. |
| Jan Jam Trank Hardeman | Sworn to and subscribed before me, this the |
| XIVI Cam Ordinary Wall Mardellian | 2 7 day of 19 24 7 |
| | XIVI Jam Ordinary Wally Hardeman |

County.

(SEAL OF ORDINARY)

JI.B. Do not accept this transcript unless the raised scale of the Department of Floath is affined thereon REPURN OF A MANNEY. photographic of a record or file in the Bureau of Records, Department of Health City of Sees York.

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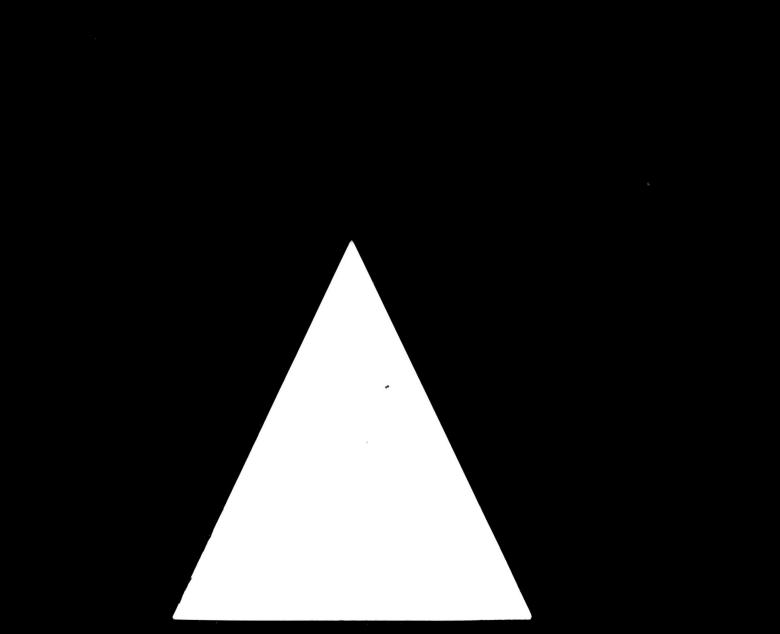
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N.B.Do not accept this transcript unless the raised scal of the Department of Ifealth is affixed thereon. New York, MAY 1 . 1924 A transcript of a record on file with the Department of Health of the City of New York. RETURN OF A MARRIAGE 1 Full Name of HUBBAND John A. Many of 2 Place of Heatener It An west Hortbeloy 39 years. Collector " Pla . Hirth. Columbia & 6. . Valer's Name Verter 6. Manget ". Mather's Mailon Some Telica De Bruche 1 No at Hudanel & Murriage, 100 10 Full Name of WIFE. Comme Day 11 Plane of Residence. 435 TT 44 4 St. 1.4 16. Pater Som Thomas By 16. Mater Som Thomas By 15. Mater Marten Som, Breage Completel 15. An or War Marine New Year. Cope well of So to. We the Markened and Wife named in the atom to tripicate harly Config that the information given

This is to certify that the foregoing is a true copy photographic of a record on file in the Bureau of Records, Department of Health, City of New York. NOTE TO SEAL THE SEAL OF THE S

N-00423500



Confederate Regiment ____/_ Approved ____ J. W. LINDSEY.

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

Commissioner of Pensions. Byrd Printing Co., State Printers, Atlanta. 10/20-1950

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEOR | GIA, |) | | |
|--|--------------------|---------------------------|---------------------|--------------------|
| STATE OF GEOR | |) | | |
| Personally appears | 1.6 | arey. | · C | for! |
| | | 9 . | 01 | 2.4 |
| County, State of Georgia, who | | | | |
| and resident of said State, an | 2000.20 | | | |
| day of | | he enlisted in the | | |
| federate States (or of the Stat | e of | | during the we | r between the |
| States, and served as a | mindle | in Company | 7 , of 9 | th Regiment |
| of G11 Valevolu | atects i | a pero 's B | rigade; that w | hilst engaged |
| in such military service in t | he State of_ | Dev ry | on the | day |
| of the C. Think the transfer to the Contract of the contract o | 186/ , he | was wounded, inj | ured or diseas | ed as follows |
| 101 / | - 7 | proul 1 | latany | fever |
| Luca h warring | he de l'e | /le , n De | e b wx sea | be y kite ! |
| a hook terme | . coli lou | Orne Chi | adu ki | trovi |
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| | | | | |
| Deponent makes applica | | | | |
| ending October 26th, 1905 | | | | |
| 157 830 | | Dollars, for the | | id pension of |
| , 00 | | | | |
| Sworn to and subscribed 4 day of Julius | before me, thi | s the | To not | sein |
| 4 day of | 18 | 105. | ,,,,,, | 7 |
| Juling | the Tree. | Post-office | _ | |
| V Viete fulls the esture | of the would be al | , region of disease which | sh causes the disal | allie and early |
| Note -State fully the nature of particularly the extent of the disability | resulting from the | wound or disease. | n causes the disas | niity, and explain |
| STATE OF GEOR | GIA | r · | | |
| Cobh 1. I. In | COUNTY | | | |
| . 101 | To Mar | | 0.11 | |
| I, Little do certify that I am well acc | | 8 2 | Ordinary of | said County |
| the applicant in the foregoin | | | / | |
| by him in his said affidavit ar | | | | |
| to be, and that he resides in | | | | |
| Given under | my official sign | ature and-seal, thi | s 4 | |
| day of | Lane | 1905 | | |

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| State of Georgia, |
|--|
| Cold County. |
| county.) |
| Personally appears & Lindsey of Coth |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen |
| and resident of said State, and has resided therein continuously ever since the |
| day of; that he enlisted in the military service of the Con- |
| federate States, (or of the State of) during the war between the |
| States, and served as a in Company, of 3 Regiment |
| States, and served as a in Company of 3 Regiment of State Live Rollinteers Copin 's Brigade; that whilst engaged |
| in such military service in the State of, on the day |
| of , he was wounded, injured or diseased as follows: |
| diring |
| the company of the state of the |
| The special section is a second of the secon |
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| A sounder that a first section of the section of th |
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| |
| Deponent makes application for the pension to which he is entitled for the year |
| ending October 26th, 1906. I have heretofore, under said law, as a resident of |
| County, been allowed an invalid pension of |
| Dollars, for the year 1905. |
| Sworn to and subscribed before me, this the |
| |
| day of 1906. Post-Office |
| to hutwhen |
| Nors. State fully the nature of the wound or character of disease which causes the disability, and explain |
| particularly the extent of the disability resulting from the wound or disease. |
| State of Georgia, |
| Coff County. |
| I solm Awtrey 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 |
| John Strokey |
| Affix Four County. |
| Nors.—Fill ell.blanks,and of Company and Begiment. |
| Nors. All youthers sid affidavits must bear date after Japunty 1st, 1906. |

| Ordinary's | Certificate | |
|--|---|--|
| the applicant of the O Mayol for pensersides in said county. That I also know. | Ordinary of said County, certify that I known is the person he represents himself to be and the witness swearing to the | |
| service; that they are both residents of said county and ing affidavit and they are all truthful and trustworth; credit. | hy and their statements are entitled to full faith and | |
| GEAL | } | |
| 2. Additional affidavits may be attached if black | hall seem applicant and witnesses in the following words: make to each of the questions asked you and the evidence on are insufficient, the county in which the applicant or witness resides and | |
| Confederate Soldier's Application Under Act 1810—As Amended by Act of 1818 Company Regiment | Approved J. W. LINDSBY. Commissioner of Pensions. Brod Printing Co., State Printing Amer. [3] 20-6539 | |

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

Questions For Applicants to Answer

| STATE OF GRORGEA |
|--|
| COUNTY |
| There I May t Manyet 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: |
| What is your name and where do you reside! (Give County and Post-office) |
| John & Manget Warrelly Eg |
| 2. How long and since when have you been a continuous resident citizen of this State! |
| 3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from |
| 4. When and where, and in what Company and Regiment did you enlist! (Give the arm and class of |
| Service) april 862 Columbia & C. W. Defan Ballery |
| 5. How long did you remain in the actual military service with said Company and Regiment (Give date of discharge Mill July 1865; |
| 6. When and where was your Company and Regiment surrendered or discharged from the Service! |
| 7. Were you actually present with your command when it was surrendered or discharged! In |
| 8. If you were not actually present, state specifically and clearly where you were |
| a. Where was your command when you left it? |
| |
| b. When did you leave the command? |
| c. For what cause did you leave? |
| d. By whose authority did you leave! |
| e. For how long was your leave granted! In what way! |
| f. Why did you not return to your command after leave expired? |
| g. In what way were you prevented? |
| h. What effort did you make to return! |
| i Were you captured during the war! Yeo |
| Returned that he to Serment in that prison were you held and when were you released! Believe & |
| 9. Are you drawing a pension of any amount from this State or the United States? |
| 10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was |
| not allowed! 223 |
| Sworn to and subscribed before me, this the |
| Ordinary) |
| County. |
| (SEAL) |

Seorgia Coos County:

Personally appeared before the undersigned John A. Langet, on oath says that he is unable to find any member of his dompany and Regiment, to give evidence as to his service in the Civil war, and ask that his war reword be accepted as evidence in lieu of personal evidence of a comrade

Sworn to and subscribed to before me

this Hov. 4th, 1919

Grainary Coop County Ca.

Questions for Witness as to Service

| STATE OF GEORGIA, COUNTY |
|---|
| of said State and County is hereby presented |
| as a witness in support of the application offor the pension provide |
| by the Act of 1910, as amended by the Act of 1919 in said State, and, after being swern 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 |
| 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 didenlist during |
| war from 1861 to 1865† (Give date and place.) |
| 5. How did you obtain your information of this Service? |
| y - E |
| 6. How long within your own personal knowledge did he perform actual military service with this |
| Company and Regiment! (Give date) |
| 7. When and where was his command surrendered or discharged (give date and place) |
| |
| 8. Were you personally present at the surrender? |
| 9 If not, where were you and how came you there? |
| |
| 10. Was the applicant personally present with his command at surrender? |
| 11 If not where was he and how came him there! |
| 12 When did he leave his command? |
| when he left it! |
| |
| long was he granted leave? |
| |
| all that you have stated to be true! If of your own knowledge, tell clearly and specifically |
| 19 In what was a large of the same of the |
| 13. In what way was he prevented from returning to his command? |
| Iow 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 |
| |
| then released |
| Sworn to and subscribed before me, this the |
| day of) |
| Ordinary |
| County. |
| SEAL) |

CERTIFICATE OF ORDINARY

| | 21 | | | |
|--|---|-----------------------|--|-----|
| STATE OF | ORGIA, | Georgia. | | |
| I, | Carre | m (| Ordinary of said County, do certi | ify |
| that personall | | Many | , the applicant, and that s | |
| is the lawful wid | | a way | and was | |
| | 9.1 | 4 | County, and was pa | |
| a Pension from. | _ | 0 | County for 1927, and at the time | |
| | he 21 day of | | 1925, there was due | |
| him and unpaid | 4 | 4 de la | Dollars from the Sta | ite |
| of Georgia, and | | · mines | , the with | in |
| | s of a truthful and trus | | entitled to full credit. | |
| | my hand and sou this | 0 4 | , 192 | 24. |
| (Seal of (| ramary) | \mathcal{N} | Janu Ordina | ry |
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| ر County | tion for Pension Due Creased Soldier NDER ACT 1831) to his Widow or Dependent Children) | 3 80 m | of Sen and Sen | |
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| , + | | 74 12 4 V | DEC 22 MAAA Missioneroft bove in full bove in tall cout the mou | |
| 15 1/2 25 | Wide Wide | 1 2:5 6 | DEC 2.2. DEC 2.2. DEC 2.2. DEC 2.2. Commissioner of Ferral and sion Department for a sion Department on a pay out the money, he you to the money. | |
| | ication for Pension I Deceased Soldier (UNDER ACT 1891) paid to his Widow or Deper | 2 2 3 3 | and why a sion to he had be he had | |
| 4 5 - | 5 GN 3 | Marriage Seath & | Approved an Co Co Co Co Mank to Pensition before you put turn it with filling in the | |
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| GEORGIA | | Country | - | |
| 9 | | | | 4 |
| | | | of said County, my | |
| | | | he Pension due me for 192 | |
| Pension Roll and n | sid from | | , who was | |
| | | | County for | |
| Attested before m | and thisday | of | | |

Application for Pension Due Deceased Soldier (To Be Pald to His Widow or Dependent Children)

(LINDER ACT ADDROVED OCTORNO A

| STATE OF GEORGIA. County. Personally before me, the Ordinary of said County, comes Mrs. Survey May | |
|--|---------|
| Personally before me, the Ordinary of said County some M. R. | |
| the, the Ordinary of said County, comes Mrs County King | Set |
| of said County, who after being duly sworn, on oath says that she is the widow of | , |
| John a Mangel | |
| and that said Pensioner was on the Pension Roll of | |
| and was paid a Pansian of 941 trees the 10 to 11 | Dollara |
| from County for 192/, and that the said Per | |
| died in Cold | nty on |
| the 2/ day of Q.c., 1923, and at the time of his death a Pension of \$/ | 1 |
| was due him from County and unpaid for | |
| Applican further swears that she narried the said John Q Mangel | |
| theo 29 day of april 1874, in hew york Count | |
| State of, and resided with him from the date of marriage to his death | |
| lawful wife, and is now his dependent widow, and she asks that the Pension so due and unp | aid be |
| paid to her. | |
| Sworn to and subscribed before me this 5 day of Man | 1004 |
| | |
| A. 11 hus Emma lanor | (s) |
| (Seal of Ordinary) | |
| AFFIDAVIT OF WITNESS | |
| STATE OF GEORGIA, County | |
| Personally before me comes Transk Hardeman | who |
| | |
| on the says that he knew the | n life |
| while i | |
| nd that he knows Mrs Euma Wanget | , the |
| nd that he knows Mrs Enums Manyet bove applicant; and knows that the said | , the |
| nd that he knows Mrs Enums Manyet bove applicant; and knows that the said ndwere in due form of law married in the Co | ounty |
| nd that he knows Mrs Summa Manyet bove applicant; and knows that the said and were in due form of law married in the Co | |
| nd that he knows Mrs | on |
| nd that he knows Mrs Library I bove applicant; and knows that the said and were in due form of law married in the Companies of the state of the said and that they were respectively as husband and wife at the time of his death on the different said and wife at the time of his death on the different said. | on |
| nd that he knows Mrs Summa Manufel bove applicant; and knows that the said and were in due form of law married in the Control of the state of the said and that they were reserved. | on |
| nd that he knows Mrs | on |
| nd that he knows Mrs | on |
| nd that he knows Mrs | on |
| and that he knows Mrs | on |
| and that he knows Mrs. Libove applicant; and knows that the said Ind | on |
| nd that he knows Mrs bove applicant; and knows that the said d were in due form of law married in the Co in the State of day of 18. and that they were res gether as husband and wife at the time of his death on the 19.22, and that she is his dependent widow. Sworn to and subscribed before me this 30 day of Olasha. Sworn to and subscribed before me this 30 day of Olasha. County County County | on |

This form is for widows of Service and Disabled Solider presisioners, who died after Newmber 1st. If presisoner died after Proof of marriage must be under the presisoners who died after Newmber 1st. If presisoner died after Proof of marriage must be under the presisoners are such as the present to be under the presisoners of the present to be under the presisoners of the present to be under the present to the presisoners are the present to the presisoners are the presisoners are the presisoners are the presisoners are the presisoners and the presisoners are present to presisoners are the presisoners are the presisoners are the presisoners are the presisoners are present to presisoners are the presisoners are the presisoners are present to the presison presisoners are the pres

County (Seal of Ordinary) INSTRUCTIONS: This form is for widows of ferrice and Disable Scholer peatoners, who died after November Ist. If pensioner died after peatoners, who died after November Ist. If pensioner died after processing the peatoners of sit is entirely too beinty for use in any presson approximation. A print tearment of the property of the state of the property of the solemnly swear that ! will support, protect and defend the Constitution and Government of the United States against all enemies, whether domestic or foreign; that I will bear true faith, allegiance and loyalty to the same, any ordinance, resolution, or laws of any State, Convention, or Legislature, to the contrary notwithstanding; and further, that I will faithfully perform all the duties which may be required of me by the laws of the United States; and I take this oath freely and vocunturity, without any mental reservasion or evasion whatever. Subscribed and sworn to before me, at Fort Delaware, Delathis, of June, A. D. 1865, inches high.

IND SCRYWOOD HONDING FRINT

II.B. Do not account this transcript unless the resided scale of the Department of II ealth is affined thereon

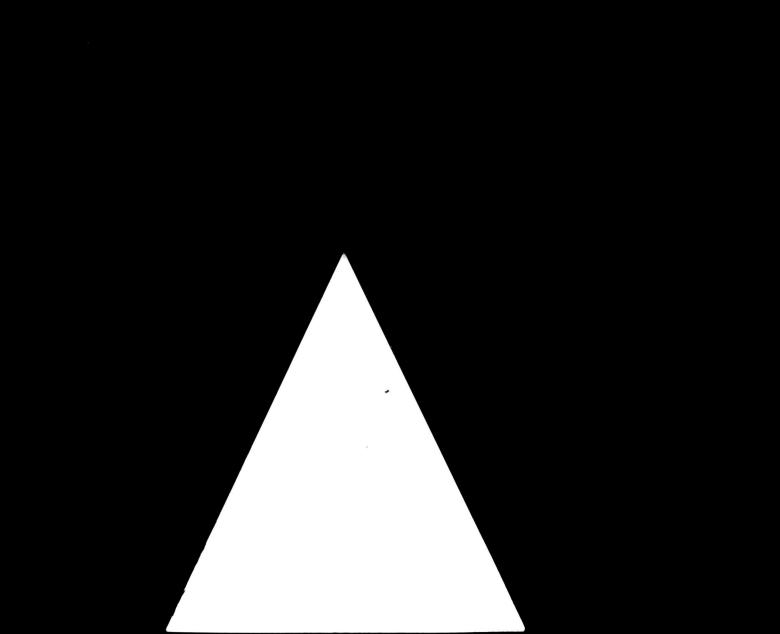
of Health of the City of New York. RETURN OF A MARKETTE

photographic of a record on life in the Borran of Records, Department of Peakly City of New York

this is to credit that the foregoing is a consequence of the control of the interest of

of Health of the City of New York. RETURN OF A MINIMAN 1. Pull Name of HUNBAND John A. Mangel 2. Place of Residence. 183 Handown St 3. Age west Birthilay. 39 years, 1 Place at Birth, Columbia of 6 1. Father's Name Vector 6. Mangel ". S. Mether's Matthen Name Jalies De Bouches 9 An of Husband's Marriage. 100 10. Full Name of Witt. Greena Lay 11. Place at Residence. 425 17 44 31 12 Agenes: Herthelay, 22 yours 14 Place of Hirth. 16 State Same Thomas Lay
16 Miller Manua Sam Dray & Campbell
17 Son Wine Manual Conference of the State of th This is to certify that the foregoing is a true copy photographic of a record on file in the Bureau of Now John T. Cales J. J. Annian Region of Rivada Records, Department of Health, City of New York,

N.B. Do not accept this transcript unless the raised scal of the Department of Health is affixed thereon New York. A transcript of a record on file with the Department



| | į, | | Mannings, George M. | |
|---|----|----|--|--------|
| a | | - | APPLICATION FOR | |
| | | - | FOR CONFEDERATE SOLDIER. Applicant 1/10 M Mamang | |
| | | •) | County Line S. | |
| | *. | | Page Lefin | |
| | | | 21 | |
| | | | 8/1/52 | pro in |

POWER OF ATTORNEY.

| STATE OF G | FORCIA - | | - | | | | |
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| STATE OF G | SL. | | | | | | |
| . 1 | 20. | COUNTY.) | | | | | |
| 1, 2/ . | Linds | ey | | | hereby au | thorize | |
| - Chille | wiring | . of | | | | | |
| to receive and | receipt for the pe | | eon, and requ | est that l | ne remit s | ame to | |
| | and the second second second | by | | | | | |
| at | | | | | . ? | · · | |
| IN WITNES | s Whereof, I have | hereunto set | my hand and s | eal, this | 3 | | |
| day of | 19 | 07. | 120 | | | | |
| | <i>i</i> | | If Line | day | | [L. S.] | |
| Exec | uted in presence of | , | | 0 | | | |
| | Jane | _ | | | | | |
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| Ser or | | 11/2 1 | 3 | JOHN W. LINDSEY, | WARRANT HANDED TO | BOX, STATE PRINTER, | |
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| | | 3 3 | oility_ unt, \$ | 3 | WA | 2 | 5 |
| \ 5 | _ | " 5 W | E E | 1 | l . | | 6 |

-- OFFICE OF-G. G. ROBINSON. · Ordinary Gwinnett County.

Lawrenceville, Ga.,

Georgia Gwinnett County.

I.O.O.Robinson, ordinary in and for said County, do certify, that I know J.M.Lindsay, the witness in behalf of a pension for S.J. Lindsay, and that he is a benifide citizen and resident of this Gwinnett county, Georgia. and was duly sworn by me before signing the foregoing affidavit, and he is of trustworthy and his statement is entitled to full faith and credit.

Given under my hand and seal of this Court.

This 5th day of October 1912.

Ordinary.

| | | 9 |
|---------|--|-------------|
| .* | | |
| 7 | | Contract |
| P | APPLICATION FOR APPLICATION FOR Southern South | Joanning 1 |
| r selec | APPLICATION FOR APPLICATION FOR FOR CONTENDENT SOLUTION Applicant 140 M.M. M. M | 61/ Lunge M |
| 7.5 | 90 American American | |
| | | |

STATE OF GEORGIA.

| (County.) |
|--|
| Personally appeared before me. LLL. L. |
| the county of |
| enlisted in the military service of the Confederate States, or of this State, as a flat and in Company & Milliffet. Regiment of Lagran and the Voluntee |
| that while engaged in such military service, to wit: at the battle or engagement of |
| in the State of Assistance on the on the day have a samputated Assistance of the Ass |
| that he has not received the payment allowed him for such limb under an Act entitled an Act to carry ir effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved Septem |
| 20th, 1879; that he has 12.0 L. supplied himself with an artificial |
| done so, he prefers to supply himself with an artificial |
| Sworm to and subscribed before me this |
| |

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

. County.

| Personally came before meof |
|---|
| the county of, State of Georgia, who, being duly sworn, deposes |
| and says that he was |
| and that, the above deponent, was a |
| in said Company, and that this deponent knows that said, |
| lost ain the military service as said in the above affidavit. |
| Sworn to and subscribed before me this |
| day of |

NOTE.—If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens, must be furnished.

AN ACT

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

Stories I. lie it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of the state, who enlisted in the maintary extract of the Confederate States, or of this State, who, while engaged in said military occurs but a lambor, indo may furnish to the Governor of this State proof that such applicant has supplied himself with such neighbly staticist lambor lambo, 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 log extending above, the Ama, can bounded dollars, for a log not extending above the Kner, seventy five dollars, for an arm extending above the effect of the state of the state of the state of the state of money may be allowed to any one control to the benefits of this Act who may prefer to supply himself with the said artificial limb.

Sec. 11. Be a trather enacted by the sud-authority. That such application shall contain proof of such applicants being entified to the benefits of the act and shall further state whether arm or leg has been supplied. If an arm, whether extending above the effects or not of a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

Sec. III. Be it further exacted by the said authority. That no applicant shall receive the sum allowed under this act of tener than once in five years.

Sec. 1V. 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. GORTCHIUS, Secretary House Representatives WM. A. HARRIS, Secretary Senate Approved, September, 10th, 1879. A. O. Bacon, Speaker House Representatives, RUFUS E. LESTER, President Senate

ALPRED H COLQUITT, Governor

| STATE OF GEORGIA, |
|---|
| County. |
| Personally came It & A. H. A. L. |
| who, being duly sworn, depose and say they are acquainted with |
| and know that he lost a |
| 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 |
| Sworn to and subscribed before me this |
| Oreu Crew |
| STATE OF GEORGIA, |
| County, |
| 1. L. Vit I described gordinary of Co. C. Co. |
| county, do certify that I am well acquainted with fea. Mr. Massissand |
| the applicant for a |
| affidavit are true, and that I am well acquainted with M. L. A LL. C. C. M. |
| 1. ed is the police |
| 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 scal, this |
| day of Octobas 1879 |

| STATE OF GEODGIA, County | D. D. |
|--|--|
| Personally appears SEO. W. W. | many of Low county, |
| State of Georgia, who, being duly sworn, says | on fath that he is a bona fide citizen and resi- |
| deny of said State, and has been such continuo | ously since the 2H day of |
| Hery 1860; that he enliste | ed in the military service of the Confederate |
| States for of the State of |) during the war between the States, and |
| sorved as a dientin ant | in Company C, of th Regiment of |
| hillips Legion Da Nolunteers MA | frogs 's Brigade; that whilst engaged |
| in such military service, at the battle of | Mnowville in the |
| State of Immesser, on the 29 | day of November 1863, he was |
| wounded as follows: | 141. |
| 15 Was frounding | in left leg abour |
| me, from mie | w ansportation nos |
| necessary | , , |
| (1 | |

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

Sworn to and subscribed before me, this the Hold day of of fly 188

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

STATE OF GEORGIA,

| PERSONALLY CO | mes before me | | | | Ordina | ry of said |
|-----------------------|-------------------|-------------|-------------------|----------|-------------|------------|
| county, | | | | | | |
| me as reputable phys | icians of said co | unty, who | , being severally | sworn, s | ay on oath | that they |
| have carefully examin | ied | | | and aft | er such exa | amination |
| say that the applican | t has been injure | ed as follo | ows: | | , | |

Sworn to and subscribed before me, this day of 188

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

do certife that I am well acquainted with To. M., Momming applicant in the foregoing affidavit, and am well satisfied that the statements hade by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit: are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and that the said affidavits and signatures thereto are genuine Given under my official signature and seal, this POWER OF ATTORNEY KNOW ALL MES BY THESE PRESENTS, 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 region aforesaid In witness whereof I have hereunto set my hand and seal, this

County, Georgia.

Send money to me as follows, by

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

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

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

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 con-Act, and the words above quotes, 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 uscless."

5. If application is for loss of fingers or toes the proofs must be made to show the

P.O.

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.

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.

do certify that I am well acquainted with EM NUMMEN 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 of day of of the policy, 189 day of official signature and seal, this of day of official signature and seal, this of day of official signature and seal, this office the day of official signature and seal, this office the day of office the seal of the seal o STATE OF GEORGIA,

I. Ordinary of said County, do certify that I am well acquainted with County the applicant in the foregoing affl-lavit, 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 daims, 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

Given under my official signature and seal, this day of SHC1/1891.

Ordinary

Ordinary

October County.

Application for Allowance

Application for Allowance

The same of the same of

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. look PERSONALLY appears Goldman Tof Coble county. State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the 1860 that he enlisted in the military service of the Confederate States (or of the State of Volunteers Tangon S Brigade; that whilst engaged States, and served as a in such military service, at the battle of 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 or the your ending October 26, 1890. I have heretofore been allowed a pension of Turnary dollars. Swgrn to and subscribed before me, this the \ Gw h ma miny day of Stone 03 any (1890) LU Stone Os any (1890) the original of the stone of the POWER OF ATTORNEY. STATE OF GEORGIA IL well county. KNOW ALL MEN BY THESE PRESENTS, That I, VEG M. Hearning 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 tor any sum of money which may be coming to me for the reason aforesaid

Executed in the presence of us:

Send money to me as follows, by

STATE OF GEORGIA, IN WITNESS WHEREOF, I have hereunto set my hand and seal, this Executed in the presence of us DIBBOTTON Send money to me as follows, by P.O. County, Georgia.

For Applicants Heretofore Allowed Pensions. STATE, OF GEORGIA, Personally appears VIII, Manning 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 Dephin (2) 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 Lice Triperth, in Company (0, of Mich together) Service Volunteers (CANTELL's Brigade; that whilst engaged in such military service at the battle of 1 XTILOXI alle in the State day of Mil Ember 1862, he was wounded as follows: They mile wall this King The less thorn they spiritely the start left to print the start they have the start the sta 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 faid disability Nors. - State billy fature of wound or character of disease whost camer the disability, resulting from the wound or disease. POWER OF ATTORNEY. Know all Men by these Presents, That I, A County, State of Georgia, do hereby appoint of Collection 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 All bringy 1891.

County, Georgia.

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

Given under my official signature and scal, this day of MA 2 ft 189 2 County. SOLDIERS

Audited Febra.

Audited Febra.

INSPERIOR 1889

Voucher No. 1117

Amount & 10-0

Part Dec. IN Macuring

For Jass of

Solly J. 9

Included in Warrant No.

1889

WARRANT OFFICE

| For Applicants Heretofore Allowed Pensions, STATE OF GEORGIA, |
|---|
| |
| PERSONALLY appears J. M. Marining Of County State of Georgia, who, being study sworn, save |
| on oath that he is a bona fide citizen and resident/of Sporgia, and has been such continuously |
| since the day of Mark 1837 that he enlisted |
| in the military service of the Confederate States (or of the State of durings the war between the States, and served as a Accidence to in Commany Commany |
| of Milthe Airent or gion Ja Volunteers Wifferd is |
| Brigade: that whilst engaged in such military service at the battle of Stub-rulle in the State of Stub-rulle, on the day of |
| 12 cmfr 186 3 be was wounded as follows |
| the have trangy the lety and low |
| and butating in the upper this is |
| the thigh! |
| Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amenda on the result of the result of the result of the acts amenda on the result of the result |
| the year ending October 26, 1892. I have heretofore been allowed a possion of |
| Sworp to and subscribed before me this the |
| and day of flanch 1892. |
| Sort-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. |
| Colle county.) & 211 March |
| Know all Men by these Presents. That I, of the Manning County, in said State, do hereby appoint of Robbin Co. Frein |
| County, in said State, do hereby appoint of Kolonia Co. Sorrein |
| 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 aloresaid in the military service of |
| my said attorney to receip; in my name for any Warrant that may be inseed by the Co |
| or for any sum of money which may be coming to me for the reason aforesaid by the Governor, IN WITINESS WHEREOF, I have hereunto set my hand and seal this |
| |
| Executed in the presence of us |
| n 1/ 0 |
| The Thouse Elden |

| No. 147 | |
|--|--------------|
| STATE OF GEORGIA. EXECUTIVE DEPARTMENT & Allanta Ga Rebry | 1 1889 |
| Mr. George M. Mauring of Gobb, baxing filed his application in t | the County |
| Department for an allowance under the Act approved October 24, 1887, as amen | ded by Act, |
| Dec. 21. 1888, and the same having been allowed for Sold of Soft lay The is entitled to receive the sum of Our Hundred You. | Dollars |
| for such disability, the same being the allowance due for the year ending October | 24, 1889. |
| The Treasurer will pay the same and hand its security on this noncher, and re Executive Department for warrant. | turn same to |
| By the Governor (M. Manzain) | |
| CLERK EXECUTIVE DEPARTMENT. | |
| 160- | |
| RECEIVED OF STATE THEASURER, R. U. HARDEMAN, | |
| (le Sundre rock | Dollars, |
| per above voucher, this | 1889. |

County, Georgia.

P. O.

Send money to me as follows, by

6.500 Maimed Soldiers. 1891. Voucher No HOH Mained Soldiers. Amount \$ 100 Voucher No. 183 . J. A.L. nicht want wee M. Manuing Amount \$ 10 0 Contestion lineal, Paid to J. Il Mauring " allanda Ja. For Loss of loy to Sava of Co It ich authorice H. Pomer Hely, 6 190. h receive I receipt It, the aurent of mongthat man be as view I me on my application for a Included in warrant No. Included in warrant No. essued to Treasurer J Mila making gal this Miring 1879 issued to Treasurer. (111) Gull teturing WATERANT CLERK L. Corrin, A. M. Jimin

EXECUTIVE DEPARTMENT.

STATE OF GEORGIA.

allanta, Ba Flety 6 1090

Mr Seo. M. Manning

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 Voss Oflow

He is entitled to receive the sum of Care Source died & O 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.

GOVERNOR.

By the Covernor (OH Hancson

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

(ne Hundre per above voucher, this

STATE OF GEORGIA EXECUTIVE DEPARTMENT. Allanta, Sa. Kehj

Mr. J. M. Manuing having filed his application in the Executive

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

Vars of Cog Cuc 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

MAY Hancser Sec'Y ENECUTIVE DEPARTMENT.

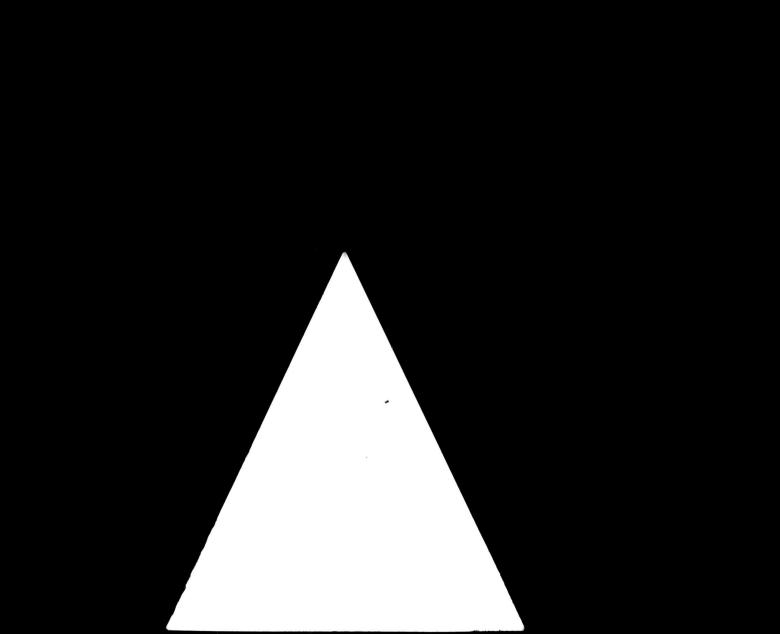
100

Dollars.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

| (3 | i Georgia, | | | |
|------------------------------|--|---|-------------------------|--------------------|
| · ce | Sh County. | | | |
| Personall | y appears x & man | bey | oi Cop | h |
| County, State o | f Georgia, who, being duly swe | orn, says on bath tha | the is a bona fid | e citizen |
| and resident of | said State, and has resided the | erein continuously e | ver since the | |
| day of | 18; that he | enlisted in the mili | tary service of the | he Con- |
| federate States (| or of the State of |) dur | ing the war betw | veen the |
| States, and serv | ed as a | in Company 1 | of 3 54th R | egiment |
| of America | Volunteers of | _'s Brigad | de; that whilst | engaged |
| in such military | service in the State of | named in the later. | on the | day |
| of | 186 , he w | vas wounded, injure | d or diseased as f | follows : ' |
| | | iane | × . | . * |
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| | | | , | |
| | | | | (bac) |
| | | 6. | | |
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| | | | | - 0.79.00.000 |
| Denoncut | makes application for the | pension to which he | is antitled for a | L |
| | of_strug190 | | ndsy | - |
| · Day (i) | 1. Jinzy | Postoffice | 0 | |
| Note.—State f | ully the nature of the wound or chan of the disability resulting from the w | acter of disease which ca ound or disease. | uses the disability, ar | id <i>expla</i> in |
| State of | Georgia, | 1 | | |
| U. | Ed_County. | } | | |
| u | County. |) | | |
| 1, | net whorg | C | ordinary of said (| County, |
| o certify that I | am well acquainted with | J Lind | sey | |
| | he foregoing affidavit, and an | | | |
| | d affidavit are true, and I kno | w he is the individu | al he represents | himself |
| | e resides in this County. | | 9 20 | 1 |
| | iven under my official signat | ure and seal this_ | 9 | |
| d | ay of the | 1907. | 7 | |
| .6 | 1 | YHIV TU | TEY | |
| A ma your seal here | | dinary Con | - Co | unty. |
| | Note.—Fill all blanks and of Co Note.—All vouchers and affiday | ompany and Regiment. rits must bear date after J | anuary lat, 1937. | |

Court four Cordinary in and for said County Level Culty that the Tox signed of Forogeth Count, Shows That of Lindon Returned for toxation in the year 1909 \$680. in 1911 \$600 and in 1912 \$675 and for Sien of this Cut to 1912 and seal of Spice This Cut to 1912 ours Cordinary.



ACT DEC 16, 1896. No.3828 Widow's Pension, POWER OF ATTORNEY. 189 Mrs. N. L. Manning Warrant issued and handed to R.C. Irwin -RICHARD JOHNSON, See Ex Dept.

POWER OF ATTORNEY. Widow's Pensior

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA, Personally came Mrs. It & Mannier who says on outh she is the widow of the State of Mannier to whom, in the County of day of Nover. 1807 at which time he died, and that she has not since married. Georgia, and was on the invalid pension roll of the State of Georgia, having been allowed a pension of 2 of Horr. 1863 That you and on account of The Dutation drive or dove up on the body and the tinuously resided in the State of Georgia since the 28 day of. This She applies for the pension provided by Act of the General Assembly, approved December 16th, 1895. Sworn to and subscribed before me this I day of FE Cruf. Whoe it I Munfing

Coll County V/a

AFFIDAVIT FOR THREE WITNESSES.

| STATE OF GEORGIA, Personally came In Milliam & e. 5 icer |
|---|
| COUNTY OF Roth January from and Light |
| known to me to be reputable and truthful persons who severally say on oath that from |
| their own personal knowledge Mrs. K & Neuraling , who made |
| in both County and State of Georgia on the 22 m |
| div : Rosambar 1972, and that she has not since married, that she became his wife |
| on the 1n day of Felry 1863, and so remained up to the time of his death, |
| and that she has resided in this State continuously since the Landay of Ab hick 1844 |
| Deponents further say that the cause of his death was as follows there set out fully the facts connected with and country death, giving your opportunities for knowing such facts. |
| that whe the bulle of Knowniles are the agent |
| how 1865 buil the hounding may mounted his. |
| beg way humper total a that by nature of the manus |
| her the Applien here sing owns wentered mutil his thath |
| I have believe courte his shalk her helong to the form |
| We have no personal interest in the pension asked for Milliand J. G. Green |
| Sworm to and subscribed before me this 22 daylor Felinger 1887 |
| me Lone |
| |
| Driver and A |

PHYSICIANS AFFIDAVIT.

STATE OF GEORGIA. | Personally came before me

COUNTY OF

both of whom are known to me to be reputable physicians, who say on oath that they personally knew mentioned in the foregoing affidavit, that he

died on the

day of

, and that the cause of his death, was as

County

follows state disease time of treatment, et-

Sworn to and subscribed before me this day of 189 Ordinary of

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

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 has resided in the State nt. The know for our to be teuthful witnesses, entitled to full faith and credit as such, and that the full text of the affidavit was read to and understood by them before same was signed. I am fully satisfied that this claim is made in good faith, and I have caused the applicant and the witnesses to read or hear read the proofs they sign. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the

NOTES.

Ordinary.

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

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

Affidavits must be made in presence of the Ordinary.

| State of Georgia | Cobb | @County | ·/ |
|----------------------------------|----------------------------|---------------------------|--------------------|
| 1. De Man | new hereby authorize | | done. |
| of Mariella Gr | to receive and rec | eipt for the pension paid | hereon and request |
| that he remit same to | 2 Koz | y him | |
| IN WITNESS WHEREOF, I have hereu | nto set my band and seak t | his | |
| day of Hily | 1898. | 12:12 1 | , |
| / | Mrs | 2 Mann | ing [L 8.] |
| Executed in the presence of |) | | Ü |
| Section 1997 | , | | |
| |) | | |
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| | . Do ix | | *** |

Fr. W. Wann

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

WIDOW'S PENSION,

For Those Heretofore Paid.

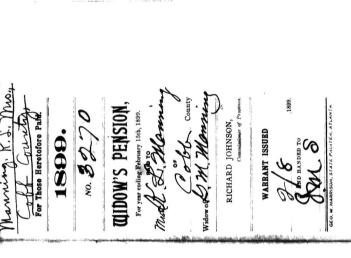
1898.

NO. 3414

For year ending February 15th, 1898.

POWER OF ATTORNEY.

| State of Beorgia, | hereby authori | In Stone |
|--|----------------|------------------------|
| to receive and receipt for the pen | 8 of 1 | larietta ga |
| me | by | ny hand and seal, this |
| day of Staby. Executed in presence of | 1899. | L. Maning X. s. |



For Widows Heretofore Allowed Pensions.

| The state of the s |
|--|
| STATE OF GEORGIA, Personally Comes Mrs. |
| County of Cook & K. J. Manny |
| who, being sworn, says on oath, that she is a bonn fide resident of said county of State of Georgia, and that she has HERLINED in said State |
| |
| continuously ever signe. 1846 That she is the Wildow of Management who was a Soldier in Company |
| of the Million Mangaret who was a Soldier in Company |
| Volunteers, that he enlisted in said regiment on or about the month of May |
| 186 / and served in the Army up to and the form 1860. That he lost his |
| life on the 22 nd day of North 1892 (State her. |
| full particulars of the husband's death, when, where and from what cause.) |
| That while in the army at |
| Knowille Jenn, he judg |
| bounded also before that him |
| at Fredricksford Wa. from which |
| wounds he never never |
| Morr 22 1892 |
| Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that |
| the has never married since his death aforesaid, and that she became his wife in the year 18 62 |
| I have been allowed a pension as a resident of |
| 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 Jay of July 1898. Mors X L Manning July Levinordinary. Post-Office Morithm. |
| State of Georgia, State |
| Ordinary of said County, certify that I am well acquainted |
| with Mrs. R. S. Massing who made the above affidavit and an eatis- |
| fied that the facts therein stated are true, and I know she is thousand the represents herself to be, and that she |
| has continuously resided in this State since the all days left 18 |
| Given under my official signature and seal this the day of Hay 1898. |
| Me Stone |
| Official Seel. Ordinary of County. |
| |

For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA, County of_ & & & | Personally Comes Mrs. |
|--|--|
| Cobb who, being sworn, s | 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 |
| Seo. W. Quanue | Legion Georgia |
| 186 and served in the Army up to day of | first 1865 That he lost his November 1892 (State here |
| full particulars of the husband steath when when | the loss of |
| the deforage on the 2200 | I husband died day of Novt. 1892 |
| | |
| Deponent swears that she was the wife of said deceased s'te has never married since his death aforesaid, and that I have been allowed a pension as a resident of | soldier, during his service in the army as a soldier, and that t she became his wife in the year 18 6 3. County for the year ending |
| February 15th, 1898, and now apply for the pension purious proof to and subscribed before me, this large to the subscribed before me, the subscribed | rovided by law for the year ending February 15th, 1899. Mos & L. Merricins Harrietta Har |
| State of Georgia, County. Swith Mrs. St. L. Quantin | I. J. Ow, Stock Ordinary of said County, certify that I am well acquainted |
| | who made the above affidavit and am satis- |
| has continuously resided in this State since the Given under my official signature and seal this ti | day of18 46 |
| (Official) (Seal.) | distance of bobb County. |

| | The state of the s |
|--|--|
| STATE OF GE | ORGIA,) |
| Marie Control of the Control of the Control | County. |
| . I, | hereby authorize |
| | of |
| o receive and rece | pt for the pension paid hereon and request that he remit same |
| | at |
| IN WITNES | WHEREOF, I have hereunto set my hand and seal, this |
| lay of | 1200 |
| , 01 | * Mos K. L. Manning V[L. S |
| F | L. S |
| Executed if | presence of |
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| | * : * · · · · · · · · · · · · · · · · · |
| | ON, 900. County, William |
| Ä | Con (%) |
| Those Heretoffie Paid 1900. No. (? \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | DOW'S PENSION year cading February 18th, 1900 M. L. M. Macuricu. Look Con of Alac Mil Macuric. INO. W. LINDSEY, Commission of Pension AND BANDED TO The control of t |
| | PENS PENS PORT PORT PORT PORT PORT PORT PORT PORT |
| 1 0 0 | S PE |
| # - | S TO S N N N N N N N N N N N N N N N N N N |
| No. | AND |
| F | 18 12 \ 3 x x x x x x x x x |

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA. \ Personally came before me COUNTY OF

both of whom are known to me to be reputable physicians, who say on oath that they personally knew Sw. M. Manning mentioned in the foregoing affidavit, that he

died on the 229 day of tov-18 Q V, and that the cause of his death was as

May from bounds occ a during the hole

The first through the left hip on 13th dec. 1861.

from to hich be constantly suffered until his death,

Ordinary of June Honesmond Lay

For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA, | Personally Comes Mrs. |
|--|--|
| County of Cobb | S. L. Mauring |
| who, being sworn, mays on oath, ti | hat she is a bona fide resident of said county of |
| | eorgia, and that she has RESIDED in said State |
| continuously ever since | 18 46. That she is the Widow of |
| Seo. W. Mauring | |
| lo, of the Chillips Legion | who was a soldier in Company |
| Volunteers, that he enlisted in said regiment on or about the mont | |
| 186 and served in the Army up to | |
| | a not no toet the |
| | recuber 1892 (State here |
| particulars of the husband's death, ween, where and from what | cause) |
| That ou account of | oss of a leg |
| and disease contracte | d in the drung |
| and disease contracte by died on the 22: November 1892 | day of |
| Wovember 1892 | |
| | The same of the sa |
| | |
| | and the same of th |
| Deponent swears that she was the wife of said deceased soldier, during | g his service in the army as a soldier, and that |
| ne has never married since his death aforesaid, and that she became | his wife in the year 18 63. |
| I have been allowed a pension as a resident of | County for the year ending |
| ebruary 15th, 189 ${\cal S}_{-}$, and now apply for the pension provided by | law for the year ending February 15th, 1900. |
| Sworn to and subscribed before me, this | 7 9 111 |
| dayof1900. | office |
| Ordinary | Office |
| , , , | |
| State of Georgia County Ordinary of | enid County, certify that I am well acquainted |
| County. Ordinary of | said County, certify that I am well acquainted |
| | , who made the above affidavit and am satis- |
| d that the facts therein stated are true, and I know she is the indivi- | |
| s continuously resided in this State since theday | .// |
| Given under my official signature and seal, this the | day of 1900. |
| | 1800. |
| Official Beal. | 0- 00 |
| Ordinary of | County. |

| | TOWE | IC OI | ATTOKN | LI. | |
|--------------------------|-------------------------------------|----------------------------|---|--|--------------|
| STATE OF | | Monn. | John | hereby Awtr | authorize |
| to receive and | receipt for the pe | ension paid he | ereon and reque | est that he rem | it same to |
| | Me | | Mar | | |
| IN WIT | NESS WHERE | OF, I have he | reunto set my h | and and seal, th | is 9 |
| day of | may | 1801. | Kate Z. | Mannin | [L. S.] |
| | in presence of | | | 4 | 9 |
| Ed 1. | Munu | 4 | | | |
| , | | -01 | | | |
| | | | | | |
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| | 1 6 - | | : 17 : | h -2 | * 11 |
| - | , X | - ' | ounty | 061 | |
| Pai | SIC | ending February 15th, 1901 | 0 3 | , | Atlanta, Ga |
| å 🕇 | | y 15t | LINDSEY, | UED 7- 7 TO | A MAIN |
| £ € | PEN S | bruar To | LINE C | WARRANT ISSUED OHU, /5- AND HANDED TO | Think |
| Her C | νο. / <i>Ψ</i> υ. M 'S P] | PA P | \$ \$ \\ \delta \ | RANT | CAUL MAILE |
| eso T | ² √ ≥ | De la company | Of Lary JOHN W. | VARI AND | J. Jarrey |
| To Those Heretofore Paid | 2 | | Jo Jo | 1,00 | Geo. W. Harr |
| H | M ≤ | Tr. E | Widow of | | 15 |
| 9 | 1 . | 1 | | 9 | 1 1 |

Con 6 6

| POWER OF ATTORNEY. | | | | | |
|---------------------------|------------------|---|--------------------|-------------|--|
| In the receive as | | County. | at | | , hereby authorize |
| day of | an | 1902. | 11 0 | 0 | |
| | | | T. X. | man | ung . [L. S.] |
| /) | uted in presence | | | | |
| To Those Heretofore Paid. | WIDOW'S DRUGION | For year ending Dec. 31, 1902. Thu, N. S. S. Manning | Officer of County, | Co Regiment | WARRANT ISSUED AND HANDEN TO OR Of Junear Reviews Comme Comments On of Junear Reviews Comments On of State Stat |

For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA, Personally Comes Mrs. |
|--|
| who, being aworn, says on oath, that she is a bona fide resident of said County of State of Georgia, and that she has RESUDED in said State continuously ever since. That she is the Widow of Who was a soldier in Company of the Field of Square of Secretary of the Field of Square of Secretary Volunteers, that he cultisted in said regiment on or about the month of 1863 That he lost his life on the 12 day of Secretary day of Secretary State here particulars of the hashand's death, when, where and from what causes. On Constant Secretary

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 a pension as a resident of "CoIII" County for the year ending February 15th, 1 276 C, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this grand day of January 1901. Hate & Manning, John Mothey Ordinary. Post Office

State of Georgia, 1 for him Andrew Frey with Mrs. 21. 1. 11 (1111111) Ordinary of said County, certify that I am well acquain with Mrs. 22. 1. 11 (1111111) who made the above affidavit and am satisfying who made the above affidavit and am satisfying the county of the

Given under my official signature and seal, this the gothern day of June 1901.

Official to Seal.

For Widows Heretofore Allowed Pensions.

| STATE OF GEO | RGIA, | PERMINALLY COMES A | |
|--|--------------------------------|---|----------------|
| Coops | State of Georgia, a | on bona fide resident of so and that she has RESIDED | |
| Good Star | 1846 | who was a soldier | in Company |
| Volunteers, that he enlisted in se | aillife Tyronicg | month of Man | 0 |
| 186/ , and served in the Arm life on the 22° particulars of the hasternet's death, | | , | at he lost his |
| hologa by | and direase died on | on gaaous | his in |
| of Avvante | 1 1892 | | |
| Deponent swears that she was th | e wife of said deceased soldie | er, during his service in th | ne Army as a |
| soldier and that she has notice | | | |

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 63.

I have been paid a pension as a resident of LOSA. County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.

this day of Jan 1902. T. L. Marring Alm And Supporting Post-Office

State of Georgia,

County: Ordinary of said County, certify that I am web acquainted with Mrs. A. B. Manning. Who made the above affidavit and am satisfied that the facts therein stated are true, and know she is the individual she represents hereself to be, and that she has continuously resided in this State since the

Given under my official signature and soal, this the day of July 1940 Michael Seal, 1 Debugger of Coll Free Seal, 1

NOTE. All blank spaces must be filled.

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

Confederate
Soldier's Application
UNDER ACT 1910.

County
Off
Name of Landson
Company

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

| STATE-OF, GEORGIA, |
|--|
| County. |
| of said State and County, hereby applies |
| for the pension provided by Act of 1910, to Confederate Saddiers, and submits his sworn statement, with his testimony of 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) |
| Distry Morella Ja |
| 2. How long and single when have you been a continuous resident citizen of this State? |
| 3. Did you'enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? |
| 4. When and where, and in what Company and Regiment did you enlist, Give the arm and class of Service) of the Andrewell Of 10/1664 Warrand to Service) |
| 5. How long did you remain in the actual Military Service with said Campany and Regiment? |
| (Give date of discharge) Herseld Mary 1865 - Abreal 7 Mersell. 6. Wifen and where was your Company and Regiment surrendered or discharged from the Service? |
| Try 1865 Tingson 2 |
| 7. Were you actually present with your Command when it was surrendered or discharged? Yes. |
| es. If you were not actually present, state specifically and clearly where you were |
| I was present |
| Mere was your Command when you left it? Thing show Eg at and |
| b. When did you leave the Command? May 18615 |
| · · · · · · · · · · · · · · · · · · · |
| c. For what cause 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? Let Vaxbury hus T paywely |
| 1. If go, when, and where? In what prison were you hold and when were you released? Sely 6 10 3 Mil Vary Miles Was pay rolled marks to the first than the second of the |
| / W hat property of every description was owned in the use west |
| and wife, and its cash value on the s. Nov. 1908? (Make list by items and value) |
| |
| |
| 10. What property of any kind have you or your wife disposed of and for what purpose since 4 No. |
| 1908. To whom and for what price? I Doll the troubles on True Land Dal |
| 5 acres of the bed bout in hundring all the wife should on place for # 950" |
| 11. What property of any description of any kind, and of any value now owned and in the use, |
| 45- aons left in Horsythis, value 450 |
| |
| |
| 12. What annual or monthly income or earnings of yourself and wife and the source derived have |
| 13. Are you drawing a pension of any amount from this State or the United States? |
| 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was |
| to allowed? It's and was allowed an surely proserve from |
| Sworn to and subscribed before me, this the |
| 2 day of felicin 1012 |
| Maria Ordinary |
| |

, hereby authorize pension paid hereon, and request that he remit same to Whereof, I have become set my hand and seal, this Executed in presence of WIDOW'S PENSION For year ending Dec. 31, 1903, To Those Heretofors Paid WARRANT ISSUED JOHN W. LINDSEY, 1903. No. 217 Regiment

Co.

| POWER | OF AT | TORNEY. | |
|--|--------------|----------|-----|
| STATE OF GEORGIA, | 'acc | | |
| Ly Witness Whereof, I have her day of 1904. Executed in presence of | eunto set my | | 8-2 |
| | | 0 | |

TO THOSE HERETOFORE PAID. WIDOW'S PENSIO 1904. 36%

YEAR ENDING DECEMBER 31, 1904

JOHN W. LÍNDSEY.
Commissioner of Pen.

WARRANT ISSUED

AND HANDED TO

5112/10/12

PERSONALLY COMES MES

For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA | PERSONALLY COMES MRS. |
|---|---|
| County of Cost | V. L. Marring |
| Who boing sworn | says on ath, that she is a bona fide resident of said County of |
| Lost | State of Georgia, and that she has RESIDED in said State |
| continuously ever since /8, | That she is the Widow of |
| to M Manin | who was a soldier in Company |
| to of the Whilli | Legion Regiment of Georgia |
| Volunteers, that he enlisted in said reg | giment on or about the month of May |
| 1867 , and served in the Army up t | . Short 1885. That he lost his |
| life on the 22 | day of Avv 1892 (State here |
| parts where til the hardward's death, when, | where and from what cause.) |
| al Phy line of | That an account |
| Contracted In | - Has arms to deed |
| on the 22 - do | y of Archember |
| 390 | 1 |
| 1012 | 2 |
| D | |
| | e of said deceased soldier, during his service in the Army as a |
| the year 1843 | ed since his death aforesaid, and that she became his wife in |
| I have been paid a pension as a r | Cold |
| 100 Capacitation | ow apply for the pension provided by law for the year ending |
| December 31, 1903 | w apply for the pension provided by law for the year ending |
| Sworn to and subscribed be | Nove me 1 1 2 2 |
| 2 | My VI Ramines |
| Colore Otrota | 1903 |
| seme ining. | Ordinary. Post Office Monetly |
| 5 | Calu Olay |
| State of Georgia, | 1. Dun Syntag |
| Carry of | County. Ordinary of said County, certifiy that am well |
| acquainted with Mrs XL & | |
| | ed are true, and I know she is the individual she represents |
| herself to be and that she has continu | ously resided in this State since the |
| day of the | 7- 6 |
| Given under my official signature | e and seal, this the day of 1908. |
| Official) | XIMITATIVE |
| Seal. | Ordinary of County. |
| NOTE.—All blank Spaces mu | est be filled. |

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, County of January: |
|--|
| |
| 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 876 That she is the Widow of |
| In Mannette who was a soldier in Company |
| Q of the Phillip Legion 11 Regiment of Co |
| Volunteers, that he enlisted in said regiment on or about the month of |
| 186/ , and served in the Army up to Clarit 1865 That he lost his |
| life on the 22 day of 187t (State here |
| particulars of the hashand's death, where and from what cause.) |
| Considered of love of a ster |
| and disease Contractes in the |
| aziny in deed on the 22 lay of |
| Aunginikar 18912 |
| , |
| |
| A STATE OF THE STA |
| 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 C 3 |
| I have been paid a pension as a resident of County for the |
| year ending December 81, 1908, and now apply for the pension provided by law for the year ending |
| December 81, 1904. |
| Sworn to and subscribed before me, |
| Sworn to and subscribed before me, this Lit day of sierce 1904 |
| |
| Tou Clubey Ordinary.) Post Office. |
| 1 |
| State of Georgia, I. Journal Country Continue and Country Continue of said Country Country Country Country Country Countr |
| County. Ordinary of said County, certify that I am well |
| acquainted with Mrs. A. Thacuring who made the above affidavit and |
| am satisfied that the facts therein stated are true, and I know she is the individual she represents |
| herself to be, and that she has continuously resided in this State since the |
| day of18 |
| Given under my official signature and seal, this the & day of Jacc. 1904. |
| They of the |
| (meial) |
| Ordinary of County |

NOTE.—All blank spaces must be filled.

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

| John Fritz | | , hereby authoriz |
|--|---|--|
| | have hereunto set my h | d request that he requit same to and and seal, this. 19 |
| 1905. No. 257 IDOW'S PENSION, For year ending Dec. 31, 1906. | Mass L. & Macrocians Coff OF County, Widow of Regiment | JOHN W. LINDSEY, Commissioner of Persions. WARRANT ISSUED AND HANDED TO THE STREET PROPERTY OF THE PERSON OF TH |

POWER OF ATTORNEY.

| 8TA | of the of Gr | 56 | Coun | | | , he | ereby authorize |
|--------------------------|---------------|----------------|--------------------------------|---------------------|--------------|----------------|-----------------|
| | In Vilness | Whereof, I h | | _at o set my han | nd and seal, | | P [L. S.] |
| J. J. | MED | cuted in prese | ence of | | | | , 3 |
| 8 6 0 pie | | NOIS | 906. 15 | County, | | Pensiona | · 1806, |
| To Those Heretofore Paid | 190 6. | WIDOW'S PENS | For year ending Dec. 31, 1906. | Widow of 15 M Man | Co | WARRANT ISSUED | AND HANDED TO |

For Widows Heretofore Allowed Pensions.

| No. | The state of the s |
|--|--|
| STATE OF GEORGIA, | PERSONALLY COMES MISS. |
| County of Coba | 1 L & Morning |
| county of | , |
| who, being sworn say | s on oath, that she is a bona fide resident of said County : |
| Coth | State of Georgia, and that she has RESIDED in said Stat |
| continuously ever since | 346 That she is the Widow |
| Que MMonni | who was a soldier in Compan |
| 10 of the Phile | ella Le strantamento |
| Volunteers, that he enlisted in said region | / \ |
| 2 01 | april 1015. That he host his |
| 186 / , and served in the Army up to | 1 4 5 04 |
| iife on the | day of 147 18 92 (State her |
| particulars at the husband's death, when, wh | tere and from what cause)_ |
| (2) × | 2 P |
| Chier Con Con | desin the army |
| Charles Sold in | active the coming |
| Marc 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | |
| | |
| Deponent swears that she was the wife of | said deceased soldier, during his service in the Army as |
| soldier and that she has never married si | ince his death aforesaid, and that she became his wife i |
| the year 18 63 | |
| | ident of County for the |
| I have been paid a pgnsion as a resi | |
| (B) (C) | apply for the pension provided by law for the year ending |
| December 31, 1905. | |
| Sworn to and subscribed before | me, J.L. Maurica. |
| this & 9 day of tarry 1 | 905. |
| John Abelry Ording | ary. Post-Office. |
| | 000 |
| State of Georgia, | 1 John Antrey |
| Sold - Com | aty. Ordinary of said County, cortify that I am we |
| 19911 | aring . Who made the above affidavit an |
| | // |
| | are true, and Know sho is the individual she represent |
| herself to be, and that she has continuous | ly resided in this State since the |
| day of18 | |
| Given under my official signature a | and seal, this the day of any |
| | John Anthre |
| Official / Seal. | Cll |
| Commence of the control of | Ordinary of County |

NOTE.—All blank spaces must be filled.

Youcher and Affidaylt must bear date after January 1st, 1905.

For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA, | PERSONALLY COMES MRs. |
|---|--|
| County of Cobh | 1 X. L. Marine |
| | |
| | oath that she is a bona fide resident of said County of |
| Sta | te of Georgia, and that she has RESIDED in said State |
| continuously ever since | That she is the Widow of |
| Am manning | who was a soldier in Company |
| of the | Regiment of |
| Volunteers, that he enlisted in said regiment of | |
| | 186 That he lost his |
| life on the | y of18(State here |
| perticulars of the husband's death and | State here |
| | and from what cause.) |
| For ly 60 Km | ville dies 1892 |
| , | 1872 |
| | The second section of the section of the second section of the section of t |
| 0.00 | The second |
| | |
| | |
| Deponent swears that she was the wife of said | deceased soldier, during his service in the Army as a |
| soldier, and that she has never married since h | nis death aforesaid, and that she became his wife in |
| the year 18 | |
| I have been paid a pension as a reside | ent of County, for the |
| | for the pension provided by law for the year ending |
| December 81, 1906. | for the pension provided by law for the year ending |
| | |
| Sworn to and subscribed before me | 7 x p'. |
| this duy of 1906. | my & Lyaming |
| Sundin Bey Ordinary. | Post Office |
| | 7 A |
| State of Georgia, | whin was tree |
| County | Ordinary of said County, certify that I am well |
| acquainted with Mrs. A. Mann | · |
| | who made the above affidavit, and use, and know she is the individual she represents |
| | |
| herself to be, and that she has continuously resi | ded in this State since the |
| day of18 | 19 |
| Given under my official signature and seal | , this the day of 1906. |
|) Official) | Am Autry |
| Seal 1 | Ordinary of County |
| | County. |

NOTE.—All blank spaces must be filled.

Voucher and Amdavits must bear date after January 1st, 1906.

| olm From | COUNTY, | | nereby authorize |
|--------------------|---|---|---|
| Martin Allen out h | at nave hereunto set my haud ar 1907. | nd seal, this | 2.5.] |
| | (| | |
| 1907. | For Year ending Dec. 31, 1907. Mrs. K. L. K.; Manurel County, Widow of My Manurel Co. Regiment | JOHN W. LINDSBY, Commission of Passing WARRANT ISSUED | AND HANDED TO Or Thering, Bas Printe, Atlanta. |

For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA. | PERSONALLY COMES MRS. |
|--|--|
| County of Color | K. D. Marring |
| A who, being sworn say | s on oath, that she is a bona fide resident of said Count of |
| Copt | State of Georgia, and that she has RESIDED in said State |
| continuously ever since July | 15 12911 |
| 1 111/11/11 | That she is the Widow of |
| Inchan | who was soldier in Company |
| of the | Regiment of SAL |
| Volounteers, that he enlisted in said regim | ent on or about the month of |
| , and served in the Army up to | |
| ife on the 22 | day of 1892 (State here |
| particulars of the husband's death, when, wh | ere and from what cause.) |
| | |
| | The state of the s |
| | The state of the s |
| | The state of the s |
| | The second state of the second |
| THE PERSON COMES MADE AND THE THE PERSON | and the state of t |
| Deponent swears that she was the wife of | said deceased soldier, during his service in the Army as a |
| | since his death aforesaid, and that she became his wife in |
| he year 18 | and that are became his wife in |
| | |
| | ident of County, for the |
| | apply for the pension provided by law for the year ending |
| December 31, 1907. | 4 |
| Sworn to and subscribed before | me b 1 2 |
| his day of the 19 | or hus to manning |
| Jeller Oferthan Ordina | Post Office |
| and the state of t | |
| state of Georgia, | 1. Losm Arohay |
| Coup | ty. Ordinary of said County, certify that I am well |
| equainted with Mrs. Kulid M | who made the above affidavit, and |
| n satisfied that the facts therein stated a | re true, and I know she is the individual she represents |
| erself to be, and that she has continuousl | |
| ay of18 | |
| * A STATE OF THE S | n O |
| Given under my official signature an | d seal, this the day of 1907. |
| Official į | Lattle States |
| Beal | Ordinary of County |
| | |

NOTE,—All blanks must be filled. Youchers and Affidavits must bear date after January Let, 1907. . Ordinary of County NOTE.—All blanks must be filled.

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

| that I know APA 7 | STATE OF GEORGIA, | |
|---|-------------------|------------------------|
| the record the representation of the and the inches have been fellowed by the property that I have been supplied to person the representation of the applicant for person the representation of the supplied to person the result of the supplied to person the supplied | COUNTY | Ordinary's Certificate |
| Ordinary of said County, do certify 11 lery 6 12 county 12 lery 6 12 county 13 lery 6 12 county 14 the splicant for pennion. See | | Certificate |
| of said Co | | |

their statements are entitled to full faith and credit

C1 + 60 10

| Attach or reputation | Sugar A |
|---|--|
| ia ch | 011 |
| 200 | day |
| tife | All affidavits : |
| 7 | 1 |
| Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by ge- reputation. | All affidavits must be made before the Ordinary of the residence of the person to be sworn and certific such Ordinary. |
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J. W. LINDSEY.

Commissioner of Pensions. Byrd Printing Co., State Printers, Atlanta

No.

Widow's Pension

ander Act 1910—as Amended by Act of 1919.

Name Mory & Manning
Widow of D Manning
Company &
Regiment & Slok Frospo Cont.

Approved _____

| | Ordina | ary's Certificate | | |
|--|---|---|-----------------------------------|---------------------------------------|
| STATE OF GEOR | | UNTY. | | |
| 1, × 701 | Jane | whio fatelus | _Ordinary of said Cour | nty, do certify |
| that I know | 17 Miskopy | how dead | the applicant for | • |
| | November 1908; that I als | oma. | shop in his | f said County |
| | ars to the service of husban | | | |
| | me before signing the for atements are entitled to fu | | that they both are tr | athful, trust- |
| | hand and official seal of o | ffice this 24 day | 4 | 1919 |
| (SEAL) | | | Cost 1 | Ordinary, |
| NOTES 1. Before an | y questions are answered the (| Ordinary shall swear applies | ant and the witness in the f | allowing words |
| you shall g 2. Addit onal 3. Only wide | ive will be the truth. So help you will truth. So help yo affidavits may be attached if I ws who married prior to Janua | ue answers make to each o u God.'' blank spaces are insufficien rv lst. 1881, are entitled | f the questions asked you a t. | nd the evidence |
| such Ordin | ary, tified copies of marriage license | Ordinary of the residence of | | |
| | _ | | | |
| 10 · | • | . 10 | n was a pro- | and the spilling of |
| s Pension | 3230 | 30 | 4 | EY, engions |
| Pensio | 7 7 7 | 13 | | J. W. LINDSEY, Commissioner of Pensis |
| Pe Demonded | 12 12 3 | 22 | | J. W. LI. Sommissioner State Printers |
| . ``≩ ₹ | 0 0000 | (×) | | 3 6 7 |
| N. obi | 7 10 | 1/2 | 12.0 | 5 6 |
| S · y | County. | Regiment | (de) | |
| 200 | | | | · Commercial Contraction |
| - winds | A SHALL SHALL SAN AND AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SHALL HAVE A PERSON NAMED IN | | | • |

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

Questions for Applicant

| STATE OF GEORGIA, |
|---|
| COUNTY |
| 7 0 |
| Personally before me comes Mary & Manning 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 & Mauring |
| 2. How long and since when have you been a continuing resident of the State of Georgia ! |
| all My lide |
| 3. When, where and to whom were you married from 26.18.15. Coll Co |
| 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 Con- |
| federate Army or Georgia Militia! (State the arms and class of Service) State Leven Level 1868 |
| 5. When and where did the commands of your husband surrender or discharge from the army 1. Mulled gralle Sta, Low of alarn or 1" Way 1865 |
| 8. 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 wast the was furiously |
| 8. Where was his command when he left! Cloud Work |
| 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! 27 27 1897 |
| k. Were you residing together when he died! |
| If not, how long had you resided apart? |
| yes Ves |
| 9. Have you or your husband theretofore been paid a pension by the State 1 |
| If so, when and for what cause were you or your husband placed on the roll? |
| when and for what cause were you or your nusband placed on the roll? |
| |
| Sworn to and subscribed before me this the |
| they day of Deloby 1919 |
| Janus Ordinary) |
| (foll |
| ofCounty.) |

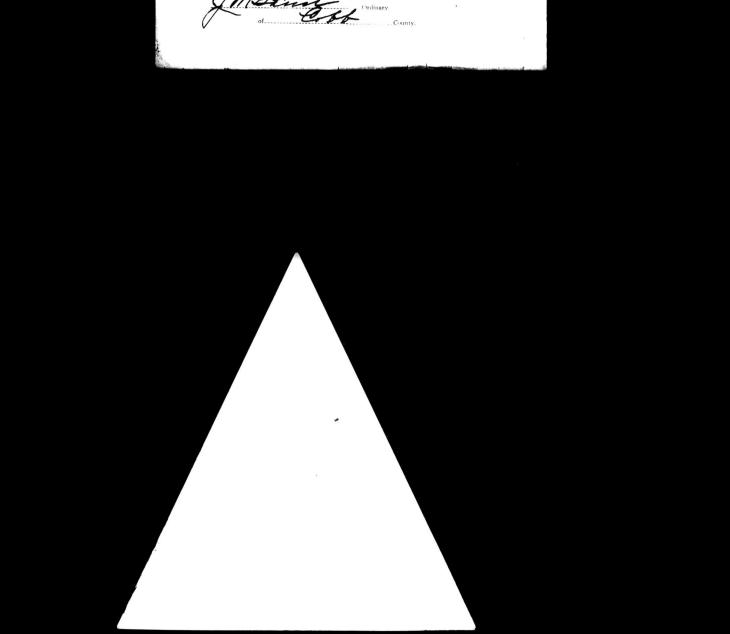
| Questions for the Witnesses as to Service of Husband and Marriage. STATE OF GEORGIA, County |
|--|
| Personally before me comes & Bisholo who after |
| being duly swora true answers to make, to the following questions, answers as follows: |
| 1. What is your name and where do you reside &M Bushol What Coul & |
| 2. How long and since when have you known Ims M & Minning applicant? 40 |
| 3. How long and since when has she continuously resided in this State? (Give date.) |
| low Since I Tours 1112 |
| 4. When and to whom was she married? |
| 5. How long and since when did you know no be Is marriang her |
| husband let Margarine 40 glass o |
| When and where did G. A. Manning |
| the Instand of Applicant die 2 leath to la Sell 27-189 |
| 2. Were the applicant and her husband living together as husband and wife at the date of his |
| death? He |
| If not, how long did they live apart before his death? |
| Were they disorced? |
| y. When, where and in whateCompany and Regiment did D. Manuing enlist? |
| Company E, Treet La State Looks |
| Rollin Isa September 1863 |
| , 0: |
| 10. Were you a member of the same Company? |
| 11. How long within your personal knowledge dol he perform actual military sorvice with his Company and Regiment? |
| |
| 2 1 When and where did his Command surrender, and was discharged? |
| Milledgevelle Isa May 12 1865 |
| 13. Were you personally present when it was surrendered? |
| were you and how came you there |
| normalization of the state of t |
| 14. Was the bisband of applicant personally present at surrender |
| where was he? He was free what when where and for what |
| cause did he leave Command? (Give date.) |
| authority did he leave his Command? and how |
| long was he greated leave? |
| I was pursonally present- |
| |
| 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 |
| 11/4 |
| Cordinary. |
| The second second |
| ofCounty. |

Q UESTIONS FOR WITNESS AS TO SERVICE.

| indsey for the pension provided canswers to make to the questions propounded J.M.Lindsey, Norgross, Georgia J.Lindsey the applicant? the been a bons fide, continuing resident in this Cobb, County and has been his life, the second of the secon |
|--|
| indsey for the pension provided canswers to make to the questions propounded J.M.Lindsey, Norgross, Georgia J.Lindsey the applicant? the been a bona fide, continuing resident in this Cobb, County and has been his life. this life. the season of the season o |
| e answers to make to the questions propounded J.M.Lindsay, Moroross, Georgia J.Lindsay the applicant? the been a bons fide, continuing resident in this Cobb, County, and has been his life, t did S.J.Lindsay enlist during at Warsaw Ga, CO"C" 12th Ga rvice? Was with him. |
| J.M.Lindsay, Morgross, Georgia J.Lindsay the applicant? the been a bona fide, continuing resident in this Cobb, County, and has been his life, t did S.J.Lindsay enlist during that Warsaw Ga, CO"C" 12th Ga rvice? Was with him. |
| the applicant? the been a bona fide, continuing resident in this Cobb, County, and has been his life, t did S.J.Lindsay |
| the been a bona fide, continuing resident in this Cobb, County. and has been his life. t did S.J.Lindsay |
| he been a bona fide, continuing resident in this Cobb, County. and has been his life. t did S.J.Lindsay |
| he been a bona fide, continuing resident in this Cobb, County. and has been his life. t did S.J.Lindsay |
| he been a bona fide, continuing resident in this Cobb, County. and has been his life. t did S.J.Lindsay |
| his life. t did S.J.Lindsay fenlist during 4 at Waxsaw Ga, CO"C" 12th Ga. |
| t did S.J.Lindsay |
| 4 at Warsaw Ga, CO"C" 12th Ga. |
| rvice? Was with him. |
| |
| |
| |
| did he perform actual military service with |
| 64 until May 1865. |
| or discharged (give date and place) |
| |
| Yes. |
| Was present. |
| |
| ommand at surrender? Yas. |
| Was present |
| |
| |
| cause did he leave? Surender. |
| and how |
| |
| e (Tell clearly and specifically) |
| 7 |
| nis Command? |
| |
| Land how do you know? |
| |
| If so, when and where? |
| and when released |
| 9 M. Lindows |
| 1.11. Loudery |
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AFFIDAVIT OF TWO FREEHOLDERS.

| TATE OF GEORGIA. | | | ALLEN TO | |
|--|--|--|---|----------------------------|
| Personally before me come | Valen | | | |
| s that they are freeholders residing in | add County and so | 184 | June 1 | ho on oath |
| applicant for pension and we know the | managery that is you | 1.11. | session and contr | ol of himself |
| d wife and of its cash value to wit: | ka list by items at | ICA TENLES | | A |
| to the trial hand | day of | And a | und I then | THE |
| peraore so good | value for | w. 8 2 | mo and | in Coffe |
| 1. What property, if any, has been | sold or given awa | y by the applic | ant or his wife si | nce 4 Nov |
| 18? (State it fully by items.) | all 25-a | areo o | any tun | ises |
| 2. When and to whom was it sold | or given to? | - DALA | 11 | <u></u> |
| 3. What was the price paid or stat | ed to be paid? | - 950 | 2 | |
| 4. What relation is the party to a | | and | | |
| 5. What disposition was made of | the proceeds of the | sale? Parke | a della | |
| 6. Was the disposition of this pre- | made in good | faith and full | Values? | |
| Sworn and subscribed before me | this the | *************************************** | ·····/ | |
| 17 som port | 191.2 | | | |
| 1/1/Jan | La Ordinar | y. 👺 🔒 | | |
| · / of | all | 16 | unt Har | en |
| AZEJOFZGEORGIA. | RY'S CERT | MICAIE. | | |
| (16 16) | . } | | | |
| Coun | ty. | | | |
| I Cam | o | rdinary of said | County, certify t | hat I know |
| applicant & Line los for Pen | | | | |
| | | | | |
| County. That I also know. | | | the witness swea | |
| ce and | uy | | who are freeho | lders, that |
| are all residents of said County and we | ere duly sworn by m | ne before signin | g the foregoing a | fidavit and |
| are all truthful and trustworthy and t | heir statements are. | entitled to full | faith and oredit. | That the |
| Returns of | she | wa that | Landrey | and wife |
| e for tax is in 1908 \$. | for 1909 \$4 | . 0 | for 1910 \$. | |
| Sworn under my hand and official se | | 28 | day of 60 | 1912 |
| | Ordinary, | 00 | 0 | |
| V | of | م م | 2 | County. |
| ES 1. Before any questions are answered the "You do solemnly swear that you with the light shall give shall be the whole truth; as 2. Additional affidavits may be attached. All affidavits must be made before the lift applicant has no property at all in l | le Ordinary shall swear ill true answers make to help you God." d if blank spaces are i | applicant and all o each question a neufficient. | witnesses in the foll sked you and the | owing words vidence you |



Jusun offi 11/2-1914 Jef 1917 chattant fait to Ruch are Emorate ! Widow's Pension accounting of Your of turbaine in for UNDER ACT 1910. melin with his lowfull Commune 31-6-43 / July A R. M. T. K. 1 wir -Name Mrs. & L. Mousell Cours Pin Widow of J. M. Mausell 6.42. Ja J. W. LINDSEY, 10/27-1910- 5/31-1917 11-1-1916

| on the state of th | Application for Pension by a Widow Under Act of 1910Q uestions for Applicant. STATE OF GEORGIA, Mulen County. Personally before me comes N. L. M. accast said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of. 1910, and submit testimony to make out the same, true answers makes to the following questions to wit: 1. What is your name, and where do you reside? M. S. A. Moraell, Rewell B. 2. How long and since when have you been a continuing resident in the State of Georgia? |
|--|---|
| Widow's Pension Widow's Pension UNDER ACT 1910 WHAT HE MANAGE COUNTY WHAT HAVE ACT 1910 WHAT HAVE ACT 1910 ONE P By A SAN PRINCE CAM P BY A SAN P BY A S | 3. When, where and to whom were you married? 4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (Staty the arms and class of Service) or Georgia Militia? 5. When and where did the Command by your husband surfender or discharge from the army? 4. When and where did the Command by your husband surfender or discharge from the army? 6. Was your husband personally present at the time of the surrender or discharge of this Command? 9. Order thanks of the surrender or discharge of this Command? 9. Where was discommand when he self in the surrender or discharge of this Command? 1. Where was discommand when he self in the surrender or discharge of this Command? 1. By whose authority did he leave his command? 2. For how long was he granted leave of absence? 2. What was his physical condition when he left his Command? 3. In what way was he prevented from going back to Command? 4. Was he captured by the enemy at any time? 1. If so, when and where captured and where held as a prisoner, and when and for what cause re- |
| | j. When and where did your husband die? j. When and where did your husband die? k. Were you residing together when he died? l. If not, how long had you resided apart? 9. What property of any description did you own, hald or control for your use and its cash value, Nov. 4, 1908. (State same by items). 10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereo? (Give items and cash value). 11. What property of any description of any value have you now? Give list and cash value? 12. What are your annual earnings or income and their value? 13. Have you heretofore been paid a pension by the State? If so, when and for what cause were you struck from the Roll? Sworn to and subscribed before me this the day of August States. August States |

| STATE OF G | GEORGIA. | |
|---------------------------------------|--|--------------------------------|
|) millo | County. County. Pefore me comes 7, 0, Nills | |
| Personally 1 | before me comes M.J. Mills | who after |
| being duly sworn tr | ue answers to make, to the following questions, answers as f | ollows: |
| 1. What is | your name and where do you reside? M.J. Mill | o. Millow Co. SI |
| 2. How lon | ig and since when have you known Mrs. G.L. | Mousel applicant? |
| ear du ce | g and since when has she continuously resided in this State! | |
| 4. When an | d to whom was she married? How do | you know? |
| 5. How lon | ng and since when did you know | nousel her |
| usband? 601 | | Var |
| 6. When an | | |
| he husband of App | | |
| 7. Where the | ne Aplicant and her husband living together as husband and | wife at the date of his |
| S. If not, he | ow long did they live apart before his death? | omonical contract of the |
| ere they divorced: | | |
| Spring /1 | here and in what Company and Regiment did 170. | H2 al ga |
| | / | |
| W. W. | u a member of the same Company? 'Zes | |
| | / | |
| | within your personal knowledge did he perform actual mil | itary service with his Com- |
| any and Regiment | Southing list 3 years | |
| 12. When, an | nd where did his Command surrender, and was discharged? | 1865 |
| | | (CONTROL Marketin Transpay |
| 13. Were you | personally present when it was surrendered? | |
| | prison, Crup norbinal how came y | ou there? |
| 1100 | Copland r Comid There | with & |
| | / | |
| 14. Was the | husband of applicant personally present at surrender? | me-/tuow If not |
| here was he? | | when, where and for what |
| use did he leave Co | mmand? (Give date.) | By whose |
| thority did be le | eave his Command? | and how |
| Committee • Committee on Committee | | |
| By Being | of a member of Some Co. | ou know all this? Reg need- |
| · · · · · · · · · · · · · · · · · · · | to the second contract the second contract to | |
| 15. For what | cause, if you know of your own knowledge was he preven | nted from returning to his |
| ommand? | | |
| | ort did le make to return to his Command and how do | you know this? Of |
| vn knowledge or | | you know this: Of your |
| | | \ . |
| 4th | subscribed before me this the day of august 1910 | lls |
| Nour | y Norris Ordinary, | |
| | - 11 - | |

AFFIDAVIT OF TWO FREEHOLDERS.

| STATE OF GEORGIA, County. | | |
|---|---------------------|---|
| Personally before me comes & N. W. Han V the Madelly ware freeholders of said County and that they know home. H. L. | L-: 11 | |
| are freeholders of said County and that they know his & | 201. out | that they |
| of said County and know what property she owned on 4th Nov. 1908, and its ca | sh value to be as | set out by |
| Schedule (A) as follows Home | | |
| Personal property | \$ | |
| Notes and accounts due | | |
| Total | | |
| Schodule (B), | 1 1 | 1 |
| We know the property sold or given away since Nov. 4th 1908, its cash v | alue to be as follo | them." |
| Personal property Nove | | ma. |
| Money, Notes and accounts | | ess e seemon |
| Money, Notes and accounts | | |
| Schedule (C). | 2 | |
| We also know what property she has now in her possession, use and con | | 00 |
| Acres of fand worth | 8 70 | |
| Horses and Mules | 3 | (201 |
| Cows and Hogs. Other property. | | 3 00 |
| income and earnings | | P |
| Total Value of all property and effects | | |
| | | |
| Sworn and subscribed before me this the 9 1 91 | Vore | |
| (.X) 2ma | steller | |
| Ordinary, Ordinary, | | |
| of Zniclin | County. | |
| | | |
| ORDINARY'S CERTIFICATE. | | |
| | | |
| STATE OF GEORGIA, | | |
| County. | | |
| Lower Domis | | |
| I X own Dorrio Ordinar | y of said County | do certify |
| that, I know Mee G. L. Morrace the as the person she represents herself to be and she is a bonafide continu | pplicant for pen | sion. She |
| County and was in the 4th Nov., 1908 | ing resident citi | zen of said |
| w. w. / 22 1/1 | | |
| 1 34 1 | the witness w | |
| recholders. That all of them are now residents of said County and were duly | mortell | |
| the foregoing affidavits and that they all, are truthful, trustworthy, and their | sworn by me belo | ore signing |
| ull faith and credit. | | |
| That the Tax Returns of Mrs. G. L. Murrall | Returned for T | ax is for |
| 1908 \$ 220me for 1910 \$ 200m | e. | NAME OF THE PARTY |
| Sworn under my hand and official seal of office this 4 th | day of | augus |
| 191 5 | , | |
| SEAL. Lown Dom | Ordinary, | • |
| 700.0 | Crainary, | |
| (SEAL.) | loci | County |
| OTRS 1 Refere any questions are answered the Ordinary shall arrest and the | | |

Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
"You do scheming swear that you will true sawers make to each of the questions asked you and the evidence
you shall give will be the truth. So help you God."
Additional affidavities may be statehed it blanks spaces are insufficient.
 All affidavites must be made before the Ordinary.
 Only widows who marriage prior to first January 1870, are entitled.
 Attacks cartified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general true productions.

| | Questions for the Witnesses as to Service of Husband and Marriage. |
|--|--|
| | STATE OF GEORGIA, County. Personally before me comes. A Mallin who after |
| | being duly sworn true answers to make, to the following questions, answers as follows: 1. What is your name and where do you reside? I. I. M. Callun, Blockfould under the control of the |
| | 4. When and to whom was she married by 186. If Me How do you know? 5. Hey long and three when did you know 1 1 7 7 7 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| No. of the last of | the husband of Applicant die? Die 1913. Mullin Co 4a, 7. Where the Aplicant and her husband living together as husband and wife at the date of his death? |
| | s. Of not, how long did they live apart before his death? Were they divorced? |
| | When, where and in what Company and Regiment did M Mansell enlist? 2. Well-stranger July 1 964 Passlers En. Es a f |
| | 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? |
| | Mry 12/60 - 1 King a hon Lso |
| of said | and how came you there? |
| .W. Gann, Ordinary | 14. Was the husband of applicant personally present at surrender? If not when where and for what when, where and for what compared to the companies of the comp |
| J. M. Gann, | and how look was he granted leave? How do you know all this? |
| de 1 | S c c c c c c c c c c c c c c c c c c c |
| 7 | 16. What effort did he make to return to his Command and how do you know this? Of your |
| ٠ ځ | 10 (2) day of 2 101 (|
| in the same of the | framos of County. |
| B | |

·MANSEll, G. L. (Mrs.) Cobb County

Application for Pension Due Deceased Pensioner

S Y STRIBLING

Auron to beforeme

This, May 5 /5%

Manhall 8: hoon

Holary Jakle o Statralians

(UNDER ACT 1904) (To pay expenses of last illness or funeral)

Died March 2: Amount \$100

Approved and ordered paid. J. W. LINDSEY, Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Office for approval. Do not pay out the money until the approved blank is in your hands giving you authority to do so. Send back to the Pension Office with your receipted pay-rolls to be permanently filed with them. Do not keep this application in your office.

Index Printing Co., Atlanta, Ga

ORDER NO Reswell, Sa. may s and daniered suppresion Ence for Carles Dune Book a String -1 nek 29 Personer, Concer before me Colombia Manien for Kowellmont, Co van who hing Ing sweet

days the above and Veryoung second is true and impaid, and represent truck expense, for Mrs "X) nouse

CEDWY, A

J. M. SATTERFIELD ORDINARY CHEROKEE COUNTY

CANTON, GA.,) in 21-194

Itale - George To my fraised Minister of the Gospel - from the bout must - he superior court make yet region would or white of the Peace con we inthorized to Some forme to minest and king L' without in one key Land of the State find for so doing this shall be your difficult sieuse! White my hand and seek in 1st day of guly 1815 = Jame Lordon Jodges Becombed Jan 4-1885 here is carry sid- James w Mansell and Georg L Weath we ig me is day joined in misting sees day to it's dieuse: The only 9-1465 of w me bollow A.P. I have in with the whole is true record as offer on Book . D. fine 201 in my Office: This in 22-1714 of M Sallefield Ordy

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.

| EORGIA. 6.066 | County. | | |
|---|------------------------------|---------------------------|------------------|
| Personally before me, the Ordinary | 35.41 to 3 5500 = 155 | J.K.711a | ersell |
| | of and Cour | nty, who, after being swo | rn, on oath says |
| at he knew 77129. S.L. | manuello | f said County, and that | said pensioner |
| s on the | ension Roll of 6 | 066 | County at the |
| ne of death, which occurred in | | | County in this |
| | | de 19: | |
| Pension of Cue House | back | Dollars was due | |
| | | | |
| oaid at the time of pensioner's death. | | | |
| estate of any value sufficient to pay t | | | um of \$/4 |
| sworn statement fully and completely | y itemized, herete attac | hed. | |
| 12 6 | Ordinary. | 6.9. C | ect t |
| | IT OF ORD | INARY | - |
| ORGIA, Jill Barre | | Ordinary of said Cou | |
| I personally know & A. TU. | | | • |
| cen of said County, and that said pers | | | o is a resident |
| h and credit. | | | |
| I also knew Tun & L | Mansell | while in lif | 100: |
| the same person whose name appears | | - white in the | |
| of Bold | s on the | | Pension |
| 2. 2 1.27 | • | County, and was | paid a Pension |
| In hundred The | ruly for | Dollars in said County | for 192/ , and |
| | | | |
| Given under my hand and official se | eal, this 3 day | of May | , 1927 |
| Given under my hand and official so (SEAL) | 271 | Janua. | Ordinary. |
| | | Poll | |
| | U | | County. |

due, unpaid, etc.)

The above and foregoing account is rendered for services in the last liness (or for funeral expenses, as the

The above and foregoing account is rendered for services in the last timese (or for tuneral expenses, as time case may of the first of the control of the co

th. The Ordinary signs pay-roll, as Ordinary, for the pension and time distincts the money himself and takes receipts.

Also, deep in boilis for nursing until you write the Pension Office, stating the circumstances in very great detail mand of them.

Because of the contraction o

Know all Men by these Presents. That I. STATE OF GEORGIA. County, in said State, do hereby appoint

to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled affidavit; hereby authorizing, my sael 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 of Mandly att Coung to

INTINESS WHEREOF. I have hereunto set my hand and seal, this is the case of the control of the case of Gentlemy (Am) Executed in the presence of us:

DIR BOTIONS. If allowed, send amount by

. and oblige.

10

Widows' Pension

Warrant Issued

AND HANDED TO

No. 368

1891

STATE OF GEORGIA, /

Coff

Know all Men by these Presents. That I,

County, in said State, do hereby appoint of Manutta Coll Court Sa

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of S. file indove.

Executed in the presence of us

Dearn Hanny .. (Stone Enda)

If allowed, send amount by

Warrant Issuec

me at

, and oblige,



Form No 1. Affidavit to be Made by the Widow.

STATE OF GEORGIA

In person came before me, the andersigned Ordinary

County of Colb in and for the County of Colle Mrs. R. D. Marfow , who being sworn according to law, says under oath that she is the widow of Received to Marlow , who was a soldier in

the service of the Confederate States, and served as a member of Company Regiment of Fire Volunteers; that he enlisted in said service on or about the woulded Erate Army up to 21601 Army, he was on the free Lunday of Illa (1861, (See Note No. 1) taken away by death at sunderdale Springs Micosissippie. at Landardale Verice & sometime in after the west specied Syphoid sa short titue in Twas taken with diarrhoen from which , ie diet on the First Buiday in May

1864. Jaid die Kuess and disease was conhacted during his said vervice in The army and the died while in Vaid service

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 3 th day of October 1852, and that she has resided in Georgia continuously since the day of facurary 1828; 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.

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

of Marinett County.

Affidavit for Three Witnesses.

| STATE OF GEORGIA. | 1 |
|--|--|
| 7 | In person came before me, the undersigned Ordinary |
| L'ounty of farte | in and for said County, wanges of Mr. Mar |
| 4///// | The Get Jecent 1 HOU, NINIII. |
| and 4. Al Chiline | (each known to said Attesting Officer as truthful, |
| reliable and reputate citizens), who | severally say under oath, that, from their own personal knowledge, |
| Mrs. U. M. 1/ 1/2 | COTC , of the County of CA OI |
| State of Georgia, is the widow of | Careson a Marlow, who was a soldier in |
| Company E of the | 34 Regiment of Georgia Volunteers. |
| That said soldier culisted in the serv | see of the Confederate States (or the Georgia State Troops) on or |
| about the day of | (CC) 186? That while in said service, or by |
| reason of said service in the Army, | |
| algeria 1063 , | La intilio ecrimica la |
| Lar Jakin | sialk wilt inphois |
| 5 (cog : () | weich to the hospital |
| W Vander | lace veries in the |
| 1 ate all all | The state of the s |
| Care of the | winiffic - that while |
| a call out | sital ic was taken with |
| dentinea too | a worden go 19 1 med dias. |
| HIRK XI il | ed on the Lirat Survay |
| ne lillar 1 | 862. |
| Desorulets | quester swear trax Frey |
| Milo o to de | com frety from having |
| tree to | urion with air decraved |
| | |
| to day la | rsom at the |
| THE A STATE | vaid Dickuess and |
| eleath in | Know that The dis- |
| we your | which he clici was |
| Contrada Tec | in the army during |
| id centre | The ein and that the |
| died while | in vais vervies. |

We fur her swear that Mis. C. D. Marlott was the wife of said solder during the secretary and that she has not intermerical since his death, and that she resides in County of the State of Gorge.

Sween grand subscribed before me, this, the day of Lefth 1891. I William Collinson.

I Mi Harlow I Whi Har Ilu my He I whitwork

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

STATE OF GEORGIA.

Mu, Slove Ordinary

in and for said County of

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

A. D. M. Carlor N. 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 dereunto set my hand and affixed the seal of my office, this, the

SPAL |

All. Store

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 discuse 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, ${\cal X}$

These whose hysbands contracted disease in the service, and who after the war, nice of the disease coursed 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 awang out of the State of Georgia, or who did not live in the State of the da c 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 Deportment will furnish 10th and specific instructions, and give annile opportunity to every claiman.

If witnesses live in another County from that wherein applicant resides, they must go before the Orlinery and Usative. 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 Pressurer's office in Atlanta and receive the money, to receipt for same.

Fill on 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. Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. e Ord caller low 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 Kan own I. Marlon 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 . RAL Ordinary. Form No. 2. POWER OF ATTORNEY. STATE OF GEORGIA. KNOW ALL MEN BY THESE I RESENTS, That 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 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 Executed in the presence of us DIRECTIONS. Send amount by me at , and oblige

PENSIO

For Widows' Heretofore Allowed Pensions.

| STATE OF GEORGIA, Dersonally comes Mrs. County of Color Goal Carlow |
|---|
| County of Oold Relacion Markow |
| who being sworn, says on oath, that she is a bona fide resident of said County of |
| State of Georgia, and that she has resided in said State |
| continuously ever since 18 3 That she is the Widow of |
| Ranson A. Marlow who was a Soldier in Company Of the 4 3 Regiment of 7 |
| |
| Volunteers, that he enlisted in said Regiment on or about the month of May |
| 186 Wand served in the Army up to |
| life on the day of May 1864 (State here |
| full particulars of the husband's death, when, where and from what squee.) |
| That while in the Confed- |
| egute clamy in your Tylen |
| thek with My Dhoin Je was |
| UT Inokahing Miss. any |
| Mich at Landerdale Aprings |
| Prate linny he was tyten Dick with hy phoin four At Trakshing Miss. and Mich at Landerdale Springs in May 1864. |
| |
| Pension was drawn lastyged in Frutter |
| 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 1837 Hhat 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 |

Sworn to and subscribed before me, this

day of Cly 1894.

Post-office Disgraphy.

Post-office Disgraphy.

Form No. 3.

Form No. 8

4.

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

Note an Marlor 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

Allow A Marlo deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1854.

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

POWER OF ATTORNEY.

STATE OF GEORGIA. KNOW ALL MEN BY THESE PRESENTS, That I

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 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

Il The Sade

DIRECTIONS

Send amount by

me at

, and oblige

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

STATE OF GEORGIA, County of

Ordinary in and for said County of

State of Georgia, hereby certify that I am acquainted with Mrs. Marlow 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-up. December 23, 1890, and has not lived out of the State since that date. That she is the willow of Keuben Warlott

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

POWER OF ATTORNEY.

braca Marlow hereby authorize

Menetta The to receive and receipt for the pension paid

that he remit same to IN WITHIS WHEREOF, I have hereunto set my hand and seal, this

Executed in the presence of

For Widows' Heretofore Allowed Pensions.

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

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

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

186 W and served in the Army up to

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

funday in May

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 J What 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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Color

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

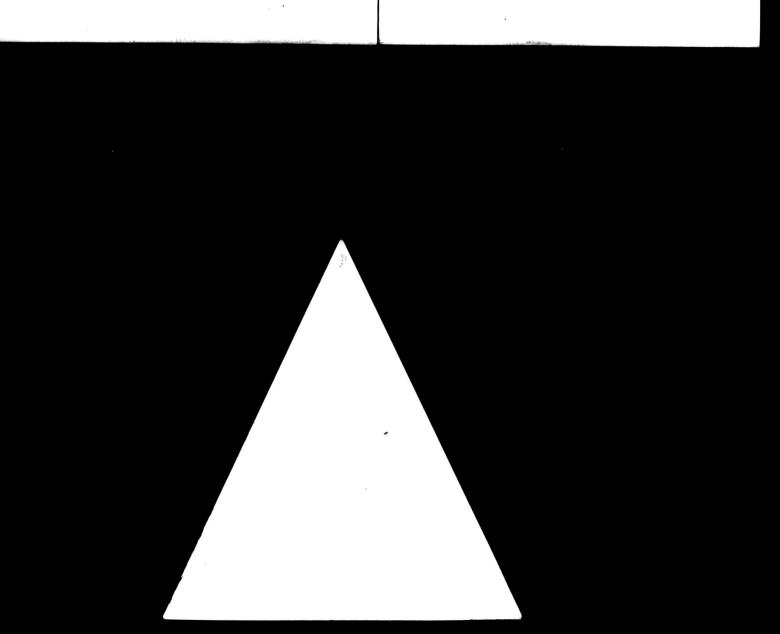
Volunteers, that he enlisted in said regiment on or about the month of 1862 and served in the Army up to

aday of May

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier. and that she has never married since his death aforesaid, that she became his wife in the year 18 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of

County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896,

2 I day of Jan 1896. Reference marlow & Post-office Dynayout al



Widow's Pension

UNDER ACT 1910

Growing Cold

Name Addonis Marshal

Widow of O & Marshal

Chas. P. Byrd, State Printer

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

| STATE OF | GEORGIA, |
|----------|----------|
| Cisa | County. |

Personally before me comes Sidenies Bu Harahall of said State and County. and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of______1910, and submit testimony to make out the same, true answers makes to the following questions to-wit:

- 1. What is your name, and where do you reside? Askersis H. Marahall
- 2. How long and since when have you been a continuing resident of the State of Georgia?____ Low Since august 1908 hen, where and no whom were you married? World 1866 Hakher Illus

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army of Georgia Militia? (State the arms and class of Service.)

- June Ry at asheling of Mine, 1860 Hatchy Miss When and where dist the Commands of your husband surrender or discharge from the army? Rachaloschy Louisoning June 6-18
- Was your husband personally present at ho time of the surrender or discharge of this Command?
 - 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?
 - 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?_____
 - 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
- When and where did your husband die? 18/4 in free anny
- k. Were you residing together when he died?

 If not, how long had you resided apart?
- 9. What property of any description did you own, hold or control for your use and its cash
- value, Nov. 4, 1908? (State same by Items.)
- 10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give Items and cash value.)_____
- 11. What property of any description of any value have fou now? Little house by Give list and cash value 800 17.700
- 12. What are your annual earnings or income and their value? More except what I get from my garden I va ores 13. Have you heretofore been paid a pension by the State?______

If so, when and for what cause were you struck from the Roll?

Ordinary

MARRIAGE CERTIFICATE Beauvier miss Sept 24 17 The Records of this Church, under date of Abr. 17" 10-1866 certify to the canonical and legal marriage of Caleb John Murchall aged = years, son of Wesley Marshell and Marsha Borns this is to Centify that Calob. B. Warshall and Lidria S. Bell and = wears daughter of Richard Bell and Mary C. Aweron

But regard to signed by Rev. M. 7. Trigum
thesaes: Au Bell and Ama Karis Walak and that said Company was mustered into Service Upril 30th 1862. With George Rulston Ben. C. C. Hayeur as ato first Cafolinia "ed that he served with CHUNCH SEAL Date Oct 3-1919 honor throughout the Har, "d was Honor bly Mischarged at Grand Econe La." a.D" 1866; Clarence L. Forrles The trot of the county This is what his Shields Kamer County, This day personly appeared writer yourto fore am the underligned notary Public " The president, Col of Harison 64 Diese, The above manuel. Chalahin, brought Clarante Fowler, Who States on Oach The your pakers back State ments as to Caleb B. marshall is true and I from Balon ange some week or hos Down to and before me This 24 ago, and said Thus were perfect yes tetday Sept 1917 (Theken- noting Public he sent them to me My Consussion oxprom Jamy - 192. with a blunch applies. -tim to be forwarded to you. I will send the application as I have no need for it and ruin may hore made Joine mistake You note that your Vajaplication must be sworm to before Clerk

of court to before Clerk Sewerage and Water Board. Sewerage and Water Board, Extract from the testa-WAR DEPARTMENT. 602' CARONDELET STREET 802 CARONDELET STREET THE ADJUTANT GENERAL'S OFFICE. Sen Colons 8/14 111 1 . Sew Coleans. 190 WASHINGTON. "Tenlished in the confederate service at made four mustate Respectfully returned to Pen Ja Hu Pais dust-Cal. nulling Mico afor 29-1862 You note that you allando Chalamy brought ephlicahon musta With the information that is a single Ir bahus ball & Farole and permit-to has not been Grown to before clerk return home is dated to it hitoches Sa, June 6th 1867 and signal Boton Rong Som formed as of / Key of Court Miss Light artilleriga with of Far brief & in which Co H was Exhapt from tests known as Connord I and they were her. Truck Junic & L. Gundy Battery in which he sent them hope Denj wade was at Geo In Landrews, one time adt.) and Brig Teil & Provost Calisted in M. Con. no servanor ofwas Marshal - Send your application record of him as Jederate Amarica al with a blank. effect of in has been found. The cohon blu Matile misa apriles to me us down as Jonvarded to you um ean hom properly filled and Froil out the Parox 1 perint Thereaton as A asun hour attach all fafur to the The Adjutant General. To dot toblitidus have no need for La Jun 6" 1800 L- tyon may how

his command was company "A" lot Ca.(
Ballika, Thoward the Colonel of the
tra facts and prove them to be true.
J. "Lindaey, Commissioner Of Pensional +Confederate Søldier's Application. UNDER ACT 1910.

| | Same Color | | | |
|---|---|--|--|---|
| ٥ | No. Calle | NOTES | before S | STAT I, \$now(|
| | Widow's Application To Be Per on Boll 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. | fore any question for any question for any question for a groundly or shall gree will be a foliational affairs and a foliational affairs and a laffairs and a laffairs who mustain questified copic of Disabled down of Disabled form of Disabled form because he wisc. | signing the side of the side o | ORDINARY'S CERTIFICATE STATE OF SEORGIA, COUNTY COUNTY COUNTY COUNTY COUNTY do certify that I county and that she is a bona fide continuing resident of said County and was on the county of |
| | Name Ella & Johnson | s are awarered the terr that you will the terr that the terr that the terr that the terr the prior to first as of maturiage herem Pensioners must us made no proof of t | c effidavits, and that id credit. | ORDINAR COL |
| | Company IV. Regiment 3.7. Classes Only Approved | Odinary shall seem applicant tree answers made one and of the control of the state of the state of the control of the state of the control of | that both of the they are truthful a toffice this 20 | ORDINARY'S CERTIFICATE COUNTY Ordinary of CLATA the applicant for this o be, and that she is a bona fide continuing resi |
| | | and task the witness in the office of the quantitions saked ye resistance. The contraction of the contractio | witness as to marriage the foregoing were d and trustworthy and day of Off | CERTIFICATE Ordinary of said County, do sertify that I che applicant for this pension, and that the is the nona fide continuing resident of said County and was to |
| | Commissioner of Pensions. | Ordinary. County. County. As de witzen in the following words: to equations saled you said the evidence three. Barriage, by some person, or by general de same and powe full term of husband's do so. | marriage, and I also know were duly sworn by me thy and their statements | of said County, do sertify that I to persion, and that she is the resident of said County and was |
| | 10:30-1919 | | | |

Sewerage and Water Board, Sewerage and Water Board. 602° CARONDELET STREET WAR DEPARTMENT. 602 CARONDELET STREET Extract from the testa-TAPTHE ADJUTANT GENERAL'S OFFICE. New Coleans, 8/14 1911 Sen Crleans, 190 " Enlished in the made tome mustate Respectfully returned to Pen. La the Pais dut Col. confederate service at In note that you allanta natchy min apr 29-1862 Chalany brought application musta with the information that reached To paper back & from to before club has not been Varole and permit-to Coton Rong Form found as of I Kent return home is dated Miss Light artillering with of Fast brief & natchitoches for, June 6th in which Co Havas Exhapt from tester known as Connors 1867 and signly I and they were her? Battery in which Denj wade was at fect - tyetherlog one time a Lt.) and Geo. In I andrewe, balisty in the Con. - se fricanor aferas he sent theye to the Brig. Gen'l & Provost second of him as Leberate Amazica at her found has marshal with a blank. Send your application Matthe miss april 25 Application tolu to med as down as Iwill send the Parole , r hunit throporty filled and A now how Thircation as H. P. M. Call.
The Adjutant General. attach all fatures forward to the To dot toblistidus lieve no need m La June 6" 1880 L. tyon mayling

This is to contify that o This is to builify that Viciled Par C.B Marshall M. C. B Marshall of the bown of Mude Counor Balley Batuy Came to my house When C.S. A churing his Extrem the Mars Mas Closed & Mas in More with " cetty of exatity a had bondision from brownie on his return from the army direct from Which he mind ded he was sick of chrentary and fully & cover lap to his death not Expected Lim but recound His a briffede 6 85me about your geores ofthe I mas R. M. Aug Summinds To his bedride again he was suffering from Clas of he July 1902 bout and was so ill that he received the Last right of the Thursto being Naturely to Strong Constitute he recound again out October 7 1/17 Sufford from it more or has This is to certify that as long in on love I Richard In Bell am the brother of -Mrs Sedonia L. mars hall who was married to Caleb B. John masshale un the year 1866, and that she never experated from hery but was living with him at the time of his death he was Killed by a Nymo do was hone ght home after the burrander very all of dissenting, and in after years sufficient or Catarr of the towers inflower at in go the towers charing the trigh water of 1874 on Mr Trames to Shorter Plant Concachi Luke Granges coll es M. J. 13.l. Perand appeared before me Richard M Bel who an arth before Lient Con. t. 4 and days the obous facts as true ist he dealer of huam to and subiribed before 114 this act. 11-1917 July 1902 B 0 green J.M. cobb. co. Go, Richard M. Bell

cobb. 20. 701 Richard M. Bell Hew Orhans 1/15/02 is side in a grow, a note of received From Bank Souge application for Pension acle aplica 206/ per territore H.d. S. K. Marshall while is what vednields : the you The prosection ! Late Provat & B Marshall col Charact in brought Hadis Come Bathery 11. A of the anche foron Patter Benga In a low love his ago, and soud thing inere harder Testerday he sent Woodola Festimonal From to me thating beaute offileal . It be considered to hear -Extract oron the To went Perunt to return to his leone + bertificotes of ill health include in the congression R. 1862. Porale and surent to be in home is walted in on to her fa June 6 1845, and Degred & R. Candy. Jenge A & de drews Blig Gen Brown warshall, we have filler in to

Patchelacher La juin Bunk Cits Marabally Dados Grapmy, (Comment). Hogimond. Buttery Light Abullay 16. S. A. resiling in diatchez miss ... having been with the approval of the profes authorities paraled is possested to return to his hand yet in to be disturbed by the Muited States - Hallacities, so long as he described this parale and the laws in face where he may reside .-By ander of MAJOR-GENERAL E. R. S. CANBY GEORGE L. ANDRESWA, Brig. Gen., and Provost Marshal General.

Howardh Vistamond This is to certify that Priced C' 15 Marshall of Hadis Course Hattay In facility by professor a redsty as a whole I the Coop deale State and accounted to be to release on Chemitally a second make the to a st a wounder , it to Com Jelow To ver to the Williamy & Cothentes of it. Worled Then offerted at Marchaloche Lather 6. the day of gine 11/15 Harry THays Major Sea Commanding But Stat of West Su

5104 JOHN W. LINDSEY Commissioner of Pensions Atlanta, Georgia

Adjutant-General,

Washington, D. C. Dear Sir: -

Please furnish me with such record as may be found in the Adjutant-General's Office of the War Department of

Marshal, P.B. Private. Wade's Battery (Conner's Battery), Mississippi Light Artillery.

He is an applicant under the Georgia law for a Confederate

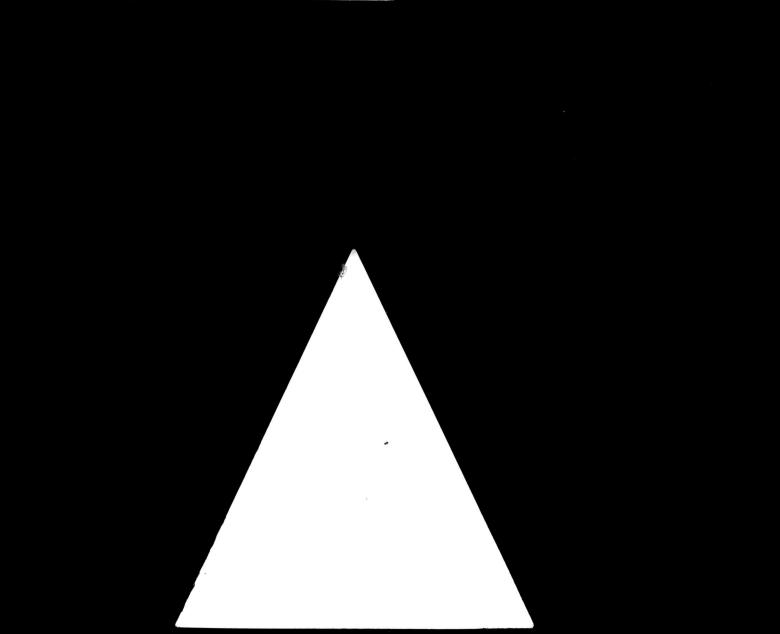
soldier's pension, and his record in your Department, whether it is

of his company roll or prison record, is wanted as evidence in his claim for a pension.

Yours respectfully.

11/7/17

Commissioner of Pensions of Georgia.



| martin & | | Management of the common common of common common common of the common of | | |
|--|--|--|----------|------------------|
| Cobb Courty | | | | |
| 1896. | 3 | | by IN | STAT |
| 1 No | S. Carlotte and Ca | Executed | WITNESS | STATE OF GEORGIA |
| Widow's Pension. | STATE OF THE STATE | in the presence | WHEREOF | |
| For year ending February 15, 1896. PAID 20 | | r o | % I have | OWER (|
| Mrs. Eliza & Marlin | | | hereunto | R OF |
| Conth | r de la constante de la consta | | % By | ATTOR |
| Mrs. Oliga & Marting OF County. Les M. Shillips Lig Widow of J. O Martin. | The state of the s | | 8 | E |
| Warrant Issued, | CD-C | | P 1 | |
| ······································ | | | | |
| AND HANDED TO | Hurrey mano | | | |
| 12/20/04 | whorh & A | | p E | |
| | | | | |

POWER OF ATTORNEY.

STATE OF GEORGIA,

Executed in the presence of

| 6 | a | LI | N | r |
|---|---|----|---|---|

| I,hereby authorize |
|---|
| ofto receive and receipt for the pension allowed and |
| request that he remit same to |
| y |
| IN WITNESS WHEREOF, I have hereunto set my hand and seal, this. |
| lay of1908. |
| (A) |
| Ir. e l |

4 & martin

AFFIDAVIT TO BE MADE BY THE WIDOW.

STATE OF GEORGIA,

| | COUNTY OF LEAD U |
|----------|--|
| E OB | In person came before me, the undersigned Ordinary in and for the County of A. A. Martin who being sworn according to law, says under the state of the Confederate States, and served as a member of Company of the Confederate States, and th |
| MUST | Army up to 186 That while in the strong, by on the day of 186 (See Note No. 1) That While in him of daily in Diragueria. The Contraction of the |
| NOTES, | and in the Writer of 1863 he wedster in Co C In to The Troops and Brown |
| THE 1 | Mull the Sommer in April 1865 Appoint Suga West light app of |
| NI TUO | June 1709 of Caven and Municipalism |
| | eponent further swears that she was the wife of said deceased soldier during his term of service in the |
| SNO | trmy, and that she has never married since his death; that she became his wife on the the try of the state of locality. And that she has resided in Georgia continuously since the day of the state of the state of the state of locality. It has the 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 93d, 1890, for the pension year ending February 18th, 1908, and herewith tenders the proof of her right to receive the pension granted by said Act.

Sworn to and subscribed before me, this the day of Act 1909

NOTE 1.—State in blank above the date of the death of the humband, and how, and when, and where he died.

And in case his death resulted from disease, state how the disease is known positively to have resulted from the
service of the soldier to the Army and not from any other cane.

NOTE 2.—The Ordinary will see that ALL blank spaces are filled before the affidavits are signed.

Affidavit for Three Witnesses.

| | STATE OF GEORGIA, In person came before me, the undersigned Ordinary in and |
|---|--|
| | COUNTY OF WITH for said County, witnesses Wil BD, Wright |
| | Vr. C. William |
| | and |
| | reliable and reputable citizens), who severally say under oath, that, FROM THEIR OWN PERSONAL KNOWL- |
| | EDGE, Mrs. War Landie, ngw a resident of the County of Market |
| | State of Georgia, is the widow of John L. Martin who was a soldier in V |
| | Company M. of the Meller Regiment of Fr. Volunteers. |
| | That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or |
| | about theday of186 That while in said service or by |
| | reason of said service in the Army, he loss his life as willows: became afflicted |
| | and and on the 18th day of frame 1989 |
| | It the foresting Complants |
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| 9 | • |
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| | |
| | Our opportunity for knowing the facts stated in reference to death of applicant's husband were |
| | that the one aug we were and know |
| | Olen two heightors for (heavy Grans |
| - | and Know of his afflictions and |
| | death - |
| , | We further swear that Mrs. Queffix X. Mortis was the wife of said oldier during the service, and that she has not intermarried since his death, and that she resided in said |
| | tate 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. |
| | Swgrn to and subscribed before me, this, the |
| | deg of Jov 1908 |
| 1 | M. Games & C. Millians |
| | Ordinary. Od Mayes |
| | NOTE Witnesses must not testify about things they may believe, but confine their statements to such facts |

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 Country of Applicant's Residence. STATE OF GEORGIA.

COUNTY OF..... State of Georgia, hereby certify that I am acquainted with 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-08 1500, and has not lived out of the State since that date. I also certify that ----, 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 Witne Whereof, I have hereunto set my hand and affixed the seal of my office, this, the

[SEAL]

400

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

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

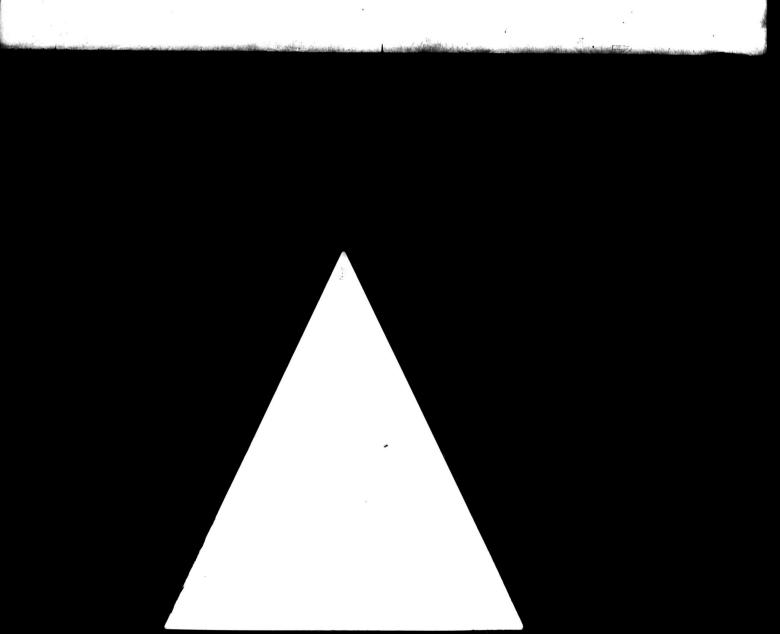
Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.

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 IOHNSON. Sec. Ex. Department.



ORDINARY'S CERTIFICATE

| STATE OF SEORGYA, | |
|---|--|
| COUNTY | |
| I, Ordinary of said County, do sertify that I | |
| know Mrs. Ella Logan 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 theday of | |
| 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 escial seal of office this 20 day of Oof 19/9 | |
| (SEAL.) Ordinary. | |
| Cobb country | |

NOTES: I. 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 bely you flood."

All affide the same that the

NOTES.

by credit in social universary delays to applicants, and to enable all parties interested to understand the laws, permit a block and included by the theorems to disabled soldiers, as well as the rules adopted by the theorems touching the privided, the disabled soldiers, as well as the rules adopted by the theorems touching the fact, by applicant places are submitted, the discription of the wound should be carefully and tables, we woulded, the discription of the wound should be received of the discription and places are disabled to the services as the last sold and parties of the discription of the discription of the discription of the services at the article standard and papers of the discription of the dis be the sworm to

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

The Ordinaries of the several countries are specially requested to wall the attention of the physicians.

No. 102//
APPLICATION FOR ALLOWANCE.

Martin, Jessell,

Luxs of Oug fings.

Date of Warrant March //
Fytgred in Record.

SP-NETARI KARILILIA DEPARTMENT

applicant

NOTES.

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

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

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."

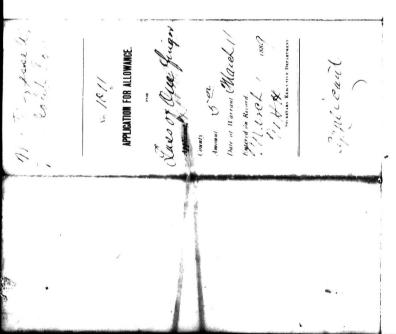
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the that Act, and the seem to be a fair construction of the Act, and the that the leg is not "substantially and essentially useless."

5. If papers are returned for correction, and amendments are udded to any of the affidavits, the amendments must be made under outle before an officer, and the proofs must show that the amendments have been also soon to.

6. Every application must be certified by the Ordinary of the county of the residence of the applicant.

The certificate of any other will not be received in any case.

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



For Use of Applicants Who Have not Heretofore Drawn.

| Tor Use of Applicants who frave not freretologe Drawn. |
|---|
| |
| STATE OF GEORGIA, County. PERSONALLY appears from M. Morkin of Or V county. State of Georgia, who, being duly sworn, ways on oath that he is a homa hole citizen and readout of said State, and has been such since the day of the Contract of the States of the State of the Interest of the Contract of the State of the State of the Contract of the State of |
| 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 thereunder for the year ending October 26, 1889. Sworn to and subscribed before me, this the day of the first the land of the first the land of the first the land of the disability, and expluis purificularly the extent of the disability. |
| Commissioned Officer's Affidavit. |
| STATE OF GEORGIA, |
| PERSONALLY came before me of State of Georgia, who, being duly sworn, says that he was, a commissioned officer in Company D, of State Regiment of People of Volunteers, and that deponent knows first 12 12 12 12 12 12 12 12 12 12 12 12 12 |
| davit, and that wounds (or disease) as stated by him in said affidavit. Deponent further states that said |

The foregoing affiliavit, changed to suit the facts, should be finde by a commissioned officer of Company or Regiment II the following affidavit of three responsible citizens should be furnished.

is a hona fide citizen of this State and resides

Author Ca

| STA | TE | \cap | \cap | ORGIA | |
|-----|----|--------|--------|-------|--|
| | | | | | |

County

PERSONALLY came

citizens of

county, in said State.

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

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

Sworn to and subscribed before me, this

day of

Note. Above affidavit most be made by three citizens of the county of applicant's residence,

STATE OF GEORGIA,

PERSONALLY comes before me Jul, How Ordinary of said county,

, both known to

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

Sworn to and subscribed before me, this

day of

ORDINARY.

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

STATE OF GEORGIA

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

I further certify that

before

whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and signa-

tures thereto are genuine

Given under my official signature and seal, this

188

Ordinary

County.

Power of Attorney.

STATE OF GEORGIA.

County.

Know all Men by these Presents, That I.

county, in said State, do hereby appoint

my true and lawful attorney in fact, for

me and in my name, to receive and receipt for 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

Executed in the presence of us:

(L. S.)

I, Ordinary of said county.

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

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

Given under my official signature and seal, this day of the said affidavits and signatures thereto are genuine.

Ordinary County.

| (CAGO Connity) |
|--|
| I, Ordinary of said County, |
| I, All Slome Ordinary of said County, do certify that I am well acquainted with All Markets the |
| applicant in the foregoing affiliavit, and aim 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 |
| Ordinary County County |
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STATE OF GEORGIA

| For Applicants Heretotore Allowed Pensions. |
|--|
| STATE OF GEORGIA |
| |
| PRESONALLY appears ////artein of Personally county. |
| |
| State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and |
| resident of said State, and has been such continually since the day of |
| to , that he emisted in the mintary service of the Con- |
| federate States (or of the State of) during the war between the |
| States, and served as a 2111 at in Company O, of 138 th Regiment |
| of Stayea Volunteers Sardone, 's Brigade; that whilst engaged |
| in such military service, at the battle of Marie State in the State |
| of 11 time on the day of fully 1867, he was wounded as follows: Dy mice ball fusing |
| wounded as follows: My miceine wall fassing |
| Through their surger on left hair |
| Causing augustation of sale |
| their singe car loin h counciling |
| Tue ser and hand. Thereby loving |
| egoting their finger on left |
| macel. |
| 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 suding October 26, 1890. I have heretofore been allowed a pension |
| |
| Sworn to and subscribed before me, this the day of Lange 1800 Many Ti. |
| day of 1890) |
| Nore - State fully nature of wound for character of disease which sugar the thability, and explain particularly the extent of |
| the dischility. |
| 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 |
| we 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 instead by the Conserved. |

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

Executed in the presence of us:

[1.. 8.]

Send money to me as follows, by

County, Georgia.

P.O.

For Applicants Heretofore Allowed Popeior

| TOT Application iterationed Allowed Pensions. |
|--|
| STATE OF GEORGIA |
| (OC) County day |
| PERBONALLY Appears / CO, Martin of Colif |
| County, State of Georgia, who, being duly sworn, says on oath that he is a doug fide citizen and |
| resident of said State, and has resided therein continuously ever since the |
| day of |
| during the war between the |
| States, and served as a fin Company (a) of the Parising |
| of Volunteers () Mun 's Brigade; that whilst engage |
| in such multary service at the battle of flaction multary service at the battle of |
| of day of 1862 he wa |
| wounderdas follows; the Ch in 3 th finger |
| finder to or amounted which the |
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| The second secon |
| Deponent desires to participate in the benefits of the Act, approved October 24, 1885, 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 possion of dollars, for VICLULY COLOR Sworn to and subscribed before me, this, the dollars, for VICLULY COLOR Sworn to and subscribed before me, this, the dollars, for VICLULY COLOR Sworn to and subscribed before me, this, the dollars, for VICLULY COLOR Sworn to and subscribed before me, this, the dollars, for VICLULY COLOR Sworn to and subscribed before me, this, the dollars, for VICLULY COLOR Sworn to and subscribed before me, this, the dollars, for VICLULY COLOR Sworn to and subscribed before me, this, the dollars, for VICLULY COLOR Sworn to and subscribed before me, this, the dollars, for VICLULY COLOR Sworn to and subscribed before me, this, the dollars, for VICLULY COLOR Sworn to and subscribed before me, this, the dollars, for VICLULY COLOR Sworn to and subscribed before me, this, the dollars, for VICLULY COLOR Sworn to and subscribed before me, this, the dollars, for VICLULY COLOR Sworn to and subscribed before me, this, the dollars, for VICLULY COLOR Sworn to and subscribed before me, this, the dollars, for VICLULY COLOR Sworn to and subscribed before me, this, the dollars, for VICLULY COLOR Sworn to an action of the sworn to an action of the sworn to an action of the sworn to action to a sworn to action to actio |
| POWER OF ATTORNEY. STATE OF GEORGIA, { |
| County. |
| Know all Men by these Presents, That I, |
| of |
| 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 |
| 1891. |
| [L. 8.] |
| Executed in the presence of us: |
| |
| DIRECTION. |
| Send money to me as follows, by |
| toP. O. |
| County, Georgia. |
| |

| I. do certify applicant said affida | in the favit are | am we oregoi true, a | ell nequ ing affi and the | uinted idavit, a at he is | with nd am w | of satisf | ied that | the states | nents m | A to | him in | the |
|---|--------------------|----------------------------|--|---------------------------------|-----------------|---------------------------|----------------|--------------------------------|-----------------|--------|------------|---|
| Give | en unde | my o | official | sig natu i | e and so | al, this | 11 | day of | 91100 V. | (| 18 Cot | 9 ' |
| 200 JOH | SOLDIER'S PENSION. | 1892. | FOR THE YEAR EXPLAND OF TORKER SO 1999 | Name | Juny (Life | Disability Lead of freeze | Amount, \$ 05. | Entered on record MR 14 1592. | W. H. HARRISON. | AGENT, | afficient) | Geo. W. Harris et. State Printer, Atlants, Ga |

POWER OF ATTORNEY. STATE OF GEORGIA. }

| of | Daniel Program | these Prese | County, | State of | Georgia, | do he | eby app |
|--|---|--|--|--|---|--------------------------------------|--|
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| me and in from the S the Confec my said at for any sur | my name, to re state of Georgia derate States (or torney to receip | ceive and receipt by reason of the rof this State), to in my name for the may be comit the may be comit to the may be comit the may be comit the may be comit to the m | for whatever e injury receives as stated in the r any Warrant | amount of das afor foregoing that may | and lawlu of money esaid in the affidavit be issued | I may he militant he militant hereby | e entitle ry service author Governo |
| condition of | out outstary to the | MARCOS | have hereu | ntour set | aforesaid. | . , nd and | seal. |
| \$9-C 130 | da, | y of | 189 | 3. | te ug. I | 1100 | |
| Execu | ited in the prese | ## (** ******************************** | . 2 1-5 | | | | اِي اِ |
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| Send i | money to me as | follows by | RECTION | r. | | | |
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| | the same | Cou | nty, Georgia. | | | | |
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| | na na Georgia. S se or Georgia S | | ner tra | er, yer | | | |
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| 1.715 | Sanga i | t. i | | | | | |
| 7.01 | | | | | | | |

| For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. County. Personant appears Of County. County, State of Georgia, who, being duly aworn, says on oath that he is a boma ride citizen and resistent of Georgia, and has been such continuously since the day of County of the play of during the war between the States and served as a Volunteers Of the Regiment of Volunteers Of the Regiment of County States (or of the play of the play of the play of the play of the war between the States and served as a Volunteers Of the Regiment of County States (or of the play of the play of the war between the States and served as a Volunteers Of the Regiment of County States (or of the play of the war wounded as follows: |
|--|
| 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. Thave heretofore been allowed a pension of Dollars for Source and subscribed before me this the day of Source Source and subscribed before me this the Source Source Source Source and subscribed before an allowed a pension of Source Sou |
| POWER OF ATTORNEY. |
| STATE OF GEORGIA. |
| 6 County, \ |
| Know all Men by these Presents, That I. |
| County, in said State, do hereby appoint |
| my true and lawful attorney in fact, for me and my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reas in of the injury received as aforesaid in the military service of the Confederate States or of this State), as stated in the foregoing affidiavit, hereby authorizing my said attorney to receip in my name for any Warrant that may be issued by the Governor, or far any som of money which may be coming to me for the reas on aforesaid. IN WINE SWIERREDE, I have hereoutto set my hand and seal this |
| day of 1892. |
| [L. S.] |
| Executed in the presence of us: |
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| DIRECTION |
| Send money to me as follows. by |

For Applicants Heretofore Allowed Pensions.

| I OI | whhreemen mercenter | Alloned Lengions, |
|-------------------------|---|--|
| STATE | FIGEORGIA,) | |
| 10, | O COOP County. | |
| PERSONALL | v appears Pase (19 MI | arties Outo |
| County, State | f Georgia, who, being duly sworn, says | on oath that he is a bona fide citizen and |
| resident of said | State, and has resided therein continuo | ously ever since the |
| day of | ally 1847; that he en | listed in the military service of the Con- |
| federate States | (or of the State of |) during the war between the |
| States, and sor | red as a fin vog | in Company 3, of 38 th Regiment |
| of // | Wolunteers Wille | 's Brigade; that whilst engaged in |
| // | rvice at the battle of Mulevi | in the State |
| of O | 1 on the | day of |
| wounded as foll | ows of grand | and and |
| 14 | in contract | any of chin |
| Mind | 4 | |
| W = | | · · · · · · · · · · · · · · · · · · · |
| U | | 201 |
| (i) | | and the contract of the contra |
| Deponent | desires to praticipate in the benefits of | the Act, approved October auth 1882 and |
| the acts amenda | tory thereof, and makes application for | the Act, approved October 24th, 1887, and r the allowance to which he is entitled for been allowed a pension of |
| the year ending | | and a pension of |
| Sworn to a | nd subscribed before me, this, the | and low is |
| nt? | Day of Mich 1893. | 19 /11 a 11 |
| | DIO STEM POUL | 6 |
| None State of | | |
| disability, resulting f | y nature of wound or character of disspire which cause rom the wound or disease, | es the disability, and enplain particularly the extent of the |
| STATEC | F GEORGIA, | |
| (0) | County Sand | NG: |
| 1 | rue Sten | Ordinary of said County, |
| | | 197100 |
| 1.5. | am well acquainted with | the the |
| | | ed that the statements made by him in his |
| said affidavit are | true, and that he is disabled, to the ext | tent he claims, and I know he is the in- |
| dividual he repr | esents himself to be, and that he resides | in this County. |
| I further co | etify that were a second to the termination of the | His saddy |
| | visit and the second second | d power of attorney was signed, is a |
| the Controler at | a Court in the proof the injury reads | of said County, and the said affidavits and |
| signatures there | and to a live delit cipt for wher | amount of money I may be suited and |
| | | 20 Sugar |
| Given und | er my official signature and seal, this | day of 1893. |
| www.all | Hen by these I reserves, This | the stone |
| | C ~ 1 Ordinary | Colo County. |
| HVIEO | FOEDROA. | , |
| | POWER OF AL | IORNEY. |

POWER OF ATTORNEY

P. O.

County, Georgia.

POWER OF ATTORNEY.

| C.I. | 1 T T | 1 11 | GEC | DC | 1 ^ |
|------|-------|-------|------|------|-----|
| 01/ | VIII. | () [| 1111 | 1771 | H |
| | | | | | |

COUNTY.

Know all Men by these Presents. That I,

County, State of Georgia, do hereby appoint

my true and lawful attorney in fact, for

me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States per 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 bereunto set my hand, and seal, this,

day of

Executed in the presence of us

DIRECTIONS

Send money to me as follows, by

___[t., s.]

P. 65

to County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA.

KNOW ALL MEN BY THESE PRESENTS, That

County, State jof flegrgia, do hereby appoint

...my true and lawful attorney in fact, for

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

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

1. 1. Theat the

DIRECTIONS.

Send money to me as follows, by

. to

P.O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA. |
|--|
| Coopeysty. |
| PERSONALLY appears Will Markin of Cobo |
| County, State of Georgia, who, being duly sworn, says on oath that he is a hone fide citizen |
| and resident of said State, and has resided therein continuously ever since the |
| day of My, 13 H, that he enlisted in the military service of the Con- |
| federate States (or of the Start)) during the war between the |
| during the war between the States and Grands as a friends in Company D, of 35 th Regiment of A. Vanuteers from States and States and States are supported in the states of the states and states are supported in the states of the states and states are supported in the states are supported in the states and states are supported in the stat |
| of h. Volunteers 's Brigade; that whilst engaged in |
| such military service at the battle of . Malvey Hill in the State |
| of the angle of day of the was |
| wounded as follows: Typ Jupolit Murum |
| Chusing the third, Jinger on |
| the left steps to be amputation |
| crose to the Rond. |
| |

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 engine October 26, 1894. I have heretofore been allowed a pension of

Sworn to and subscribed before my, this, the day of 1894.

Sworn to and subscribed before my, this, the last of the doublety subscribed before the subscribed before the subscribed by the subscribed before the subscribed by the subscribed before the subscribed by t

| STATE OF GEORGIA |
|---|
| Coll Coll |
| 1. Ordinary of said County do certify that I am wer acquainted with De Market the |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by hin in his said affidavit are true, and I know he is the individual he represents bimself to be |
| and that he resides in this County. Given under my official signature and seal, this |
| day of Moh My |
| Mesoni |

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, |
|---|
| Copt County, |
| personally appears FW. Warkin of Soh |
| County, State of Georgia who being duly sworn, says on oath that he is a bona fide citizen |
| and resident of laid State, and has resided therein continuously ever since the |
| day of 18 4; that he enlisted in the military service of the Con- |
| federate States (or of the Sau) during the war between the |
| States, and served as a Private in Company B, on Sth Regiment of Vanteers. Frequency 's Brigade: that whilst engaged in |
| of Volunteers, Joseph 's Brigade; that whilst engaged in such military service at the battle of Malvers Hell in the State |
| of a , outh of day of July 1862 he was |
| wounded as follows: 1 2 bullet thitting, |
| they last your Cuthing of |
| the third Jinger |
| <i>-</i> |
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| |
| Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, |
| and the acts amendatory thereof, and makes application for the allowance to which he is |
| entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension |
| of dollars, for the year 189 |
| Sworn to and subscribed before me, this, the |
| 3 dy of 1895. |
| Note-State Mily the nature of wound or character of disease which causes the disability, and explain particularly the extent |
| of the disability, resulting from the wound or disease. |
| STATE OF GEORGIA. |
| County. |
| |
| I, Story Ordinary of said County, |
| do certify that I am well acquainted with the |
| applicant in the foregoing affidavit, and an well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be |
| and that he resides in this County. |
| Given undingmy official signature and seal, this |
| day of 1895. |
| CARL ST. |
| () out of the Store. |
| Ordinary Lold Country |
| County. |

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| | | POWI | ER OF AT | TORNEY. | | |
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| | o receive and | receipt for the | pension paid he | by | the remit same | to |
| | | ESS WHEREO | F, I have hereun | o set my hand and | scal, this_ | |
| | Execu | ted in presence o | fus \- | 1-22911 | Michael | s.] |
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| 10 | hose Already I | SES OF | 30% | 300 | NARRANT HANDED | ALL ALL |
| -1/7 | For Tho | | Name County | Disabilica Amount, S. | <u> </u> | S Superior Hard |
| | | S | Name | Dis | k ji | |
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| ¥ | | | | | | |

| POWER OF ATTORNEY. STATE OF GEORGIA, County, I, of Mirietta County, 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 1897. Executed in presence of Executed in presence of |
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| SOLDIER'S PENSION. 1 SP 7. Name County, Disability One first Amount, \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

WIDOW'S AFFIDAVIT

| | • |
|--|-------|
| STATE OF GEORGIA, | |
| COUNTY) | • |
| Personally before me come Miss Clientes Comments of said County, | |
| who, after being duty sworn, says that she is the widow of to whom, in the County of the state of the same was married on | |
| to whom, in the County of State of State of she was married on | |
| the 1.5 day of 12. 18 14, and that she remained his wife, and resided with him to the | |
| date of his death in september 196 and that she has not since his death remarried. At | |
| the time of his death he was a resident of County, in said State | |
| of Georgia, and he was on the Pension Roll of the State and paid a pension | |
| of \$42 in to 1976 or 1976 per annum, on account of being a soldier in | |
| Company J. 3. 7 Regiment Ulaboration (Volunteers of State Millia) | |
| That she is now, a bona fide resident citizen of said County of Cell and she | |
| has so continuously resided sinceday of19 | * |
| Sworn to and subscribed before me, this the | |
| IM Jann Ordinary Sla & Lagam | |
| Ordinary Ordinary | |
| County. | - |
| (SEAL) | |
| Affidavit of Witnesses to Prove Marriage and to Whom. | |
| Date of Death of Husband | |
| STATE OF GEORGIA, | |
| COUNTY | |
| Personally before me comes. C. F. Ward known to be | |
| fesponsible and truthful persons, residing in said County, who after having been duly sworn, say: that | |
| of their own personal knowledge Mrs. Clay Lagrange, who made the foregoing | |
| affidavit, is the lawful widow of the who died in the | |
| County in said State of 91 on day of 19/6, | |
| and that she has not since remarried. That she became the wife of | power |
| the day of 18, and that she and he had resided together as man and there there are the state of the day of the state of the day of t | - 25 |
| | |
| the same man who was on the pension roll of said Statefrom | |
| Countywhen he died. | |
| Sworn to and subscribed before me, this the | |
| I mara ordinary & A ward | |
| Ordinary Ordinary | |
| County | |

(SEAL)

For Applicants Heretofore Allowed Pensions.

| Tot Applicants iteratorate Allenda Tensions. |
|--|
| STATE OF GEORGIA. |
| County. |
| personally appears & W. Markin of Ook |
| 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 Con- |
| federate States (or of the State of |
| States, and served as a in Company 7, of 38th Regiment |
| of Volunteers, Volunteers, 's Brigade; that whilst engaged |
| of Mey 186 The was assigned, injured or diseased as follows |
| The was storilled to think |
| the left there and Cutter |
| of the Third Fire Du Aug. |
| Three of the state |
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| |
| Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, |
| and the acts amendatory thereof, and makes application for the pension to which he is |
| entitled for the war ending October 26th, 1800. I have hep-tofore as a resident of |
| County been allowed a pension of |
| dollars, for the year 189 |
| Sworn to and subscribed before me, this, the \ ferroll Martin |
| 18(H) of 18(H). |
| The Done pay |
| Note-State full the hature of wound or character of disease which cause 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 |
| Comment of the commen |
| Affix your Tour |
| nerv. |
| Ordinary County |

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, |
|---|
| County. |
| personally appears OM with of |
| County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen |
| and resident draid State, and has resided therein continuously ever since the |
| day of 18 47, that he enlisted in the military service of the Con- |
| federate States for of the State of States, and sorted as a line of the States, and sorted as a line Company B, of K th Regiment |
| States, and soroid as a in Company (3), of the Regiment of Volunteers. 's Brigade: that whilst engaged |
| in such military service in the State of A., on the 4 day |
| of the was wounded, injured or diseased of follows: |
| I a on grant to on the |
| left Wind by which she |
| last the thing diver |
| Jest manne of grant |
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| Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, |
| and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1807. I have heretofore under said law as a |
| resident of county been allowed an invalid pension of |
| Dollars, for the year 189 |
| Sworn to and subscribed before me, this, the 100-10 CM MIWAL |
| 23 day of Hely 1807, HART OPPICK Marietta 4 |
| XXI Att. |
| Ixu there one |
| Norz-State fully the nature of wound or character of disease whice causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. |
| STATE OF GEORGIA. |
| County. |
| 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 Oreg. 0.1897. |
| day of |
| Ani pour |
| here. |
| Ordinary County. |
| |

POWER OF ATTORNEY

| STATE OF GEORGIA, |
|--|
| Golf County. |
| Le de la County. Stoice hereby authorize AND. Toice |
| Lecturing cooler Courtetta, Ca. |
| to receive and receipt for the pension paid hereon and request that he remit same to |
| by -/line |
| atterietta, La. |
| IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 26 th |
| day of 1 1 1 1 1898. |
| 121/10/02 /in[L. s.] |
| Executed in presence of |
| Executed in presence of |
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| 3 1 188 |
| Already Enrolled. 37.3. ALID SPENSIN Control
| HNSO |
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| I S D S. C. |
| |

POWER OF ATTORNEY.

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 23

Executed in presence of

SOLDIER'S PENSION INVALID

RICHARD JOHNSON,

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, |
|--|
| County County |
| personally appears & Dillecerticos - 6 och |
| Commy, State of Georgia, who being duly sworn, says on oath that he is a tona fide citizen |
| and resident of said State, and has resided therein continuously ever since the 2 |
| day of 1841; that he enlisted in the military service of the Con- |
| federate States (or of the State of States, and served as a States of |
| of Volunteers Volunteers of States, and served as a Volunteers of States, and States, and Served as a Volunteers of States, and Served as a Volunt |
| of Ca. Volunteers, Sordace 's Brigade; that whilst engaged in such military service in the State of Cha., on the Handay |
| of Steller 1862, he was wounded, injured or diseased as follows: |
| Sty June shot striking |
| Middlinger or west hands |
| and ringering it so we to |
| ruccisitate funtintation |
| -riext to hand |
| - co lacey, |
| |
| The second secon |
| Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, |
| and the acts amendatory thereof, and makes application for the pension to which he is |
| entitled for the year ending October 26th. 1898. I have heretofore under said law as a |
| resident of county been allowed an invalid pension of Dollars, for the year 1892 |
| Sworn to and subscribed before me, this, the |
| |
| 26 Thay of Vig 1898. POST-OFFICE Correction, |
| Alora Only |
| York-Sain 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, Ordinary of said County, |
| do certify that I am well acquainted with & The artur the |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him |
| in his said affidavit are true, and I know he is the individual he represents himself to be |
| and that he resides in this County. |
| Given under my official signature and seal, this |
| (ATT) |
| () South () So |
| Ordinary Colo County |
| Ordinary County. |

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA. |
|--|
| Gobb County |
| |
| personally appears J. M. Martin 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 January 1841; that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war between the |
| States, and served as a ferivate in Company & , of 38th Regiment |
| of Fa. Volunteers, Gordon 's Brigade; that whilst engaged |
| in such military service in the State of Wa, on the 4th day of July 1862, he was wounded, injured or diseased as follows: |
| By gueshot striking third |
| finger on left hand and |
| Causing said finger to be |
| amfultated. |
| |
| |
| |
| Deponent makes application for the pension to which he is entitled for the year end- |
| ing October 26th 1899. I have heretofore under said law as a resident of |
| County been allowed an invalid pension of Dollars, for the year 1898. |
| Sworn to and subscribed before me, this, the |
| 15th day Fely 1899, POST OFFICE Marietta |
| And the structure of th |
| 18 Separally the nature by wound or characteristic duch causes the disability, and explain particularly, the |
| |
| STATE OF GEORGIA, |
| County. |
| 1. J. Ow. Stock Ordinary of said County, |
| 1. J. W. Slocil Ordinary of said County, do certify that am well acquainted with J. M. Quartie the |
| applicant in the foregoing affidavit, and an well satisfied that the statements made by him |
| in his said affidavit are true, and I know he is the individual he represents himself to be |
| and that he resides in this County. |
| Given under my official signature and seal, this |
| day of Febry (1890) |
| that the store |
| Ordinary Lobb County. |
| |

A. ...

POWER OF ATTORNEY.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this_of 1900. Executed in presence of

POWER OF ATTORNEY.

| STATE OF GEORGIA, | County. |
|--------------------------------|---|
| 1 Marti | hereby authorize |
| to receive and receipt for the | e pension paid hereon and request that he remit same to |
| | by his office |
| in witness wheri | EOF, I have hereunto set my hand and seal this |
| day of Jany. | 1901. Just W. Martin [L. S.] |

Executed in presence of

DISABLED

(For Those Aiready Enrolled

| No. 12:1 | INVALID SOLDIER'S PENSION. | 1900. | Name & M. Martin | Disability Firegett | Warrant issued May 7 1900. | JOHN W. LINDSEY, Commissioner of Pensions. | WARRANT HANDED TO | Geo, W. Harrisco, State Printer, Atlanta. |
|----------|-------------------------------|-------|------------------|---------------------|----------------------------|--|-------------------|---|
| No. | SOLDIER | 31 | Name County | Disability. | Warrant issued | Лноб | WABBA | Geo. W. Harris |

SOLDIER'S PENSION

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, |
|--|
| Cobb County. |
| personally appears J. W. Martin 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 |
| 2 and day of January 1841; 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 Livivale in Company B, of 38 th |
| Regiment of Stotaia Volunteers, Gardow's Brigade; that whilst |
| engaged in such military service in the State of . Va., on the |
| day of July 1862, he was wounded, injured or diseased as follows: |
| 7 |
| By mushot striking third finger. |
| ow left hand and causing said |
| By guyshot striking third finger. on left hand and causing said finger to be amfutated |
| |
| , . |
| The state of the s |
| Deponent makes application for the pension to which he is entitled for the year |
| ending October 26th, 1900. I have heretofore under said law as a resident of |
| County been allowed an invalid pension of |
| Dollars, for the year 1809. Sworn to and subscribed before me, this, the |
| |
| Day of MEA 11000.) POST OFFICE |
| IM Flore Q. |
| Note State fully the nature of wound or character of flience which causes the disability, and explain particularly the extent of fly disability resulting from the wound or disease. |
| STATE OF GEORGIA. |
| Cobb county. |
| |
| I. J. M. Stacce (1) Ordinary of said County, |
| do certify that I am well acquainted with J. W. Martin the |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him |
| in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. |
| |
| Given under my official signature and seal, this |
| day of Moh 01900. |
| me done |
| Ordinary Log b County. |
| |

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, |
|---|
| County. |
| Personally appears & Il Martin 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 $\mathcal{Z}^{cn\ell\ell}$ |
| day of farmary 1841; 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 Roll 2 LL in Company B, of 38 th Regiment |
| States, and served as a Portage in Company B, of 38 th Regiment |
| of Sa Volunteers, Sordons 's Brigade; that whilst engaged |
| in such military service in the State of Va , on the H day |
| of July , he was wounded, injured or diseased as follows: |
| Thy guns hot Striking third finger |
| on left hand and Causing Said finger |
| of July 1862, he was wounded, injured or diseased as follows: On left hand and Caming Daid finger to be lamputated |
| / |
| R . |
| K come I I'm I was keepen constituting to the constitution of the |
| A D NO |
| Deponent makes application for the pension to which he is entitled for year end- |
| ing October 26th, 1901. I have heretofore under said law as a resident of |
| Coll County been allowed an invalid pension of |
| Dollars, for the year 1900. |
| Sworn to and subscribed before me, this the less of flar |
| 29th day of Jany. 1901. Postoffice |
| The Gutter |
| Norg, State fully the nature of the wound or character of disease which causes the disability, and explain partic- |
| ularly the extent of the disability resulting from the wound or disease. |
| STATE OF GEORGIA. |
| I, John Autrey Ordinary of said County. |
| a John anton |
| |
| do certify that I am well acquinted with W Marlin the |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him |
| in his said affidavit are true, and I know he is the individual he represents himself to be |
| and that he resides in this County. |
| Given under my official signature and seal, this |
| day of Jany 1901. |
| John history |
| 1 miles |
| Ordinary County. |
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| POWER OF ATTORNEY. | |
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| STATE OF GEORGIA, | |
| County. | |
| 1. J. M. Morles hereby authorize | |
| John thibreg of | |
| to receive and receipt for the pension paid hereon and request that he remit sam | e to |
| by. | |
| at , | |
| IN WITNESS WHEREOF, I have bereauto set my hand and seal this - 3 | |
| day of A 1112 - 1902. | |
| J'W Martin | . s.] |
| Executed in presence of | |
| All Game | |
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| 1902 ISON | |
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| THOSE AREADY ENFOLLED. No. 330 DISABLED DISABLED TOO2. W. W. L. | State Printer, Atlania |
| OSE ALREADY EN No. 330 DISABLEI DISABLEI TOO2. M. M. LINDSE M. LINDSE M. M. LINDSE M. M. LINDSE M. M. LINDSE M. M. M. LINDSE M. M. M. LINDSE M. M. M. LINDSE M. M | e F |
| A Reg | 9 |
| HOSE IN NO. | * |
| | * |
| SOLDIER'S PENSION No. 330 DISABLED SOLDIER'S PENSION 1902. Name W No. 170 M. Coulty Co. B. Regiment 38 Disability Amount, 5 3 JOHN W. LINDSEY, MARKAST HANDED TO | |
| SO) Name County Disab | |

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| | POW | ER OF | ATTORN | EY. | | |
|---|-------------------------------|---------------|-------------------|-------------|------------------|----------------------|
| I, to receive and | Man Fundo | my | hereby autho | | | |
| At | | | .by | | | Anti- |
| IN WITH | | OF, I have he | reunto set my ha | and and s | eal this | |
| Executed i | n presence of | | Jaora 1 | Y Mi | arl | ice [t. 8.] |
| CODE SECTION 126. (FOR THOSE ALREADY ENROLLED.) No. 367 | DISABLED SOLDIER'S PENSION | 1903. | South Regiment 38 | 1 2 5 1308. | JOHN W. LINDSEY, | WARRANT HANDED TO \$ |

Marting xun

Comity Comity Comment 38

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF | GEORGIA. | 1: | | |
|-------------------------------|-------------------------------|--|--------------------|------------------------|
| 511112 0/ | 1 1 1 | | | |
| C | Cou | inty. | | 0 |
| Personally ap | O(N) | Morlin | of | Woh |
| | | uly sworn, says on oa | | a bona fide citizes |
| and residen of sai | d State, and has res | sided therein continu | ously ever sir | ice the |
| day of for | 1841; | that he enlisted in t | he military se | rvice of the Con |
| federate States (or | of the State of | | _) during the | war between the |
| States, and served | as a priv | in Compan | v B . of 3 | 78 th Regimen |
| of Su | Volunteers, | Tordono! | s Brigade; th | at whilst engaged |
| in such military se | rvice in the State of | 64. | | . 4 day |
| in July | 186.2.1 | ie was wounded, inju | red or disease | d as follows: |
| | By me | . shit si | rikin | 4, this |
| Junget. | orholef | 1 hours | ann | 1 Comi |
| 0 1 | 2 | | | |
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| Deponent make | on application Co | Maria de la compansión de | | |
| nuling October 26 | es application for | the pension to whi | ch he is ent | itled for the year |
| ending exeminer 20 | 0.1 66 HAVE | heretofore, under | | |
| 7.05 | | County, beer | | nvalid pension of |
| Sworn to and a | who with all the Common | Dollars, for the y | ear 1001. | |
| 2 | ubscriped before me, | } | 71201 | 12 |
| day | 01 | 1902. Post-office | 1110 | ielly |
| Norr -State fulls | the enture of the wound | | PER | navin |
| patitiondarly the extent of t | the disability resulting from | or character of disease w | hich causes the d | isability, and explain |
| STATE OF GI | PODCIA | | × | |
| STATE OF G | EORGIA, | | | |
| | County. | 1 5 | | |
| 1. | In M | when | Ordinary | of said County, |
| do certify that I as | n well acquainted w | rith. L | Ma | sline |
| the applicant in the | foregoing affidavit, | and on well satisfied | that the stat | ements made by |
| him in his said affid. | avit are true, and I I | now he is the indiv | idual he repre | sents himself to |
| be and that he reside | es in this County. | | | |
| | Given under my offi | cial signature and se | al, this | 3 |
| ~~ | day of fance | 1902. | | |
| Affix your seal | (/ | foto | Men | her . |
| here | | Ordinary | C88 | County. |
| | NorsFill all blanks and | of Company and Regimen | | |
| | All vouchers and I | affidavita must bear date af | ter January 1, 190 | 2. |
| | | | | |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, |
|--|
| Catal Country |
| Cost County |
| Personally appears Significant of Colif |
| County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen |
| and resident of said State, and has resided therein continuously ever since the |
| day of; that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war between the States, and served as a |
| States, and served as a in Company , of 38 th Regiment |
| Volunteers. Volunteers 's Rejected that while |
| in such military service in the State of , on the , on the day |
| 1962, he was wounded, injured or diseased as follows: |
| 1. In Tourshot Stricing hind |
| yuger on tell hand and conting bail |
| rouger to the amontalist |
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| N A STATE OF THE S |
| The second secon |
| The second secon |
| Deponent makes application for the service state of |
| Deponent makes application for the pension to which he is entitled for the year |
| ending October 20th, 1903. I have heretofore, under said law, as a resident of |
| County, been allowed an invalid pension of Dollars, for the year 1909. |
| Sworn to and subscribed before me, this the |
| |
| day of1903. Post-office |
| The state of the s |
| Notz.—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 X/1/1/67 Lis |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made by |
| him in his said affidavit are true, and I know 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 of1903. |
| Tame 1 |
| your } |
| |
| Norte.—Fill all blanks and of Company and Regiment. |

POWER OF ATTORNEY.

| at. | Structure and the With | l receip | a JA | Mark | sion p | of | ereon, | nd an | d seal | l, this | | here | oby au | |
|-------------------------------|------------------------|----------|-------------------|-------|--------------------|-------------|--------------------|---------------|-------------|---------|------------------|--------------------------|-------------------|--|
| - 1 | Executed 129 É | | | | | | | | | | | | | |
| (FOR THOSE ALREADY ENROLLED.) | N. 825- | DISABLED | SOLDIER'S PENSION | 1904. | Named and Miles I. | County & Sh | Co. 13 Regiment If | Disability 1: | Amount, \$V | | JOHN W. LINDSEY. | Commissioner of Pensions | WARRANT HANDED TO | Ge. W. Harrison, State Pr nier, Allanta, |

POWER OF ATTORNEY.

| STATE OF GEORGIA | . } | | | | |
|----------------------------|------------------|----------------------|----------------|--------------------------|---------------|
| GH6 | COUNTY. | | | | |
| 001 | Il Mari | in | | _hereby aut | horize |
| , John Andl | ny | of. | | | 10.0 |
| to receive and receipt for | the pension pa | id hereon, an | nd request the | at he remit s | ame to |
| Eur . | | _by. | | | p (in company |
| at. | | | | | |
| In WITNESS WHEREON | r, I have hereun | to set my ha | and and seal, | this. | |
| day of Sam | 1905. | | | | |
| oces occo ge ze | | lesse | 1101 | new, to | _[L. 8.] |
| Executed in the p | resence of | / | | | |
| 2 Tira | m | | | | |
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| - | • | | ' 16 " | 15 | 1.8 |
| ALE S | | \ | 1905 | sions. | |
| | | X | | C. mmissioner of Persion | 1 |
| | 1.5 | | XX. | missioner of HANDED TO | 8 5 |
| 4 2 2 2 2 | 10 14 | пеп | , di | AND | 1 |
| ALREADY ENR | 5 5 | F.A. Regiment | . 83 | T H | 31 |
| 1 * 4 10 0= | 13 16 | p _ | JAN 23 | KAN | \$ |
| No. DIS | 1 | J. 500 | 33 3 | VAR | 1 |
| | CX | ty (| ant, | _ | I. |
| | Name | County Co Disability | Amount, | 1 | 11 |
| | | J J | - | 1.55 | 10 10 |

EUD TUDITUTAMO MEDEMORODE TITOMEN DEBOTORO

| TOR APPLICANTS HERETUPORE ALLOWED PENSIONS. |
|--|
| STATE OF GEORGIA, Personally appears County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of Marzeany 184/; that he enlisted in the military service of the Confederate States (or of the State of One of State of State of One o |
| |
| Deponent makes application for the pension to which he is entitled for the year ending October 26th 1804. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1903. |
| Sworn to and subscribed before me, this the day of the surface of the wound or character of disease which causes the disability, and explain perfectively the extent of the disability resulting from the wound or disease. |
| STATE OF GEORGIA, County. |
| Ordinary of said County, do certify that I am well acquainted with ferrial Herrica. Herrica the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1994. |
| ber Ordinary LA County. |

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, |
|--|
| COUNTY. |
| Personally appears of Morting of Coth |
| 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 184/; that he culisted in the military service of the Con- |
| federate States (or of the State of |
| States, and served as a free a in Company of The Regiment |
| States, and served as a forest of in Company of the Regiment of Volunteers for the State of the Brigade; that whilst engaged in such military service in the State of on the day |
| in such military service in the State of, on the day |
| of ful, 1862, he was wounded, injured or diseased as follows: |
| of Ind 1862, he was wounded, injured or diseased as follows: an left hours, Coming John to be ampulsted |
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| Deponent makes application for the pension to which he is entitled for the year |
| ending October 26th, 1905. I have heretofore under said 1- |
| County, been allowed an invalid pension of |
| _Dollars, for the year 1904. |
| Sworn to and subscribed before me, this the day of reason 1905. |
| Post-office |
| Note State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. |
| STATE OF GEORGIA, COUNTY. COUNTY. Ordinary of said County. |
| do certify that I am well acquainted with Al Martin |
| the applicant in the foregoing affidavit, and am well satisfied that the statements and |
| by him in his said affidavit are true, and I know 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 |
| (AMI) |
| here. |
| Note -Fill all blanks and of Company and Project |
| Note -All vouchers and affidavits must bear date after January 1, 1905. |

POWER OF ATTORNEY.

| STATE OF C | GEORGIA, | } | | | |
|--|------------------------------|---|---------------|--------------------------------------|------------|
| _ Co | con Con | UNTY. | | | |
| 000 | Juny W | Morlin | | herel | y authoria |
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| to receive and | receipt for the pe | nsion paid here | on, and reque | est that he ren | nit same |
| | | by | | | |
| at | | | | | |
| IN WITS | ess Whereof, I ha | ive hereunto set | my hand and | seal, this | |
| day of | 1906. | | . 01/1 | Max | 1 |
| | , | Je. | ise // | Max | [L. 5 |
| Executed | d in the presence of | V | | | |
| XIVV. | Jann | Terr 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
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| 2 | No. | 8 | | 1906 | 1 |
| 9 | S | 1 3 | 3 | Penal | . [|
| 2 | 9 25 % | 1:3 04 | 30 | JOHN W. LINDSEY. Commissioner of Per | |
| COSE SECTION 1250 SE ALREADY E | | 1 th | -3 | OHN W. LINDSEY Commissioner of | 8 |
| 3 -7 | SABI | 22 | | W. I | |
| SE AL | $\sim \approx \approx \circ$ | 23 | 2 40 | OHN | 1 1 |
| SE N | | 7. K | 4 | 7 2 | 1 |
| Ches Sertion 1260. TOR THOSE ALREADY EMROLLED. No. 5/7 | | 2000 | bility | | 1 |

POWER OF ATTORNEY.

| STATE OF GI | BORGIA, | _County.} | | | hereby aut | horize |
|--------------------------------------|----------------------------|----------------|--|--|-------------------|---|
| to receive and | receipt for the pe | ension paid he | reon, and re | quest that | he remit s | ame to |
| day of Azz | S WHEREOF, I base | ю7. ——/ | my hand an | | s"! wV | 7 [L. 8.] |
| FOR THOSE ALREADY ENPOLLED No. 28 4 | SOLDIER'S PENSION 1907. | | Co. D. 23 rest regment. Disability Long T. Amount, 8.2 | JOHN W. LINDSEY, Commissioner of Pensions. | WARRANT HANDED TO | Gus W. Bannang, beart Printes, Arlants. |



The State of Alabama, PIKE COUNTY

PROBATE COURT

To any of the State Judges, or to any Licensed Minister of the Gospel, or to any Justice of the Peace of said County: Know Ye, That you are hereby authorized and licensed to join together in the

Bonds of Matrimony

John Logan Ella MoDaniel Given under my hand this 9th day of November,

A. D., 180x 1874.

Willia C. Wood Judge of Probate

The State of Alabama, Bike County.

WITNESS this 15th

between

John Logan and Ella McDaniel in said County

day of November 1 D xx 1874.

Judge of Probate of said County. B.A.Hill, Notary Public & Exoff, J.P. Fifty Dollars Fine for Failing to return this License.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| | of Georgia, | L |
|--|--|--|
| Co | Coun | |
| Person | ally appears M W. | orting of Cobb |
| County, State | of Georgia, who, being du | ly sworn, says on oath that he is a bona fide citize |
| and resident | of said State, and has resi | ded therein continuously ever since the |
| day of | 18; th: | at he enlisted in the military service of the Con |
| federate State | s, (or of the State of | during the war between th |
| States, and se | rved as a | in Company B, of 38 2th Regimen |
| of | Volunteers | 's Brigade; that whilst engage |
| in such milita | ary service in the State of | on the da |
| of | 194 | to the same of the |
| | Last finge | ~ |
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| Deponer | nt makes application for | |
| ending Octobe | er 26th, 1906. I have | heretofore, under said law, as a resident o |
| ending Octobe | er 26th, 1906. I have | heretofore, under said law, as a resident o County, been allowed an invalid pension of |
| ending Octobe | er 26th, 1906. I have | heretofore, under said law, as a resident o County, been allowed an invalid pension of Dollars, for the year 1906. |
| ending Octobe | er 26th, 1906. I have | heretofore, under said law, as a resident o County, been allowed an invalid pension of Dollars, for the year 1906. |
| ending Octobe | er 26th, 1906. I have | heretofore, under said law, as a resident o County, been allowed an invalid pension of Dollars, for the year 1906. |
| ending Octobe | er 26th, 1906. I have | heretofore, under said law, as a resident o County, been allowed an invalid pension of Dollars, for the year 1906. |
| Sworn to | and subscribed before me | heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905. this the formula of the post-Office Post-Office |
| Sworn to | and subscribed before me | heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905. this the post-Office Post-Office |
| Sworn to | and subscribed before me | heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905. this the post-Office Post-Office |
| Sworn to d. Soure—State Co | and subscribed before me ay of And And They e fully the nature of the wound or ent of the disability resulting from | heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905. this the post-Office Character of disease which causes the disability, and explain the wound or disease. |
| Sworn to d. Aora—State Co | and subscribed before me ay of And They follow the nature of the wound or not of the disability resulting from of Georgia, County | heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905. this the post-Office Character of disease which causes the disability, and explain the wound or disease. |
| Sworn to d. Anra-State State C | and subscribed before me ay of Andrew for the disability resulting from of Georgia, Coun | heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905. this the post-Office Character of disease which causes the disability, and explain the wound or disease. Ordinary of said County |
| Sworn to Anra State State C | and subscribed before me ay of Andrew e fully the nature of the wound or ont of the disability resulting from Of Georgia, Coun | heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905. this the post-Office Character of disease which causes the disability, and explain the wound or disease. Ordinary of said County the |
| Sworn to Arra-State State I, o certify that he applicant in | and subscribed before me ay of Andrew fe tally the nature of the wound or out of the disability resulting from Of Georgia, Coun I am well acquainted with the foregoing affidavit, | heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905. this the post-Office Character of disease which causes the disability, and explain the wound or disease. Ordinary of said County the and am well satisfied that the statements made |
| Sworn to d. Sora State C I, o certify that the applicant in the spolicant in the spolic | and subscribed before me ay of Andrew fe tally the nature of the wound or out of the disability resulting from Of Georgia, Coun I am well acquainted with the foregoing affidavit, | heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905. this the post-Office Character of disease which causes the disability, and explain the wound or disease. Ordinary of said County the and am well satisfied that the statements made |
| Sworn to d. Sworn to Arra-State State I, o certify that the applicant in y him in his s b be, and that I | and subscribed before me ay of Andrew ce fully the nature of the wound or ent of the disability resulting from Coun I am well acquainted with the foregoing affidavit, said affidavit are true, and the resides in this County. | heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905. this the Joseph Ollars Ollars Ollars, for the year 1906. Post-Office Character of disease which causes the disability, and explain the wound or disease. Ordinary of said County the and am well satisfied that the statements made I know he is the individual he represents himself |
| Sworn to di State C I, do certify that the applicant in the sy him in his so be, and that I | and subscribed before me ay of Andrew Country and subscribed before me ay of Andrew e fully the nature of the wound or ent of the disability resulting from Country I am well acquainted with the foregoing affidavit, said affidavit are true, and the resides in this County. | this the Post-Office Character of disease which causes the disability, and explain the wound or disease. Ordinary of said County the and am well satisfied that the statements made I know he is the individual he represents himself guature and seal, this. |
| Sworn to di State C I, do certify that the applicant in the sy him in his so be, and that I | and subscribed before me ay of Andrew of Georgia, Coun I am well acquainted with the foregoing affidavit, said affidavit are true, and the resides in this County. Given under my official si | heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905. this the Post-Office character of disease which causes the disability, and explain the wound or disease. Ordinary of said County the and am well satisfied that the statements made I know he is the individual he represents himself gnature and seal, this |
| Sworn to di State C I, do certify that the applicant in the sy him in his so be, and that I | and subscribed before me ay of Andrew of Georgia, Coun I am well acquainted with the foregoing affidavit, said affidavit are true, and the resides in this County. Given under my official si | heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1905. this the Jose Monare 1906. Post-Office Character of disease which causes the disability, and explain the wound or disease. Ordinary of said County the and am well satisfied that the statements made I know he is the individual he represents himself guature and seal, this. |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

| State o | f Georgia, | 1 | |
|---------------------|--|--|----------------------|
| O. | Georgia, County. Iy appears H Georgia, who, being duly sw | } | |
| | County. | 1 7. | ð |
| Personal | y appears | crem _ of _ to | esa |
| County, State o | f Georgia, who, being duly sw | orn, says on oath that he is a b | ona fide citizen |
| | | nerein continuously ever since t | |
| day of | .18 ; that he | enlisted in the military servi | ce of the Con- |
| federate States | or of the State of |) during the w | ar between the |
| States, and serv | red as a | in Company B, of 38 | th Regiment |
| of. | Volunteers | _'s Brigade; that | |
| in such military | service in the State of_ | , on th | |
| of | 186 , he | was wounded, injured or disea | sed as follows: |
| | Eval. To | was wounded, injured or diseas | |
| | | | |
| | | | |
| | | | |
| | | * | |
| | | 2 | |
| | | | |
| | 13.00 | etofore, under said law, as County, been allowed an inve Dollars, for the year 1906. | alid pension of |
| Sworn to day | and subscribed before me, the | Postoffice | Mayl |
| Note.—State i | ully the nature of the wound or cha of the disability resulting from the w | racter of disease which causes the dise wound or disease. | sbility, and explain |
| | Georgia, County. | Ordinary o | of said Country |
| | / | enie H Marle | |
| the applicant in | the foregoing affidavit and | m well satisfied that the state | <u> </u> |
| ov him in his sa | id affidavit are true, and I kn | ow he is the individual he repr | ements made |
| o be, and that h | e resides in this County. | ow he is the individual he repr | esents nimself |
| | Given under my official signat | ture and seal this 8 | |
| | ay of Jezzy | 1907. | |
| | i/ | John July | |
| AM2 your scal | 6 | 11/11 | County. |
| | Nors Fill all blanks and of O | ompany and Regiment. | |

Nors. -- All vouchers and amidavits must bear date after January 1st, 1937.

| 3 | Company 13 Regiment of Fa Lifting | Soldier's Application. WADER ACT 1910. COUNTY COLL | Confederate | Cola Carphorha |
|---|-----------------------------------|--|-------------|----------------|
| | ī | ř | | 79/3 |

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

| Questions for Applicants to Answer. |
|--|
| STATE OF GEORGIA, |
| County |
| of said State and County, hereby applie |
| of the pension provided by Act of 1910, to Confederate Solidiers, and submite his seworn statement, withis testimony to make out the same, and after being duly sworn true answers to make to the question propounded, answers as follows, to wit: |
| 1. What is your name and where do you reside? (Give County and Post office) |
| 2. How long and stace when have you been a continuous resident citizen of this State? |
| 3. Did you emist in the Army of the Confederate States or of the Organized Militia of this Stat |
| 4. When any where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) 16. 6. 1/865. Million 6. 5a. 6. 16. 18. 1. |
| 5. How long Aid you remain in the actual Military Service with said Company and Regiment |
| When and where was your Company and Regiment surrendered or discharged from the Service |
| 7. Were you actually present with your Command when it was surrendered or discharged? |
| 18. If you were not actually present, state specifically and clearly where you were I areas |
| a. Where was your command when you left it? Spalaelvama Coul |
| b. When did you leave the Command? They 1864 |
| c. For what cause did you leave? |
| d. By whose authority did you leave? |
| c. 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? |
| It so, when, and where? In what prison were you held and when were you released? |
| of the trans due to Meroland. March 20-1865- |
| What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the Nov. 1908? (Make list by items and when.) |
| 60 agres of Frank Value 1200 |
| 1 Acres 11 25- |
| / Con V Wagon 4 60 |
| 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? |
| The same and the what price The same |
| 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). |
| |
| orme propore now of Jame Vally |
| 12. What appual or monthly income or easiling of several form |
| ou? |
| 13. Are you drawing a pension of any amount from this State or the United States? |
| 14. Have you ever applied for the Georgia-Dension and had it refused? and for what cause it was |
| or allowed the how drawing to for live of frager from the |
| Sworn to and subscribed before me, this the |
| 26 Jugg Cart 1012 |

OUESTIONS FOR WITNESS AS TO SERVICE

| ATE OF GEORGIA, | |
|--|--|
| | |
| County. | |
| I & Hanol | of said State and County is hereby presente |
| a witness in support of the application of | |
| | rn true answers to make to the questions propounde |
| wers as follows: | · |
| A. What jawour name and where do you resi | de Morrelly Cabala |
| (& Dagood | |
| 2. How lone and since when have you know | Jessie Montin the applicant |
| er 1862 | / |
| 3. Where does he now reside, and since when | has he been a bona fide, continuing resident in thi |
| se and how do you know? Cobb Com | ing ba liver Binge & |
| new huar | |
| 4. When, where and in what Company and Res | giment die fleue Mondin enlist during |
| from 1861 to 1865? (Give date and place). Just | 7 1862, Samuel So G. D 38 9, |
| 5. How did you obtain your information of the | |
| | |
| 6. How long within your own personal know | rledge did he perform actual military service with |
| Company and Regiment? (give date | |
| | dered or discharged (give date and place) apric |
| phomather | and place). |
| S. Were you personally present at the Surrende | or no |
| 9. If not, where were you and how came you th | 0 - 1 - 1 |
| r Iwas Sent prison lesses 7 | 7 111 |
| 10. Was the applicant personally present with | his Command at a Standard Command |
| 11. I not where was he and how came him there | agrice dintil after the wor |
| The state of the s | |
| 12. When did be feave his Command? | - W |
| | |
| | what cause did he leave? |
| | nd how |
| | How do you know |
| at you have stated to be true? If of your own kno | wienge (reit clearly and specifically) |
| 12 1- 1- 1 | The second secon |
| 13. In what way was he prevented from returning | |
| do you know? | The second secon |
| | nmand and how do you know? |
| 14. What effort shd he make to return to his Com | |
| | |
| 15. Was applicant captured as a prisoner | If so, when and where? |
| 15. Was applicant captured as a prisoner | |
| 15. Was applicant captured as a prisoner | |
| 15. Was applicant captured as a prisoner | |
| 15. Was applicant captured as a prisoner | |

| AFFIDAVIT OF TWO FREEHOLDERS. |
|--|
| STATE OF GEORGIA. County. Personally before me comes and the state of the state o |
| 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 gash value by wit: (Make List by Hanse and value.) |
| 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.) |
| 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 was made of the proceeds of the sale? 8. Was the disposition was made of the proceeds of the sale? 8. What the disposition was made of the proceeds of the sale? 8. What the disposition was made of the proceeds of the sale? 8. What the disposition was made of the proceeds of the sale? 8. What the disposition was made of the proceeds of the sale? 8. What disposition was made of the proceeds of the sale? 8. What disposition was made of the proceeds of the sale? 8. What disposition was made of the proceeds of the sale? 8. What disposition was made of the proceeds of the sale? 8. What disposition was made of the proceeds of the sale? 8. What disposition was made of the proceeds of the sale? 8. What disposition was made of the proceeds of the sale? 8. What disposition was made of the proceeds of the sale? 8. What disposition was made of the proceeds of the sale? 8. What disposition was made of the proceeds of the sale? 8. What disposition was made of the proceeds of the sale? 8. What disposition was made of the proceeds of the sale? 8. What disposition was made of the proceeds of the sale? 8. What disposition was made of the sale? 9. What dispos |
| ORDINARY'S CERTIFICATE. |
| STATE OF GEORGIA. —County. —County. Ordinary of said County, certify that I know the applicance of the person he represents himself to be and resides in said County. That lates know the person he represents himself to be and resides in the witness swearing to the |

| STATE OF GEORGIA, | |
|--|---|
| County. | |
| & M. Janu | Ordinary of said County, certify that I know |
| the applicant A Martin for Pepaion | the person he represents himself to be and resides in |
| said County. That I also know A | the witness swearing to the |
| service and Land Milia 100 | who are freeholders, that |
| they are Wresidents of said County and were du | ly sworn by me before signing the foregoing affidavit and |
| 44 . 1. 1 | entitled to full faith and credit. That the |
| | shows the Manual and wife |
| value for tax is in 1908 \$ 750 | |
| Sworn under the hand and official seal of | office this 26 day of Oct 1912 |
| Minn | Ordinary, |
| <i>(</i> ` | County. |
| NOTES 1. Before any questions are answered the Ordin | nary shall swear applicant and all witnesses in the following words |

before any questions are answered the Ordinary shall sware applicant and alliwitnesses in the following words. "You do solemning swear that you will true answers make to each question skied you and the evidence you shall give shall be the whole truth; so help you God."

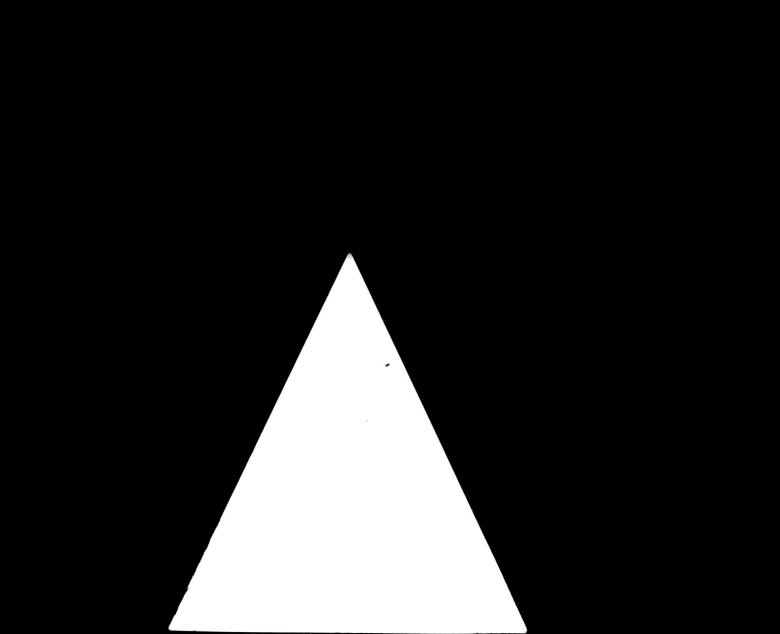
All affidavits must be my be ackeded it plants appear are insufficient.

All affidavits must be my be ackeded it plants appear are insufficient.

If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

| | | | e e | |
|---|----------------|---|--|--|
| , | [©] О | • | | |
| | | | The State of Alabama Pike County PROBATE COURT | 7 |
| • | | | AND | |
| | • | | | |
| | | | Marriage License and Certificate | |
| | | | Received and filed thisday of | TATE OF ALABAMA, PIKE COUNTY, J. G. Key, Judge of Probata for said Co- |
| | i | , | Judge of Probate. | us and correct copy of A corre |
| | - | | Recorded Vol | Wypess my hand, this & 7 day of |

ē



To Be Put on Roll in Her Own Right When Husband Was on the Pension Roll of Georgia. Regiment 39-aca Date of Husband's Death acces 3 1929 Date of Marriage Leph 26 Approved John W. Black

Pension Commis

By Lyangant W. amos

C. E. McGREGOR.

GEORGIA

COUNTY

Ordinary's

Certificate

she represents herself to be, and that she is continuously a bona fide resident of said County since the applicant for pension; that she is the person Ordinary of said County, do certify that I

and credit davits, and that they are truthful and trustworthy and their statements are entitled to full faith marriage, and that both the foregoing were duly sworn by me before signing the respective affi-

1st, 1920; that I also know ?

the witness as to

Given under my hand and (SEAL OF ORDINARY) official seal of office thi 192

shall swear applicant and the make to each of the questions od." you and the evidence

must be made before the Ordinary of the County of residence.
who are married prior to first January, 1881, are entitled,
fied copies of marriage license if obtainable. If not, prove marriage, by some person, or by gen-

of Disabled Pens

sioners must use the Blue Application Blank and state and Disabled Pensioners made no proof of service and were no

il term of hus-

Commissioner of Pensions. 8-29-296

august 9, 1929 This is to certify that I was an attendant at the marriage of Henry H. Logan and Kins aunth, Cobb Co. Genzi The Rev. Robert Milner was the officiating minis Miss Laura Gragg, Miss Mannie won to and subscribes M. all From 2 Me, August 9-1929 DIColins Hotory Paulie AUGUST 28.1929. (ou (ruity Ja There is no marriage record of above named parties to be found.

dinary, cobb County.

Ordinary's Certificate COUNTY. Ordinary of said County, do certify that I know Mrs leavily Reauforh Lo jan the applicant for pension; that she is the person she represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1920; that I also know J. M. Evatt marriage, and that both 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. Given under my hand and official seal of office this 26 day of guguet, 1929.

(SEAL OF ORDINARY)

Instructions.

Instructions.

Instructions.

Instructions are an experient to the Ordinary shall swear applicant and the witness in the following words:

You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God.

Additional affidavits may be attached if blank spaces are insufficient.

Additional affidavits may be attached if blank spaces are insufficient.

Only widows who are married prior to first.

Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reportation. Instructions.

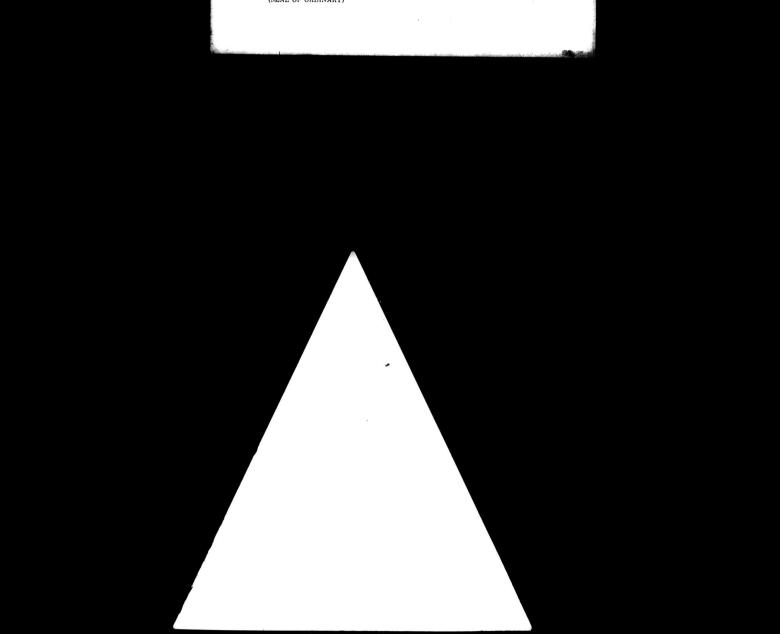
eral reputation.

Wilcows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because Disabled Pensioners made no proof of service and were not required to do so.

APPLICATION FOR PENSION BY A WIDOW

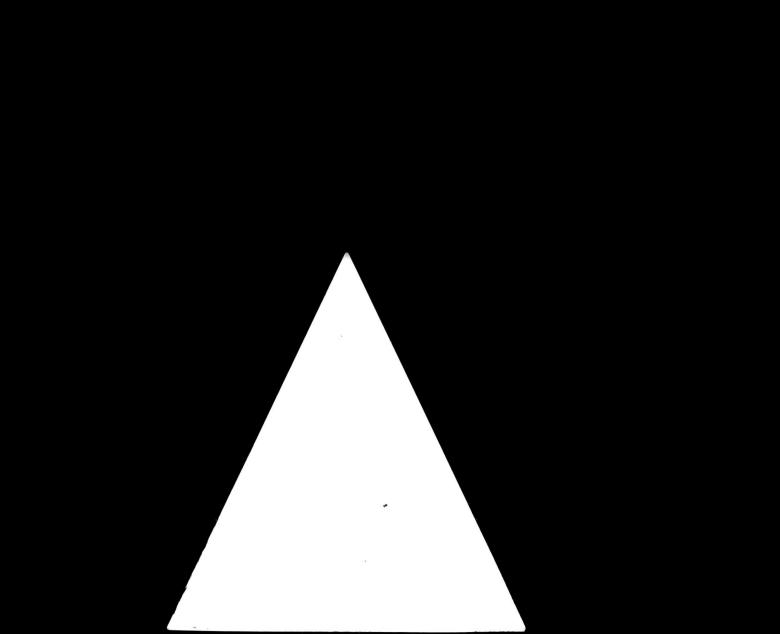
Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be Used by the Widow of a Disabled Soldier Pensioner.)

| STATE OF GEORGIA, | |
|---|--|
| County. | |
| Personally before me comes Mrs Enruly Logada of said County, | |
| who, after having been duly sworn, says that she is the widow of | |
| to whom, in the County of State of she was married on | |
| the 26 day of Seft. 1869, and that she remained his wife, and resided with him to | |
| the date of his death in august 370 1929 and that she has not since his death remarried; at | 4 |
| the time of his death he was a resident of County, in said State | 3 |
| of Georgia, and he was on the Service Pension Roll of the State and paid a pension | 1 |
| of \$200 in Cold . County for 1928 (per annum), on account of being a soldier in | |
| Company I Regiment 6 L La. Covely (Volunteers or State Militia). | |
| That she is now a bona fide resident citizen of only State of the and she has, continuously, resided there since day of 19 | |
| has, continuously, resided there since day of 19 | |
| Sworn to and subscribed before me, this the | |
| 24 day of flygust 1929 | |
| M Sam Ordinary Mers Carnily Logan. | |
| of County. (Applicant) | |
| (SEAL OF THE ORDINARY.) | |
| | |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. | |
| STATE OF GEORGIA, | |
| County. | |
| Personally before me comes J. W. Evatt known to be | |
| a responsible and truthful person, residing in said County, who after having been duly sworn, says | |
| that of deponent's own personal knowledge, Mrs. Sund Rogar , who made the foregoing | |
| affidavit, is the lawful widow of HH Lagon who died in Cobb | |
| County in said State of 2 on the 3 day of august 1929, | |
| and that she has not since remarried; that she became the wife of HH Rogor on | |
| the 36 day of 1869; that she and he had resided together as husband | |
| | 1 |
| | 3 |
| and wife, continuously, since 26 day of Seft 1864, and that he was the same man who was on the pension roll of said State from Celk | 1 |
| and wife, continuously, since 26 day of Sept 1869, and that Re | Townson or the control of the contro |
| and wife, continuously, since 26 day of Sept /862, and that he was the same man who was on the pension roll of said State from Gelk | on Parameters |
| and wife, continuously, since 26 day of Suff /864, and that have was the same man who was on the pension roll of said State from Colk County when he died. Sworn to and subscribed before me, this the | The second second |
| and wife, continuously, since 26 day of Sept 1842, and that he was the same man who was on the pension roll of said State from Coll. Sworn to and subscribed before me, this the Land day of Guyurt 1922 of 16 2 M | Cont. The second |
| and wife, continuously, since 26 day of Suff /864, and that he was the same man who was on the pension roll of said State from Colk County when he died. Sworn to and subscribed before me, this the 26 day of Guyant 1922 411 for the | |



| STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Mr. Of the Courty of having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for Leg Clessified to receive the sum of Dollars | |
|---|----|
| of the Courty of having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for | |
| of having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for | |
| 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 | |
| approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for | |
| | |
| Leg disables | |
| -1.11 | |
| 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 on this voil her to | |
| Executive Department for warrant. | m, |
| By the Governor. SEC'V EXECUTIVE DEPARTMENT. | |
| * 105 0 | |
| RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia. | |
| per above voucher, this 14 of 16 1891. John Marijes P. P. P. D. | |

CLAY & BLAIR, Marvella Ba, mich the 1892 Geofia, Both loo Purnally appeared before the underigned on & I selected A. A. Sobie who being duly sworn on out Says they each una Sam' 7. Mayes and han known him since the war. he has shot in the leg- the leg sums to have been effected with the gan some has larply perished away from the une up to the hip this legis much smaller than the other this les suns to have my little flush on it - it slift brighently becomes a running som, the said Mayer links on the leg, was a rich and from the appearance of the leg it is constant? felling unsel supmeller regard to beg an Autotantially o usually unders Serom to and subscribed ful Stone 1892. A Hay , Alder h. b. Only L. A. Goler, M.D.



0.1x. fer 1921 Confederate Soldier's Application. UNDER ACT 1910. Name J. F. Mason J. W. LINDSEY,

Applicant must make a more complete statement of the preparty exact by his wife Nov. 4th 1905 what preparty was made deeds, and what was done with the meney and to when was deeds made. APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910. when other property was bought separating the property of wife from that of husband, and in what way wife derived title. ?? Pension office-11-24-1914

J.W Lindsty Com of Pensions Questions for Applicants to Answer. STATE OF GEORGIA. Suga Amond and state and prove if his command was company "A" let Ca. Cavalry and the State Troops, or Healtha. Two was the Colonel of the Register. The state fully and clearly all the facts and prove them to be true. for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with the testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, asswers as follows, to writ:

What's you're due and where the you reside? (Give Coupty and Post-office) J. W. Lindsey, Commissioner Of Pensions, Lilly Sourna toth 3. Did you entit in the Army of the Confederate States or of the Organised Militia of this State When any where, and in what Company and Regiment did you enlist! (Give the arm and class) 5./ How long did you semain in the actual Military Service with said Company and Regiment!

(Give date of discharge) And Andrew Company and Regiment surrendered or discharged from the Service?

1. When and where was your Company and Regiment surrendered or discharged from the Service? UNDER ACT 1910 Confederate May 1865 Kingston &g. Application 7. Were you actually present with your Command when it was surrendered or discharged? 8. If you were not actually present, state specifically and clearly where you w musen was your Command when you left it? Pay rolled and der fander When did you leave the Command? They 1865 c. For what cause did you leave?.. whose authority did you leave?.... For how long was your leave granted? In what way? Why did you not return to your Command after leave expired?.. g. In what way were you prevented? h. What effort did you make to return? Were you captured during the war? MA j. If so, when, and where? In what prison were you held and when were you released? 11. What property of any description of any kind, and of any value now owned and in the use, your Int on the 1000 drawn 18. Are you drawing a pension of any amount from this State or the United States! 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was

enlistment 298 and discharged at the end of the "ar as stated in his. Penaton office 12-10-1910 Must submit some testimony to prove his J.W.Lindsey Com Of Pens. Confederate application. The witness presented knows nothing of this. Soldier's Application. UNDER ACT 1910.

| | APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910. |
|--|---|
| | Questions for Applicants to Answer. |
| | STATE OF GEORGIA, County. County. of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his seven statement, with his testificary to make out the same, and after being duly seven true answers to make to the questions prongunded, answers as follows, to wit: (Give County and Post-office). How long and sings when have you been a continuous resident citizen of this State? |
| Confederate Soldier's Application. UNDER ACT 1910. COMPANY COMPANY COMPANY ADPROVED A N. LINDSEY. COMPANY COMPANY ADPROVED ADRIAN PRINCE ALIQUE COMPANY ADPROVED ADRIAN PRINCE ALIQUE COMPANY ADPROVED ADRIAN PRINCE ALIQUE ADRIAN PRINCE ALIQUE COMPANY ADRIAN PRINCE ALIQUE ADRIAN PR | 3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865. 4. When you were and in what Company and Segiment did you enlist? (dive the arm and classes of Services) the state of Services where and in what Company and Segiment did you enlist? (dive the arm and classes of Services) the state of discharged from the Service? 5. How long flid you remain in the actual Military Service with said Company and Regiment? 6. When and where was your Command when it was surrendered or discharged? 7. Were you actually present with your Command when it was surrendered or discharged? 8. If you were not actually present state specifically and clearly where you were. 1. Where was your Command when you left it? 2. Where was your Command when you left it? 2. When did you leave the Command? 3. When did you leave the Command? 4. By whose authority did you leave? 5. For what cause did you leave? 6. What offort did you make to return? 1. Were you captured during the war. 1. Were you captured during the war. 1. Were you captured during the 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.) 10. What property of any kind have you disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? 11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and its cash value? (Make itemized list). |
| | 12. What annual or monthly income or earnings of yourself and the source derived have you? 13. Are you drawing a pension of any amount from this State or the United States? (IV) 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? |
| | Sworn to and subscribed before me, this the day of Detyther 1970 Ordinary of County. |

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

| | County. | |
|------------------|--|--------------------|
| (40) (1) (1) (1) | of said State and County | |
| as a with | itness in support of the application offor the | he pension provide |
| | Act of 1910, in said State, and after being sworn true answers to make to the qu | uestions propounde |
| | s as follows: | |
| 1. | What is your name and where do you reside? | |
| 2. | 2. How long and since when have you known | the applicant |
| 3. | 3. Where does be now reside, and since when has he been a bona fide, contin | |
| State am | and how do you know? | |
| | | |
| 4. | 4. When, where and in what Company and Regiment did | |
| | m 1861 to 1865? (Give date and place) | |
| | 5. How did you obtain your information of this Service? | |
| | | |
| | How long within your own personal knowledge did he perform actual management and Regiment? (give date) | 0.05 (200) (200) |
| | When and where was his Command surrendered or discharged (give date a | nd place) |
| 8. | S. Were you personally present at the Surrender? | |
| 9. | to the state of th | |
| 10. | Was the applicant personally present with his Command at surrender? | |
| | . If not where was he and how came him there? | |
| | . When did he leave his Command? | |
| | left it? | |
| | | |
| | is he granted leave? | |
| | you have stated to be true? If of your own knowledge (Tell clearly and specifica | |
| 13 | . In what way was he prevented from returning to his Command? | |
| | you know? | |
| 14. | | |
| 15. | . Was applicant captured as a prisoner | |
| | In what prison was he held? | |
| | worn to and subscribed before me, this the | |
| | day of | |
| | Ordinary | |
| | Ordinary, | |

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

| | who on oath |
|--|--|
| says that they are freeholders residing in said County and we is | tnow |
| 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 aw | The transfer of the contract o |
| (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 se | |
| 6. Was the disposition of this property made in good | |
| or was it made to obtain a pension? | |
| Sworn to and subscribed before me, this the | * |
| day of 191 | |
| uay or | • |
| Ordinary | i |
| of | County |
| | The state of the s |
| ORDINARY'S CERT | IFICATE |
| | 110712. |
| STATE OF GEORGIA, | |
| Colla County. | |
| am G | |
| Im Game on | dinary of said County, certify that I know |
| he applicant & Haying for Pension is the person ! | e represents himself to be and resides in |
| | |
| | |
| aid County. That I also know | the withess swearing to the |
| | |
| ervice and | who are freeholders, that |
| ervice and | who are freeholders, that be before signing the foregoing affidavit and |
| ervice and | who are freeholders, that before signing the foregoing affidavit and ntitled to full faith and credit. That the |
| ervice and | who are freeholders, that before signing the foregoing affidavit and ntitled to full faith and credit. That the ws that |
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| ervice and | who are freeholders, that a before signing the foregoing affidavit and nititled to full faith and oredit. That the was that |
| ervice and hey are all residents of said County and were duly sworn by m hey are all truthful and trustworthy and their statements are e [ax Returns of | who are freeholders, that is before signing the foregoing affidavis and nititled to full faith and credit. That the was that for 1910 \$ |
| ervice and | who are freeholders, that is before signing the foregoing affidavis and nititled to full faith and credit. That the was that |
| 2 m Varue Ordinary | who are freeholders, that is before signing the foregoing affidavis and nititled to full faith and credit. That the was that for 1910 \$ |
| ervice and | who are freeholders, that a before signing the foregoing affidavis and nittled to full faith and credit. That the was that |
| ervice and | who are freeholders, that a before signing the foregoing affidavit and nititled to full faith and credit. That the was that |

_____Ordinary,

of ______County.

J. M. GANN
ORDINARY
COBB COUNTY, GEORGIA

MARIETTA, GA., Sotster/6/1929

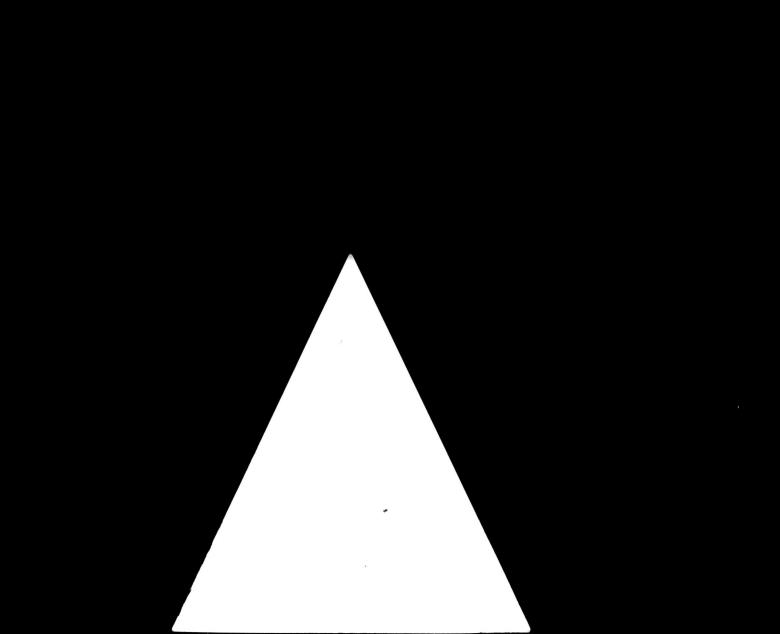
To Judge J.W. Lindsey:

Pension Commissioner of Georgia:

Personally appeared Defore the undersigned, J.F. Mayson, who being duly Sworn on Sath ways that he entered the Civil war as a private in Co.C.5th, Ca. Receives, and ii did guard duty at Macon Ca. for Six Months, and was sent to Savanah Ca. and that his Command was then trunsfered to the Confederate Service, and placed Cam. Joseph Johnsons Army, where he served until Johnson Surrebderd at Greensborough M.C. That the father of affiant lived in Earth Co.Ca. and refuged to Thomas Co.Ca. in the early Cyring of 1854 and that affiant chilisted in Thomas Co. and after the war he returned to Tarto Co.Ca. where his home was, and that he never kept up with his commades in the service, and that now he is unable to find any commade to give testimony as to his service, and ask that he records of his service be taken in lieu of proof cy witnesses.

Source to and Subspriced cofore

ordinary cost county can



pproved for WIDOW'S APPLICATION To Be Put on Roll in Her Own Right When Husband Was on the Pension Roll of Georgia. County Loob 8 Name Maria C. Eljayson Widow of J. 4 Mayron Company 6"

Regiment 5 Ban.

Date of Husband's Death Safet, 2/ 1924

Date of Marriage (4 ct 22 18 70
Approved John W. Clark
21 Ct. 16.

ORDINARY'S

CERTIFICATE

STATE OF

na Ellan COUNTY Ordinary of said County, do certify that !

uy 1st, 1920; that I also know and that they are truthful and trustworthy and that both the foregoing were sents herself to be, and that continuously a bona fide resident of said County since the applicant for pension; that she and their statements by me before signing the respective affi-, the witness as to 8 is the person full faith

Civen under my hand and official (SEAL OF ORDINARY)

Before any questions are asserted the Ordinary shall award applicant and the words: "You colombly seem that a post of the tax externs make to each of the time reference you shall give still be about 18. So help you Good."

Additional affinistic may be anti-safe but the same are insufficient to the same and the safe that the same are insufficient to the same and the same and the same are insufficient to the same and the same and the same and the same are safetimes. All artifactic mounts be made of our before to Ordinary of the county of residence. Only widers with an emrired prior to first Autoury, 1831, are writted.

Attach certified copies of marriage locates of destinations. If not, prove marriage locates of the same and the same are same and the same and the same are same as a same and the same are same are same and the same are same are same and the same are same are same and the same are same and the same are same are same and the same are same are same are same and the same are
Commissioner of Pensions. 10-7-26 8

JOHN W. CLARK,

CLARK, JOHN W.

County

ORDINARY'S CERTIFICATE

in Her

STATE OF GEORGIA

WIDOW'S PProue

COUNTY. Ordinary of said County, do certify that I ca 6 May acr , the applicant for pension; that she is the person she represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1920; that I also know , the witness as to

marriage, and that both 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.

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

Instructions.

- 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You 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.
- 8. All affidavits must be made before the Ordinary of the county of residence.
- 4. Only widows who are 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.

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia.

| COUNTY. | |
|--|--------------------------------------|
| Personally beforesme comes Mis Maria & May am of Jain | |
| who, after having been duly sworn, says that she is the widow of A H May A | m |
| to whom, in the County of Authoric State of State of she was m | narried on |
| the 25 day of Oclober 187C, and that she remained his wife, and resided with | th him to |
| the date of his death in 1924 and that she has not since his death rem | arried; at |
| the time of his death he was a resident of County, in a | |
| of Georgia, and he was on the Service Pension Roll of the State and paid | a pension |
| of \$/50 in Cobb County for 1926 (per annum), on account of being a | soldier in |
| Company Regiment 5 (Volunteers or State | |
| all her bye 79 years | and she |
| Sworn to and subscribed before me, this the | |
| and a To | |
| 2) day of October , 19 26 | |
| Harry Ordinary Tharra Capplicant | ĸ |
| of County. | |
| (SEAL OF THE ORDINARY.) | |
| | |
| Affidavit of Witness to Prove Marriage and Date of Death of Husb | and. |
| STATE OF GEORGIA. | |
| | |
| Good COUNTY X | |
| County. | own to be |
| Personally before me comes Merrin honden kno | |
| Personally before me comes Merron hunder kno a responsible and truthful person, residing in said County, who after having been duly sw | orn, says |
| Personally before me comes. Merron house kno a responsible and truthful person, residing in said County, who after having been duly sw that of deponent's own personal knowledge, Mr. Merra C. Manyake, who made the fo | orn, says |
| Personally before me comes. Merrin hunder known a responsible and truthful person, residing in said County, who after having been duly sw that of deponent's own personal knowledge, Mrallerra Collarysa, who made the faffidavit, is the lawful widow of A Many some who died in County who died in County who died in County is the lawful widow of A Many some who died in County who died in County is the lawful widow of A Many some who died in County is the lawful widow of the county is the cou | orn, says |
| Personally before me comes. Merrin hunder kno a responsible and truthful person, residing in said County, who after having been duly sw that of deponent's own personal knowledge, Mralleria College, who made the faffidavit, is the lawful widow of A May some who died in County in said State of Sapti | orn, says |
| Personally before me comes. Merrow how have known a responsible and truthful person, residing in said County, who after having been duly sw that of deponent's own personal knowledge, Mra Merra Collarysta, who made the faffidavit, is the lawful widow of the lawful wi | orn, says |
| Personally before me comes. Merrow how have a responsible and truthful person, residing in said County, who after having been duly sw that of deponent's own personal knowledge, Mray Maria Elliumes, who made the faffidavit, is the lawful widow of | oregoing Coregoing 19 on husband |
| Personally before me comes. Merrow how have a responsible and truthful person, residing in said County, who after having been duly sw that of deponent's own personal knowledge, Mray Maria Elliumes, who made the faffidavit, is the lawful widow of | oregoing 19 2 0 on husband |
| Personally before me comes. Merrow house has a responsible and truthful person, residing in said County, who after having been duly sw that of deponent's own personal knowledge, Mr. Merra Chinage, who made the faffidavit, is the lawful widow of the day of Before and that she has not since remarried; that she heacame the wife of the day of 18; that she and he had resided together as and wife, continuously, since day of 19, and that was the same man who was on the pension roll of said State from | oregoing 19 2 0 on husband |
| Personally before me comes. Mervin having been duly sw that of deponent's own personal knowledge, Mra Maria Chllands, who made the faffidavit, is the lawful widow of the day of Buffi and that she has not since remarried; that she became the wife of the day of 18 ; that she and he had resided together as and wife, continuously, since day of 19 , and that was the same man who was on the pension roll of said State from County when he died. | oregoing 19 2 0 on husband |
| Personally before me comes. Merry Market having been duly sw that of deponent's own personal knowledge, Mrs. Merry who after having been duly sw that of deponent's own personal knowledge, Mrs. Merry who made the faffidavit, is the lawful widow of the day of Superior on the day of Superior on the day of Superior of the day of 18 ; that she and he had resided together as and wife, continuously, since day of 19 , and that 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 | oregoing 19 2 0 on husband |
| Personally before me comes Merrow Mondan kno a responsible and truthful person, residing in said County, who after having been duly sw that of deponent's own personal knowledge, Mr. Mary Charles, who made the faffidavit, is the lawful widow of the day of Berton who died in County in said State of an on the day of the died. Sworn to and subscribed before me, this the day of the day | oregoing 19 2 0 on husband |
| Personally before me comes. Merrow Monday kno a responsible and truthful person, residing in said County, who after having been duly sw that of deponent's own personal knowledge, Mr. Mary County who made the faffidavit, is the lawful widow of the day of Buffel who who died in County in said State of the day | oregoing 19 2 0 on husband |
| Personally before me comes Merrow house kno a responsible and truthful person, residing in said County, who after having been duly sw that of deponent's own personal knowledge, Mr. Mars Charles, who made the faffidavit, is the lawful widow of the day of Before who died in County in said State of the day of | oregoing 19 2 0 on husband |

| That she is pow abona fight resident citizen of said State of said State of sworn to and subscribed before me, this the day of sworn to and subscribed before me, this the day of county. (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY. Personally before me comes. COUNTY. When to deponent's own personal knowledge, Mrs. Marriage and County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Marriage and County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Marriage and County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Marriage and County, who made the foregoing affidavit, is the lawful widow of the day | That she is now alone for resident citizen of said State of and she has, continuously, resided there since day of 19 Sworn to and subscribed before me, this the day of County. (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA, COUNTY. Personally before me comes Morriage and Date of Death of Husband. sa responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Marriage and Date of Death of Husband. State of on the day of the da | That she is now a sons fider periodent citizen of said State of the st | That she is now should be resident citizen of said State of and she has, continuously, resident before me, this the swing state of the | That she is now a hone fee resident citizen of said State of has, continuously, resided there since day of 19 Sworn to and subscribed before me, this the day of County. (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband STATE OF GEORGIA, COUNTY. Personally before me comes Marriage and County, who after having been duly sworn, a responsible and truthful person, residing in said County, who after having been duly sworn, a fidavit, is the lawful widow of the day of Sufficient who died in County in said State of Ja on the Lawful widow of the day of James and what she has not since remarried; that she bacame the wife of the day of 18. ; that she and he had resided together as husbrand wife, continuously, since day of 19, and that 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 2 day of Oslabar 1924. |
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| Sworn to and subscribed before me, this the Sworn to and subscribed before me, this the County. (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY. Personally before me comes Marriage and Date of Death of Husband. STATE OF GEORGIA, COUNTY. Personally before me comes Marriage and County, who after having been duly sworn, says that of deponent's own personal knowledge, Marriage Marriage, who made the foregoing affidavit, is the lawful widow of Mary who died in County in said State of on the day of that she has not since remarried; that she became the wife of on the day of that she has not since remarried; that she became the wife of on the day of the day of that she pension roll of said State from County. Sworn to and subscribed before me, this the day of County or County. When he died. Sworn to and subscribed before me, this the day of County. County. County. County. | Sworn to and subscribed before me, this the Sworn to and subscribed before me, this the County. (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA, COUNTY Personally before me comes COUNTY Personally before me comes COUNTY Personally before me comes, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mralleria County, who made the foregoing affidavit, is the lawful widow of County in said State of and that she has not since remarried; that she became the wife of and wife, continuously, since day of Sworn to and subscribed before me, this the Gay of County. County. When he died. Sworn to and subscribed before me, this the County. | Sworn to and subscribed before me, this the County of County. Affidavit of Witness to Prove Marriage and Date of Death of Husband. TATE OF GEORGIA. Personally before me comes. May be and truthful person, residing in said County, who after having been duly sworn, say hat of deponent's own personal knowledge, Mralleria County in said State of Ja on the Lay day of Super in the day of Japan who died in that she has not since remarried; that she became the wife of on the Lay and that may be and the foreign of the county in said State of Japan on the Lay and the said County who died in County in said State of Japan on the Lay and the said of the day of Super in the same man who was on the pension roll of said State of Japan on the Lay and that 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 Ordinary County. (SEAL OF ORDINARY) | has, continuously, resided there since Sworn to and subscribed before me, this the Aday of October 1924 Ordinary (Applicant) (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY Personally before me comes. Many Mary Library Who died in County who died in County in said State of on the County | Sworn to and subscribed before me, this the Sworn to and subscribed before me, this the County (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband STATE OF GEORGIA. COUNTY Personally before me comes Marriage And County, who after having been duly sworn, a a responsible and truthful person, residing in said County, who after having been duly sworn, a that of deponent's own personal knowledge, Mrs. Marria C. Maryla, who made the forego affildavit, is the lawful widow of County in said State of And that she has not since remarried; that she became the wife of the day of 18 ; that she and he had resided together as husbs and wife, continuously, since day of 19 , and that Was the same man who was on the pension roll of said State County When he died. Sworn to and subscribed before me, this the and of the subscribed before me, this the and of the subscribed before me, this the and of the subscribed before me, this the and that the subscribed before me, this the and that the subscribed before me, this the |
| Sworn to and subscribed before me, this the day of October 19 24 GEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA, COUNTY Personally before me comes Merriage and County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Maria County, who after having been duly sworn, says affidavit, is the lawful widow of the day | Sworn to and subscribed before me, this the day of October 1974 Grand County. (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA, COUNTY. Personally before me comes Merriage and County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Maria C. Marriage, who made the foregoing affidavit, is the lawful widow of the day of the | Sworn to and subscribed before me, this the day of October 19 24 (Applicance County) (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. TATE OF GEORGIA, COUNTY. Personally before me comes Merriage in sald County, who after having been duly sworn, as a responsible and truthful person, residing in sald County, who after having been duly sworn to be a responsible and truthful person, residing in sald County, who after having been duly sworn, as a responsible and truthful person, residing in sald County, who after having been duly sworn, as a responsible and truthful person, residing in sald County, who after having been duly sworn, as a responsible and truthful person, residing in sald County, who after having been duly sworn, as a responsible and truthful person, residing in sald County, who after having been duly sworn, as a responsible to the day of the d | Sworn to and subscribed before me, this the day of October 19 24 (Applicance of County) (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY Personally before me comes Menual County, who after having been duly sworn, says that of deponent's own personal knowledge, Mr. Maria Millers Who died in County in said State of on the day of that she has not since remarried; that she hacame the wife of on the day of that she has not since remarried; that she hacame the wife of on the day of that she has not since mean who was on the pension roll of said State from County when he died. Sworn to and subscribed before me, this the day of Collabor 1926 Sworn to and subscribed before me, this the day of Collabor 1926 County When he died. Sworn to and subscribed before me, this the day of Collabor 1926 (SEAL OF ORDINARY) | Sworn to and subscribed before me, this the day of October 1924 Ordinary (Applicancy Of County. (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband STATE OF GEORGIA, COUNTY Personally before me comes. COUNTY Personally before me comes. COUNTY Personally before me comes. Marriage and Date of Death of Husband strate of GEORGIA, COUNTY Personally before me comes. COUNTY Personally before me comes. Marriage and Date of Death of Husband known to a responsible and truthful person, residing in said County, who after having been duly sworn, a that of deponent's own personal knowledge, Marriage County, who after having been duly sworn, a who died in County in said State of the day of Buffet day |
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| Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA, COUNTY. Personally before me comes. Merical Death of Husband known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Maria County, who made the foregoing affidavit, is the lawful widow of the day of the death o | Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA, COUNTY. Personally before me comes Merriage in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mralleria College, who made the foregoing affidavit, is the lawful widow of the day of Bufft on the day of Bufft on the day of that she has not since remarried; that she bacame the wife of the day | Affidavit of Witness to Prove Marriage and Date of Death of Husband. TATE OF GEORGIA, COUNTY. Personally before me comes Merriage and Date of Death of Husband. A responsible and truthful person, residing in said County, who after having been duly sworn, say hat of deponent's own personal knowledge, Mrs. Herra C. Harry who made the foregoing fildavit, is the lawful widow of the day of supply who died in County in said State of the day of the da | Affidavit of Witness to Prove Marriage and Date of Death of Husband. STATE OF GEORGIA. COUNTY. Personally before me comes. Mary County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Mary County. Who died in County. Who died in County who died in County who died in County. And that she has not since remarried; that she became the wife of on the county who had be had resided together as husband and wife, continuously, since. May of 19 , and that Was the same man who was on the pension roll of said State. County. Sworn to and subscribed before me, this the County when he died. Sworn to and subscribed before me, this the County when he died. Sworn to and subscribed before me, this the County when he died. County. County. County. County. County. | Affidavit of Witness to Prove Marriage and Date of Death of Husband STATE OF GEORGIA, COUNTY Personally before me comes. Merriage and Date of Death of Husband known to a responsible and truthful person, residing in said County, who after having been duly sworn, a that of deponent's own personal knowledge, Mrs. Mary County in said State of the day of the diagram on the day of the d |
| COUNTY Personally before me comes Merron hand known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mray Marsa C. Maryas, who made the foregoing affidavit, is the lawful widow of the day of the ded. Sworn to and subscribed before me, this the day of the day of the day of the ded. Sworn to and subscribed before me, this the day of the day of the day of the ded. County County County, Ordinary County. | COUNTY. Personally before me comes Morrow North known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mredibina County, who made the foregoing affidavit, is the lawful widow of the day of Buffer on the day of the day o | Personally before me comes Menund Me | Personally before me comes. Menunch Monday Menunch Men | Personally before me comes Movin North known to a responsible and truthful person, residing in said County, who after having been duly sworn, a responsible and truthful person, residing in said County, who after having been duly sworn, a that of deponent's own personal knowledge, Mr. Mary Who died in County in said State of In on the Lay of the day of 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 the day of the day of the died. |
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| Personally before me comes Merron hand known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mradhara Chlands, who made the foregoing affidavit, is the lawful widow of the day of the ded. Sworn to and subscribed before me, this the day of the day of the day of the ded. Sworn to and subscribed before me, this the day of the day of the day of the ded. Sworn to and subscribed before me, this the day of the day of the day of the ded. Sworn to and subscribed before me, this the day of the day of the day of the ded. Sworn to and subscribed before me, this the day of | Personally before me comes Menual North known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mreditary who made the foregoing affidavit, is the lawful widow of county in said State of In on the Indian day of Buffel on the Indian day of the day of State of On the Indian day of One of the Aday of Indian day | Personally before me comes North Manual Annual Annu | Personally before me comes. Menunch Monday Manager Man | COUNTY: Personally before me comes Mervin North Known to a responsible and truthful person, residing in said County, who after having been duly sworn, a that of deponent's own personal knowledge, Mr. Merson May of May |
| Personally before me comes Mennan Mondan known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mraffleine C. | Personally before me comes Month North known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mratheria County, who made the foregoing affidavit, is the lawful widow of the Mantha who died in County in said State of Tax on the day of that she has not since remarried; that she hacame the wife of the day of the day of that she had resided together as husband and wife, continuously, since day of 19, and that 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 County Ordinary Ordinary Ordinary Ordinary Ordinary Ordinary County. | Personally before me comes Menun Mondon known to be a responsible and truthful person, residing in said County, who after having been duly sworn, say hat of deponent's own personal knowledge, Mrs. Herra C. Harry who made the foregoing flidavit, is the lawful widow of the day | Personally before me comes Menun Mondan known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Charge, who made the foregoing affidavit, is the lawful widow of the day of | Personally before me comes Movement Mov |
| a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mr. Mary County, who made the foregoing affidavit, is the lawful widow of lawful wid | a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Personal County, who made the foregoing affidavit, is the lawful widow of the day of | a responsible and truthful person, residing in said County, who after having been duly sworn, say hat of deponent's own personal knowledge, Mr. May who died in County in said State of Incounty in said State Incounty, since Incounty in said State Incounty I | a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrd May County, who made the foregoing affidavit, is the lawful widow of May of Bufet, who died in County in said State of In On the Inday of Inday o | a responsible and truthful person, residing in said County, who after having been duly sworn, a that of deponent's own personal knowledge, Mr. J. J. L. |
| that of deponent's own personal knowledge, Mrs. Miring Mary who died in County in said State of Inc. County in said State of Inc. and that she has not since remarried; that she became the wife of on the day of , 18; that she and he had resided together as husband and wife, continuously, since day of 19 , and that 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 Superior of the County Subscribed State of the County Subscribed State of the County Subscribed State of Superior of Superio | that of deponent's own personal knowledge, Mra Letta College, who made the foregoing affidavit, is the lawful widow of the day of Bufft 1924, and that she has not since remarried; that she bacama the wife of the day of 1845, that she and he had resided together as husband and wife, continuously, since day of 1946, and that was the same man who was on the pension roil of said State from County when he died. Sworn to and subscribed before me, this the day of Oslahar 1924. The day of Oslahar 1924. County The day of Oslahar 1924. County Coolinary Coolinary County. | that of deponent's own personal knowledge, Mranthera College, who made the foregoing fildavit, is the lawful widow of the lawful widow on the lawful widow of the lawf | that of deponent's own personal knowledge, Mranthara College, who made the foregoing affidavit, is the lawful widow of the day of Bufet on the day of Bufet on the day of Bufet on the day of that she has not since remarried; that she hencame the wife of on the day of that she has not since remarried; that she hencame the wife of on the day of that she had resided together as husband and wife, continuously, since day of 19, and that 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 Collabor 1922 That the County Co | that of deponent's own personal knowledge, Mranderiae Colleges, who made the foregoing affidavit, is the lawful widow of the day of superior who died in County in said State of the day of |
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| County in said State of In on the Indian of Buff 1974 and that she has not since remarried; that she became the wife of on the day of ,18 ; that she and he had resided together as husband and wife, continuously, since day of 19 , and that 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 aday of Osfaber ,1926 AM Januar , Ordinary of County. County. | County in said State of In on the Indian of Bufft 1972 and that she has not since remarried; that she became the wife of on the day of 18 ; that she and he had resided together as husband and wife, continuously, since day of 19 , and that was the same man who was on the pension roil of said State from County when he died. Sworn to and subscribed before me, this the day of Oslahar 1924 Gay of Oslahar 1924 County Coun | county in said State of Inc. Ind that she has not since remarried; that she became the wife of one day of 18; that she and he had resided together as husban and wife, continuously, since day of 19, and that rase the same man who was on the pension roll of said State from when he died. Sworn to and subscribed before me, this the day of Oslabar 1926 The Good Ordinary County. County. County. (SEAL OF ORDINARY) | County in said State of In On the Inday of Buff 1929, and that she has not since remarried; that she head me she wife of On the day of 1821; that she and he had resided together as husband and wife, continuously, since day of 1929, and that 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 County North Manual Ordinary County Ordinary County (SEAL OF ORDINARY) | County in said State of An on the Ar day of Buff 192 and that she has not since remarried; that she became the wife of the day of ,18 ; that she and he had resided together as husbi and wife, continuously, since day of 19 , and that 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 and yot Orleans 1926. |
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| and that she has not since remarried; that she became the wife of on the day of ,18; that she and he had resided together as husband and wife, continuously, since day of 19 , and that 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 Osfaber ,1926 Am Laure, Ordinary County. County. | and that she has not since remarried; that she hacame the wife of on the day of ,18 ; that she and he had resided together as husband and wife, continuously, since day of 19 , and that 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 Uslabur 1926 And Januar Ordinary County. | nd that she has not since remarried; that she became the wife of one day of 18 ; that she and he had resided together as husban nd wife, continuously, since day of 19 , and that resided together as husban nd wife, continuously, since day of 19 , and that resided together as husban nd wife, continuously, since day of 19 , and that from the same man who was on the pension roll of said State from from when he died. Sworn to and subscribed before me, this the day of Osfaber 1926 When the died of the same man who was on the pension roll of said State from from the died. Sworn to and subscribed before me, this the day of Osfaber 1926 George County (SEAL OF ORDINARY) | and that she has not since remarried; that she became the wife of on the day of 18; that she and he had resided together as husband and wife, continuously, since day of 19, and that 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 Orlober 19, 1926 The Grand County County (SEAL OF ORDINARY) | and that she has not since remarried; that she became the wife of the day of ,18.; that she and he had resided together as husbi and wife, continuously, since day of 19, and that 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 any of Osfather ,1926 |
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| and wife, continuously, since day of 19, and that 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 Osfaber, 1926 And Sauce, Ordinary of Cookly County. | and wife, continuously, since day of 19, and that 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 County Same Ordinary Groth County. County. | nd wife, continuously, since day of 19, and that ras the same man who was on the pension roll of said State from from when he died. Sworn to and subscribed before me, this the day of Osfaber, 1926 The Grand County, Ordinary County, Ordinary (SEAL OF ORDINARY) | and wife, continuously, since day of 19, and that 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 County January, Ordinary Good County. (SEAL OF ORDINARY) | and wife, continuously, since day of 19, and that 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 Osfathar 1926 |
| 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 Osfaber, 1926 Am Janin, Ordinary of County. | 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 County Station ordinary Garden Costal County. County. | same man who was on the pension roll of said State from when he died. Sworn to and subscribed before me, this the day of Oslabar, 1926 The Garden County, Ordinary County. (SEAL OF ORDINARY) | 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 Carlo Gay of Orlabur, 1926 The Grand County. (SEAL OF ORDINARY) | 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 Oxfather 1926 |
| County when he died. Sworn to and subscribed before me, this the agy of Oslabar 1926 AM Laure Ordinary of Cool County. | Sworn to and subscribed before me, this the gar of Oslaber 1926 SWORN TO AND STATE ORIGINAL | Sworn to and subscribed before me, this the day of Oslaber 1926 And Sauce Ordinary County. (SEAL OF ORDINARY) | Sworn to and subscribed before me, this the and of Orlander, 1926 County. Ordinary County. Ordinary (SEAL OF ORDINARY) | Sworn to and subscribed before me, this the day of Oxfather 1926 |
| Sworn to and subscribed before me, this the and subscribed before me, this this the and subscribed b | Sworn to and subscribed before me, this the company of Oslaber 1926 Small Gardinary Ordinary County. | Sworn to and subscribed before me, this the day of Osfaber 1926 Some Gay of Osfaber 1926 County. (SEAL OF ORDINARY) | Sworn to and subscribed before me, this the condition of Colorbin 1926 The Land Ordinary County. (SEAL OF ORDINARY) | Sworn to and subscribed before me, this the gard of Oxfaber 1926 |
| of Cook county. | of Cobb County. | (SEAL OF ORDINARY) | of Cook County. (SEAL OF ORDINARY) | 2 agy of October 1026 Marie |
| of Cook county. | of Cook County. | (SEAL OF ORDINARY) Ordinary County. | of Cook County. (SEAL OF ORDINARY) | man & manifestrait |
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| * | A. A. C. | | | (SEAL OF ORDINARY) |
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KRERIKGE GER

This Corrtifies that

F. J. Mayson Mine Stensia L. Darford were united in the and

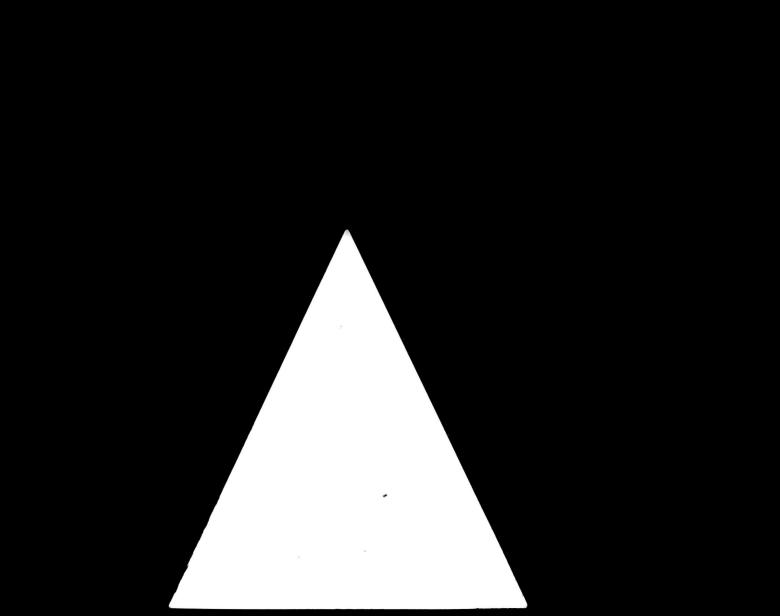
HOLL BORDS OF WROTHINGS

By Frien . P. Pledger Memister of the Cospel On the 25 th day of Colors in the year of our Land 1870

as appears of record in my office in Marriage Record book M.L page 119 day of September 1926

JI Ruse

(chinemy



Pension office 12-10-1910 Must submit some testimony to prove his enlistment 598 and discharged at the end of the war as stated in his application. The witness presented knows nothing of this.

J.W.Lindsey Com Of Pens.

County. of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit: What's your name and where do you reside; (Give County and Post-office) How long and since when have you been a continuous resident citizen of this State?.. 2001 Dina 1843 -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 enjet? (Give the arm and class of Service) Later 18, 762 Chesarald there at Company 2 to Ea Could' 19 5. How long did you remain in the actual Military Service with said Company and Regiment? (Cive date of discharge) Military 25 Res. Three Land Towns april 26. When and where was your company and Regiment surrendered or discharged from the Service? Were you actually present with your Command when it was surrendered or discharged? If you were not actually present, state specifically and clearly where you were was mesent a. Where was your Command when you left it? c. For what cause did you leave? d. By whose authority did you have? e. For how long was your leave granted? In what way?... Why did you not return to your Command after leave expired? g. In what way were you prevented?.... h. What effort did you make to return?.... Were you captured during the war? 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 10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? 11. What property of any 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) 12. What annual or monthly income or garnings of yourself and wife and the source derived have withing youht what I grown 13. Are you drawing a pension of any amount from this State or the United States? LLD 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

| Meadon, E.A. 3233, Godding Donoing | If allowed, me at | the Confederate my said attorney for amy sum of in N Wapess day of Executed | Ksow ALL County, in said of MACO me and in my ne from the State of | I. |
|---|--|--|--|--------------------|
| Name & B. Moadows County & Jord Amount, \$200 W. H. HARRISON, Necretary Executive Department. WAMMANT HANDED TO WASHANT HANDED TO WASHANT HANDED TO WASHANT HANDED TO | If allowed, send amount by , and oblige, | the Confederate States for of this State] as stated in the foregoing affidavit, hereby authorizing my said attorney to receipt in my, name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In Warrans Wirezoov, I have hereunto set my band and seal this large of the company | KNOW ALL MEN BY THESE PRESENTS, That I. C. J. M. COUNTY, IN SAID STATE OF THE STATE | POWER OF ATTORNEY. |

KNOW ALL MEN BY THERE PRESENTS. That I.

County, in said State, do hereby appoint Manetta

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

Executed In the presence of us

DIRECTION.

If allowed, send amount by me at

, and oblige,

HARRISON

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA

20 13. Handow of look County, State of Georgia, who, being duly sworn, says on oath that he is a bone fide citizen and resident of Georgia, and has been continuously since the 1844; that he enlisted in the military service of the Confederate States (or the State of) during the war between the in Company " 3", of 6 th Regiment States, and served as a Colquitto Brigade; that whilst engaged in such military service, at the battle of love Narben 2 7 day of frame 186 he was disabled as follows: He was short in the lift and about the Mon the from n'as shirend parts of it I was also short at frost Has a about 10 of Sapet 1863 he was shot throw right love the ball went though the for to bone came out the and con since if - has gradually grown waen he cannot munda this foot is usiless 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, 1803.

Sworn to and subscribed before me this the

Ordinary.

NOTE.—State fully nature of wound or character of disease which ea sability. If claim is based on disease, give full and connected histor NOTE.—Do not trouble to mention wounds which do not disable,

Affidavit for Witnesses.

| STATE OF | GEORGIA, | |
|----------|----------|-------|
| County | of text | hade. |

| Personally appears before me, the undersigned, Ordinary in and for said County, |
|--|
| At A forter of hew He dies and Man Ville and |
| Atthe 1 Huy more and |
| At A poten of give the file and the Ville and the Ville and cach of whom, being duly sworn according to law, |
| severally say, under oath, that they are personally well acquainted with |
| 6 B Meadow 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 show though the selft are |
| about the elbow, ports of the bone |
| Came out and it mara |
| bail and the |
| shirt in the night but the ball quin |
| Shirt in the right fort the ball ging clear through the fort breaking the bone and to aring up the muscle |
| bone and to arine up the morele |
| ports of the bone came out and the |
| fort it seems has nin has conside |
| haty purched away the les has |
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| Settantially and went all |
| uscless I'm seind with his in |
| the second was now and with an |
| the war Deport mm Pills Saw him |
| JAN 1 |

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

Sworn to and subscribed before me this

the gradual day of Monga 1893.

J. H. Chureton

Ordinary.

If If Mireland Wilham Litth

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

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

PHYSICIAN'S AFFIDAVIT.

| STATE OF GEORGIA,) |
|---|
| lest Country |
| PERSONALLY comes before me when M Slove, Ordinary of said County, |
| Ordinary of said County, |
| Cum Dr At Goter and J. H Simpson, both known to |
| me as reputable physicians of said County, who being severally sworn, say on oath that they |
| have carefully examined & A Mericalow and after such personal examination |
| say that the applicant has been injured as follows: |
| the was short in high arm ablow ellows |
| It was also shot in right fort The fall |
| Joing clear through the foot, breaking |
| the bone and tearing up the took |
| muscles parts of the broken bone came |
| the francis of the trong cane |
| out, the fort dead the leg has largely |
| perished amay he was a cruich |
| or seich - limy, the fort stems to have |
| Juste and is now to Substantially |
| and usuntially uncless and in be |
| pinion is in they condition from the mound |
| We have treated applicant professionally for 14 years. |
| Sworn to and subscribed before me this) |
| |
| 2 day of 1893. South Simpson m. |
| Ju styre |
| Ordinary. |

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

Nors z = 11 claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier, Alfo state how long physicians have known and treated applicant,

| STATE OF GEORGIA, | m 4. |
|--|-------|
| Cody County. | |
| 1. Ordinary of said Con | unty. |
| do certify that I am well acquainted with 6, B. Me advo | the |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him in | n his |
| said affidavit are true, and he is disabled, as he claims, and I know he is the individual he repres | ents |
| himself to be, and that he resides in this County. I also certify that the foregoing witner | esses |
| are persons of respectability, and that their statements are worthy of full credit and belief. | |
| Given under my official signature and seal thisday of May | 1893. |
| All of the | , |

DOWED OF ATTODNEY

| POWER OF ATTORNEY. | 1 |
|--|---------|
| STATE OF GEORGIA. | l |
| Know all Men by these Presents. That I. & B. Mladon | ı |
| County, State of Georgia, do hereby appoint St. S. Cay | |
| any true and Marful 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 | l |
| States for of this States, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my mane for any Marrant that may be issued by the Governor, or for any sum of money which may becoming to me for the reason aforesaid. | • |
| IN WITE SAVHEREOF, I have hereunto set my hand and seal, this. | |
| day of Eller B / Mecoder [1. s.] | |
| Execuped in the presence of us | |
| The Sim | |
| DIRECTIONS | |
| Send money to me as follows, by to P. O. | |
| County, Georgia. | |
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| STATE OF GEORGIA. |) | |
| Grade County. | } | |
| KNOW ALL MEN BY THESE PE | | / |
| KNOW ALL MEN BY THESE PE | CREENTS, THAT I, | eadens |
| County, State of Georgia, do hereby app | mint . A. S. Cha- | |
| of Marietta | /a . my true and lawful attern | on in fact for |
| | pt for whatever amount of money I may be entitle | ey in met, for |
| State of Georgia by reason of an injury r | received as aforesaid in the military service of th | e Confederate |
| States (or of this State) as stated in the fo | oregoing affidavit; hereby authorizing my said Attor be issued by the Governor, or for any sum of mon | rney to receipt |
| be coming to me for the reason aforesaid. | be issued by the Governor, or for any sum of mon | ey which may |
| IN WITNESS THEREOF, I ha | we hereunto set my hand and seal, this | 5 |
| day of 1160 | -1895. E. B. Miller | |
| Executed in presence of us | La de marca | [1., 8.] |
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| Send money to me as follows, by | * 0 | |
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| | County, Georgia. | |
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For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA. |
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| Personally appears & B. Meadons Cobo |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen |
| and resident of said State, and has resided therein continuously ever since the |
| day of August 18 Mat he enlisted in the military service of the Con- |
| federate States for of the State of) during the war between the |
| States, and stryed as a Private in Company 3, of 6 th Regiment |
| of Ya. Volunteers Colquisto's Briggde; that whilst engaged in |
| such military service at the battle of Fort Marison in the State |
| of the day of July 186 3he was |
| wounded as follows: I washed Thisking, |
| the nath from fassing thurst |
| Said fort thongy the logge |
| Thusako to, - thereby daid fort |
| the disables to which to that |
| applicant is Rundered tracticale |
| growthy of to the form the Ording Ramuel |
| 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 enting October 26, 1804. I have heretofore been allowed a pension of . |
| dollars, for the year 189 3 |
| Sworn to not subscribed before me, this. the |
| The Thom 1894. E. B. Meadors |
| The Home . 4, 13, Modelle |
| Note: Specifully the nature of would or character of disease which causes the dustable, and |
| of the disability, resulting from the wound or disease |
| |
| STATE OF GEORGIA. |
| |
| County. |
| 1. Ordinary of said County. |
| do certify that I am well acquainted with to 13 Mean or the |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him |
| in his said affidavit are true, and I know 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 Cipril 1804.) |
| Amix \ |
| mal perco |
| Ordinary Color County |
| Ordinary County. |

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, |
|---|
| Coll County. |
| personally appears & 13 Meadons of Perot |
| 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 Cucaist, 18 4; 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 Trivate in Company 6, of 6 th Regiment |
| of Volunteers, Cofficial Brigade; that whilst engaged in |
| such military service at the battle of the K Kan in the State |
| of A. on the day of the was |
| wounded as follows: |
| the night for vigney and |
| Il gulying the right fort do |
| that found foot to Sand no |
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| Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, |
| and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension |
| 7 - |
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| -70 |
| day of 1895. |
| / Me . Dien Cruy |
| Nore-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, |
| Calles County |
| Colly County. 1 |
| 1, Ordinary of said County, |
| do certify that I am well acquainted with 673, Me adors the |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him |
| in his said affidavit are true, and I know 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 Meh 1995. |
| Anix Anix |
| real liere |
| Ordinary Certify Comme |

POWER OF ATTORNEY.

| STATE OF GEORGIA, County | |
|--|--|
| at | pension paid hereon and request that he remit same to Mu by Miss F, I have hereunto set my hand and seal, this |
| day of Mck Executed in presence of Mil Helicic | 1898 B Moado [L. 8.] |
| | 0 |
| For Those Air cady Enrolled.) No. 320 S. DIER'S PENSION. | Method Me |
| | MARK WARR |

Sept.

SOLDIER'S

Name C

Disability (County

| POWER OF ATTORNEY. |
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| STATE OF GEORGIA, |
| Gounty. |
| I, & B. Meading hereby authorize M. Stone |
| of Missella Th |
| to receive and receipt for the pension paid hereon and request that he remit same to |
| at at |
| IN WITNESS WHEREOF, have hereunto set my hand and seal, this /3 |
| day of NLW 1897. |
| EB Meados [L. s.] |
| Executed in presence of |
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| SON, SON, STATE OF THE STATE OF |
| INVALID DIER'S PENS INVALID DIER'S PENS ISOFA INVALID DIER'S PENS INVALID INVA |
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For Applicants Heretofore Allowed Pensions.

| Tot whitemer motorono within a leligions. |
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| STATE OF GEORGIA, |
| County. |
| personally appears 6 B. Meadons Ooble |
| 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 1841; that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war between the |
| States, and seven as a first company of the Regiment |
| of Volunteers, Sel gutt 's Brigade; that whilst engaged |
| of May 1863 he was wanteded, injured or diseased as follows: |
| The was wounded, injured or diseased as follows: |
| the right father |
| January of the State of the sta |
| has the total of the bones |
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| motion to the test of the state |
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| Depoyent 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 beetgfore as a resident of |
| connection of co |
| dollars, for the year 189 S. |
| Swom to and subscribed before me, this, the \ E. A. mo ado's |
| 6 Aday of Man 18111. |
| All then I'm |
| 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. |
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| STATE OF GEORGIA, |
| Coll County, |
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| do certify that I am well acquainted with & B. Mandows the |
| do certify that I am well acquainted with O 73. Meanly the applicant in the foregoing affidavit, and am well satisfied that the statements made by him |
| in his said affidavit are true, and I know 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 Mch 1896. |
| Anii Still Anii |
| here. |
| Ordinary John County |
| County |

For Applicants Heretofore Allowed Pensions.

| STATE OF GEO | | l | | | |
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| 00 | County | 7.∫ | | <i>a</i> | |
| personally appea | 110 6 13. 7 | Mead | oof | Love | |
| County, State of Georg | | | | that he is a bo | na fide citizen |
| and resident of said Sta | ite, and has resid | ded therein | continuousl | y ever since t | he 4 |
| day of Uneur | | | | military servi | |
| federate States of the | | | | during the wa | |
| States, and served as a | Br | who | in Compar | | th Regiment |
| of Ma. | Volunteers, | | | rigade; that w | |
| in such military service | in the State of | | la. | on the | |
| of May | 186 2, he was | wonded, i | njured or di | seased of follo | ws: |
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| Deponent desires to | participate in t | he benefits o | of the Act, a | pproved Octob | er 24th, 1887, |
| and the acts amendator | y thereof, and | makes app | olication for | the pension t | o which he is |
| entitled for the year en | ding October 20 | | | | |
| resident of | Leve | | | lowed an inval | id pension of |
| 90 | | | year 189 C | 2 | |
| Sworn to and subsc | ribed before me, | this, the | E13 | medo | Lors |
| 13 Aay of | Man | 1897. | PORT OFFICE | | |
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| Norz-State willy the nature of the disability, resulting from the | wound or character d | July | nuses the disabil | ity, and explain par | |
| of the disability, resulting from the | wound or disease. | 7 | anser the disacti | - | icularly the extent |
| STATE OF GEOR | GIA. | | | | |
| Corbo | County. | , | | | |
| 7-000 | NAT. | Via | | | |
| 1, | (). Cu | | n h | Ordinary of | said County, |
| lo certify that I am well | acquainted wit | h | _0./ | nead | u. the |
| pplicant in the foregoin | g affidavit, and s | am well sati | sfied that th | e statements : | made by him |
| n his said affidavit are to | ne, and I know | he is the | individual l | he represents l | imself to be |
| nd that he resides in th | | | | | 12 |
| | ven under my of | fficial signa | \cap | ıl, this | 10 |
| day of | me | N. 1 | 1897. | 1 | |
| Amx | |) | XVII | Pari | 4 |
| bere. | ***** | 0 | X |)' | |
| ~~ | Ord | inary | 4 | 060 | County. |

POWER OF ATTORNEY.

state of Georgia,

County.

Let of County.

In the reby authorize for the pension paid hereon and request that he remit same to by free county.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of a seal of the county.

Executed in presence of the county.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

1. Co. D. Stock of Swaretta

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

by Swaretta

at Quarietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 28th my of 1800.

Executed in presence of

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For Those Aiready Enro

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lity \$ 995.

Charles JOHNSON,
Commissioner of P

Willeta

QUESTIONS FOR WITNESS AS TO SERVICE. STATE OF GEORGIA. for the pension provided v the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, 3. Where does he no∞ reside, and since when has be been a bong fide, continuing resident in this State and how do you know? Clawork 4. When, where and in what Company and Regiment did. war from 1861 to 1865? (Give date and place) May 18 1862 Blainwill tab 1 1 5. How did you obtain your information of this Service? I 6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) About 3 years . When and where was his Command surrendered or discharged (give date and place)... 9. If not, where were you and how came you there? I gras free 10. Was the applicant personally present with his Command at surrend-11. If not where was he and how came him there? 22 12. When did he leave his Command?. .By whose authority did he leave..... long was he granted leave?..... all that you have stated to be true? If of your own knowledge (Tell clearly and specifically). 13. In what way was he prevented from returning to his Command? 14. What effort did he make to return to his Command and how do you know?. 15. Was applicant captured as a prisoner.

AFFIDAVIT OF TWO FREEHOLDERS

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| County, certify that I know |
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| the witness swearing to the |
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| of the foregoing affidenit and |
| faith and credit. That the |
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CERTIFICATE OF ORDINARY IngA

| Jew - | County. | | |
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| James | Ordi | nary of said County, do certify | , |
| a Employed | aufor Log | the applicant, and that she | |
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| Coll | S | County, and was paid | 1 |
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| Widow) | Last Step | of paid. W. W. CLARK, or of Pension. In full ways, said the many, said the many, said Department. | をからないのできていた。 |
| his Widow) | LAND ST. 180 | A 192 192 (ORIV W. CLARK, instonce of Pensions over in fall and send Department for an experiment, sell are pay-volts for pay-vo | 金のなるのではない |
| R ACT 1891) 1 to his Widow) BY | The Same of the sa | of A 1927 JOHN W. CLARK, JOHN W. CLARK, Donnissioner of Pension, it above in full and send on Department for an your pay voile for proportion of the pension Department. | をなるないできょうだったこと |
| WDER ACT 1891) paid to his Widow) BY | Description of the State of the | get and ordered paid. *********************************** | 一種の関係がある。 大人など |
| (UNDER ACT 1891) (To be paid to his Widow) BY | N. N. Sobject | Leg 44.6. KM 192.7. JOHN W. CLAEK, Commissioner of Pension. Fill out above in full and sense to Pension begarment for an your the manny, said one you pay out the among, said in the Vension Department. | A CHARLES TO A CHA |
| | und trustworthy ch | Count day of Caracter and entitled deal this 9 of Caracter and entitled | County for 1921, and at the time day of County character and entitled to full credit. d seal this 9 of County character and entitled to full credit. d seal this 9 of County character and entitled to full credit. |

CERTIFICATE OF ORDINARY

| CENTIFICATE | OF ORDINARY |
|---|--|
| STATE OF GEORGIA, Could | County. Ordinary of said County, do certify |
| that I personally know 7771 Carried is the lawful widow of A. Dr. | the applicant, and that she |
| the Pension Roll of said Cook | County, and was paid |
| a Pension from Color day of Ory | County for 1928, and at the time |
| him and unpaid his Pension of Fifty Fr | econ (378 Sunta 1926) illars from the State |
| of Georgia, and I know M. Ja- witness, and he is of a tauthful and trustworth; | y character and entitled to full credit. |
| Given under my hand and seal this 9 (Seal of Ordinary) | - or august 1929 |
| (con or ordinary) | m Gam, Ordinary |
| | County |
| | â. |
| | |

| Color Combined | 1920 | Application for Pension Due Deceased Soldier (UNDER ACT 1881) (To be paid to his Widow) | BY Source (Ass.) | Widow of Maringshaffunder N 1869 | Approved and ordered paid. |
|----------------|------|---|------------------|----------------------------------|----------------------------|
| 0 20 | | 11 | _ | | |

Application for Pension Due Deceased Soldier (To Be Pald to His Wildow) (UNDER ACT APPROVED OCTOBER 8, 1881)

| STATE OF GEORGIA. Could County. |
|--|
| Personally before me, the Ordinary of said County, comes Mrs Luie Beaufat for |
| of said County, who after being duly sworn, on oath says that she is the widow of M. M. Longaran |
| and that said Pensioner was on the Pension Roll of County |
| and was paid a Pension of Sufer (\$50) Dollars |
| from said County for Quarter, 1924, and that the said Pensioner died in County on the 3 day of Curry, 1924. |
| Applicant further swears that she married the said H. M. Sozace |
| on the 16 day of Suplember, 1869, in Colin County and |
| State of formation 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, 192 que and unpaid be paid to her. |
| Sworm to and subscribed before me this q day of Curyur 1929 Ordinary Sumily Beaufort Sogue S.) (Seal of Ordinary) |
| |
| AFFIDAVIT OF WITNESS |
| STATE OF GEORGIA, County |
| Personally before me comes who |
| STATE OF GEORGIA, County Personally before me comes who on oath says that he knew My Day 20 while in life |
| Personally before me comes while in life and that he knows Mrs. |
| Personally before me comes who on oath says that he knew M. D. Lo while in life and that he knows Mrs. County to the above applicant; and knows that the said M. T. Lo the above applicant appli |
| Personally before me comes while in life and that he knows Mrs. When the above applicant; and knows that the said M. W. Sogar were in due form of law married in the County were in due form of law married in the County were in due form of law married in the County were in due form of law married in the County were in due form of law married in the County were in due form of law married in the County |
| Personally before me comes on oath says that he knew M. Description of law married in the County of County who who while in life and that he knows Mrs. The said M. M. Sogar the county of the county |
| Personally before me comes on oath says that he knew M. While in life and that he knows Mrs. while A large the above applicant; and knows that the said M. M. Sogar were in due form of law married in the County of in the State of the May of Regulation on the May of Regulation of the May of Regulation on the May of Regulation of the May of Regul |
| Personally before me comes who on oath says that he knew. A while in life and that he knows Mrs. the above applicant; and knows that the said A St. were in due form of law married in the County of in the State of the and that they were residing together as husband and wife at the time of his death on the day of day |
| Personally before me comes on oath says that he knew M. While in life and that he knows Mrs. while A large the above applicant; and knows that the said M. M. Sogar were in due form of law married in the County of in the State of the May of Regulation on the May of Regulation of the May of Regulation on the May of Regulation of the May of Regul |
| STATE OF GEORGIA. Personally before me comes on oath says that he knew M. D. |

Application for Pension Due Deceased Soldier (To Be Pald to His Widow)

| (UNDER ACT APPROVED OCTOBER 9, 1891) |
|--|
| STATE OF GEORGIA, County. |
| Personally before me, the Ordinary of said County, comes Mrs. Quel Received S |
| of said County, who after being duly sworn, on eath says that she is the widow of |
| and that said Pensioner was on the Pension Roll of Court |
| and was paid a Pension of County |
| from said County for \ Quarter, 1929, and that the said Pensioner died in |
| Courty on the 3- day of august 100 |
| Applicant further swears that she married the said M.M. & angan |
| on the 76 day of Sigliulu, 1869, in Osen County and |
| State of New , 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 3 Qr. Pension, 192 9 |
| due and unpaid be paid to her. |
| Sworn to and subscribed before me this q day of any 1921 We have Ordinary County Carrier Reaufort Logan. S.) (Seal of Ordinary) |
| AFFIDAVIT OF WITNESS STATE OF GEORGIA, County. |
| Personally before me comes & who |
| on oath says that he knew M. M. Lagar while in life |
| and that he knows Mrs. Lundy Beauty & Sagar the |
| above applicant; and knows that the said M M S of an |
| and her thing former & again were in due form of law married in the County |
| In the State of On |
| the 76 day of September, 1869 and that they were residing |
| together as husband and wife at the time of his death on the |
| , 1609, and that she is his dependent widow. |
| Sworn'to and subscribed before me this day of the subscribed before me this day of th |
| NAME OF THE PARTY |
| INSTRUCTIONS: |
| Such cartificate is entirely too bulky for use in any pension application. A plain cartificate artificate and the such as the |

b. Effert, this application with your final settlement to the Pension Department.

It is a provided by the provided by the proper provided the property of the pension by signing name, as widow, opposite the name of hashand on the noblest pay rather than the provided by the case pension is covered by this application. Take mother application, on the white blank, to admit widow to rolls in her orn right. Site. Before this opplication with your final estimant to the Pension Descriment.

The Month of the Control of

| Fogan, J. O. | | | | *11 | | | The second second |
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| INDIGENT PENSION. | - 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | ** | | Witness my | STATE OF C | |
| 1903. | | ** | | | thand and seal, this | POWE GEORGIA, | |
| county Coll co.K 3 7 4 ala. Rost. Approved 1908. | T. College | | 9 . | | day | E! JF AT COUNTY. of the control o | į. |
| JOHN W. LINDSEY, Commissioner of Pensions. | | | | | ofby | TORNEY | |
| WARRANT HANDED TO | | | | , | | | |

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

Geo. W Hárrison, State Printer, Atlanta.

| ГАТН | P E OF G E ORGI | |) | TTORNE | Υ., | | |
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| | | | NTY. | | | | |
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| 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? 15. In what County did you reside during those years, and what property did you then return for taxation? 16. How were you supported during the years 1899, 1900, 1901 and 1902? 17. How much did your support cost for each of those years, and what property did you contribute thereto by your own labor or income? 18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? 19. Have you a family? If so, who composes such family? Give their means of support? Have they you hoppestead, or other property? Their ages and how employed? 20. Are you receiving any pension? If so, what amount and for what disability? 21. Have you ever made an application for pension before? 22. How many applications have you ever made and under what class? 23. Applicant. 24. Applicant. 25. Applicant. 26. Applicant. 27. Applicant. 28. Applicant. | A | · |
| 1002, and what disposition, if any, by sale or gift, have you made of same? Portuged in the property did you then return for taxation? 10. In what County did you reside during those years, and what property did you then return for taxation? 11. How were you supported during the years 1890, 1900, 1901 and 1902? The during the years 1890, 1900, 1901 and 1902? The during the years 1890, 1901 and 1902? What pay did you contribute thereto by your own labor or income? 11. Have you a family? If so, who composes such family? Give their metas of support? Have they a humstend, or other property? Their ages and how employed? The family and any of the your and any of the your during the years 1900. 20. Are you receiving any pension? If so, what amount and for what disability? 21. Have you ever made an application for pension before? 22. How many applications have you ever made and under what class? Your and Applicant. Sworn to ond substitute this the property of the years of years of the years of | What properly, real and personal, or income, | do you possess, and its gross value? |
| 1002, and what disposition, if any, by sale or gift, have you made of same? Portuged in the property did you then return for taxation? 10. In what County did you reside during those years, and what property did you then return for taxation? 11. How were you supported during the years 1890, 1900, 1901 and 1902? The during the years 1890, 1900, 1901 and 1902? The during the years 1890, 1901 and 1902? What pay did you contribute thereto by your own labor or income? 11. Have you a family? If so, who composes such family? Give their metas of support? Have they a humstend, or other property? Their ages and how employed? The family and any of the your and any of the your during the years 1900. 20. Are you receiving any pension? If so, what amount and for what disability? 21. Have you ever made an application for pension before? 22. How many applications have you ever made and under what class? Your and Applicant. Sworn to ond substitute this the property of the years of years of the years of | 14. What property, real or personal, did you pe | ossers in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and |
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| 18. What was your receive in each year? 19. Have you a family? If so, who composes such family? Give their means of support? Have they as humostead, or other property? Their ages and how employed? The and and the family? Or what disability? 20. Are you receiving any pension? If so, what amount and for what disability? 21. Have you ever made an application for pension before? 22. How many applications have you ever made and under what class? | 17. How much did your support cost for each | of those years, and what portion did you contribute thereto by |
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| homestead, or other property? Their ages and how employed? Yes. Muff and an Chile Mile Grand and Shall Shall Grand and Shall S | | |
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| 21. Have you ever made an application for pension before? 22. How many applications have you ever made and under what class? Sworn to and substitute 1003. Sworn to and substitute 1003. Applicant. | Mu years all | V |
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| 22. How many applications have you ever made and under what class? | 20. Are you receiving any pension? If so, what a | amount and for what disability? |
| 22. How many applications have you ever made and under what class? | | |
| Sworn to and subscribed before me this the post of the property of the post of | 21. Have you ever made an application for pension | n before? \mathcal{P} |
| Sworn to and subscribed before me this the post of the property of the post of | 22. How many applications have you ever made | and under what class? Noval |
| Applicant. | | Q.C.D |
| Applicant. | Sworn to and subscribed before me this the |) Oni |
| The property or | | |
| of County. | 1903. | Applicant. |
| 1/ | Din Miny | Applicant. |
| | Day of the 1903. | Ordinger, |

| OUESTIONS BO | D HUMBING |
|--|--|
| allie | OR WITNESS. |
| STATE OF CHERGIA, | |
| - COUNTY. | |
| In Il Carrell | |
| 179 | of said State and County, having been presented |
| as a witness in support of the application of under section 1254, Code, and after being duly sworn true as | for pension |
| answers as follows: 1. What is your name and where do you reside? | swers to make to the following questions, deposes and |
| 1. What is your name and where do you reside? | Marson. May ala. |
| 2. Are you acquainted with X / Logan | the same of the sa |
| long have you known him? | , the applicant; if so, how |
| 3. Where does he reside, and how long and since when had | he been a resident of this State ? |
| Valaut 1111au- | |
| 4. When, where and in what company and regiment did h | e enlist, and how do you know? |
| CAR 37- Wa safe. | wastron |
| 5. Were you a member of the same company and regim | |
| 6. How long did he perform regular military duty? | |
| 7. When and where was his command surrendered? | |
| | |
| 8. Were you present when it surrendered? | |
| 9. Was applicant present? | 703000 |
| 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? |
| to the same to the second seco | |
| 11. What property effects or income heath the | |
| What property, effects or income has the applicant? (6) | ive your means of knowledge.) |
| 12. What property, effects or income did the applicant posses | m in 4896 1897 1898 1899 1990 1991 11999 |
| and what disposition, if any, did he make of same? Za | 100, 1000, 1000, 1000, 1001 and 1902, |
| | |
| 13 Has he conveyed away any of his property in the last for | ir years, if so, what was it, and to whom? |
| 14 What of the act of - | |
| 14. What is the applicant's occupation and physical condit | ion? & dout Micoll. |
| | A CONTRACTOR OF THE PARTY OF TH |
| 15. Is the applicant with the second | The state of the s |
| 15. Is the applicant unable to support himself by labor of a | ny sort, if so, why? |
| | |
| M. Hannaharan I. Maria | the state of the s |
| 16. How was he supported during the years 1898, 1899, 18 | |
| 17. What portion of his support for these four years was deriv | red from his own labor on la |
| I done to the ment - | |
| 18. Give a full and complete statement of the applicant's ph | ysical condition that entitles him to a pension under |
| Section 1254, Code? & dan / Kraw | |
| 10 | |
| 19. Who composes family? What property have they? Chil | dren's age and their earning capacity? |
| dans Krow | Management of the second secon |
| | The second secon |
| 20. What interest have you in the recovery of a pension by t | his applicant? // rus |
| Sworn to and subscribed before me, this the | III he learner |
| day of 21 (a.y. 1803.) | Witness |
| Willitte Ordinary. | Je Jague |
| Judge Sarta le | |
| _ | |

AFFIDAVIT OF PHYSICIANS

| Personally poone pefore me MM Keruf. Double to me as a control of mid Congrey who, being severally every, may of oath that they have examined carefully. | and |
|---|----------------------|
| D. Wright both known to me as a | and |
| / D. Mright , both known to me as a | ADO |
| , both known to me as | |
| | reputable physicians |
| (1. N) 1. A 1. A | . 4,* |
| , applicant for pension under Section 12 | 54, Code, and after |
| personal examination say that his precise physical condition is as follows: | |
| Harres Viens of Ligo win | the ul |
| Henry 1 9 51 110 + | 4 1 |
| e moremons, o margue / rostar | a grown |
| with Incontinue of noise, do | site a |
| muster of fatty of the | |
| The the terms of the same | 10 |
| washing constitution and fines | ed Deli |
| nd that we have no interest in said pension being allowed. | |
| Sworn to and subscribed before me, this the | |
| 2 may of Mass 1903 Would | P 1. A |
| The Awters Will cerupa | UN. |
| Ordinary of S. Mrgly | MIN |
| ORDINARY'S CERTIFICATE. | |
| TATE OF GEORGIA. | |
| * d/ | 1111 1111 |
| A Course. | - 1 - 1944 - 1944 |
| I, Ordinary, in and for said Cour | nty hereby certify |
| and the second second | d County, and has |
| en a bona fide resident of this State sings the | . 1 |
| 11/29/ | 189 |
| that the witnesses, viz.: A sha for " certain . | |
| | |
| 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 with | ness took the oath |
| eon prescribed, and that the full text of the affidavits was read to the applicant and witness before | o come was slaved |
| I further small that the training | |
| en | low that applicant |
| | Dollars of |
| perty, and in 1900 Pollare of p | property, in 1901 |
| Dollars of | property, in 1902 |
| Dollars of propert | 4.156 |
| In my opinion the foregoing claim is made in good faith. | y . |
| | |
| 271. // ° | |
| Witness my hand and seal of office, this day of day of | 1903. |
| Witness my hand and seal of office, this day of day of | Ordinary, |
| Witness my hand and seal of office, this day of day of | |

words: "You shall first answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall first answer make to send of the questions asked of you, and the evidence you shall give will be a discount of the words of the witness, and the second of the proof as above so out.

.

WART !

POWER OF ATTORNEY.

| John Ante | hereby authorize |
|--|-----------------------|
| receive and receipt for the pension allowed, and request | that he remit same to |
| at | |
| WITNESS my hand and seal, this 9th day of John P. Fogan | |
| Executed in the presence of | |
| | |
| | |

(FOR THOSE AREADY ENROLLED.) No. (17) INDIGENT SOLDIER'S PENSION 1800 \$\frac{1}{4}\$ County County County County County Co. \$\frac{1}{4}\$ \$\frac{1}{

QUESTIONS FOR WITNESS

| QUESTIONS FOR WITHESS. | |
|---|-------|
| STATE OF GEORGIA, | |
| CONT. A. ALLO COUNTY. | |
| A. M. Colseathy of said State and County, having been presented | |
| as a witness in support of the application of | |
| under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: | |
| 1. What is your many and sphere do our reside? | /. |
| 19. M. Mac County, founder oming, coop county, | ZA, |
| 2. Are you acquainted with the doctor of the applicant; if eo, how long have you known him? Is, about 20 years | |
| Where does he reside, any how long and since when has he been a resident of this State? | |
| He usides in Cost County - Has live & luce about 2 organs ? | my/he |
| 4. When, where and in what company and represent did he callst, 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? Dout Know | |
| 7. When and where was his command surrendered? | |
| 8. Were you present when it surpreduced? | |
| 8. Were you present when it surregioned? 9. Was applicant present? | |
| 10. If he was not present, where was he? Bout Know | |
| When did he leave his command?———————————————————————————————————— | |
| By what authority he left? How do you know all of this? | |
| | |
| What property, effects or income has the applicant? (Give your means of knowledge.) | |
| The lives here here has he applicant? (Give your means of knowledge.) | |
| 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? I awnt think he had | ` |
| 13. Has be conveyed away any of his property in the last four years, if so, what was it, and to whom? Whe That I Know of - Had wone & Council | |
| What is the applicant's occupation and physical gondition? | |
| and of lim & want him as to one and the Knowledge | V. |
| 19. In the applicant upoths to support himself by habor of any sort, if so, why? I cloud things | • |
| be is able to Support himself on account of his | |
| weath physical condition | |
| 16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? Mainly by the la | 602 |
| of his wife and over four now of age at whom for hums | y. |
| I cout Know exactly to mas not ask to do un | 4 - |
| 18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? Hrom his age and weak physical boundian | , |
| He is much to do sufficient labor for Duphort. | |
| 19. Who composes family? What property have they? Children's age and their earning conacity? | |
| The auce little boy 3 years old - They have no he | ports |
| 1 | |
| 20. What interest have you in the recovery of a pension by this applicant? | |
| Sworn to and subscribed before me, this the | i |
| day of 1903.) | - 3 |

QUESTIONS FOR WITNESS AS TO SERVICE

| STATE OF GEORGIA, County. |
|--|
| |
| May Malline of said State and County is hereby presented as a witness in support in the application of School for the pension provided |
| 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? R. M. McChare |
| Hairmour Had County George |
| 2. How long and since when have you known father P telly the applicant? Want Lifty (as) Many |
| 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? How in Cath Currenty Ly, |
| resided in this state all of his life |
| 4. When, where and in what Company and Regiment did John P Lilly enlist during |
| war from 1861 to 1865? (Give date and place) Dansonil Galf 864 Co'A' Ga Carely |
| 5. How did you obtain your information of this Service? I was with him in |
| 6. How long within your own personal knowledge did he perform actual military service with |
| this Company and Regiment? (give date) from July 1864 to May 1865 |
| 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? |
| then he left it? |
| By whose authority did he leaveand how |
| ong was he granted leave? |
| Il that you have stated to be true? If of your own knowledge (Tell clearly and specifically) |
| By being with him |
| 13. In what way was he prevented from returning to his Command? |
| low do you know? |
| 14. What effort did he make to return to his Command and how do you know? |
| 16. Was applicant captured as a prisoner. 22. If so, when and where? |
| |
| |
| Sworn to and subscribed before me, this the 2 M. Mallance 2 M. day of Detoty. 191 3 |
| marketale Ordinary, |
| of Stall |

AFFIDAVIT OF TWO FREEHOLDERS.

| TAT | 2 OF CEORGIA. | 1 | |
|------------|-------------------------------------|-------------------------------------|------------------------------|
| •, | Count | 24 | 4 |
| Pan | reconally before me comedia | tembrough | |
| | 7. 7. | 100 | who on oa |
| ys that t | they are freeholders residing in as | id County and we know | Lily |
| ne applier | ant for pension and we know the p | roperty that is now in the use, pos | section and control of himse |
| 10 | yours guy to | furt out of | the toporter |
| 015 | The state of the state of | and the second | down flledon |
| 7/15 | A THE TOTAL | og Coul Pro | of which one |
| 1. | What property, if any, has been | sold or given away by the applies | ant os his wife since 4 No |
| 908? (81 | tate it fully by items.) | | |
| | | | |
| 2. | When and to whom was it sold | or given to? | |
| | What was the price paid or stated | 14-1 | |
| | | plicant? | |
| | | e proceeds of the sale? | |
| | | erty made in good faith and full | 1 |
| | | | /alueer |
| Bwo | orn to and subscribed before me, | this the | Garage |
| 2 | may a Del | .191.3 | 200 |
| | All Var | Ordinary J. f. | uck |
| | of | Cou | intv. |
| | | | |

ORDINARY'S CERTIFICATE.

| STATE-OF GEORGIA. |
|--|
| County |
| (M.G |
| 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 gitness swearing to the service and Land Manufacturing & B & Rend 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 O Lally and wife |
| value for tax is in 1908 8.0.0 |
| for 1911 \$ |
| |
| 8worn under my hand and official seal of office this 30 day of 021 1913 |
| Janu Ordinary, |
| of County. |
| NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solamnly swear that you will true asswers make to each question saked you and the evidence you shall give shall be the whole truths as hall you God." |
| shall give shall be the whole truth; as hally you God " |

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

4. If applicant has no property at all in his possession, use or control of self and wife, affidavite of freeholds unnecessary.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, |
|---|
| County. |
| |
| Personally appears Appen 1 - e you of learth |
| County, State of Georgia, who, being duly sworn, says on oath that he is a done for |
| and resident of said County and State, and has resided in said State continued |
| since the |
| by occupation a formation, that he enlisted in the military service of the Con- |
| rederate States (or of the State of |
| of State Sureps . En Baker's Rugallat his physical and state |
| Tollows of the case to the case to |
| to the the to the little |
| Auppen wiend l |
| that his property consists of the following items: |
| 72/1/1 |
| |
| of the value of |
| of the value of Dollars, that by reason of his physical |
| condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. |
| Deponent desires to participate in the bank of the first |
| 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 |
| s entitled for the year 1904. I have heretofore as a resident of |
| County been allowed a pension for the year 1203 |
| Sworn to and subscribed before me, this the John R. Logar |
| by a day of the service me, this the |
| A p day of 1904. |
| Stalle Stelle Cof Ordinary. |
| STATE OF GEORGIA, |
| Coupty. |
| I 1/2/2// 1/2/2/ |
| I, Ordinary of a did County, o certify that I am well acquainted with |
| ne applicant in the foregoing affidavit, and am well satisfied that the statements made |
| y bins in his said affidavit are true, and I know her is the individual he represents winsoff |
| be, and that he resides in this County. |
| Given under my official signature and seal, this |
| day of files 1904. |
| 2017 |
| Anni Fall of Julian |
| Ordinary County, |

Norm.—The blank spaces must be filled.

Norm.—Affidewie shoulth not be arrested before Panyany 1st, 1904.

POWER OF ATTORNEY.

| STATE OF GEORGIA, |) | | |
|----------------------------------|-------------------|--|--|
| . 6.6. | COUNTY. | | |
| fine Witney | Logor. | | hereby authorize |
| to receive and receipt for the I | ension allowed, a | nd request that | t he remit same to |
| | nt | | |
| by | Companie | | |
| WITNESS my hand and seal, | this 3 | day of | 1905. |
| | () 94 | is for | [L. S.] |
| Executed in the presence of | , | int, J | [L. S.] |
| - fill dam | | | |
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| |) | 1905 | ions. |
| . Solution | } ~ | | Commissioner of Prusions RANT RESPECT TO |
| O B IN MEDI | v € = | VED SEY, | ED 1 |
| Z Z Z | Regiment. | 23 LIND | THE STATE OF THE S |
| S'S T SEEL | Reg | AN I | Comus Tr. B |
| SE ALREADY EINDIGENTINGENT | Har.C. | WARRANT ISSUED JAN 23 JOHN W. LINDSEY, | WARRANT RA |
| | CX Z | ř | IF.II. |
| 1905. PENSIO | Name County | | |
| | S. S. | | |
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POWER OF ATTORNEY.

| John | Aut | 2 900 m | in | of | | | hereby autho |
|--|--------------|--------------|-----------|----------------|--|--|------------------|
| to receive | e and recei | pt for the | pension a | llowed, au | d request | that he | e remit same |
| | cuted in the | | X | D'es | Jan of Ja | any, | 7 1906. |
| Coas Saction 1254. (FOR THOSE ALREADY ENFOLLED.) | No. 480 | ER'S PENSION | white of | 39 14 Regiment | WARRANT ISSUED | JOHN W. LINDSEY. Commissioner of Pensions. | WARFANT HANBO TO |

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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

| TOR MITHORNIO MERELOTOROR ABBUILD I DROIONO, |
|---|
| STATE OF GEORGIA, |
| Coth County. |
| Personally appears I Logan of Coll |
| 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 glay of 18; that he is 60 years old and |
| by occupation a former, that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war between the |
| States, and served for the term of 10 Mind in Company It, of 37 the desiration of State Diegram West Barber's Brigade; that his physical condition is as |
| |
| follows: Trying & provide |
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| that his property consists of the following items: |
| hethur |
| } |
| 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, |
| 1891, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of |
| County been allowed a pension for the year 1904. |
| Sworn to and subscribed before me, this the |
| Any of the coc, 1905. |
| nhistories - Ordinary. |
| Je with the state of the state |
| STATE OF GEORGIA, \ |
| County. |
| 1, Potratiotrery 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. |
| 15/4 An Tree. |
| AMI COSCI |
| Ordinary . County. |

Ordinary. Norn.- The blank spaces must be filled. Note .- Affidavit should not be attested before January 1st, 1905.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| | LOVE VEFORED SEVENO |
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| State of Georgia, |) |
| Colo County. | } |
| OP V |) |
| Personally appears | of Cost |
| County, State of Georgia, who, being duly swi | orn, says on oath that he is a bona fide citize |
| bally and State, and | has resided in said Co |
| ay or | 18 that he !- |
| by occupation a, that he | enlisted in the will. |
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| 1020 | that his physical condition |
| follows: | mily pour |
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| that his property consists of the following iten | ns ; |
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| of the value of | Dollars. I am now earning |
| by my labor, physical condition and poverty be in a labor. | |
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| tectives no pension but the | One herein appli-1 C |
| 1894, and the Acts amendatory thereof | nefits of the Act approved December 15th, |
| 1894, and the Acts amendatory thereof, and mal is entitled for the year 1906. I have heretofor | |
| County, been allowed a pension for the year 190 | |
| Sworn to and subscribed before me, this th | O Dess |
| day of July 1906. | " Xoozan |
| XIII XIII | Men |
| The state of the s | Ordinary. |
| State of Georgia, | |
| County. | |
| when the county.) | |
| 1, Jemes Willy | Ordinary of said County, |
| do certify that I am well acquainted with | 1 trans |
| the applicant in the foregoing affidavit, and am | well satisfied that the statements made |
| and I know | he is the individual he represents himself |
| this County. | |
| Given under my official signature | and seal, this |
| day of | 7 1906 |
| Ami | husohn |
| pour pour production ordin | ary all |
| Nors —The black and | County. |

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1900.

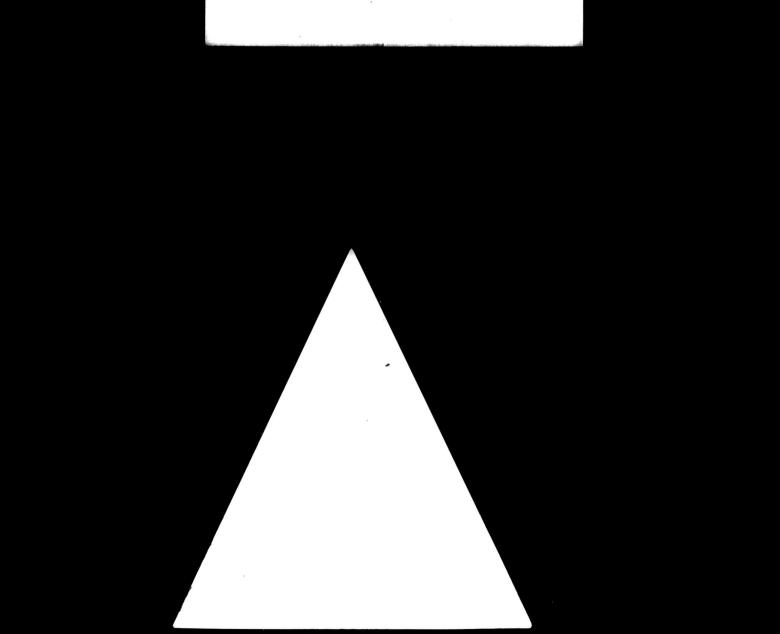
POWER OF ATTORNEY.

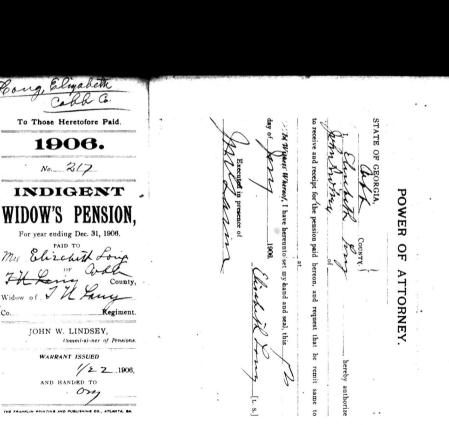
| STATE OF G | EORGIA |) | | | |
|----------------------------|--|--------------------------------|--|-------------------|----|
| | 666 | COUNTY. | | | |
| 1, | Progra | | | hereby authorize | |
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| o receive and | receipt for the p | | nd request that h | e remit same to | |
| E | 10-10-10-10-10-10-10-10-10-10-10-10-10-1 | at | | (4) | |
| y | | | * (| | |
| Witness | my hand and seal, | this 4 | Hay of | 1 0/ 1907. | |
| | | 70 | Brunga | [I. S.] | |
| Ежесь | ated in presence of | 0 | 0 | | |
| | | annes and Science (Management) | | | |
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| | 20 Fa - 2 | | tion of the sphane. | minerally lage. | |
| | | 1 | 1907. | | |
| FOR THOSE ALREADY EMPOLLED | | | 1907 Pensions | l e | |
| <u> </u> | | | 9 | WARRANT HANDED TO | |
| 20 | INDIGENT IRI'S PEI | 1 1 | WARRANT ISSUED JAN 21 GOHN W. LINDSEY, Commissioner of | DEC | |
| 23 | INDICE IER'S 1 | Try w | T IS | HY H | |
| 255 | | 10 7 3 | JAN 21 | 5 | 13 |
| No. | Z ZZ 💆 | | JAI | RRA | 7 |
| ₩ E | | 3 | F | A A | 1 |
| 7 5 | | Name County | | ē | ~ |
| 19 | S | Name County | 1 11 | | |
| \mathcal{I} | | | | | |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

| State of Georgia, |
|--|
| Sounty. |
| Personally appears All Tryan of With |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen |
| and resident of said County and State, and has resided in said State continuously ever |
| since theday of18; that he isyears old |
| and by occupation a, that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war between the |
| States, and served for the term of in Company to, of I the Regiment of Malic In soft Baster Bishet his physical condition is as follows: |
| that his property consists of the following items: |
| to the same of the |
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| of the value of Lam now earning |
| by myslabor, 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 a series of the serie |
| |
| State of Georgia, |
| I. Ordinary of said County, |
| do certify that I am well acquainted with |
| he applicant in the foregoing affidavit, and am well satisfied that the statements , made |
| by him in his said affidavit are true, and I know he is the individual he represents himself |
| to be, and that he resides in this County. |
| Given under my official signature and seal thisS |
| day of 1907. |
| Jun Trothey |
| Adda County. |

Norn.—Affidavit should not be attested before January 1st, 1907.





POWER OF ATTORNEY.

| The state of the s | |
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| STATE OF GEORGIA, COUNTY. County. Linkth liny, hereby au | thoriz |
| to receive and receipt for the pension paid hereon, and request that he remit s | ame t |
| day of Link Whereof, I have bereunto'set my hand and seal, this for the day of Link Long Elisabeth Long Executed in presence of | [L. S. |
| 1906. 1806. 207 INDIGERY INDIGERY For year ending Dec. 31, 1906. Kaginent. JOHN W. LINDSEY, Kaginent. JOHN | Table 10 STATE OF THE PARTY OF |

POWER OF ATTORNEY.

| • | STAT | E OF | FORGIA | , | _ | } | | | • | | | |
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| | | many - man- | eceipt for | | | _, at | | | | | nit sa | ıme te |
| ,² | day of | ln Wiln | ess Where | o/, I bav | e hereu 190 |)7. | • | | Z | 1/20 | 4 | [L. S. |
| | (x | Exec | uted in pr | resence o | | | | (| mi | NA | | |
| | (| | ¥ | | | | | | | | | |
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| 3 13 | De la companya de la | | T | SION, | 1907. | L | County, | Regiment. | f, Pensions. | 1907 | | į į |
| | To Those Heretofore Pa | 2 2 Z | OBN | PEN | For year ending Dec. 31, 1907 | 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 50 | | JOHN W. LINDSEY, | WARRANT ISSUED | AND HANDED TO | ATE PRINTER, ATL |
| | Those He | | DIC | S.MO | year endin | 3/2 | 47 | | OHN W. | WARRAN | AND HAP | W. HARRISON, STATE PRINTER. |
| الم الم | P F | | | | For | M | Widow of | 3 | ň | | | . 68 |

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, County of Cath Elizabeth Face | |
|--|-----------------------|
| 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 s | aid State |
| continuously ever since That she is the | Widow of |
| of the Proposed of | Company |
| of the Regiment of | |
| Volunteers, that he enlisted in said regiment on or about the month of | |
| *** | e died on |
| the | o area on |
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| age Infinity o povery | · · · · · · |
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| The second state of the second | |
| The second secon | |
| the second secon | 100 miles (100 miles) |
| Deponent swears that she was the wife of said deceased soldier, during his service in the A | - |
| soldier, and that she has never married since his death aforesaid, and that she became his | s wife in |
| the year 18 | |
| I have been allowed an Indigent pension as a resident of La Blo | |
| County, under Act 1900, for the year 1905, and now apply for the pension provided by la | w for the |
| year ending December 81, 1906. | |
| Sworn to and subscribed before me this 1 day of Song 1900. | 7 |
| Post Office | |
| State of Georgia, 1 white | Eg |
| County. Ordinary of said County, certify that | I am well |
| acquainted with Mrs. Church Comment, who made the above affid | |
| am satisfied that the facts therein stated are true, and I know she is the individual she re | |
| 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 this | 1906. |
| Official Seal Ardinary of Leaf | County |
| | ounty, |

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st. 1806.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

| STATE OF CEORGIA, | PERSONALLY COMES Mrs. |
|--|--|
| () AM | hat she is a bona fide resident of said County of |
| State of G Southnough ever since 14 12, 1-94 A Thurst | eqrgia and that she has RESIDED in said State That she is the Widow of who was a soldier in Company Regiment of |
| Volcunteers, that he callsted in said regiment on or al | |
| 186, and served in the Army up to | |
| theday of | |
| And the second of the second o | |
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| The second secon | |
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| where the second of the second | The second section of the second seco |
| Deponent swears that she was the wife of said deceas | ed soldier, during his service in the Army as a |
| oldier, and that she has never married since his de- | ath aforesaid, and that she became his wife in |
| he year 18.55. | |
| I have been allowed an Indigent pension as a re | V |
| County, under Act 1900, for the year 1906, and now | apply for the pension provided by law for the |
| car ending December 31, 1907. | hee |
| Sworn to and subscribed before me | () 1 T/X |
| day of flagy 1907. | elizabeth ding |
| + 7 | |
| State of Georgia, | mututa |
| | ordinary of said County, certify that I am well |
| m satisfied that the facts therein stated are true, and | |
| erself to be, and that she has continuously resided in | |
| ay of18 | |
| Given under my official signature and seal, this | they be day of Je 29 1907. |
| Official Seal | to hu Hwhay |
| Womer All Managery | of County. |

NOTE.—All blanks must be filled.

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

Oddinary of County. NOTE.—All blanks must be filled.
Vonchers and Affavits must bear date after January 1st, 1906. NOTE.—All blanks must be filled. Youchers and Affidavits must bear date after January 1st, 1907.

W. D. Whelchel ORDINARY HALL COUNTY

GAINESVILLE, GEORGIA

Jainweiter Ja Act 26" 1913

the The manigner J. J. Castleby and is I Palmon do huely certify that brincipue.

back of the confacily now belonging to pro the Lily Aux wife was given to Theme by me Telly, father james me look valence of perfects.

About three Thousand (\$ 5000 2" | dollars Shir act 25" 113.

Into the chee Ordering Fall County) Office Of

CLERK SUPERIOR COURT

R. C. BEARDEN, Clerk.

Dawsonville, Ga.,

Stat of Georgia Daisson

- Calerti of The Superior Comex of said burnity do hereby

Earlify that the records in This a ffice shows that & July only awned you Hour of land

in this Comity in his out names in The year 1908 I also believe That \$100 Would be a high

Nahre on some given under my hand und real This May 11th A14

R& Beardon Cx, 6

| | desire de la constitución de la | | and the same of th | cient per | | |
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| Cons Bectrol 1900. (FOR THOSE ALREADY EMPOLLED) | - | D. | IN day of | 10 7000 | STATE | |
| I/Corn 216 2 194 | | Execute | VITNESS V | ve and re | Se ce | |
| SOLDIER'S PENSION | • | d in presen | VHEREOF, | ceipt for t | RGIA, | PO |
| 1907. | | of of | I have her 1907. | | \12 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | POWER OF ATTORNEY. |
| County Cook | | 1 | cunto set 1 | of paid hen | NTY. | OF AT |
| Disability OC | | , | ny hand ar | con, and re | | TORN |
| JOHN W. LINDSEY, Commissioner of Pensions. | | | id seal, this | quest that | | EY. |
| WARRANT HANDED TO | | | , , , , , , , , , , , , , , , , , , , | be remit s | hereby au | |
| One W. Harrison, syate Printer, Atlanta, | | 9 | | 8 . | thorize | |
| 11, da | | | | | | |
| | DISABLED SOLDIER'S PENSION 1907. Name IV J. Regiment Disability Amount, AD JOHN W. LINDSEY, Ommissioner of Pensiona. WARRANT HANDED TO | DISABLED SOLDIER'S PENSION 1907. Name IV January County Co. N. J. Regiment Disability Amount, N. J. JOHN W. LINDSEY, Commissioner of Pensiona. WARRANT HANDED TO The W. RABBIRD, MATTE PRINTER, ATLANTA. | DISABLED SOLDIER'S PENSION 1907. Name IV J. Regiment Disability Amount, N.D. JOHN W. LINDSEY, Commissioner of Pensiona. WARRANT HANDED TO | DISABLED SOLDIER'S PENSION 1907. Name // Soldier Regiment Disability Amount, AD JOHN W. LINDSEY, Commissioner of Pensions. WARRANT HANDED TO | DISABLED SOLDIER'S PENSION 1907. Name A Sold Regiment Disability Amount, AD JOHN W. LINDSEY, Commissioner of Pensions. WARRANT HANDED TO The W. R. S. Binner, 14-14T Printers, Atlasts. | DISABLED SOLDIER'S PENSION 1907. Name A Sold Regiment Disability Amount, AD JOHN W. LINDSEY, Commissioner of Pensions. WARRANT HANDED TO The W. R. S. Binner, 14-14 Printers, Atlasts. |

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POWER OF ATTORNEY.

| STATE OF GEORGIA, | COUNTY. |
|---|--|
| to receive and receipt for the pe | ension paid hereon, and request that he remit same to |
| at_ | |
| In WITNESS WHEREOF, I have | e hereunto set my hand and seal, this 2 |
| Executed in presence of | MSx Long [1.0.] |
| COLDIER'S PENSION 1907. 1907. 1907. 1907. | County— County— Co. A 30 % County Co. A 30 % Co. Disability Amount, \$22 °C. JOHN W. LINDSEY, Commissions of Protects, WARRANT HANDED TO Co. A 30 % Lamber, 1971 Planter, ATLANG. |

... (Thu J. ... (" -

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

| State of (| Georgia, | 1 | |
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| Cleps | County. | } | |
| Personally ag | 1000 | · | 2 pl |
| | | of n, says on oath that he is a | - 201 |
| and resident of said | State and has resided th | herein continuously ever since | bona fide citizen |
| day of | | e enlisted in the military serv | |
| federate States (or o | | during the | |
| States, and served a | | in Company IL, of Je | |
| of_ | Volunteers Sleph | 's Brigade; that | th Regiment |
| in such military serv | | | whilst engaged |
| of | | was wounded, injured or disea | |
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| | | 1000 (1) | A Market Windows Market Landschaffe |
| | | pension to which he is entitl | The second second second second |
| | subscribed before me, thi | 1 - 1 2 | · · |
| - candio. | Tray | Postoffice | |
| particularly the extent of the | he nature of the wound or cha- e disability resulting from the w | aracter of disease which causes the dis wound or disease. | ability, and explain |
| State of G | | } | |
| | County. | | of said County, |
| do certify that I am | well acquainted with | Noong | |
| the applicant in the i | oregoing affidavit, and a | m well satisfied that the sta | tements made |
| to be, and that he res | | ow he is the individual he rep | resents himself |
| | under my official signat | ture and seal this 2 | |
| | - Any | 1907. / 1 | The second second |
| - / | 7 | Way Hoto | |
| (Ame | / | X JULY VIII | |
| your seal here | 4 | ordinary D | County. |
| | Nors Fill all blanks and of O Nors All vouchers and affida | wite must bear date after January lat, | 937. |

nere County. Nors.—Fill all blanks and of Company and Regiment.
Nors.—All vouchers and affidavits must bear date after January 1st, 1937.

WIDOW'S APPLICATION To Be Put on Roll in Her Own Right When Husband Was on the Pension Roll of Georgia.

Ordinary's Certificate

County

Company. Regiment

Date of Husband's Death This 2 Date of Marriage Two

Approved John W. Clark

STATE OF GEORG

COUNTY

davits, and that they are truthful and trustworthy and their statements are entitled to full faith January 1st, 1918 that I also know Hur Ova. marriage, and that both the foregoing were duly sworn by me before signing the respective affi , the witness as to

she represents herself to be, and that she is continuously a bona fide resident of said County since

Given under my hand and official (SEAL OF ORDINARY)

suscered the Ordinary skil is ear applicant and the witness in the fonoring www.

yas will be as hope to deal of the questions asked you and the evidence
fruit. So help you God. Its to each of the questions asked you and the evidence
fruits passes are insufficient.
The bottom of the Country of the Country of residence.
The protection of the Country of the More than the More t Instructions.

Instructions applicant and the witness in the following wordlinary shell swear applicant and the witness in the following wordwers make to each of the questions asked you and the evidence
on God."

5-18-26-8-

Commissioner of Pensions.

, the applicant for pension; that she is the person

Ordinary of said County, do certify that I

1926

dioners must use the Blue Application Blank and state and prove full term of hus-Disabled Pensioners made no proof of service and were not required to do so.

LOPPENCE, Eliza (Mrs.) County 1928

Application for Pension **Due Deceased Pensioner**

(UNDER ACT 1919) (To pay expenses of last illness and funeral)

Nan

2

Approved and ordered paid

Dec. 18, 1928 JOHN W. CLARK, A. Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Department for approval. Do not pay out the money until the approved blank is in your hands giving you authority to do so. Send back to the Pension Department with your receipted payrolls to be permanently filed with them. Do not keep this application in your office.

APPLICATION WIDOW'S jo

Ordinary's Certificate

COUNTY. Ordinary of said County, do certify that I forause, the applicant for pension; that she is the person she represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1918 that I also know Hen and Pellman, the witness as to marriage, and that both 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 eredit.

Given under my hand and official seel of office this (SEAL OF ORDINARY) County

Instructions.

- 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
 "You solemnly swear that you will true answers make to each of the questions-asked you and the evidence
 you shall give will be the critth. So help you God."

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

 3. As affinist must be made before the Ordinary of the County of residence.

 3. As affinish smut be made before the Ordinary of the County of residence.

 4. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reports of the county of the c

- Attach certified copies of marriage income it ownsames. If not, prove marriage, or some person, or or general real reputation.
 Wildows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of hus-band's service—because Disabled Pensioners made no proof effective and were not required to do so.

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. County. |
|---|
| Personally before me, the Ordinary of said County, comes |
| of said County, who, after being sworn, on oath |
| says that he knew Mus Leize Lourence of said County, and that said Pensioner |
| was on the Pension Roll of said County at the time of death which occurred in . |
| County, in this State, on the 15 - day of leculier 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 some per sworn statements fully and completel, |
| ITEMIZED hereto attached. |
| Summ to and subscribed before me, M. J. T. Ordinary Column County W. J. Dittmoon. |
| (Seal of Ordinary) |
| |
| CERTIFICATE OF ORDINARY |
| GEORGIA. 1. Ordinary of said County, do certify that I personally know II. Ditturary , 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 has lege doce while in life and that this was |
| the same person whose name appears on the Pension Roll of County, and |
| was paid a Pension of One Author tifly (\$150) Dollars |
| in said County for 192 . , 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 at- |
| tached hereto. |
| Given under my hand and official seal, this |
| (Seal of Ordinary) |
| Coole County |
| |
| INSTRUCTIONS: 18t. 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 n |

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.

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be Used by the Widow of a Disabled Soldier Pensioner.)

| Used by the Widow of a Disabled Soldier Pensioner.) | |
|--|----|
| STATE OF GEORGIA, | |
| County. | |
| Personally before me comes Eliza & Lorma of said County, | |
| who, after having been day sworm, says that the | |
| to whom, in the County of Asset State of Asset she was married on | ١. |
| the 19 day of 1828, and that she remained his wife, and resided with him to | |
| the date of his death in And 21 1926 and that she has not since his death remarried; at | |
| the time of his death he was a resident of County, in said State | |
| of Georgia, and he was on the Service Pension Roll of the State and paid a pension | |
| of \$50 in Fullon County for 1926 (per annum), on account of being a soldier in | |
| Company 12 Regiment 1. (Volunteers or State Militia). | |
| That she is now a bona fide resident citizen of said State of and she | |
| has, continuously, resided there since day of Avo 1877 18 | |
| Swern to and subscribed before me, this the | |
| Many of May 1926 Bliga & Lowran Ordinary Olympicani | æ |
| of County. | |
| (SEAL OF THE ORDINARY.) | |
| The state of the s | |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband. | |
| STATE OF GEORGIA. | |
| COUNTY. | |
| Personally before me comes has ava Pellinan known to be | |
| a responsible and truthful person, residing in said County, who after having been duly sworn, says | |
| that of deponent's own personal knowledge, Mrs | |
| affidavit, is the lawful widow of Junes III Komme who died in 2666 | |
| County in said State of Ta on the Z day of Afric , 1926, | |
| and that she has not since remarried, that she baseme the wife of that the that the the the the the the the the the th | _ |
| and wire, continuously, since had day of her 19, and that | |
| was the same man who was on the pension roll of said State from Huller | ! |
| County when he died. | |
| Sworn to and subscribed before me, this the | |
| May of may 1924 Aug Pittmon. | |
| of Roll County. | |

(SEAL OF ORDINARY)

(SEAL OF ORDINARY)

STATEMENT

ROSWELL, GA. Dec. 15, 19 28

3 50

M ge. Eliza .Lorrence, eceased.

Less Allowance

COPWOLL, GB.

ROSWELL STORE

The above and foregoing account is rendered for services of Funeral

of Ers. Flize r. Lorrence, who died without owning sufficient property to pay this

bill. Reswell Store

Sworn to and subscribed before me this 17 day of December 1928.

prdinary, Cobb County, Ga.

Georgia, Cobb County.

W. L. Burdette, being duly sworn says on oath that he knew

James M. Lowrence, during his life time and that he knew Mrs. Eliza C. Lowrence as the wife of said J. M. Lowrence.

and as his widow, that he has know them as man and wife for the past forty (40) years and that they were living together as such

Wersonally appeared before the undersigned

at the time of his death, April 21, 1926. That she is now the widow of said J. M. Lowrence.

Sworn to and subscribed before me, this May 7, 1926.

Ordinary Cobb County, Georgia

Georgia, Cobb County.

I, J. M. Gann, Ordinary of said County, certify that W. L. Burdette is a resident of said County and is of good Character and all statements made by him are entitled to full feith and credit.

Witness my hand and seal of office.

This May 7, 1926.

Ordinary, Cobb County, Georgia.

State Dapt. Public Welfare. Sept. 25, 1937. D. W. Loudermilk emlisted in Under Act of 1910-As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937. Name Mrs. Thice Landermick Widow of D. W. Landermille Director Confederate Date of Marriage Oct. 26 Date of Husband's Death Oct 24 1924 Company

Ordinary's

Certificate

OF

GEORGIA

COBB

COUNTY

State since January 1st, 1920; that I also know Jas. J. Alice herself to be, and that Loudermilk Daniell y of said pension; that

of said County service of husband and /or the marri ge; that both of them that

(SEAL OF ORDINARY trustworthy щy statements are entitled to full faith and credit

e Ordinary shall swear make to each of the qu widow who is already If not, prove 3 and the eviden icant or by

INSTRUCTIONS

Cobb

AUG 27 1937

Georgia Cobb Comis Personally appeared before the b. L. Georgia - Resonally appeared sifure Cook Poury J. Mr. a. H. Milliams Seing duly Down Bays. That the J. P. Lilly Summerhun and being duly Sum on agth Says: Had he is now a Citizen of Cobb County &. but family of Daws on County: That he has known I . O felly for many years, also that he know the is well brown to him that he lives near Bais Pail's and sommes that the home where I.P. Lilly how lives in the property of his lings of the Lilly for at least so years that officent three a farm in Damon County, comment by Tuna. hife She have your chances the Same with the foreced of the Bale of porterly She owner in Dawson to See and to his smoothly J. P. Lilly that She inherited Said farm her father James Il Godo. She sessing This farm on a division of the Estate of Said James W Coll as The Baid & PLelly door hit own in his her fort in The real totale of Gobb. that The Same Own more any property except /2 Intrest? Eminter of about 90 aprils, and a fair valuation in a will lat to land in Dawson County of The Same on how 42/908 would have been Value mit more than "500 One much Value To #2000,00 Fast Said farm was Sold in 1912 and my gon value 10 and the home where for the fine 2600" To A D. Block, and if they live belongs to his nife value 1200 The Said J.P Lilly anned any property other Surn to and Subscribes a & Williams Than Some personal property This affirm like hat tenon of it. May 16 /14 Som h and Bubrowle . 6. Valle was ofine my this april 25/14 Ortinary Ordinary

State Dept. Public Sept. 25, 1937. Widow's Application Under A 1919, 1

Ordinary's Certificate

5

| STATE OF C | GEORGIA, |
|-------------------|---|
| | COUNTY. |
| 1, | Jas. J. Daniell , Ordinary of said County, do certif |
| that I know. | Mrs. Alice Loudermilk the applicant for pension; that |
| she is the pers | on she represents herself to be, and that she has been, continuously, a bona fide residen |
| citizen of said ! | State since January 1st, 1920; that I also know J. F. Lee |
| the witness who | swears to the service of husband and/or the marriage; that both of them are now resident |
| | and were duly sworn by me before signing the foregoing affidavits, and that they are |
| | ustworthy and their statements are entitled to full faith and credit. |
| Given und | er my hand and seal of office this |

(SEAL OF ORDINARY) Cobb County.

- 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 saked you and the evidence you shall give will be 2. Additional affidavits may be attached if blank spaces are insufficient.

 2. Only widness who married prior to January is, 1920, are metited.

 3. Only widness who married prior to January is, 1920, are metited.

 4. Even the property of the County in which the applicant or witness resides and must be certified by such Ordinary.

 5. Attach certified topy of marriage licensis for bloshinable. 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 bully 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.)

| 31/ | ATE OF CEORGIA, |
|---|---|
| • • • | COUNTY. |
| | Personally appears before me, Mrs Wick oud orwill 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 |
| Con | stitutional Amendments of 1920 and 1937, and submits testimony to support the same, and after |
| beir | ng duly sworn, true answers to make to the questions propounded, answers as follow, to wit: |
| | CTION I. |
| | |
| | mis alice dondernella RTA Smina Colla In |
| - 6 0 | How long and since when have you been, continuously, a bona fide resident citizen of the State corgia? |
| | P-1 5/2 |
| 3. | e date, or year, of your birth. Cots. 29, 1860 Age? 76 |
| | Oct 26, 1914, near Colling Ergs Church Colo Co All Rough |
| a. | Have you married since the death of area and soldier husband? |
| b. | When and where did your first husband die? Qt. 24, 1724, Cobb Co. Ja |
| c. | Were you residing together when he died? |
| d. | the total find you resided aparts |
| e. | 4 |
| f. | Have you or your husband heretofore been paid a pension by the State? |
| g. | If so, when and for what cause were you or your husband placed on the roll 1973 on Confee TION II. relies remain roll in Cookies |
| 1. Conf | 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 ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. |
| I. Conf ry, (| When, where and in what Company and Regiment did your husband enlist as a soldier in ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. |
| I. Conf ry, (| When, where and in what Company and Regiment did your husband enlist as a soldier in ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infancavalry, Artillery, Reserves, State Guards, State Militia or State Troops. When and where did the Commands of your husband surrender or discharge from the Service? |
| I. Conf ry, (| When, where and in what Company and Regiment did your husband enlist as a soldier in ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-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? |
| I. Conf ry, (| When, where and in what Company and Regiment did your husband enlist as a soldier in ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infancavalry, 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? |
| 1. Conf rry, (2 | When, where and in what Company and Regiment did your husband enlist as a soldier in ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-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? |
| 1. Conf rry, (2. 3. | When, where and in what Company and Regiment did your husband enlist as a soldier in ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-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?. |
| 1. Confry, (2. 3. 4. 5. a. b. | When, where and in what Company and Regiment did your husband enlist as a soldier in ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-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? |
| 1. Confry, (2. 3. 4. 5. a. b. | When, where and in what Company and Regiment did your husband enlist as a soldier in ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-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? |
| 1. Conf rry, (2 | When, where and in what Company and Regiment did your husband enlist as a soldier in ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-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? |
| 1. Conf ry, (2. 3. 4. 5. a. b. c. e. | When, where and in what Company and Regiment did your husband enlist as a soldier in ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-Cavairy, 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? For what cause did he leave? For how long was his leave of absence granted? What was his ph sical condition when he left his Command? |
| 1. Confry, (2. 3. 4. 5. a. b. c. f. | When, where and in what Company and Regiment did your husband enlist as a soldier in ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-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? For how long was his leave of absence granted? What was his ph sical condition when he left his Command? What was his ph sical condition when he left his Command? |
| 1. Confry, (2. 3. 4. 5. a. b. c. f. g. | When, where and in what Company and Regiment did your husband enlist as a soldier in ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-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? 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? |
| 1. Conf ry, (2. 3. 4. 5. a. b. c. f. g. h. | When, where and in what Company and Regiment did your husband enlist as a soldier in ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-Cavairy, 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? What was his physical condition when he left his Command? What was his physical condition when he left his Command? What way was he prevented from going back to his Command? Was he captured by the enemy at any time? |
| 1. Conf rry, (2. 3. 4. 5. a. b. c. f. g. h. | When, where and in what Company and Regiment did your husband enlist as a soldier in ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-Cavairy, 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? What was his physical condition when he left his Command? What was his physical condition when he left his Command? What way was he prevented from going back to his Command? Was he captured by the enemy at any time? |
| 1. Conf rry, (2. 3. 4. 5. a. b. c. f. g. h. i. | When, where and in what Company and Regiment did your husband enlist as a soldier in ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-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? For how long was his leave of absence granted?d. In what way? What was his ph sical condition when he left his Command? What was his ph sical condition when he left his Command? What was his ph released 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? |
| 1. Confry, (2. 3. 4. 5. a. b. c. f. g. h. i. | When, where and in what Company and Regiment did your husband enlist as a soldier in ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-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? For how long was his leave of absence granted? What was his physical condition when he left his Command? What was his physical condition when he left his Command? What was his physical condition when he left 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? |
| 1. Conf rry, (2. 3. 4. 5. a. b. c. f. g. h. i. | When, where and in what Company and Regiment did your husband enlist as a soldier in ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-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? For how long was his leave of absence granted? What was his physical condition when he left his Command? What was his physical condition when he left his Command? What was his physical condition when he left 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? |
| 1. Confry, (2. 3. 4. 5. a. b. c. f. g. h. i. | When, where and in what Company and Regiment did your husband enlist as a soldier in ederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-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? For how long was his leave of absence granted? What was his physical condition when he left his Command? What was his physical condition when he left his Command? What was his physical condition when he left his Command? What was his physical condition when he left his Command? What was he physical condition when he left his Command? What was he physical condition when he left his Command? What was he physical condition when he left his Command? What was he physical condition when he left his Command? What was he physical condition when he left his Command? What 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? If so, when and subscribed before me, this the |

An Affidavit

| An Affidavit | Questions for Witness as to Marriage and Service of Husband. |
|--|---|
| (Read carefully before making this affidavit.) | STATE OF GEORGIA |
| | COUNTY. |
| State of Georgia, | |
| County of | as a witness in support of the application of Mrs. Who with the Art of 1919 as a support of the pension of the Art of 1919 as a support of the pension of the Art of 1919 as a support of the |
| Before me, the Ordinary of said County, comes Mrs. | provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 19, and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answer |
| who, after being duly sworn, deposes and says: | as follows, to-wit: |
| That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers; | 1. What is your name and where do you reside? (Give Post Office and County) |
| 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; | 2. How long and since when have you known Mas alice of undermill applical |
| That she is unable to obtain from any person or source evidence as to the Confederate mili- tary service of her deceased soldier husband; | 3. Where does she now reside, and since when has she been, continuously, a bona fide resident citize of this State? NHO Smure. |
| 4. That this affidavit is being made to authorize the use, as evidence, of any official record of said | 4. When and to whom was she married? Any franchistow do you know? They lived |
| Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of | 5. How long and since when did you know All and really |
| the Adjutant-General, Washington, D. C. | husband? Irom about \$12 to time of his death |
| | 6. When and where did A.W. Douderwill + |
| Sworn to and subscribed before me, this the | the husband of applicant, die? Oct. 24, 1924, Cololo, Ja. |
| | 7. Were the applicant and her husband living together as husband and wife at the date of his death |
| day of , 193 | fla. |
| , Ordinary, | |
| County. | 8. If not, how long did they live apart before his death? |
| County | Were they divorced? |
| | If the husband of the applicant was a pensioner, DO NOT answer the following questions |
| 0 | 9. When, where and in what Company and regiment did |
| | 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 Com |
| | pany and Regiment? (Give dates.). |
| | 12. When and where was his Command surrendered or discharged? (Give date and place.) |
| | 11. Were now approach and the day of |
| | 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 speci fically). |
| | |
| | 15. For what cause, if you know of your own knowledge, was he prevented from returning to his Com |
| | mand? |
| | 16. What effort did he make to return to his Command and how do you know this? |
| | 17. Was be recorded as a first of |
| | 17. Was he captured as a prisoner? If so, when and where? |

In what prison was he held? amd when released?

Lel
(Witness)

COURT OF ORDINARY, COHH COUNTY JAB J. DANIELL, ORDINARY MARIETTA, GA.

Georgia, Cobb County.

This is to certify that D. W. Loudermilk and Alice Daniell were married on the 25th day of October, 1914 as found on Marriage Record Book G, page 181, Cobb County Record of Marriages.

Given under my hand and seal of office, this l3th day of August, 1937.

Mo. J. Amul

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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

WHEREAS :

MRS. ALICE LOUDERMILE, WIDOW OF D. W. LOUDERMILK,

has filed in this office an application for the Georgia pension allowed to widows of Confederate weterans; 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 lat, 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 1937

Director, Confederate Division In State Department of Public Wolfare

| Sworn under my hand and official seal of office this | Ordinary's Certificate STATE OF GEORGIA. COUNTY COU |
|--|--|
| | Sworn under my hand and official seal of office this |

| TATE OF GEORGIA, | · l | |
|---|--|--|
| | COUNTY. | |
| Ĭ | Ordinary of said Coun | nty, certify that I know |
| e applicant | for pension is the person he repres | sents himself to be and |
| esides in said county. T | nat I also knowthe | witness swearing to the |
| rvice, that they are both | residents of said county and were duly sworn by me be | fore signing the forego- |
| g affidavit and they are | all truthful and trustworthy and their statements are e | ntitled to full faith and |
| redit. | | |
| Sworn under my hand a | nd official seal of office thisday of | 19 |
| | Ordinary) | |
| | County | |
| SEAL) | en e | |
| OTEN: 1. Refere any question of selecting you give shall be the wife. Additional affiday! 3. All affidays must be certified by | in are amovered the Ordinary shall overer applicant and witnesses that you will true assesses that you will true assesses that to each of the questions to do truth. No shotly you God." **may be attached if blank syaces are insufficient, be made before the Ordinary of the country in which the applies such Ordinary. | es in the following words: maked you and the evidence ant or witness resides and |
| must be certified by | ne are numered the Ordinary shall event applicant and witness aware that you will true answers make to each of the questions old truth. No holy you God." I may be attached if blank spaces are insufficient, located the ordinary of the country in which the applies such Ordinary | ee in the following words: maked you and the evidence ant or witness resides and |
| OTEM 1. Hef-re any questi- 'You de selemnly 'Du gire selemnly 'E Additional affidavi 'A All affidavit must must be certified by | ne are numered the Ordinary shall event applicant and witness awars that you will true answers make to each of the questions to clear this. No holy you God." """ may be attached it blank spaces are insufficient, """ which the ordinary of the county in which the applicated Ordinary. | es in the following words: asked you and the evidence and or witness resides and . |
| must be certified b | ne are numered the Ordinary shall event applicant and witness awars that you will true answers make to each of the questions to truth. No help you God." "may be attached it blank spaces are insufficient. "may be attached it blank spaces are insufficient, which the application of the ordinary of the county in which the application of the ordinary. | ee in the following words: asked you and the evidence ant or witness resides and |
| must be certified by | ne are numered the Ordinary shall every applicant and witness award that you will true answers make to each of the questions to crath. No help you ded." "may be attached to thank spaces are insufficient. "my be attached to thank spaces are insufficient, and the ordinary of the eventy in which the applicanch Ordinary. | ee in the following wards: saked you and the evidence and or witness resides and |
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Application for Soldier's Pension Under Act 1910 Amended by Act 1919

Questions For Applicants to Answer

| STATE OF GEORGIA, |
|--|
| COUNTY |
| of said State and County, hereby applies |
| for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits |
| his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to |
| make to the questions propounded, answers as follows, to-wit: |
| 1. What is your name and where do you reside! (Give County and Post-office). |
| Luciana Congre |
| 2. How long and since when have you been a continuous resident citizen of this State! |
| of my tike |
| 3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from |
| 1861 to 18651 . 2 200 1 111 . well derail + Colo |
| 4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of |
| Service) work is 14 2 36 11 Service and the alle All Assessed |
| 5. How long did you remain in the netual pellitary service with said Company and Regiment! (Give |
| date of discharge) 100 / Carch 11th 136: la Minay 16 th 12g |
| 6. When and where was your Company and Regiment surrendered or discharged from the Service! |
| would the was appromatted in |
| 7. Were you actually present with your command when it was surrendered or discharged? |
| 8. If you were not actually present, state specifically and clearly where you were |
| a. Where was your command, when you left it! |
| |
| b. When did you leave the command! |
| e. For what cause did you leaved |
| d. By whose authority did you leave! |
| e. For how long was your leave granted! In what way! |
| The state of the s |
| 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 warf W.Co |
| j If so, when, and wheref In what prison were you held and when were you released f, Last 1. |
| and the second of the second o |
| 9. Are you drawing a pension of any amount from this State or the United States? |
| 10. Have you ever applied for the Georgia Pension and had it refused! and for what cause it was |
| not allowed! |
| and the same |
| Sworn to and subscribed before me, this the |
| 35 day of October 1922 |
| Ordinary) |
| of County |
| (SEAL) |
| |

CERTIFICATE OF OPDINARY

| OLKINI | AIL OF ORDIN | ARI | - 1 |
|--|---|--|------------------|
| TATE OF GEORGIA, | Georgia. | | |
| 1 Mar | , Ord | linary of said County, do certify | |
| that I personally know Mo C | Lise Gridena | the applicant, and that she | 1 |
| is the lawful widow of 24 | Condemi | UC, and was on | |
| the Somme Pension Roll o | of said Coll | County, and was paid | 3 |
| Pension from CobL | Cou | nty for 1924, and at the time | |
| of his death on the 10 day of day | Palober | 192.44, there was due to | 3 |
| nim and unpaid his Pension of | 25 | Dollars from the State | |
| of Georgia, and I know | Lympy | the within | -5 |
| vitness, and he is of a truthful and trus | tworthy character and en | titled to full credit. | 9 |
| Given under my hand and seal this | 14 of hm | em ber , 1924. | |
| (Seal of Ordinary) | Vm. | 9 | |
| | | ann, Ordinary | |
| | (| County | - |
| | | | |
| | | | |
| | | | |
| N | ~ | | ~ |
| County Due Due | 3 3 3 4 | 1924 ions. send ap- | |
| | 3 7 2 8 | 1 paid. 19 16.GREGOR, or of Pension of tall and se transfer for a tall and se e money, a rolls for persons for pension of the pe | |
| 1924 ication for Pension Deceased Soldier (UNDER ACT 1881) paid to his Widow or Der | 138 | | |
| 1924 I pad for Pens Carbon for Pens Carbon as Waker or France of the Waker or France or the Waker or | 30202 % | C. R. M. Departs out the cout | |
| 992/992/ | 0 3 3 | C. Commit about the pay of h your see Penn see | |
| | 24 39 | | |
| | . केटर हैं में | Approved Ty: Fill It to Pe ffore you I'm it w | |
| T 12 3 | 4 = = | Appro Ordinary:] s blank to wal before n return if | |
| Appl | Mrs. / Widow Date o | Ord his b roval hen 1 | |
| Print and Control of the Control of | | | |
| The second state of the second | e constant materials partitioner of the copy of the | The second of the second secon | Sec. of Addition |
| EORGIA, | | | |
| I hereby authorize and constitute | | , of said County, my | |
| wful attorney to collect, and receipt for | me in my name, for the | Pension due me for 192, | |
| | | | |

through my deceased husband,....., who was..... Attested before me:

Application for Pension Due Deceased Soldier (To Be Pald to His Wildow or Dependent Children)

(UNDER ACT APPROVED OCTOBER 9, 1891

| STATE OF GEORGIA, County. |
|--|
| Personally before me, the Ordinary of said County, comes Mrs Class Couling |
| of said County, who after being duly sworn, on oath says that she is the widow of |
| P.18 |
| and that said Pensioner was on the Pension Roll of |
| and was paid a Pension of One Hundred (8/00) Dollars |
| from County for 1924, and that the said Pensioner |
| died in County og |
| the O day of October 1924, and at the time of his death a Pension of \$2.5 was due him from Oounty and unpaid for 1924. |
| 1.10 |
| |
| the 26 day of October, 1814, in County and |
| State of, 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 |
| M. Davis Ordinary) of M. of |
| Oth County Mas allice Louder uses |
| (Seal of Ordinary) |
| ARFIDAVIT OF WITNESS |
| , |
| STATE OF GEORGIA, Cool County. |
| Personally before me comes / Stanly who |
| on oath says that he knew. Dir Robertsennuth while in life |
| One Control |
| and that he knows mrs |
| above applicant; and knows that the said All Facules suich |
| and William Cause were in due form of law married in the County |
| of Coli la in the State of Bengin |
| |
| |
| together as husband and wife at the time of his death on the day of |
| October , 1924, and that she is his dependent widow. |
| Swore to and subscribed before me this day of November 1924. |
| Joseph Ordinary Jofffacular |
| County |
| (Seal of Ordinary) |
| INSTRUCTIONS: irt. This form is for widows of Service and Disabled sholler pendoners, who died after November let. If pensioner died after January Irt, leaving dependent children but no widow, their grandless may use this form in their behalf. |
| pensioner and widow were living together as husband and wife at the time of death. ard, Do not use the snormonally large form of marriage certificate in common rogue throughout the State, suitable only for framing. Such scrifficate is entirely too built for such |
| marriage license is the proper thing. A plan certificate written on the back of the copy of the two copy of the proper thing. A plan certificate written on the back of the copy of the two copy of the property of the prop |
| Seb. Pay and he many on this confinence, went folded, in filled in. |

(Seal of Ordinary) INSTRUCTIONS:

ist. This form is for widows of Service and Dinabled Soldier personalments, who died after November 1st. II pensioner died after January 1st, bestriet despendent shiftern but no widow, their generican may use this form in their behalf. If the pensioner died after pensioner and with the state of death, the pensioner of the state of the state of death, and the state of
THE ADJUTANT GENERAL'S OFFICE WASHINGTON

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WAR DEPARTMENT

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Polut e Davier