

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Appt*

County

Personally appears

*H. C. Power*

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 *1842* that he is *58* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States for of the State of *Georgia* during the war between the States, and served for the term of *3 years* in Company *C* of *Phillips Legion* of *La Grange* that his physical condition is as follows *On account of infirmity, disease and poverty he is unable to support himself*

that his property consists of the following items *Nothing*

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

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

Sworn to and subscribed before me, this *26th* day of *January* 1902

STATE OF GEORGIA,

*Appt*

County

*John Hartney*

Ordinary of said County

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

Given under my official signature and seal, this *27th* day of *January* 1902

Ordinary *John Hartney* County *Cobb*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Cobb* County.

Personally appears

*H. C. Power* 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 *1842* that he is *59* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States for of the State of *Georgia* during the war between the States, and served for the term of *3 years* in Company *C* of *Phillips Legion* of *La Grange* that his physical condition is as follows *Infirmary Disease and Poverty he is unable to support himself*

that his property consists of the following items *Nothing*

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

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

Sworn to and subscribed before me, this *26th* day of *January* 1902

STATE OF GEORGIA,

*Cobb*

County

*John Hartney*

Ordinary of said County

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

Given under my official signature and seal, this *27th* day of *January* 1902

Ordinary *John Hartney* County *Cobb*



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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Capt* County. }  
 I, *H. G. Power* hereby authorize  
*John Lindsey* of *Marilla, Ga.*  
 to receive and receipt for the pension allowed and request that he remit same to  
 at \_\_\_\_\_  
 by *hand*

Witness my hand and seal, this *5th* day of *January* 1903.

Executed in presence of

*H. G. Power* [L. S.]

# POWER OF ATTORNEY.

STATE OF GEORGIA.

*Cobb* County. }  
 I, *John Lindsey* hereby authorize  
*John Lindsey* of \_\_\_\_\_  
 to receive and receipt for the pension allowed and request that he remit same to  
 at \_\_\_\_\_  
 by \_\_\_\_\_

Witness my hand and seal, this *1* day of *Jan* 1904.

Executed in presence of

*H. G. Power* [L. S.]

*Power, H. G.*  
*Capt*  
 (FOR THOSE ALREADY ENROLLED)  
 No *497*  
 INDIGENT  
 SOLDIER'S PENSION  
 1903.

Name *H. G. Power*  
 County *Cobb*  
 Co. *C* *Regt 1st Legion*

WARRANT ISSUED

*123* 1903.

JOHN W. LINDSEY,

(Commissioner of Pensions)

WARRANT HANDED TO

*Grady*

Geo. Harris - State Printer Atlanta

*7. 1903*

*Power, Henry B.*  
*Capt*

(FOR THOSE ALREADY ENROLLED.)

No *642*

INDIGENT  
 SOLDIER'S PENSION  
 1904.

Name *H. G. Power*  
 County *Cobb*  
 Co. *C* *Regt 1st Legion*

WARRANT ISSUED

*125* 1904.

JOHN W. LINDSEY,

(Commissioner of Pensions)

WARRANT HANDED TO

*Grady*

Geo. W. Harris - State Printer Atlanta

*no date*



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Cobb* County.)

Personally appears *H. C. Power* 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 *1842* that he is *57* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 years* in Company *C*, of *2nd Cavalry Legion* of *La. Vols*; that his physical condition is as follows: *on acct of injury & poverty he is unable to support himself*

that his property consists of the following items

*nothing*

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1

Sworn to and subscribed before me, this the *12* day of *January*, 1903.

Ordinary.

STATE OF GEORGIA,

*Cobb* County.)

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

Given under my official signature and seal, this *12* day of *January*, 1903.

Ordinary

*Cobb* County

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Cobb* County.)

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

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of *—* County been allowed a pension for the year 1

Sworn to and subscribed before me, this the *1* day of *January*, 1904.

Ordinary

STATE OF GEORGIA,

*Cobb* County.)

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

Given under my official signature and seal, this *1* day of *January*, 1904.

Ordinary

*Cobb* County

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

John H. Power hereby authorize  
John H. Power of \_\_\_\_\_  
to receive and receipt for the pension allowed, and request that he remit same to  
\_\_\_\_\_ at \_\_\_\_\_  
by \_\_\_\_\_

WITNESS my hand and seal, this 19 day of January 1905.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

John H. Power hereby authorize  
John H. Power of Cobb  
to receive and receipt for the pension allowed, and request that he remit same to  
\_\_\_\_\_ at \_\_\_\_\_  
by \_\_\_\_\_

WITNESS my hand and seal, this 2 day of January 1906.

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

## INDIGENT SOLDIER'S PENSION 1905.

Name John H. Power  
County Cobb  
Co. K Regiment

Philip H. Power  
WARRANT ISSUED

JAN 19 1905.

JOHN W. LINDSEY.

Commissioner of Pensions

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

JOHN W. LINDSEY, JUNIOR, STATE PRINTER, ATLANTA.

no date

Power, Henry C.  
Cobb County

COSS SECTION 1254.  
(FOR THOSE ALREADY ENROLLED.)

No. 704

## INDIGENT SOLDIER'S PENSION 1906.

Name H. C. Power

County Cobb  
Co. Phillips Legion

La. v. v. v.  
WARRANT ISSUED

1/22 1906.

JOHN W. LINDSEY.

Commissioner of Pensions.

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

THE PENSIONER'S AND PENSION CO. INC. W. H. HARRIS, MGR.

no date

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, }  
Cobb County. }

Personally appears W. C. Power 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 \_\_\_\_\_ 1842; that he is 62 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served for the term of 3 years in Company C, of Phillips Legion of Georgia, that his physical condition is as follows: Weak, infirm, and poor

that his property consists of the following items: Nothing

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

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

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 1905.

Ordinary.

STATE OF GEORGIA, }  
Cobb County. }

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

Given under my official signature and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1905.

Ordinary

County.

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia, }  
Cobb County. }

Personally appears Henry C. Power of Cobb

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

that his property consists of the following items: \_\_\_\_\_

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

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

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 1906.

Ordinary.

State of Georgia, }  
Cobb County. }

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

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

Ordinary

County.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY. }

I, H. C. Porter, hereby authorize  
John Lindsey of \_\_\_\_\_  
to receive and receipt for the pension allowed, and request that he remit same to  
\_\_\_\_\_ at \_\_\_\_\_  
by \_\_\_\_\_

WITNESS my hand and seal, this 14 day of January 1907.  
H. C. Porter X [L. S.]

Executed in presence of  
Mrs. [Name]

Power, Henry C.  
Coff Co.  
Great Seal of 1864  
(FOR THOSE ALREADY ENROLLED)

No. 6947  
INDIGENT  
**SOLDIER'S PENSION**  
**1907.**

Name H. C. Porter  
County DeKalb  
Col. Philip [Name]

WARRANT ISSUED  
JAN 21 # 1907.

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDED TO

Geo. W. HAMMON, STATE PRINTER, ATLANTA.

*no data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.  
Personally appears H. C. Power of Cobb

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

that his property consists of the following items: \_\_\_\_\_

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

Deponent desires to participate in the benefits of the Act approved December 18th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1907. \_\_\_\_\_ Ordinary. L. C. Power

State of Georgia,

Cobb County.  
I, John Sutro Ordinary of said County,

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

Given under my official signature and seal this 1st day of May 1907.



John Sutro Ordinary Cobb County.

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

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

PENSION OFFICE,

June 9 1909

To H. C. Parsons

Meritts Cotta, Ga.

SIR

You are hereby notified to furnish to this office on or by the 23<sup>rd</sup>  
day of June 1909, sufficient competent evidence, why you should  
not be stricken from the Indigent Pension Roll of  
Cotta County, for cause stated below, preferred against you  
by Grand Jury 1909.

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

Prove that you are not entitled  
to the Pension

JW Lindsey  
Comm of Pensions

Powers, D. G.  
Cobb County

Ex-Parte  
Proceedings

vs

H. C. Powers

Thorp

Not entitled  
to the Pension

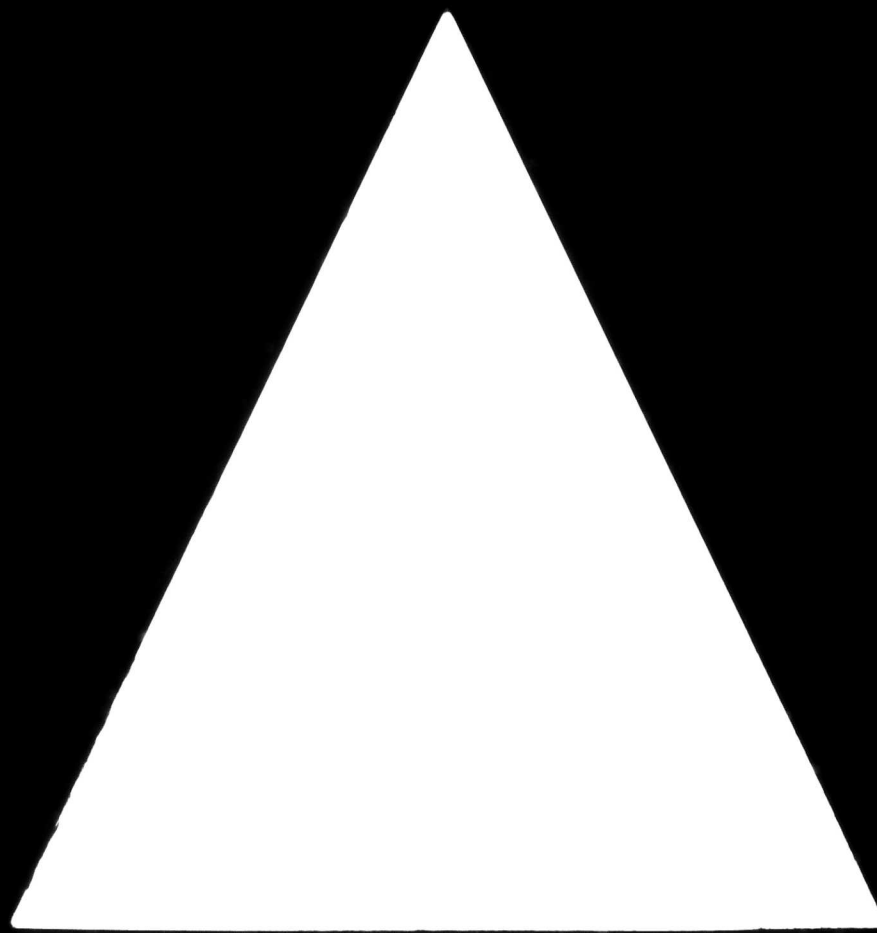
Cited June 28-  
1909

St. Louis, Mo.

June 21-1909

It appears that in 1861  
the Government made a  
survey of the land in  
this section and found  
that the same was owned  
by the Government and  
the land was sold to  
the land of the  
Hall of the

Attest  
Clerk of Court





Prather, Catherine  
Cobb County  
1921

Application for Pension Due  
Deceased Pensioner  
Under Act 1904.

J. M. Gamm Ordinary  
for Catherine Prather  
Cobb County  
94 years old  
of Co. #105. Regiment

Approved and ordered paid \$105.00

J. W. LINDSEY  
Commissioner of Pensions

Dec  
Oct 28 1921

Note 1—Use this blank only when the Pension is wanted to pay funeral expenses

ATTEST BY

Georgia, \_\_\_\_\_ County, \_\_\_\_\_  
I hereby authorize and constitute \_\_\_\_\_  
of \_\_\_\_\_ County, my lawful attorney to collect and receive  
for me in my name, the pension due to \_\_\_\_\_ for \_\_\_\_\_  
191 \_\_\_\_\_ now deceased, who was on the \_\_\_\_\_ Pension Roll from said  
County at his death. \_\_\_\_\_ 1915  
Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1915

# Application for Pension Due to a Deceased Pensioner

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

Georgia, Cobb County.

Personally before me, the Ordinary of said County, comes.....

J. S. Prather of said County, who, after being sworn, on oath says that  
he knew Thos. Catharine Prather of said County, and that he was on  
the Indigent Pension Roll Cobb County at the  
time of his death, which occurred in Cobb County, in this  
State, on the 28<sup>th</sup> day of October, 1921, and that  
a Pension of \$125.00 Dollars was due him and

60.00  
37.50  
3.50  
4.00  
105.00

unpaid at the time of his death. She was a pensioner  
That he left no widow, or dependent children surviving him, and no  
estate of any value sufficient to pay his funeral expenses, which amounted to the sum of \$105.00  
and expenses of last illness advanced by J. S. Prather

Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me  
this 13 day of Dec, 1921

William R. Maudslayi  
Fulton  
J. M. Ginn Cobb  
Georgia,  
as to Fred Davis

Ordinary  
County

J. J. Prather  
Fred Davis

County.

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

I also knew Thos. Catharine Prather while in life; that he  
was the same person whose name appears on the Indigent Pension  
Roll of Cobb County, and was paid a Pension  
of One hundred & twenty five Dollars in said County for 1921, and  
I now believe him to be dead.

Given under my hand and official seal, this 17<sup>th</sup> day of Dec, 1921

J. M. Ginn Ordinary.  
Cobb County.

## Statement

AC WORTH, GA. Oct 27, 1921

Mr. J. F. Collins &amp; Son

In Account with

**J. F. Collins & Son**Furniture, House Furnishings, Stoves, Etc.  
FUNERAL DIRECTORS & EMBALMERSTo the credit of  
J. F. Collins & Son  
\$50.00

Received Payment

By J. M. Gartin J. F. Collins &amp; Son

He appeared before me  
at the terms of J. F. Collins & Son  
this deposit and Smith that the  
above account is just and true  
the same was paid to J. J. Burtz  
for his mother Mrs. Catherine Burtz

Signed J. F. Collins

J. A. Ford  
N. P. Cobb Co. Inc.

## Statement

AC WORTH, GA. 12/16 1921

Mr. H. B. Terry

In Account with

**H. B. Terry**

PHYSICIAN &amp; SURGEON

To the credit for 100.00  
Mrs. Catherine Burtz  
Oct 26 1921 \$32.00Personally came before me H. B. Terry who  
are both days that the above Oct is  
just true, due and unpaid

N. J. Burtz

Account and subscribed before me  
this the 17 Day of December 1921

W. H. Lanner N. P. Cobb Co. Inc.

## Statement

AC WORTH, GA. 12-16-1921

In Account with

**C. W. Burtz**

PHYSICIAN &amp; SURGEON

May 6 90 One Civil 3.50  
10 90 " " 4.00  
4.00Personally appeared before me  
C. W. Burtz who are both days that  
the above account is just  
due and true and unpaid.

C. W. Burtz

Signed to and Subscribed  
before me, this the 17 Day of December  
1921

W. H. Lanner N. P. Cobb Co. Inc.

(These are not son or  
daughter (or in-law) of  
pensioner.)

Mrs. Katherine Prather

Actworth Ga.

Fred Davis.....Dr.

1921.  
To services rendered during last illness  
@ three months @ 30.00 per month.....\$60.00

Georgia, Cobb County.

Personally appeared before the undersigned  
attesting officer, authorized by law to administer oaths,  
Fred Davis who on oath says that Mrs. Katherine <sup>Prather</sup> Davis is  
indebted to him for waiting on her during her last illness & <sup>board</sup> for a period of three months, in the sum of \$60.00 that the  
same is due just and unpaid and that he has not received any  
other compensation for said services render.

Sworn to and subscribed to  
before the undersigned this

Fred Davis

Dec. 16th, 1921.

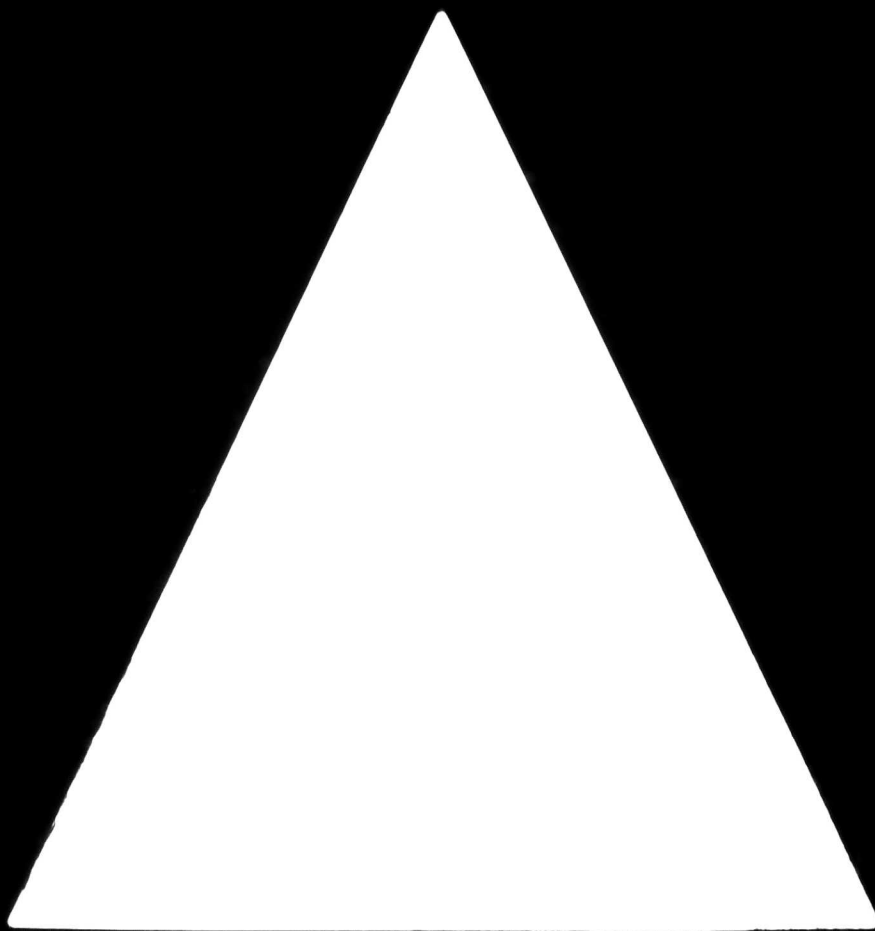
R. A. Hill  
N.P. & Ex-Officio J.P.

62 00  
37 50  
4 00  
3 50  
\$ 105 00

Rec'd of J.M. Davis, only  
\$105-00 with above statement  
12/19/21

R. A. Hill

Fred Davis



Quart, P. C.  
#3-94

Preast, P. C.

334 Cobb Co

APPLICATION FOR

Reg

FOR CONFEDERATE SOLDIER

Applicant *P. H. Pro...*

County *Cobb*

Town *Decatur*

Amount *\$ 75*

Date of Warrant *Apr 25-1869*

Page

*C. A. 18th Regt*  
*1st Inf.*

STATE OF GEORGIA.

*Cobb* County.

Personally appeared before me *P. C. Priest* of the county of *Cobb*, State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a *Private Soldier* in Company *A* 18<sup>th</sup> Regiment of *Georgia* Volunteers that while engaged in such military service, to wit at the battle or engagement of *Second Manassas* in the State of *Virginia* on the *thirtieth* day of *August* 1862, he was wounded in the *left leg*, and that the same was amputated *below the knee* that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879, that he has *not* supplied himself with an artificial *leg*, or that, not having done so, he prefers to supply himself with an artificial *leg*.

Sworn to and subscribed before me this *22<sup>nd</sup>* day of *October* 1879  
*J. P. Lawton & Co. J. P.*

NOTE.—The above affidavit must be made before some officer authorized to administer oaths a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

COMMISSIONED OFFICER'S AFFIDAVIT

STATE OF GEORGIA.

*Cobb* County.

Personally came before me *James C. Limon* of the county of *Cobb*, State of Georgia, who, being duly sworn, deposes and says that he was *First Lieutenant* in Company *A* 18<sup>th</sup> Regiment and that *P. C. Priest* the above deponent, was a *Private Soldier* in said Company, and that this deponent knows that said *P. C. Priest* lost a *leg* in the military service as said in the above affidavit.

Sworn to and subscribed before me this *20<sup>th</sup>* day of *Oct* 1879  
*J. P. Lawton & Co. J. P.*

NOTE.—If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens, must be furnished.

APPLICATION FOR

FOR CONFEDERATE SOLDIER

Applicant *P. C. Priest*

County *Cobb*

Limb *Right below knee*

Amount *\$ 75*

Date of Warrant *Nov 25-1879*

Page

*P. C. Priest*  
*Private*

# AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877

SECTION 1. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, sustained any injury, may furnish to the Governor of this State proof that such applicant has supplied himself with such artificial limb, and that he is entitled to the bounty or compensation of such proof, whereby such applicant is entitled to draw his warrant on the Treasury of this State, for one of such applicant for either amount hereinafter mentioned, to wit: For an arm extending above the elbow, or a leg extending above the knee, seventy five dollars; for an arm extending above the elbow, sixty dollars; for a leg extending above the knee, fifty dollars. Provided the said amounts of money may be expended in accordance with the benefits of this Act who may prefer to supply himself with the said artificial limb.

SECTION 2. Be it further enacted by the said authority, That such application shall contain proof of such applicants being entitled to the bounty or compensation of this State, whether such arm or leg has been supplied. It shall also contain a statement of the amount of such arm or leg, whether extending above the knee, elbow, and the to some other limb, and the sufficiency of the proof submitted.

SECTION 3. Be it further enacted by the said authority, That the amount of such bounty shall be paid under such regulations as may be prescribed by law.

SECTION 4. Be it further enacted by the said authority, That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

HENRY B. GOODE, JR.  
Secretary House Representatives  
W. A. HARRIS,  
Secretary Senate  
Approved September 20, 1879

A. G. REYNOLDS,  
Speaker House Representatives  
JAMES E. FLETCHER,  
President Senate  
Approved September 20, 1879

## STATE OF GEORGIA,

Colbert County.

Personally came R. L. Reed John D. Tanner Jr.  
+ L. H. Tanner & J. J. Pyron  
who, being duly sworn, depose and say they are acquainted with P. C. Preest  
and know that he lost a leg in the military service during the late war;  
that said leg was amputated below the knee; that he is a bona fide  
citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.  
Sworn to and subscribed before me this 20<sup>th</sup> day of October 1879  
P. C. Preest  
J. J. Pyron

## STATE OF GEORGIA,

Colbert County.

I H. M. Hammond Ordinary of Colbert  
county, do certify that I am well acquainted with P. C. Preest  
the applicant for a leg, and am well satisfied that the facts stated by him in the foregoing  
affidavit are true, and that I am well acquainted with J. D. Tanner Jr. & L. H. Tanner  
the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts  
stated by them are true.

Given under my hand and official seal, this 20<sup>th</sup> day of November 1879

H. M. Hammond  
Ord.



Prest, P. C.

Cobb Co

No. 83

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 26, 1888.

FOR

Lawyer, P. C.

Applicant, P. C.

County, Cobb

Amount, \$100

Date of Warrant, Dec 16/89

Entered on Record,

Dec 16 1889

Secretary Executive Department

Additional data

Applicant

STATE OF GEORGIA,

Cobb

County

PERSONALLY appears P. C. Prest of Cobb county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the 10 day of Dec 1845; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company A of 18th Regiment of Georgia Volunteers Wofford's Brigade; that whilst engaged in such military service, at the battle of Manassas in the State of Virginia on the 30 day of August 1862, he was wounded as follows: with a cannon ball that in left leg from which wound the left leg was amputated below the knee

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 P. C. Prest the 10 day of Feb 1889

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

STATE OF GEORGIA,

Cobb

County

PERSONALLY comes before me J. M. Stone Ordinary of said county, John Brown and Henry House both known to me as reputable physicians of said county, who, being severally sworn; say on oath that they have carefully examined and after such examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this day of 188

ORDINARY.

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

STATE OF GEORGIA.

STATE OF GEORGIA.

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

are persons of respectability, and that their statements are worthy of full credit and belief.

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

of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *5* day of *July* 188 *7*  
*J. M. Stone*  
Ordinary *Cobb* County

#### POWER OF ATTORNEY

STATE OF GEORGIA.

KNOW ALL MEN BY THESE PRESENTS, That I,

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

In witness whereof I have hereunto set my hand and seal, this *5* day of *July* 188 *7*

Executed in the presence of us

(L. S.)

#### DIRECTION:

Send money to me as follows, by

to *Cobb* County, Georgia.

P. O.

#### NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of fact showing the *extent of the disability*. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are *added* to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County. }  
*P. C. Prout*  
*John Austrey*

hereby authorize

of

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

by

at

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

day of *January* 1903

*P. C. Prout* [L. S.]

Executed in presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County. }

*P. C. Prout*  
*John Austrey*

hereby authorize

of

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

by

at

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

day of *Jan* 1904

*P. C. Prout* [L. S.]

Executed in presence of

*John Austrey*

(FOR THOSE ALREADY ENROLLED.)

DISABLED

SOLDIER'S PENSION

1903.

Name *P. C. Prout*  
 County *Cobb*  
 Co. *A. 15th* Regiment *Ka. Vol.*  
 Disability *own left leg*  
 Amount, \$ *100* 1903

JOHN W. LINDSEY,

(Commissioner of Pensions)

WARRANT HANDED TO

*Cobb*  
 JOHN W. HARRISON State Printer, Atlanta

(FOR THOSE ALREADY ENROLLED.)

DISABLED

SOLDIER'S PENSION

1904.

Name *P. C. Prout*  
 County *Cobb*  
 Co. *A* Regiment *15*  
 Disability *own leg*  
 Amount, \$ *100*

JAN 25 1904.

JOHN W. LINDSEY,

(Commissioner of Pensions)

WARRANT HANDED TO

*Cobb*  
 JOHN W. HARRISON State Printer, Atlanta

*no data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Robt* County.)

Personally appears

*P. C. Priest*

of

*Cocho*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *10* day of *December* 1848; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of 18<sup>th</sup> Regiment of *Volunteers*, *Noble*'s Brigade; that whilst engaged in such military service in the State of *Va*, on the *30th* day of *August* 1862, he was wounded, injured or diseased as follows

*By Canister Shot striking left leg, thereby losing said left leg below the knee*

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 *Cocho* County, been allowed an invalid pension of *\$100.00* Dollars, for the year 1902.

Sworn to and subscribed before me, this the

*6th* day of *January* 1903.

Post office

*Marionetta*

*John Anthony*

STATE OF GEORGIA,

*Cocho* County.)

I, *John Anthony*

Ordinary of said County,

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

Given under my official signature and seal, this

day of *January* 1903.

Ordinary

County.

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*P. C. Priest* County.)

Personally appears

*P. C. Priest*

of

*Cocho*

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 *1845*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of 18<sup>th</sup> Regiment of *Volunteers*, *Noble*'s Brigade; that whilst engaged in such military service in the State of *Va*, on the *30th* day of *August* 1862, he was wounded, injured or diseased as follows

*Canister shot striking left leg below knee causing amputation of limb of man*

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 *Cocho* County, been allowed an invalid pension of *\$100.00* Dollars, for the year 1903.

Sworn to and subscribed before me, this the

*1st* day of *January* 1904.

Post-office

*P. C. Priest*

*John Anthony*

STATE OF GEORGIA,

*Cocho* County.)

I, *John Anthony*

Ordinary of said County,

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

Given under my official signature and seal, this

day of *January* 1904.

Ordinary

County.

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

Audited Feb. 5<sup>th</sup> 1889  
*Wm. H. M. Galt*  
CAUTION: FIELD OFFICE

*Cobb*

Disarmed Soldiers

Voucher No. 83

Amount \$ 100.

Paid to P. O. Preach

for \$60 of  
Left L. C.  
Feb 6, 1889

1889

Included in Discharge No.

issued to Discharge

1889

WARRANT CLERK

W. H. Sample, State Printer, Constitution Job Office

*Applicants*

No. 82.

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT

Atlanta Ga. Decy, 6 1889.

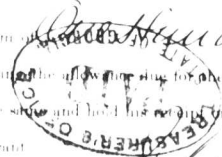
Mr. P. C. Preash of the County  
of Cobb

having filed his application in the Executive  
Department for an allowance under the Act approved October 24 1887, as amended by Act  
Dec 24 1888, and the same having been allowed for

Loss of  
Left leg

He is entitled to receive the sum of One Hundred & 00/100 Dollars  
for such disability, the same being the allowance due for the year ending October 24 1889.

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



W. L. Gordon  
GOVERNOR

By the Governor  
M. H. Hamlin

CLERK EXECUTIVE DEPARTMENT

\$100

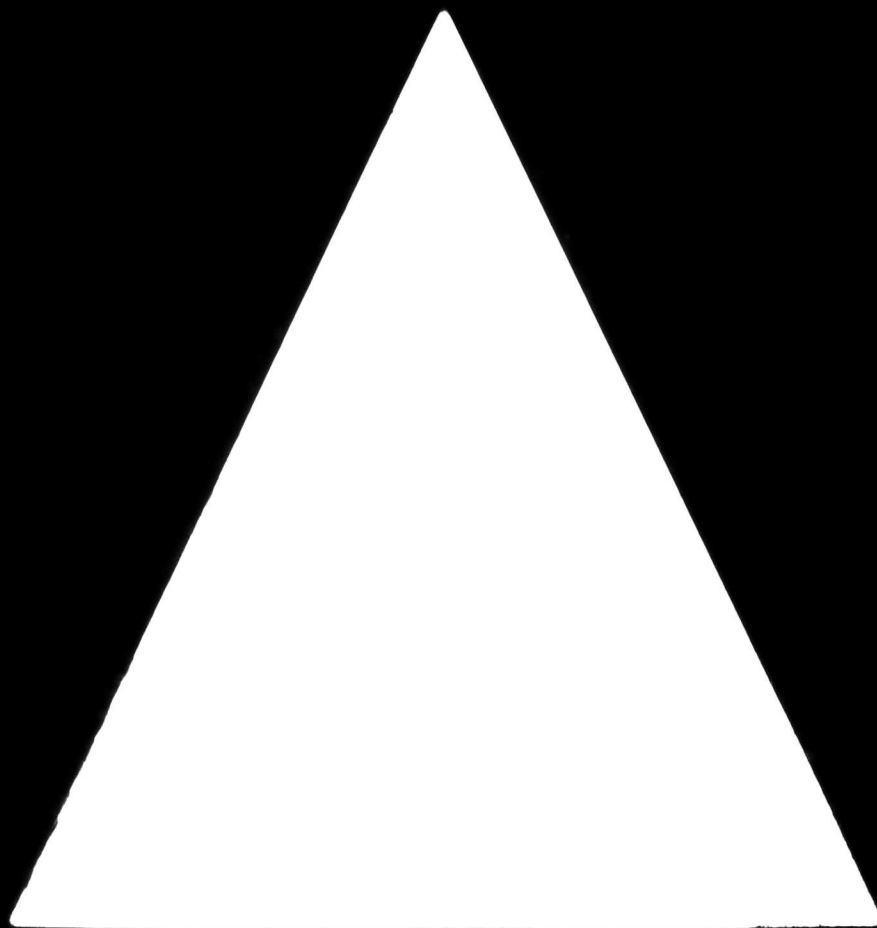
RECEIVED OF STATE TREASURER R. C. HARDEMAN

One Hundred & 00/100

Dollars,

per above voucher, this 10<sup>th</sup> at Decy  
P. C. Preash

1889



Pension office  
 Feb - 1907  
 Mrs. Mary R. Priest  
 1711 1/2 N. 1st St.  
 S. E. corner of  
 1st and N. 1st St.  
 Atlanta, Ga.  
 (Address of Beneficiary)

Payable to Mary R. Priest  
 Cash \$ 7.15  
 Date 2/15/1907

ACT DEC. 16, 1901.

No.

# WIDOW'S PENSION,

190

Mrs. Mary R. Priest

County of Cobb

Widow of P. C. Priest

Warrant issued \_\_\_\_\_ 190

and handed to \_\_\_\_\_

J. W. LINDSEY,  
 Commissioner of Pensions.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA.

County. }

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

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

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

Executed in presence of

[SEAL]



# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

\_\_\_\_\_ of \_\_\_\_\_

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

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

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

[SEAL]

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

## WIDOW'S PENSION,

No.

190

Mrs. Nancy R. Priest

County of Cobb

Widow of P. C. Priest

Warrant issued 2/18/07

and handed to \_\_\_\_\_

J. W. LINDSEY,

Commissioner of Pensions.

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

7/15/07

Pension office  
7/18-207  
Was not living wife  
while he was a  
Sergeant - Married  
him the 10th of  
March 1860  
settled in this town  
at time of war

# WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Personally came Mrs. Nancy R. Priest

COUNTY OF Cobb who says on oath she is the

widow of P. C. Priest to whom, in the County of

Cherokee State of Georgia, she was married on the

17 day of October 1867, that she remained his wife up to the 14

day of November 1905, at which time he died, and that she has not since married.

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

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

a pension of \$100.00 per annum on account of being a soldier in Company A

18 Regiment, 4th Volunteers or State

What affliction have you and how does it affect you? Colic of the head

I have trouble

Since death of my husband, old fellows have

What have you been doing to earn a support since 1st January, 1900? helped me and one grandchild labor and the labor of my son

What property or effects had you on 1st January, 1900? nothing except household

goods

What have you acquired since, and what income have you now? nothing

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

purpose? Have had no property of any kind to dispose

of

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

uously resided in the State of Georgia since the all my life 1867

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

Sworn to and subscribed before me, this 5 day of September 1907

Nancy R. Priest

John Anthony

Ordinary of Cobb County,

Note - All blank spaces must be filled before signing.

# AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, } Personally came E. R. Howell  
COUNTY OF Cobb } and  
\_\_\_\_\_, known to me to be reputable and truthful person, who says  
on oath that from his own personal knowledge Mrs. Nancy R. Priest  
who made the foregoing affidavit, is the widow of P. C. Priest  
who died in Fulton County and State of Ga on the  
17 day of November 1895, and that she has not since married; that she became his  
wife on the 17 day of October 1897, and so remained up to the time of his death,  
and that she has resided in this State continuously since the 17 day of October 1897  
With what affliction does she suffer? Cataract and hard trouble  
What property or income had she on 1st January, 1900? Nothing

What has she in her possession and control now? Nothing except household  
goods  
How was she supported in 1900 and 1901? By her husband until his  
death in 1900

I have no personal interest in the pension asked for

Sworn to and subscribed before me, this

Ordinary

County Georgia

## PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, } Personally came before me  
COUNTY OF Cobb } W. M. Elder M.D.  
and C. D. Elder M.D. both of whom are known to me to be reputable  
physicians, who say on oath that they personally know Nancy R. Priest

mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her  
earning a support

applicant is now suffering  
from neuralgia, suffering, also has catarrh  
of stomach and head. applicant is  
therefore unable to earn a support  
by manual labor

Sworn to and subscribed before me, this

day of Sept 1900

W. M. Elder M.D.  
C. D. Elder M.D.  
Ordinary of Cobb County

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

STATE OF GEORGIA, } I, John D. Taylor Ordinary,  
COUNTY OF Cobb } in and for said County  
State of Georgia, hereby certify that I am acquainted with Mrs. Nancy R. Priest  
the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to  
me by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia con-  
tinuously since the 1 day of January 1894, and has not lived out  
of the State since that date. I also certify that the witness, to-wit: E. R. Howell  
and \_\_\_\_\_

whose testimony she presents to sustain her claim, are known to me to be truthful witnesses, entitled to full faith  
and credit as such, and that the full text of the affidavit was read to and understood by them before same was  
signed. I am fully satisfied that this claim is made in good faith, and I have caused the applicant and the  
witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the  
day of Sept 1900

SEAL

## NOTES.

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

STATE OF GEORGIA, CHEROKEE COUNTY.

TO ANY MINISTER OF THE GOSPEL, JUSTICE OF THE PEACE, JUSTICE OF THE INFERIOR COURT, OR ANY PERSON AUTHORIZED TO CELEBRATE.

These are to authorize and permit you to join in the Honorable State of Matrimony Pinkney C. Preist, and Nancy R. Howell according to the laws of this State, and this shall be your authority for so doing.

Given under my hand and official signature as Ordinary for the County aforesaid, this the 17th. day of October 1867.

W.R.D. Mess, Ordinary.

I hereby certify that Pinkney C. Preist and Nancy R. Howell were joined together in the Holy Bonds of Matrimony by me on the Seventeenth day of October 1867.

Isaac Reeves, J.P.

Recorded February 26th. 1868.

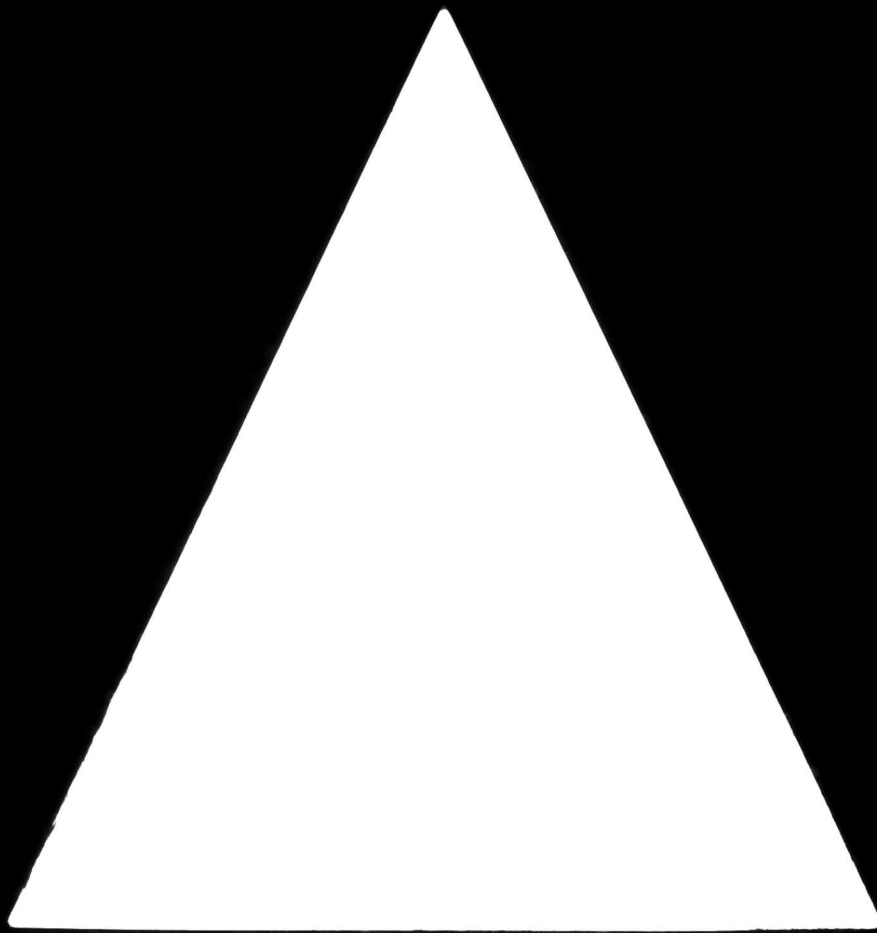
W.R.D. Mess, Ordinary.

GEORGIA CHEROKEE COUNTY.

I, F.M. Blackwell Clerk of the Court of Ordinary of said County do hereby certify that the above and foregoing is a true and correct copy of the Marriage Record of Pinkney C. Preist and Nancy R. Howell, as appears of Record in the office of the Ordinary of said County, in Book "D" of Marriage Record Page 340. And is the whole of such record.

This Spet. 9th. 1907.

*F. M. Blackwell*  
Clerk Court of Ordinary,  
Cherokee Co., Ga.



*Richard, G. R.  
Cobb Co*

No. 15741

**Application for Allowance**

FOR

*Loss of 2 years*

*Applicant G. R. Richard*

*County Cobb*

*Amount 16*

*Date of Warrant Mch 20*

*Entered on Record,*

*Mch 25 1889*

*N. W. H.*

Secretary Executive Department.

*E. R. O.  
1942  
C. A. Dunwoody*

STATE OF GEORGIA,  
*Hebb* County

PERSONALLY appears *A. D. Prichard* of *Hebb* county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the *10<sup>th</sup>* day of *December* 1866; that he enlisted in the military service of the Confederate States (or of the State of *South Carolina*) during the war between the States, and served as a *Captain* in Company *20*, of *2<sup>nd</sup>* Regiment of *S C* Volunteers *Jenkins*'s Brigade; that whilst engaged in such military service, at the battle of *Roanoke Farm* in the State of *Virginia*, on the *26<sup>th</sup>* day of *June* 1862, he was wounded as follows: *in the right hand by a Minnie ball causing the first & second fingers of the right hand to be gone & shattering the bones & rendering said hand permanent-ly unfit for manual labor, also creating excruciating pain in the left hip & leg for which disability he was discharged from the service, said pain causing him now very often to lay in bed for weeks, the above mentioned fingers are off at the knuckle joint*

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

Sworn to and subscribed before me, this the

*4* day of *July* 188*9*

*A. D. Prichard*  
*Hebb County, Georgia*

COMMISSIONED OFFICER'S AFFIDAVIT

STATE OF GEORGIA,  
 County

PERSONALLY came before me \_\_\_\_\_ of the county \_\_\_\_\_ of \_\_\_\_\_ State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company \_\_\_\_\_ of \_\_\_\_\_ Regiment of \_\_\_\_\_ Volunteers, and that deponent knows \_\_\_\_\_, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said \_\_\_\_\_, as stated by him in said affidavit. Deponent further states that said \_\_\_\_\_ is a bona fide citizen of this State, and resides in \_\_\_\_\_ county. Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ 188*9*

The foregoing affidavit, changed to suit the facts, should be made by a commissioned officer of the Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished

Application for Allowance

No. *1541*

Applicant *A. D. Prichard*  
 County *Hebb*

Amount *11*

Date of Warrant *March 26*

Entered on Record,

*March 26* 188*9*

Secretary, Executive Department

*1942*  
*Hebb County*

# Application for Allowance

No. 15741

P.O.

Amount \$2.00

Applicant J. P. Richards  
County Co. 1st

Amount \$2.00

Date of Warrant March 20

Entered on Record,

March 20 1884

Secretary Executive Department

C. J. P.  
1942  
Richmond

State, and has been such since the day of his enlistment in the military service of the Confederate States (or of the State of South Carolina) during the war between the States, and served as a Corporal in Company 20, of the 25th Regiment of S. C. Volunteers Jenkins's Brigade; that whilst engaged in such military service, at the battle of Haines Bluff in the State of Virginia, on the 30th day of June 1862, he was wounded as follows: in the right hand by a Minie Ball, causing the first three fingers of the right hand to be torn off, shattering the bones & rendering said hand permanently unfit for manual labor, also creating excruciating pain in the left hip & leg for which disability he was discharged from the service, said pain causing him more or less often to lay in bed for weeks, the above mentioned fingers are off at the knuckle joint.

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

Sworn to and subscribed before me, this

4 day of July 1887

J. P. Richards  
Deponent states that he is of sound mind and of legal age, which causes the disability, and explain particularly the extent of the disability.

## COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,  
County X

PERSONALLY came before me, \_\_\_\_\_ of the county \_\_\_\_\_ of the State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company \_\_\_\_\_ of \_\_\_\_\_ Regiment of \_\_\_\_\_ Volunteers, and that deponent knows \_\_\_\_\_ and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said \_\_\_\_\_, as stated by him in said affidavit. Deponent further states that said \_\_\_\_\_ is a bona fide citizen of this State, and resides in \_\_\_\_\_ county. Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ 1887.

The foregoing affidavit, changed to suit the facts, should be made by a commissioned officer of the Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished.

STATE OF GEORGIA,

Fulton

County

PERSONALLY came

J. R. Morris W. Morris

citizens of

Fulton County

county, in said State,

and 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; that said applicant is a bona fide citizen

of this State, and resides in

Cobb

County, and we are well satisfied that all the state-

ments in his affidavit are true

Sworn to and subscribed before me, this

10

day of

July

1889

J. R. Morris  
W. B. Morris  
J. L. Richardson

STATE OF GEORGIA,

County

PERSONALLY came

PERSONALLY came

STATE OF GEORGIA,

County

I,

Ordinary of said county,

do certify that I am well acquainted with

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

affidavit are true, and I know he is the individual he represents himself to be, and that he resides in

this county. 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 that the said affidavits and signatures thereto are genuine

Given under my official signature and seal, this

day of

188

Ordinary

County

POWER OF ATTORNEY

STATE OF GEORGIA,

Cobb

County

Know all men by these presents, That I

J. L. Richardson  
of Cobb

county, in said State, do hereby appoint

C. W. Humphrey

my true and lawful attorney in fact, to

State of Georgia, and to receive and accept for said county, any and all money I may be entitled to from the

State of Georgia, and to receive and accept for said county, any and all money I may be entitled to from the

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No. 1541

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

Atlanta, Ga. March 25 1889

Mr. J. D. Richard, of the County

of Cobb, having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act,

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

He is entitled to receive the sum of \$200.00 Dollars  
for such disability the same being the allowance for the year ending October 24, 1889.

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

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT

11  
RECEIVED OF STATE TREASURER R. U. HARDEMAN

\$200.00

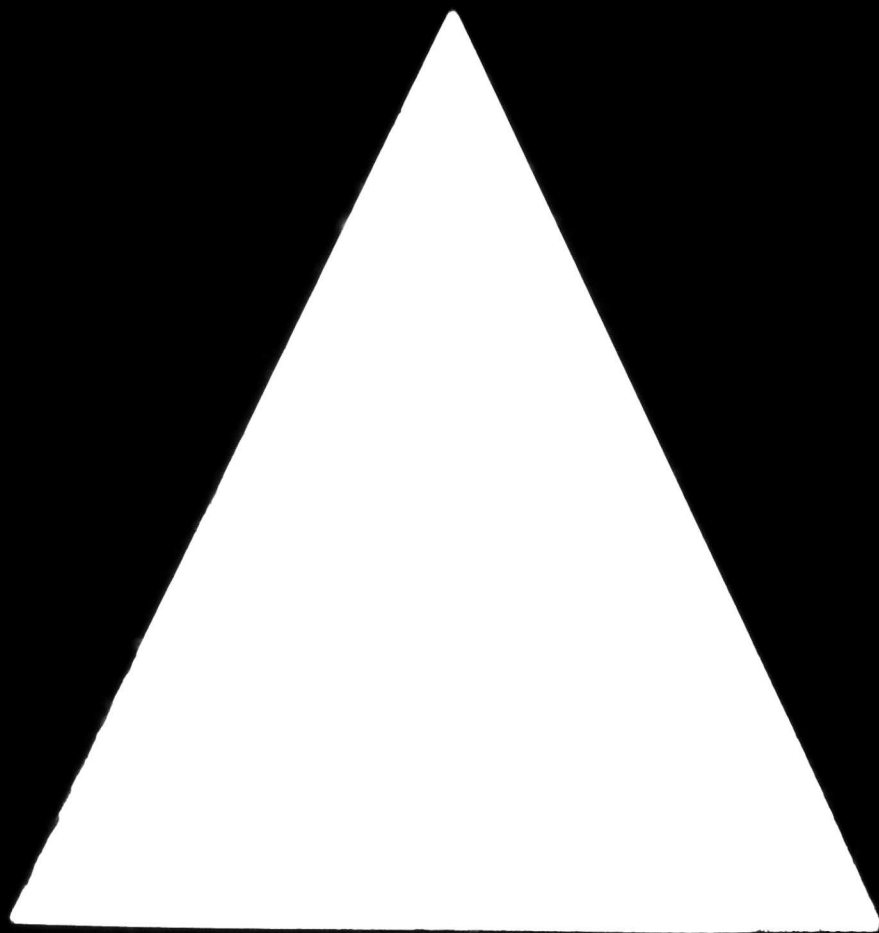
Dollars

per above voucher, this

25th of March

1889

C. A. Danwoldy  
for J. D. Richard, etc.



Jan'y 1, 1864.  
 Surrendered, Tusculum  
 N.C. April 26, 1865.

*Britchett, Elizabeth*  
*for 1900*  
*Cobb*  
 No.

# Widow's Pension

Under Act 1910—as Amended by Act of 1919

County *Cobb*  
 Name *Elizabeth B. Bitchett*  
 Widow of *J. E. Bitchett*  
 Company *A*  
 Regiment *Confederate Regt*  
 Approved \_\_\_\_\_

J. W. LINDSEY,  
 Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919

## Ordinary's Certificate

STATE OF GEORGIA

COUNTY

*Cobb*  
*Elizabeth B. Bitchett*

Ordinary of said County, do certify  
 the applicant for pension. She

is the person she represents herself to be and she is a *young* wife, surviving resident citizen of said County  
 and was on the 4th November 1900, that I also know *J. E. Bitchett*  
 the witness who swears to the service of husband, that both of them are now residents of said County and  
 were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-  
 worthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this *15* day of *Oct*

SEAL

*Elizabeth B. Bitchett*  
*Ordinary*

County

### NOTES

1. Before any questions are answered the Ordinary shall swear affirm 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 shall be the truth. No help you find."
2. The questions asked you and the evidence you shall give shall be the truth. No help you find.
3. Only widows who married prior to January 1, 1901, are eligible for pension.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by sworn Ordinary.
5. The Ordinary shall send copies of marriage license & certificate. If not given marriage by some person, or by general reputation.



Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

*Cobb*

COUNTY.

Personally before me comes *J. K. McKenney* who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? *J. K. McKenney*  
*Austell Cobb County*
2. How long and since when have you known *Elizabeth Portchett* applicant? *Several Years*
3. How long and since when has she continuously resided in this State? (Give date.) *Ever since I know her*
4. When and to whom was she married? *J. E. Portchett* How do you know? *her*
5. How long and since when did you know *J. E. Portchett* husband? *60 years or more*
6. When and where did *J. E. Portchett* the husband of applicant, die? *June 1887. Powder Springs Cobb Co.*
7. Were the applicant and her husband living together as husband and wife at the date of his death? *Yes*
8. If not, how long did they live apart before his death? *—*
9. When, where and in what Company and Regiment, did *J. E. Portchett* enlist? *May 1862. Co. F. 1<sup>st</sup> Confederate Inf.*
10. Were you a member of the same Company? *Yes*
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? *Nearly 3 years, until close of war*
12. When and where did his Command surrender, and was discharged? *April 26-1865. Fort Sumter, S. C.*
13. Were you personally present when it was surrendered? *Yes* If not, where were you *I was present* and how came you there?
14. Was the husband of applicant personally present at surrender? *Yes* If not where was he? *—* When, where and for what cause did he leave Command? (Give date.) *—* By whose authority did he leave his Command? *W. O. W.* And how long was he granted leave? *—* How do you know all this? *was in same Co. & Regiment and knew him all time*
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

*26* day of *April* 19*19*

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

(SEAL)

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

MARRIAGE LICENSE

OF

AND

Issued

191

and recorded on page

Book

of Marriage Licenses

Ordinary

MARRIAGE LICENSE  
OF

AND

Issued

191

and recorded on page

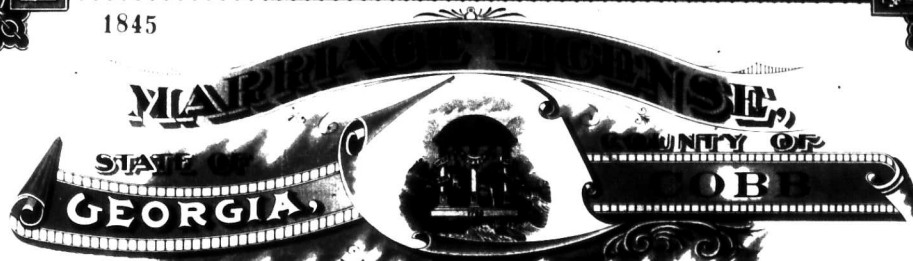
Book

of Marriage Licenses.

Ordinary



1845



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

*You are hereby authorized to join*  
*John C. McDaniel and Mrs. C. Rice*  
*in the Holy State of Matrimony according to the Constitution and*  
*Laws of this State and for so doing this shall be your License.*  
*And you are hereby required to return this License to me with your*  
*Certificate hereon of the fact and date of the Marriage.*

*Given under my hand and seal this 14 day of*  
*April 1870*

STATE OF GEORGIA

CERTIFICATE

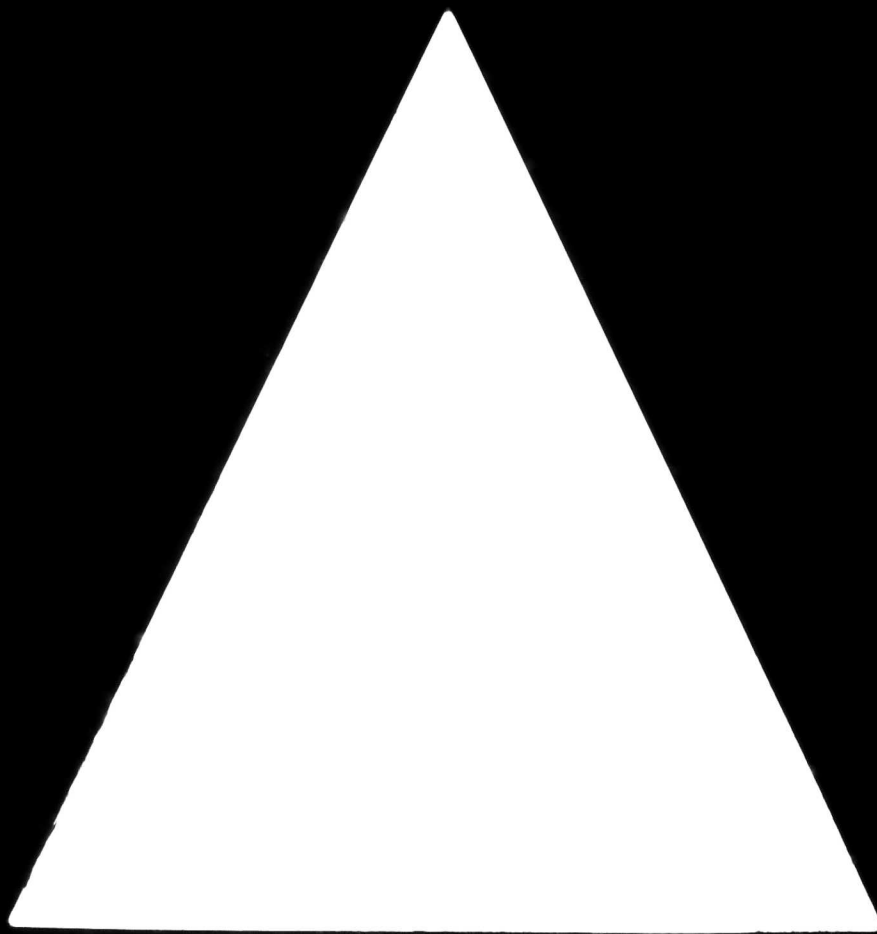
COBB COUNTY

*I certify that* *John C. McDaniel* *and* *Mrs. C. Rice*  
*were joined in Matrimony by me this* *14* *day of* *April*  
*and* *Nineteen Hundred*

*Recorded* *April 14 1870*

*Robert Baker*

Ordinary



POWER OF ATTORNEY.

STATE OF GEORGIA.

Wich County.

I, Anna Bradford, hereby authorize Geo. W. Lindsey of Wich County, to receive and receive for the pension allowed and that he remit the same to me at Wich by his check or registered mail.

Witness my hand this 6th day of February 1901.

Subscribed in presence of  
John Lindsey Ordinary,  
Wich County.



Bradford, Anna  
Cobb Co

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

WIDOW'S  
Indigent Pension.  
1901.

Name Anna Bradford  
County Cobb

Widow of A. W. Bradford  
Approved Geo. W. Lindsey 1901.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

1901.

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

2/7-1901

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I, Amnie Proudfoot hereby authorize Enoch Fawn, Mariah

of Cobb County, to receive and receipt for the pension allowed and that he

remit the same to me at Roswell Ga by his check or registered mail.

Witness my hand this 6th day of January 1901

Executed in presence of

John Anthony Ordinary,  
Cobb County.

Amnie Proudfoot L. S.

SEAL

WIDOW'S  
Indigent Pension.  
1901.

Name Amnie Proudfoot

County Cobb

Widow of

John Proudfoot  
Approved John Anthony 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

1901.

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

3/7-1901

STATE OF GEORGIA,

Cobb County.

Mrs. Amnie Proudfoot of said State and County, desiring to avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed 1900, hereby submits her proofs, and after being duly sworn true answers to make to the following questions, depose and answers as follows:

1. When is your name and where do you reside? (Give State, County and Post Office.)  
Amnie Proudfoot, Cobb County, Ga.
2. How long and since when have you been a resident of this State? Since 1850
3. When and where were you born? In Plymouth, England, in 1840.
4. When and where was your husband born—state his full name, and when were you and he married?  
Wm Proudfoot, my husband was born in Sarum, Pa. in 1833.  
We were married in 1857.
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? He enlisted at Roswell, Ga. in May 1861, in Co. H, 7th Regt. Ga. Vols.
6. How long did your husband serve in said Company and Regiment? All through the war.
7. When and where did your husband's Company and Regiment surrender and was discharged?  
At Lee's surrender, Appomattox, Va. in 1865.
8. Was your husband present at the time and place when his Company and Regiment surrendered?  
He was.
9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority? He was present
10. When and where did your husband die? He died at Roswell Ga. July 4th, 1899.
11. Which of the following grounds do you base your application for Pension, viz: First—Age and Poverty; Second—Infirmary and Poverty or Third—Blindness and Poverty? Infirmary and poverty, and age & poverty.
12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight.  
Four years. I am about 61 years old.
13. What has been your occupation since your husband's death? Nothing.
14. How much can you earn gross, by your own exertion or labor? Nothing.
15. What property, real or personal, or income do you have or possess, and its gross value?  
Not any.
16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1899–1900, and what disposition, if any, by sale or gift, have you made of the same? He left me nothing, and have had nothing.
17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation?  
Cobb County. Returned no property.
18. How have you been supported since death of husband, and especially for 1899 and 1900?  
Cobb County—Returned no property, by my children.
19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? Have contributed nothing, don't know what it cost.
20. What was your employment during 1899 and 1900—how much did you receive for each year?  
Was not able to do any thing, and received nothing.
21. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property? I have three children. They have no property. They are all married.
22. Have you ever made an application for pension before? No.
23. How many applications have you made for a Pension, and under what class? None.

Sworn to and subscribed before me this 6th

day of Feb 1901

John Anthony Ordinary,  
Cobb County.

Amnie Proudfoot

# STATE OF GEORGIA,

*Cobb* County.  
*J. D. Minton & W. A. Whitley* of said State and County, having been presented as a witness in support of the Application of Mrs. \_\_\_\_\_ for a Pension under the Act of 1900, and after having been duly sworn true answers to make to the following questions, deposes and answers as follows:

- What is your name and where do you reside?  
*We live at Roswell, Cobb County.*
- Are you acquainted with the applicant, Mrs. *Annie Prondfoot*?  
*Yes. Have known her over 40 years.*
- Where does she reside, and how long and since when has she been a resident of this State?  
*She resides at Roswell, Cobb County. Has lived there since 1858.*
- When and where was she born?  
*Do not know of own knowledge.*
- Were you ever acquainted with her husband?  
*Yes.*
- Where did he reside in 1861?  
*At Roswell, Ga.*
- When and to whom was he married?  
*In 1857, to Applicant Annie Prondfoot, formerly of Darien, McIntosh County.*
- When and where was he born?  
*At Darien, McIntosh County.*
- How long have you known him?  
*All our lives.*
- When and where did \_\_\_\_\_ enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this?  
*He enlisted at Roswell, Ga. in May 1861, Co. H, 7th Regt, Ga. Inf. We were present.*
- Were you a member of the same Company and Regiment?  
*Yes.*
- How long did he perform regular military duty?  
*During the entire war. From May 1861, to April 1865.*
- When and where was his Company and Regiment surrendered and discharged from service?  
*At Appomattox Va. April 1865. At Camp Surrender.*
- Were you with the command when it surrendered?  
*Yes. (Answered by Whitley)*
- Was \_\_\_\_\_ the husband of applicant present?  
*Yes. He was a Lieut of the Company. (Answered by Whitley)*
- If not present, where was he?  
*He was present.*
- When and where did he leave his Command?  
*"*

For what cause

By whose authority he left?

How do you know all this? State fully and clearly.  
*I know it by being present with him in the same Company with him. (Answered by Whitley)*

- When and where did \_\_\_\_\_ die?  
*At Roswell, Cobb County, Ga. July 4th 1899.*
- Where did he reside at his death and how long had he been a resident of Georgia at his death?  
*He resided in Cobb County. Has lived in State all his life.*
- Do you of your own knowledge know that applicant is the lawful widow of \_\_\_\_\_?  
*Yes.*
- Has she remained unmarried since her soldier husband's death, and is now his widow?  
*Yes.*
- What property, effects, or income has the applicant, if any, and how do you know this of your own knowledge?  
*She has no property and no income. He never left by living close neighbors & being well acquainted with her affairs.*
- What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it?  
*She possesses nothing whatever.*

Has applicant conveyed any property in last two years or given any away, if so what was it and to whom?  
*She has conveyed none. Having nothing.*

What is applicant's physical condition and her chances and ability to earn a support?  
*He knows she is very infirm, having some final trouble, and is not able to earn anything by labor.*

- How was she supported for 1899 and 1900?  
*By her infirm children who are all poor, having families of their own and no ability.*
- How much did applicant contribute to her support for last two years?  
*Nothing.*
- Give a full and complete statement of applicant's physical condition?  
*He, are not Physicians, but we know this is over fifty years old and has some final trouble which renders her unable to work.*
- What interest have you in the recovery of this pension by the applicant?  
*None.*

Sworn to and subscribed before me this *6th* day of *July* 190*1*.  
*John Gwathney* Ordinary,  
*Cobb* County.  
*W. A. Whitley*  
*J. D. Minton* Witnesses.  
*June 18 1913*  
*+ 18 30*

## Affidavits of Physicians.

### STATE OF GEORGIA,

*Cobb* County.  
 Personally before me comes *J. G. Green M.D.* and *G. E. Egan M.D.* both known to me to be reputable physicians of said county, who, being severally sworn, may on oath that they have examined carefully Mrs. *Annie Prondfoot* applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this *she is infirm & suffering considerably from rheumatoid arthritis & is constrained to wear a corset & support as well as with* and we have no interest in said pension if allowed.  
 Sworn to and subscribed before me this *6th* day of *July* 190*1*.  
*John Gwathney* Ordinary,  
*Cobb* County.  
*J. G. Green M.D.*  
*G. E. Egan M.D.*

## ORDINARY'S CERTIFICATE.

### STATE OF GEORGIA,

*Cobb* County.  
 I, *John Gwathney* Ordinary in and for said county, hereby certify that the applicant, Mrs. *Annie Prondfoot* resides in said county, and has been a bona fide resident of this State since \_\_\_\_\_ day of \_\_\_\_\_ 18*57*, and that the witnesses, Mr. *J. D. Minton and W. A. Whitley* are of trustworthy character, and that their statements are entitled to full faith and credit.  
 I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and subscribed.  
 I further certify that the tax digest of *Cobb* county shows that applicant returned for taxation in her own name in 1899 *no* dollars worth of property, and in 1900 *no* dollars worth of property.  
 Witness my hand and official seal, this *6th* day of *July* 190*1*.  
*John Gwathney* Ordinary,  
*Cobb* County.

NOTES—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."  
 2. Additional affidavits may be attached, if blank spaces are insufficient.  
 3. All affidavits must be made before Ordinary.  
 4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 28th April, 1865, not entitled.  
 5. Witnesses and two Physicians are necessary to make out claims.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County }

I, Annie Proudfoot, hereby authorize  
F. M. Hembree of Roswell

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

Annie Proudfoot at Roswell

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

day of January, 1902

Annie Proudfoot [L. S.]

Executed in presence of

F. M. Hembree

Proudfoot, Annie  
Cobb County

To Those Heretofore Paid

1902.

No. 128

INDIGENT  
WIDOW'S PENSION,

For year ending Dec. 31, 1902

Widow of F. M. Hembree

Cobb County,

Widow of F. M. Hembree

Regiment

Co. A

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

1902

PAID TO

F. M. Hembree

AND HANDRED TO

Proudfoot, Annie  
Cobb County  
To Those Heretofore Paid

1903.

No. 171

INDIGENT  
WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Ms. Annie Proudfoot

OF

Cobb County,

Widow of

Co.

Regiment

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

1903

AND HANDRED TO

Annie Proudfoot

DEPT. OF AGRICULTURE, BUREAU OF LANDS, GEORGIA

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }

I, Annie Proudfoot, hereby authorize  
F. M. Hembree of Roswell

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

me at Roswell

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

day of January, 1903.

Annie Proudfoot [L. S.]

Executed in the presence of

F. M. Hembree

# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

PERSONALLY COMES MRS.

*Annie Proudfoot*

*Cobb*

*1850*

*H. H. Proudfoot*  
*7th*

Regiment of

*4th Regt*

*May*

*1865 April*

*1900*

*Origin to age Infirmary*  
*of poverty she is unable to support*  
*herself*

*69 Enrolled*

*Cobb*

*Annie Proudfoot*

*John Chisley*

*Subscribed before me*

*Annie Proudfoot*

*John Chisley*

Ordinary of

*Cobb*

County

NOTE. All blanks must be filled.  
Vouchers and affidavits must bear date after January 1st, 1902.

Form No. 1.

# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of

*Cobb*

PERSONALLY COMES MRS.

*Annie Proudfoot*

*Cobb*

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

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

continuously ever since

*1850*

That she is the Widow of

*H. H. Proudfoot*

who was a soldier in Company

*7th*

of the

*7th*

Regiment of

*4th Regt*

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

*May*

186

and served in the Army up to

*April*

186

That he died

on the

*4*

day of

*Feb*

*1900*

*Origin to age Infirmary and poverty*  
*she is unable to support herself*

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1869.

I have been allowed an Indigent pension as a resident of

*Cobb*

County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me,

this *5* day of *Jan* 1903.

*John Chisley*

Ordinary

Post-Office

*Annie Proudfoot*

State of Georgia,

*Cobb*

County.

I, *John Chisley*

Ordinary of said County, certify that I am well acquainted with Mrs. *Annie Proudfoot*, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of *Jan* 18

Given under my official signature and seal, this *5* day of *January* 1903.

Official Seal.

*John Chisley*

Ordinary of

*Cobb*

County.

NOTE.—All blanks must be filled.  
Vouchers and affidavits must bear date after January 1st, 1903.





# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

FORM NO. 2.

STATE OF GEORGIA,

County of *Cobb*

PERSONALLY COMES MRS.

*Amie Proudfoot*

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 *1858*.

That she is the Widow of

who was a soldier in Company

of the *7th* Regiment of *Ca*

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

*April* 1861 and served in the Army up to

*1865*

That he died on

the day of *Feb*

*1860*

*Growing to age infirm and poor she is unable to support herself*

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year *1859*

I have been allowed an Indigent pension as a resident of

*Cobb*

County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me

this *1* day of *Jan* 1904

*Amie Proudfoot*

Post Office

Ordinary

State of Georgia,

County of *Cobb*

Ordinary of said County, certify that I am well

acquainted with Mrs. *Amie Proudfoot*, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of *Jan* 18

Given under my official signature and seal, this *1* day of *Jan* 1904.

Ordinary of

County

NOTE. All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1904.

STATE OF GEORGIA,

County of *Cobb*

PERSONALLY COMES MRS.

*Amie Proudfoot*

who, being sworn, says on oath, that she is a bona fide resident of said County of *Cobb* State of Georgia, and that she has RESIDED in said State continuously ever since *1850*.

That she is the Widow of

who was a soldier in Company

of the *7th* Regiment of *Ca*

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

*April* 1861 and served in the Army up to

*1865*

That he died on

the day of *Feb*

*1860*

*During & age infirm & poor she is unable to support herself*

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year *1859*

I have been allowed an Indigent pension as a resident of

*Cobb*

County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me

this *2* day of *Jan* 1905

*Amie Proudfoot*

Post Office

State of Georgia,

County of *Cobb*

Ordinary of said County, certify that I am well

acquainted with Mrs. *Amie Proudfoot*, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of *Jan* 18

Given under my official signature and seal, this *2* day of *Jan* 1905.

Ordinary of

County

NOTE.—All blanks must be filled.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Annie Proudfoot, hereby authorize  
F. M. Hembree of Roswell

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

In Witness Whereof, I have hereunto set my hand and seal, this 8  
day of January 1906.

Annie Proudfoot [L. S.]

Executed in presence of

F. M. Hembree

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Annie Proudfoot, hereby authorize  
F. M. Hembree of Roswell

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

In Witness Whereof, I have hereunto set my hand and seal, this 12  
day of January 1907.

Annie Proudfoot [L. S.]

Executed in presence of

To Those Heretofore Paid.

1906.

No. 198

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO

Mrs. Annie Proudfoot

OF

Cobb County,

Widow of A. H. Proudfoot

Co. A 7<sup>th</sup> Regt.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

1/22 1906,

AND HANDED TO

J. Lindsey

SEE PENSIONER REGISTER AND PUBLIC HOUSE CO., ATLANTA, GA.

Proudfoot, Annie

Cobb County

To Those Heretofore Paid.

40 1907.

No. 330

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO

Mrs. Annie Proudfoot

OF

Cobb County,

Widow of M. H. Proudfoot

Co. H. 7 Regt.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

1/31 1907.

AND HANDED TO

J. Lindsey

SEE PENSIONER REGISTER AND PUBLIC HOUSE CO., ATLANTA, GA.

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

Amie Proudfoot

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

Regiment of

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

1864, and served in the Army up to

1865 That he died on

the day of

Age and infirmity

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 1827

I have been allowed an Indigent pension as a resident of

Cobb

County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1906

Sworn to and subscribed before me

this day of

Ordinary

Post Office

State of Georgia,

County of

Ordinary of said County, certify that I am well

acquainted with Mrs. Amie Proudfoot, who made the above affidavit, and

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

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

day of

Given under my official signature and seal, this the

day of

1906

Official Seal

Ordinary of

County

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

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

Amie Proudfoot

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

Regiment of

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

1864, and served in the Army up to

1865 That he died on

the day of

Age, infirmity & poverty

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

I have been allowed an Indigent pension as a resident of

Cobb

County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907

Sworn to and subscribed before me

this day of

Ordinary

Post Office

State of Georgia,

County of

Ordinary of said County, certify that I am well

acquainted with Mrs. Amie Proudfoot, who made the above affidavit, and

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

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

day of

Given under my official signature and seal, this the

day of

1907

Official Seal

Ordinary of

County

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

ROSWELL, GA. Sept. 14, 1920. 192

Annie Proudfoot.

Roswell, Ga.

BOUGHT OF.

# ROSWELL STORE

Shacket and box	135.00
Cheese and service	10.00
Funeral home	1.00
	-----
	146.00
	146.00
	-----
	1.00

The above and other bills rendered for service and funeral expenses of Mrs. Annie Proudfoot, who died with no other sufficient property to pay this bill.

GEORGIA, COBB COUNTY.  
Received of J. M. GANN, Ordinary, Cobb County, One Hundred Dollars,  
being payment for funeral expense, MRS. ANNIE PROUDFOOT, deceased.  
March 2 1920.

*J. M. Gann*  
*Ordinary*

For *Cobb* County

192

## Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)  
(To pay expenses of last illness and funeral)

*J. M. Gann* Ordinary  
*Mrs. Annie Proudfoot*

Date of Death *September 14, 1920*

Amount \$ *100.00*

Approved and ordered paid \$ *100.00*

*Oct 16 1920*

JOHN W. CLARK,  
(Commissioner of Pensions)

Ordinary. Fill out above in full and send this blank to Pension Department for approval. Do not pay out the money until the approved blank is in your hands giving you authority to 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.

*Received from*  
*John W. Clark*  
*Commissioner*

*Sum to and Subscribed*  
*before me this*  
*23rd day of September 1920.*  
*J. M. Gann*  
*Ordinary, Cobb County, Ga.*

ROSWELL, GA. Sept. 14, 1929. 192

Annie Proudfoot,

Roswell, Ga.

- BOUGHT OF -  
ROSWELL STORE

Casket and Box	135.00
Hearse and Service	15.00
Funeral Notice	2.25
	-----
	152.25
Less amount paid	52.25
	-----
	100.00

The above and foregoing account is rendered for service and funeral expenses of Mrs. Annie Proudfoot, who died without owning sufficient property to pay this bill.

*Roswell Store*  
*Chas. Foster & Co.*  
*Undertakers.*

*I am to and subscribed*  
*before me, this*  
*23- day of September 1929,*  
*J. M. Gann*  
*Ordinary, Cobb County, Ga.,*

GEORGIA, COBB COUNTY.  
Received of J. M. GANN, Ordinary, Cobb County, One Hundred Dollars,  
being payment for funeral expense, MRS. ANNIE PROUDFOOT, deceased.  
March 16 1930.

*Roswell Store*  
*Chas. Foster & Co.*

Per	Cash	County
192		
Application for Pension Due Deceased Pensioner (UNDER ACT 1919) (To pay expenses of last illness and funeral)		
<i>J. M. Gann</i> Ordinary		
<i>Annie Proudfoot</i>		
Date of Death <i>Sept 14 - 1929</i>		
Amount \$ <i>100.00</i>		
Received and ordered paid <i>OK</i>		
<i>Oct 10, 1929</i>		
<i>JOHN W. CLARK</i> Commissioner of Pensions.		

*Paid*  
Check: For the above in full and send this to Pension Department for approval. Do not put out the money until the money has been paid in full. Send back to the Pension Department in a year from the date of the check. Send back to the Pension Department in a year from the date of the check. Send back to the Pension Department in a year from the date of the check. Send back to the Pension Department in a year from the date of the check.

# 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,

Cobb County.

Personally before me, the Ordinary of said County, comes

T.J. Proudfoot

of said County, who, after being sworn, on oath

says that he knew Mrs. Annie Proudfoot of said County, and that said Pensioner

was on the Pension Roll of said County at the time of death, which occurred in Cobb

County, in this State, on the 19th, day of July, 1929

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 \$ 152.25, per sworn statements fully and completely

ITEMIZED hereto attached.

Sworn to and subscribed before me,

J.M. Gann, Ordinary  
Cobb County

(Seal of Ordinary)

T.J. Proudfoot

## CERTIFICATE OF ORDINARY

GEORGIA,

Cobb County.

I, J.M. Gann

Ordinary of said County, do certify

that I personally know T.J. Proudfoot, 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 Mrs. Annie Proudfoot while in life and that this was

the same person whose name appears on the Pension Roll of Cobb County, and

was paid a Pension of Two Hundred (200) Dollars

in said County for 1928, and I now believe said pensioner to be dead; and that the instructions at the

foot of this voucher have been carefully observed in making up this voucher and the bills which are at-

tached hereto.

Given under my hand and official seal, this

(Seal of Ordinary)

23 day September, 1929  
J.M. Gann, Ordinary  
Cobb County

### INSTRUCTIONS:

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," etc.)

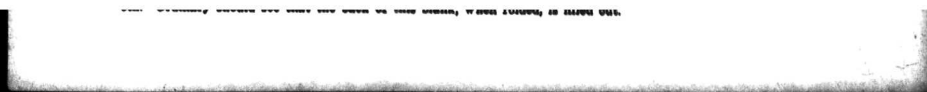
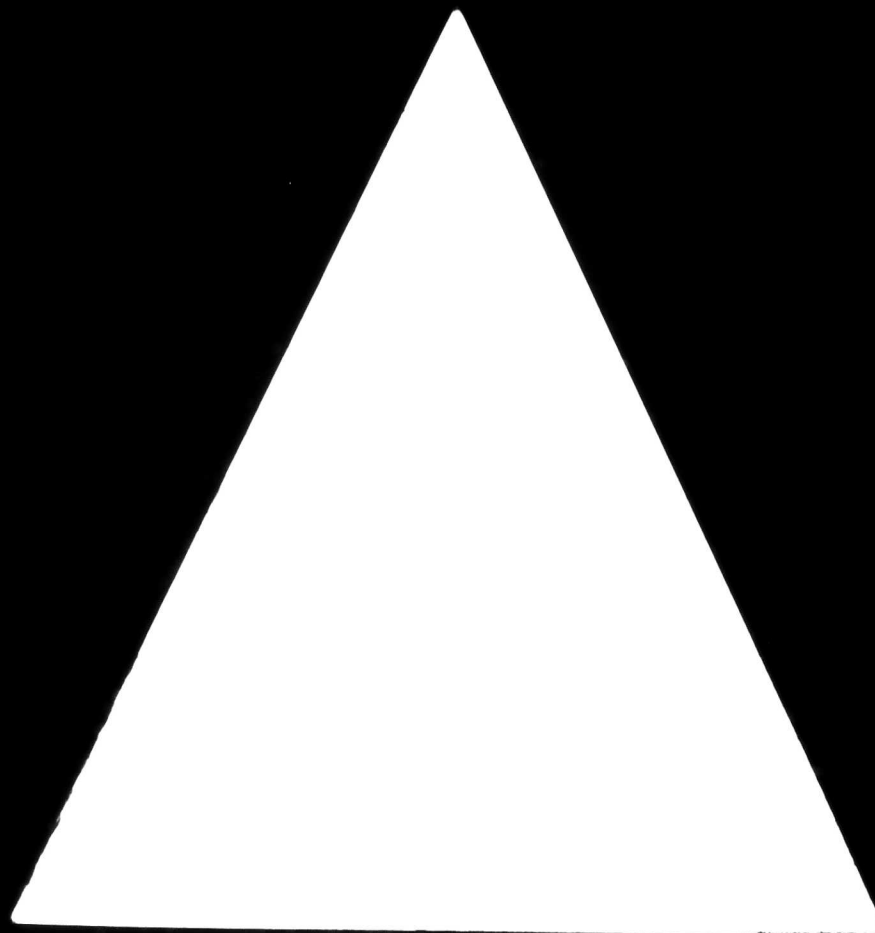
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of, who died without owning sufficient property to pay this bill.

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. Return this application, and attached bills, with your final settlement, to the Pension Department.

6th. Ordinary should see that the back of this blank, when folded, is filled out.



*Proudfoot, John R.*  
*Cable Co*  
*Proudfoot, John R.*  
**1890.**

No. 897  
APPLICATION FOR ALLOWANCE.  
FOR TRAIL EXHIBIT OCTOBER 24, 1890.

*Leg disabled*  
Applicant, *John R. Proudfoot*  
County, *Cherokee*  
Amount, *50*  
Date of warrant, *Feb 11*  
Entered on record  
*Feb 11* 1890  
*do do*  
SECRETARY EXECUTIVE DEPARTMENT  
*1000 1000*  
WARRANT HANDED TO  
*L. A. Drummond*

STATE OF GEORGIA,  
County, *Cherokee* }  
I, *J. M. & L. C. Proudfoot* Ordinary of said county,  
do certify that I am well acquainted with the  
applicant in the foregoing affidavit, and am well satisfied that the statements made by him  
in his said affidavit are true, and that he is disabled, to the extent he claims, and I know  
he is the individual he represents himself to be, and that he resides in this county.  
I further certify that *W. H. Miller* before  
whom the foregoing affidavits were made and power of attorney was signed, is a  
justice of the peace of said county, and the said affidavits and  
signatures thereto are genuine.

Given under my official signature and seal, this *19* day of *Feb*, 1890  
*J. M. & L. C. Proudfoot*  
Ordinary  
*Cherokee* County



STATE OF GEORGIA,

County.

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

I further certify that *J. M. Stone* before whom the foregoing affidavits were made and power of attorney was signed, is a *Notary Public* of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *19<sup>th</sup>* day of *Feb'y*, 189*0*

Ordinary

County

STATE OF GEORGIA,

County.

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

I further certify that *J. M. Stone* before whom the foregoing affidavits were made and power of attorney was signed, is a *Notary Public* of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *19<sup>th</sup>* day of *Feb'y*, 189*0*

Ordinary

County

*Bondfoot, John R.*

*1890.*

*1890.*

No. *897*  
APPLICATION FOR ALLOWANCE.  
FOR TALL BOND OCTOBER 18, 1890.

*Leg disabled*  
Applicant, *John R. Bondfoot*

(County), *W. H.*

Amount, *50*

Date of warrant, *July 11*

Entered on record

*July 11*, 189*0*

*W. H.*

RECEIVED EXECUTIVE DEPARTMENT

WARRANT HANDLED TO

*W. H. Summary*

*Bondfoot, John R.*

*1890.*  
*Bondfoot, John R.*  
*1891, No*

No. *1400*

Application for Allowance

FOR TALL BOND OCTOBER 18, 1890.

NOTE

*Leg disabled*  
Applicant, *John R. Bondfoot*

(County), *W. H.*

Amount, *\$50.*

Date of Warrant, *July 18*

Entered on record

*July 18*, 189*0*

*W. H.*

RECEIVED EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

*W. H. Summary*

Geo. W. Harrison, State Printer, Atlanta, 1890.

*Brandtfort, John R.*  
*Laurel*  
*Brandtfort, John R.*  
**1890.**

No. 897  
**APPLICATION FOR ALLOWANCE.**  
FOR TALL ORDER OCTOBER 22, 1891.  
*Leg disabilities*  
 Applicant, *John R. Brandtfort*  
 County, *Laurel*  
 Amount, *50*  
 Date of warrant, *July 11*  
 Entered on record, *July 11* 1890  
*La H H*  
RECEIVED - EXECUTIVE DEPARTMENT  
 WARRANT HANDED TO  
*La H H*  
*La H H*

as being that I am well acquainted with *John R. Brandtfort* 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 *John R. Brandtfort* before whom the foregoing affidavits were made and power of attorney was signed, is a *Justice of the Peace* of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *19th* day of *Feb.*, 1890

*Will Stone*  
 Ordinary      *Laurel* County

*Brandtfort, John R.*  
**1891.**  
*Brandtfort, John R.*  
*Gold Co*  
*1891, N.Y.*

No. 1400  
**Application for Allowance**  
FOR TALL ORDER OCTOBER 22, 1891.  
*Leg disabilities*  
 Applicant, *John R. Brandtfort*  
 County, *Gold*  
 Amount, *\$50.*  
 Date of Warrant, *July 18*  
 Entered on record, *July 18* 1891  
*La H H*  
RECEIVED - EXECUTIVE DEPARTMENT  
 WARRANT HANDED TO  
*La H H*  
*La H H*

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

I further certify that *J. R. Brandtfort* before whom the foregoing affidavits were made and power of attorney was signed, is a *Notary Public* of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *19th* day of *Feb.*, 1891.

*Will Stone*  
 Ordinary      *Gold* County

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*W. H. Brundage* County.

PERSONALLY appears *W. H. Brundage* of *W. H.* 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 *20<sup>th</sup>* day of *November* 1867; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Captain* in Company *11*, of *28<sup>th</sup>* Regiment of *Georgia* Volunteers *W. H. Brundage*'s Brigade; that whilst engaged in such military service, at the battle of *Chickamauga* in the State of *Georgia*, on the *20<sup>th</sup>* day of *September* 1863, he was wounded as follows: *He was shot in the right arm, the bullet passing through the arm and out at the elbow, and he was unable to use his arm for some time.*

*He was also shot in the right leg, the bullet passing through the leg and out at the heel, and he was unable to use his leg for some time.*

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

Sworn to and subscribed before me, this the *10<sup>th</sup>* day of *February* 1891.

*W. H. Brundage*

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*W. H. Brundage* County.

KNOW ALL MEN BY THESE PRESENTS, That I, *W. H. Brundage* of *W. H.* county, in said State do hereby appoint *G. H. Brundage* my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit, hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10<sup>th</sup>* day of *February* 1891.

*W. H. Brundage*

Executed in the presence of us: *G. H. Brundage* [L. S.]

### DIRECTION.

Send money to me as follows, by *W. H. Brundage* to *W. H. Brundage* County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*W. H. Brundage* County.

PERSONALLY appears *W. H. Brundage* of *W. H.* 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 therein continuously ever since the *20<sup>th</sup>* day of *November* 1867; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Captain* in Company *11*, of *28<sup>th</sup>* Regiment of *Georgia* Volunteers *W. H. Brundage*'s Brigade; that whilst engaged in such military service at the battle of *Chickamauga* in the State of *Georgia*, on the *20<sup>th</sup>* day of *September* 1863, he was wounded as follows: *He was shot in the right arm, the bullet passing through the arm and out at the elbow, and he was unable to use his arm for some time.*

*He was also shot in the right leg, the bullet passing through the leg and out at the heel, and he was unable to use his leg for some time.*

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 *Five* dollars, for *W. H. Brundage*.

Sworn to and subscribed before me, this the *10<sup>th</sup>* day of *February* 1891.

*W. H. Brundage*

*W. H. Brundage*

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*W. H. Brundage* County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10<sup>th</sup>* day of *February* 1891.

*W. H. Brundage*

Executed in the presence of us: *G. H. Brundage* [L. S.]

### DIRECTION.

Send money to me as follows, by *W. H. Brundage* to *W. H. Brundage* County, Georgia.

Frankford, Ad. R.  
Cobb

No. 444

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 24, 1887

Right Suffering  
Applicant J. R. Brinkford  
County Cobb

Amount 50.  
Date of Warrant July 13

Entered on record  
July 13 1889

Secretary J. R. Brinkford

C. A. Secretary

STATE OF GEORGIA,

County Cobb  
PERSONALLY appears J. R. Brinkford of Cobb county, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the 28th day of November 1869; 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 Captain in Company 24 of 25th Regiment of Texas Volunteers Disasters' Brigade; that whilst engaged in such military service, at the battle of Chickamauga in the State of Georgia, on the 20th day of September 1863, he was wounded as follows: By a bullet striking right wrist, and a large number of bones, suffering with stiffness, the bullet took relapsing gangrene, stopping of the bone from the ankle to the knee leaving the bone bare for years, causing me to be confined to my bed for thirteen years, most of the time having continued running sores which are still open & compelling me to use crutches to walk, all the time & being a constant source of pain & suffering.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year ending October 26, 1889.

Sworn to and subscribed before me, this the 9th day of February 1889  
J. R. Brinkford

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

STATE OF GEORGIA,

County Cobb  
PERSONALLY comes before me J. M. Starns and J. R. Brinkford both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have carefully examined J. R. Brinkford and after such examination say that the applicant has been injured as follows: Shall or hip bone wound in right wrist, the bullet very much damaged the bone is still in the matter & still matter & still matter for any thing but a wound. I have & diagnosed the wound & have seen a Crutch for 12 years & I have seen his right leg, making a true & fair statement of his case.

Sworn to and subscribed before me, this the 12th day of Feb. 1889  
J. M. Starns  
Ordinary

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

## STATE OF GEORGIA

PERSONALLY appears W. R. M. Mott of Lowell 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 20<sup>th</sup> day of November 1869; 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 Captain in Company H. of 25<sup>th</sup> Regiment of Texas Volunteers Dishlers's Brigade; that whilst engaged in such military service, at the battle of Chickamauga in the State of Georgia, on the 20<sup>th</sup> day of September 1863, he was wounded as follows: 13. a Parah stab wound, right wrist (small)

members of the community, suffering the subtle but reliable gangster  
stealing of the time from the world to their own leaving the town bare for years.  
Savings must be expended to pay of debts & find for thirteen years most of the time  
leaving thousands running across which an still open & complicity in  
to use kindness to block all the time & being a constant source of  
pain & suffering.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year ending October 26, 1889.

Sworn to and subscribed before me, this the

9<sup>th</sup> day of February 1889  
W. D. Wood

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

## STATE OF GEORGIA.

PERSONALLY comes before me *Dr. J. H. [illegible]* ordinary of said county,  
and *Dr. [illegible]* both known to  
me as reputable physicians of said county, who being severally sworn, say on oath that  
they have carefully examined *Mr. R. B. [illegible]* and after such

examination say that the applicant has been injured as follows: Shall or Impair-  
wound in right wrist of left-hand, made by  
his knife in 1894 & still matter & still pain  
for long time but it was all "fair & dis-  
posed" he is now a carpenter for 12 years & he  
is now in his right & healthy & free  
fair statement of his case.

Sworn to and subscribed before me, this

12<sup>th</sup> day of July 1889  
J. M. Stom  
ORDINAR

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.

## APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1989.

Registered  
 Applicant: J. R. Broughton  
 County: Cabell

Amount 50.00

Date of Warrant *Oct 13/*

Entered on record

July 13 1889

*Wm. A.*  
 SECRETARY, EXECUTIVE DEPARTMENT

Q. A. Harvey

wounded as follows: By a large shot through right chest & broke a large number of bones suffering with stiffness the ankle foot, relabelling gangrene & slipping of the bone from the ankle to the knee leaving the bone bare for years causing me to be confined to my room but for thirteen years and 10th. time having compound running sores which are still open & compelling me to use crutches or stick all the time & being a constant source of pain & suffering.

Sworn to and subscribed before me, this the

9<sup>th</sup> day of February 1889  
W. H. Wood

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

STATE OF GEORGIA.

[illegible]

Sworn to and subscribed before me, this

12<sup>th</sup> day of July 1889  
J. M. Stom  
ORDINAR

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.

## APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1989.

Wright, L. E. Wright  
Applicant, J. R. Wright  
Comptroller, J. C. C.

Amount 150

Date of Warrant July 13/

*Entered on record*

Feb. 13 1889

SECRETARY EXECUTIVE DEPARTMENT.

Capecorrey



I, *W. M. Thompson*, Ordinary of said county, do certify that I am well acquainted with *John R. Sandford*, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit:

are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that *W. D. Ward* before whom the foregoing affidavits were made and power of attorney was signed, is a *John R. Sandford* of said county, and the said affidavits and signatures thereof are genuine.

Given under my official signature and seal, this *15th* day of *Sept.* 188*9*

Ordinary *W. M. Thompson* Cobb County.

## POWER OF ATTORNEY

STATE OF GEORGIA,

*W. D. Ward* County *Cobb*  
Know all Men by these presents, That I, *John R. Sandford* of said County, in said State, do hereby appoint *W. D. Ward* 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 in 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 *15th* day of *September* 188*9*

*John R. Sandford* (L. S.)

Executed in the presence of us:

*W. D. Ward*  
*John R. Sandford*  
*Ordinary*

## DIRECTION:

Send money to me as follows, by

to

County, Georgia.

P. O.

## NOTES.

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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

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

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

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

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

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

the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit:

are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that *W. D. Good* before whom the foregoing affidavits were made and power of attorney was signed, is a *John P. Ross* of said county, and the said affidavits and signatures thereof are genuine.

Given under my official signature and seal, this *12th* day of *Sept.* 188*9*

Ordinary *John P. Ross* County.

### POWER OF ATTORNEY

STATE OF GEORGIA,

*Chatham* County

Know all Men by these presents: That I, *W. D. Good* of

County, in said State, do hereby appoint *John P. Ross* 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 *February* 188*9*  
*W. D. Good* (I. S.)

Executed in the presence of us:

*W. D. Good*  
*John P. Ross*  
*Ordinary*

### DIRECTION:

Send money to me as follows, by

to *John P. Ross* P. O.  
County, Georgia

## NOTES.

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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

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

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

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

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

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



# STATE OF GEORGIA,

County,

I, John B. Harrison

Ordinary of said county,

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

Given under my official signature and seal, this 4th day of April 1892

Ordinary

County

## SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING, OCTOBER 31, 1892.

Name	<u>John B. Harrison</u>
County	<u>Colbert</u>
Disability	<u>Colbert</u>
Amount, \$	<u>20.00</u>
Entered on record	<u>April 21</u> 189 <u>2</u>
W. H. HARRISON,	
Secretary of Soldiers Department	
AGENT.	
<u>John B. Harrison</u>	

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

# POWER OF ATTORNEY.

STATE OF GEORGIA, )

County,

Know all Men by these Presents, That I John B. Harrison of Colbert County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4th day of April 1892

John B. Harrison [L.S.]

Executed in the presence of us:

John B. Harrison  
John B. Harrison J.S.

Send money to me as follows, by

to \_\_\_\_\_ P. O.  
County, Georgia.

Pratt, Blum &

Colbert Co

1893

## Application for Allowance

No. 613

FOR	<u>John B. Harrison</u>
Per the Year Ending October 31, 1892	
Amount,	<u>20.00</u>
Date of Warrant,	<u>April 21</u> 189 <u>2</u>
Entered on record,	<u>April 21</u> 189 <u>2</u>
WARRANT HARRISON	
<u>John B. Harrison</u>	
Geo. W. Harrison, State Printer, Atlanta, Ga.	

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

the  
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his  
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the  
individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this 4th day of April 1892

Ordinary

County.

*Prandfort, Blm d.*  
*Gold Co*  
**1892.**  
SOLDIER'S PENSION.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *W. H. Harrison*  
County *Gold Co*  
Disability *100%*  
Amount, \$ *100.00*  
Entered on record *Mar 21 1892.*  
*W. H. Harrison*  
Secretary of Agriculture Department  
AGENCY.  
*John B. Harrison*  
John W. Harrison, State Printer, Atlanta, Ga.

*Prandfort, Blm d.*  
*Gold Co*  
**1893.**

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
10th day of March 1893

Executed in the presence of:

*John B. Harrison*  
*John B. Harrison*  
J. B. Harrison, J.S.

Send money to me as follows, by

to  
County, Georgia. P. O.

*Prandfort, Blm d.*  
*Gold Co*  
**1893.**  
Application for Allowance  
No. *612*  
For the Year Ending October 31, 1892  
*W. H. Harrison*  
Applicant  
*John B. Harrison*  
Amount, \$ *100.00*  
Date of Warrant, *Mar 21 1892*  
Entered on record, *Mar 21 1892*  
*W. H. Harrison*  
WARRANT HARRISON  
*John B. Harrison*  
John W. Harrison, State Printer, Atlanta, Ga.

STATE OF GEORGIA  
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

POWER OF ATTORNEY

Audited

Feb. 18

1889

*Wm. A. M. G. L. A.*

COMPTROLLER GENERAL

*Cobb*

Maimed Soldiers.

Voucher No. 1111

Amount \$ 50

For Jno N Proudfoot  
Right leg disabled

July 3

1889

Included in Varrant No.

Issued to Treasurer

1889

WARRANT CLERK

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

*W. J. Campbell*

*Cobb*

Maimed Soldiers.

Voucher No. 897

Amount \$ 50

For Jno N Proudfoot  
Leg disabled

July 11

1890

Included in Varrant No.

Issued to Treasurer

18

WARRANT CLERK

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

*C. A. N. N. N. N.*

*Proudfoot, P. R.*

1891.

Maimed Soldiers.

Voucher No. 1100

Amount \$ 50

For Jno N Proudfoot  
Leg disabled

July 11

1891

Included in Varrant No.

Issued to Treasurer

1891

WARRANT CLERK

W. J. Campbell, State Printer, Atlanta

*W. J. Campbell*

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT

No 441,

Atlanta Ga Nov 13, 1889

Mr *John S. Bondfoot* of the County  
of *Cobb*, having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act

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

*Leg disabled*

He is entitled to receive the sum of *Fifty 000* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor,

*J. W. Gordon*

CLERK EXECUTIVE DEPARTMENT

RECEIVED OF STATE TREASURER R. U. HARDEMAN,

*Fifty 000*

Dollars

per above voucher, this

*10*

of

*Nov 13*

1889

*J. S. Bondfoot*  
*C. A. Danwoody*

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT

No 897

Atlanta Ga Dec 11 1890

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

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

*Leg disabled*

He is entitled to receive the sum of *Fifty 000* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1890.

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

By the Governor,

*W. H. Harrison*

CLERK EXECUTIVE DEPARTMENT

*50 00*

RECEIVED OF STATE TREASURER R. U. HARDEMAN,

*Fifty 000*

Dollars

per above voucher, this

*11*

of

*Dec 11 90*

*C. A. Danwoody*  
*for J. R. Bondfoot -*

1891

No 1100

STATE OF GEORGIA  
EXECUTIVE DEPARTMENT

Atlanta Ga. Feb 18 1891

Mr. John B. Broadfoot of the County  
of Cobb,

having filed a claim against the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Acts  
approved Dec. 24, 1888 and Nov. 11, 1890, and the same having been examined and allowed for

Leg. dir.

The sum of



Dollars

and for the year ending the allowance due for the year ending October 24, 1890.

I, John B. Broadfoot, the same and hold his receipt on this voucher and return same to  
the Executive Department.

W. A. Harrison  
GOVERNOR

Attest:

W. A. Harrison  
SOS. EXEC. DEPT.

RECEIVED BY R. L. HARDEN, Treasurer of the State of Georgia

Feb 18 1891

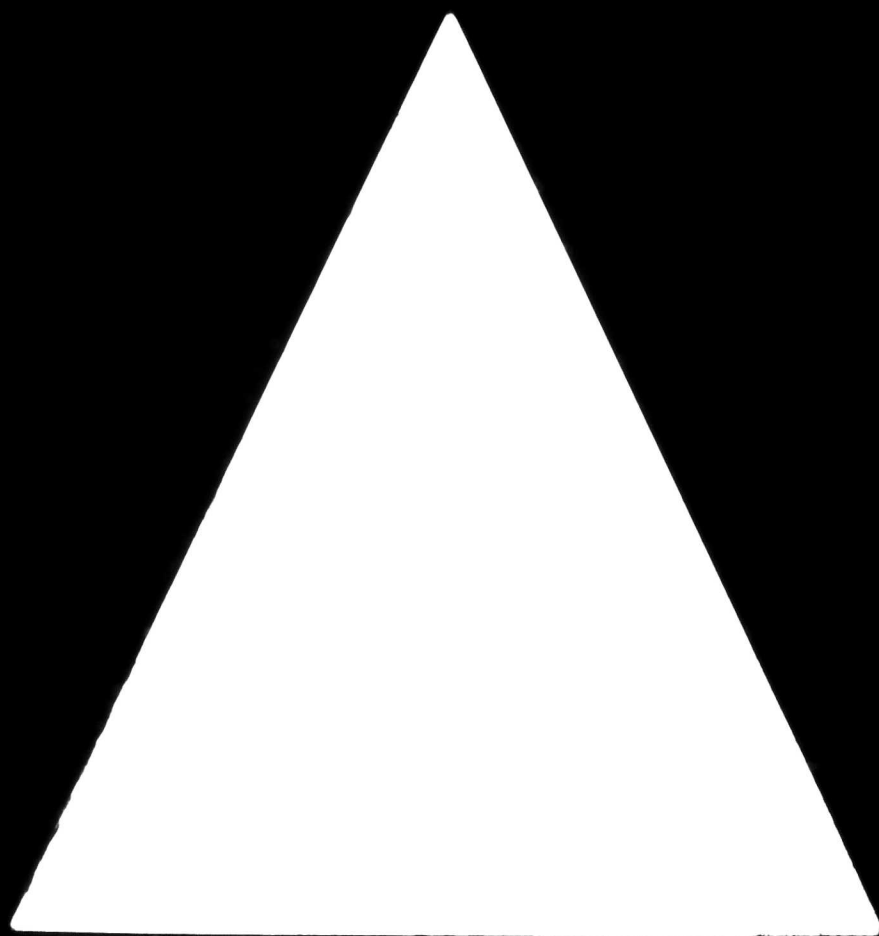
Dollars

on this day

of

1891

W. A. Harrison



*Putnam, H. M.*  
*#422 M.*

No 225 *Putnam, H. M.*  
APPLICATION FOR

*Cobb Co.*  
*(Arm)*

FOR CONFEDERATE SOLDIER

Age *H. M. Putnam*

County *Cobb*

Rank *Arm/abn Elbow*

Amount *\$60 —*

Date of Award *Mar 14<sup>th</sup> 1869*

By *C. B. R. 241 38*

*244*

*1752*





3. was not within the two (clauses of Paragraph 1, Section 1, Article 7 of the Constitution of 1877

[illegible][illegible]

**ALFRED H. COOPER**, President, American  
Horse Reproduction  
Research Center,  
President, Sires  
of the Year

Cobb

County

Personally came M. M. Phillips Secy, 2, Turner-  
and George S. Irving \_\_\_\_\_  
who, being duly sworn, depose and say they are acquainted with H. M. Putnam

and that he lost a lower in the military service during the late war: that said lower was amputated at the shoulder joint that he is a bona fide citizen of this State and we are well satisfied that the facts stated by him in the above affidavit are true

*Sworn to and subscribed before me this* 7<sup>th</sup>  
*day of November* 1879  
To L. Schaefer & Co. N.Y.

Dr. M. H. H. H.  
J. D. Tannor  
Geo. S. Avery

State of Georgia

9066

I, W. M. Hammond Ordinary of Cobb  
County, do hereby certify as well as warranted with W. M. Pittman  
the applicant for arm and am well satisfied that the facts stated by him in the for-  
ward of this petition and that I am well acquainted with W. M. Phillips  
J. D. Jarrett & Geo. S. Avery  
the citizens who make this affidavit that they are respectable citizens of this county, and that the  
facts stated by them are true.

to you under each and in both of said this  
 12 - box of No. 1  
 16 W. 16 and with  
 Gray

[illegible]

So, if the set of applicants is finite, then such a procedure that such applicants still have a prospect of such applicants being admitted, for instance, being admitted and whether some thing has been accepted. If we ask whether extending the set of applicants to a countable set, then the above procedure is the shortest and the best one that can be applied to the problem.

THOMAS R. GARDNER  
Secretary, House, R<sub>1</sub> - 1000  
Wm. A. HARRIS  
Secretary, Senate  
Approved September 10, 1965

A. C. BAKER  
*Speaker House Representatives*  
 ROBERT E. LESTER  
*President Senate*  
 ALBERT H. COLE, U. S. Senator

Personally came M. M. Phillips John L. Turner  
and George S. Avery  
who, being duly sworn, depose and say they are acquainted with H. M. Putnam  
and that he lost a arm in the military service during the late war;  
that said arm was amputated at the shoulder joint that he is a bona fide  
citizen of this State and we are well satisfied that the facts stated by him in the above affidavit are true.

Sworn to and subscribed before me this 10<sup>th</sup>  
 month day of November 1879  
 G. L. Schaeffer Notary Public

Mr. Matthews,  
J. D. Tannor  
Geo. S. Avery

State of Georgia.

9066

County of Yb M Hammond Ordinary of Cobb  
County of Yb M Hammond well acquainted with Yb M. Rutman  
the applicant for arm and am well satisfied that the facts stated by him in the foregoing affidavit are true and that he is well acquainted with W M. Phillips  
J. J. Sarnett & Geo S. Owens  
the citizens who make the affidavits, that they are respectable citizens of this county, and that the facts stated by them are true.

12 - Day of Nov 1897  
H. W. K. are with  
Orey

Putnam, Henry M.  
Colt

No. 1647

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 24, 1889

FOR  
Injury to Left Arm  
Applicant Henry M. Putnam  
County Colt

Amount 100  
Date of Warrant 2nd Feb

Entered on Record

2nd Feb 1889  
M. A. C.  
SECRETARY EXECUTIVE DEPARTMENT

Wm McPherson

STATE OF GEORGIA,

Colt County

PERSONALLY appears Henry M. Putnam of Colt county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the 8th day of October 1871; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private & 2nd Sergeant in Company A, of 6th Regiment of Georgia Volunteers, Colquhoun's Brigade; that whilst engaged in such military service, at the battle of Sharpsburg in the State of Maryland on the 17th day of Sept. 1862, he was wounded as follows: Through the left shoulder which shot caused him to leave his left arm mutilated at the shoulder joint

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 5th day of February 1889 } Henry M. Putnam  
R. M. McPherson

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

STATE OF GEORGIA,

Colt County

PERSONALLY comes before me, W. H. Mitchell, Justice of the Peace, Ordinary of said county, J. P. Smith and J. P. Smith, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Henry M. Putnam, and after such examination say that the applicant has been injured as follows:

Left arm  
mutilated at shoulder joint caused  
by a gun shot wound in the left  
shoulder

Sworn to and subscribed before me, this

5th day of Feb 1889 }  
W. H. Mitchell }  
Justice of the Peace for said County }  
J. P. Smith }  
J. P. Smith }  
M. D.

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

Putnam, Henry M.  
Cost Co

No. 1047

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 26, 1888.

FOR  
In case of Left Arm  
Applicant Henry M. Putnam  
County Cobb

Amount 1.00

Date of Warrant. May 14

Entered on Record.

McClintock  
M. H. G.  
SECRETARY EXERCISES DEPARTMENT

Wm. McPhillips

served as a Private & 2nd Sergeant in Company A, of 6th Regiment of Georgia Volunteers, Col. Sharpburg's Brigade; that whilst engaged in such military service, at the battle of Sharpsburg in the State of Maryland on the 17 day of Sept. 1862, he was wounded as follows: Through the left Shoulder which shot caused him to leave his left Arm amputated at the Shoulder joint

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 5 day of February 1889 }  
R. M. Mitchell

Henry M. Putnam

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

STATE OF GEORGIA,

PERSONALLY comes before me R. M. Mitchell, Justices of the Peace Ordinary of said county, J. H. Smith and J. H. Smith, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Henry M. Putnam and after such examination say that the applicant has been injured as follows: Left Arm amputated at Shoulder joint caused by a Gun shot wound in the left Shoulder.

Sworn to and subscribed before me, this

5 day of Feb. 1889

R. M. Mitchell  
Justice of the Peace for said County

Henry M. Putnam  
J. H. Smith M. H.

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

STATE OF GEORGIA,

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

are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that *R. M. Mitchell* before whom the foregoing affidavits were made and power of attorney was signed, is a *Justice Peace* of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *5<sup>th</sup>* day of *July* 188*9*  
*J. M. Stone*  
Ordinary *Robt* County

# POWER OF ATTORNEY.

STATE OF GEORGIA,

KNOW ALL MEN BY THESE PRESENTS, That I, *N. M. Putnam* of *Colt* county, in said State, do hereby appoint *J. M. Stone* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this *17<sup>th</sup>* day of *July* 188*9*  
*N. M. Putnam* (L. S.)

Executed in the presence of us

*J. S. Smith*  
*R. M. Mitchell*

## DIRECTION:

Send money to me as follows, by *Express* to *Atlanta* to *Georgia* P. O.  
*South* *Colt* County, Georgia.  
*N. M. Putnam*

## NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of fact showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

County.

I,

Ordinary of said county.

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

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

Given under my official signature and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1890.

Ordinary

County

STATE OF GEORGIA,

County.

I,

Ordinary of said County,

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

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

Given under my official signature and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1890.

Ordinary

County

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

Applicant, *Henry M. Putnam*  
County, *Cobb*  
Amount, *\$110.00*  
Date of warrant, *Oct 2, 1890*  
Entered on record, *Oct 2, 1890*

WARRANT HANDLED TO

WARRANT HANDLED TO

1891.

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Applicant, *Henry M. Putnam*  
County, *Cobb*  
Amount, *\$110.00*  
Date of Warrant, *Oct 2, 1891*  
Entered on record, *Oct 2, 1891*

WARRANT HANDLED TO

WARRANT HANDLED TO

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County, }  
PERSONALLY appears *A. M. Putnam* of *Cobb* county,

State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *all of his life* day of 18 *Oct*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Sergeant* in Company *F*, of *6*th Regiment of *Georgia* Volunteers *Colquitt's* Brigade; that whilst engaged in such military service, at the battle of *Antietam* in the State of *Maryland*, on the *17* day of *Sept*, 1862, he was wounded as follows *in the left shoulder which caused the deponent to lose his left arm amputated at the shoulder joint*

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

Sworn to and subscribed before me, this *12* day of *Feb*, 1891, *A. M. Putnam*  
*L. J. Seligman, Not Pub.*

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County, }  
KNOW ALL MEN BY THESE PRESENTS, That I, *A. M. Putnam* of *Cobb* county, in said State, do hereby appoint *John W. Wright* my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *12* day of *Feb*, 1891, *A. M. Putnam* [L. S.]

Executed in the presence of us  
*L. J. Seligman, Not Pub.*  
*Cobb County*

Send money to me as follows, by *Express* to *Account* *Cobb* County, Georgia.

DIRECTION.

*A. M. Putnam*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County, }  
PERSONALLY appears *Henry M. Putnam* 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 *8* day of *Oct*, 1833; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *1st Sergeant* in Company *F*, of *6*th Regiment of *Georgia* Volunteers *Colquitt's* Brigade, that whilst engaged in such military service at the battle of *Sharpsburg* in the State of *Md*, on the *17* day of *Sept*, 1862, he was wounded as follows *lost his left arm being amputated at shoulder joint*

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 *One Hundred* dollars, for

Sworn to and subscribed before me, this *12* day of *Feb*, 1891, *Henry M. Putnam*  
*L. J. Seligman, Not Pub.*

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County, }  
Know all Men by these Presents, That I, *Henry M. Putnam* of *Cobb* County, State of Georgia, do hereby appoint *John W. Wright* 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 *12* day of *Feb*, 1891, *Henry M. Putnam* [L. S.]

Executed in the presence of us  
*L. J. Seligman, Not Pub.*  
*Cobb County*

Send money to me as follows, by *Express* to *Account* *Cobb* County, Georgia.

DIRECTION.

*A. M. Putnam*



STATE OF GEORGIA,

*DeKalb* County

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

Given under my official signature and seal, this *17th* day of *March* 189*2*

Ordinary

County

POWER OF ATTORNEY.

STATE OF GEORGIA,

*DeKalb* County

Know all Men by these Presents, That I *H. M. Putnam* of *DeKalb* County, State of Georgia, do hereby appoint *W. H. Harrison* my true and lawful attorney in fact, for and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit, and by 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.

WHEREOF, I have hereunto set my hand and seal, this *17th* day of *March* 189*2*

Executed in the presence of us: *W. J. Nathan*

Send money to me as follows, by *Express* to *Keworth* P. O. *DeKalb* County, Georgia.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *H. M. Putnam*  
County *DeKalb*  
Disability *Loss of arm*  
Amount, \$ *101*  
Entered on record *March 11* 1892.  
W. H. HARRISON,  
AGENT.

*Putnam, H. M.*

*DeKalb Co.*

1892.

No. *615*

Application for Advance

For the Year Ending October 31, 1892.

*Large of Putnam*  
Applicant *H. M. Putnam*  
County *DeKalb*  
Amount, *100*  
Date of Warrant, *31*  
Entered on record, *20*  
*March 11* 1892.

STATE OF GEORGIA,

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Colt* County.

PERSONALLY appears

of *Colt* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the *18th* day of *18* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *first Sergeant* in Company *4* of *6th* th Regiment of *Georgia* Volunteers *Colquitt's* Brigade, that whilst engaged in such military service at the battle of *Sharpsburg* in the State of *Maryland*, on the *Seventeenth* (17<sup>th</sup>) day of *Sept* 1862, he was wounded as follows: *In the left arm near shoulder joint by a musket ball which made it necessary to have the left arm amputated at the shoulder joint.*

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

*One hundred* Dollars for Loss of Left Arm

Sworn to and subscribed before me this *14th* day of *March* 1892 *H. M. Putnam*

*J. M. Stone* Ordinary

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Colt* County.

Know all Men by these Presents, That I, *H. M. Putnam*

County, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *14th* day of *March* 1892

*H. M. Putnam*

Executed in the presence of us

*J. M. Stone*

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Colt* County.

PERSONALLY appears

*H. M. Putnam* of *Colt* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *8th* day of *October* 1832; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *first Sergeant* in Company *4*, of *6th* th Regiment of *Georgia* Volunteers *Colquitt's* Brigade; that whilst engaged in such military service at the battle of *Sharpsburg* in the State of *Maryland*, on the *17th* day of *Sept* 1862, he was wounded as follows: *In the left shoulder joint which caused an amputation of the left arm at the shoulder joint.*

Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1893. I have heretofore been allowed a pension of

*One hundred* dollars, for Loss of Left Arm

Sworn to and subscribed before me, this, the *14th* day of *March* 1893 *H. M. Putnam*

*J. M. Stone* Ordinary

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

STATE OF GEORGIA,

*Colt* County.

I, *J. M. Stone* Ordinary of said County,

do certify that I am well acquainted with *H. M. Putnam* 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 *H. M. Putnam* before whom the foregoing affidavits were made and power of attorney was signed, is a *Justice of the Peace* of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *14th* day of *March* 1893

*J. M. Stone* Ordinary *Colt* County.

STATE OF GEORGIA,

POWER OF ATTORNEY

# POWER OF ATTORNEY.

STATE OF GEORGIA.

*Cobb* COUNTY.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

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

day of *March* 1894

Executed in the presence of us

*W. H. Harrison*  
*W. H. Harrison*  
*W. H. Harrison*  
DIRECTIONS  
Send money to me as follows, by

to  
County, Georgia

P. O.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County.

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint

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

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

day of *March* 1895

Executed in presence of us

*W. H. Harrison*  
*W. H. Harrison*  
*W. H. Harrison*  
DIRECTIONS  
Send money to me as follows, by

to  
County, Georgia

P. O.

*Putnam, Henry M.*

For Those Already Enrolled.

**Soldier's Pension.**  
**1894.**

Name *H. M. Putnam*

County *Cobb*

Disability *Loss of Arm*

Amount *\$100*

1894

W. H. HARRISON

Secretary Executive Department

WARRANT HANDED TO,

*H. M. Putnam*

Geo. W. Harrison, State Printer, Atlanta

*Putnam, H. M.*

(For Those Already Enrolled.)

No. **329**

**SOLDIER'S PENSION.**

**1895.**

*To Christy 1896*

Name *H. M. Putnam*

County *Cobb*

Disability *Loss of Arm*

Amount *\$100*

1895

RICYARD JOHNSON

Secretary Executive Department

WARRANT HANDED TO

*Putnam*

Geo. W. Harrison, State Printer, Atlanta

*Putnam*

Cobb County.

Personally appears *A M Putnam* of *100th*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 3<sup>rd</sup> day of *October* 1833; that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served as a *Private 2<sup>nd</sup> Sergeant* in Company *14*, of *6<sup>th</sup>* Regiment of *Georgia*, Volunteers, *Belmont's* Brigade, that whilst engaged in such military service at the battle of *Chancellorsville* in the State of *Maryland*, on the *17<sup>th</sup>* day of *September* 1862, he was wounded as follows: *in the left shoulder near shoulder joint which caused amputation of the left arm at shoulder joint*

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 One Hundred dollars, for the year 1897.

Sworn to and subscribed before me, this, the }  
6 day of *March* 1895 }  
*S. A. H. L. G. D.*

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.

County.

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

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

Ordinary John Stone County

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

*Cobb* County. }

PERSONALLY appears *Henry M. Putnam* 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~~ *his birth* day of *18* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *F*, of *6th* Regiment of *Georgia* Volunteers, *Colquitt's* Brigade; that whilst engaged in such military service at the battle of *Sharpsburg* in the State of *Maryland*, on the *17th* day of *Sept*, *1862*, he was wounded as follows: *by a gun shot wound in the left shoulder joint which caused the amputation of the left arm at shoulder joint*

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

Sworn to and subscribed before me, this, *12* day of *March*, *1894*. *Henry M. Putnam*  
*Notary Public for Geo.*  
NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA, }

*Cobb* County. }

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

Given under my official signature and seal, this *14th* day of *March*, *1894*.  
*J. M. Stone*  
Ordinary *Cobb* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

*Cobb* County. }

Personally appears *H. M. Putnam* 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 *8th* day of *October*, *1833*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* and *2nd* *Sergeant* in Company *F*, of *6th* Regiment of *Georgia* Volunteers, *Colquitt's* Brigade; that whilst engaged in such military service at the battle of *Sharpsburg* in the State of *Maryland*, on the *17th* day of *September*, *1862*, he was wounded as follows: *in the left shoulder near shoulder joint which caused amputation of the left arm at shoulder joint*

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 *One Hundred* dollars, for the year 1894.

Sworn to and subscribed before me, this, *6* day of *March*, *1895*. *H. M. Putnam*  
*Notary Public for Geo.*  
NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA, }

*Cobb* County. }

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

Given under my official signature and seal, this *7th* day of *March*, *1895*.  
*J. M. Stone*  
Ordinary *Cobb* County.



# POWER OF ATTORNEY.

STATE OF GEORGIA.

*Cobb* County.

I, *H M Putnam* hereby authorize *John Gentry* of *Marquette*

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

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *11th* day of *January* 1901. 1890. *H M Putnam* [L. S.]

Executed in presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA.

*Cobb* County.

I, *H M Putnam* hereby authorize *W. H. Huling* of *Fulton County Geo*

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

at *Acworth Geo*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *7th* day of *March* 1900.

*H M Putnam* [L. S.]

Executed in presence of

*L. H. Stokes, Jr.*

*Putnam, H. M.*

For These Already Enrolled

*No. 166*

INVALID

SOLDIER'S PENSION.

1899.

Name *H M Putnam*

County *Cobb*

Disability *Loss of arm*

Amount, \$ *100*

*Jan 15 1901.*

RICHARD JOHNSON,

WARRANT HANDED TO

*Gentry*

*No data*

*Putnam, H. M.*

*Cobb Co*

(For These Already Enrolled.)

No. *1690*

*From check 1899*

INVALID

SOLDIER'S PENSION.

1900.

Name *H M Putnam*

County *Cobb*

Disability

Amount, \$ *100*

Warrant issued *Feb 9* 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*Gentry*

Geo. W. Harrison, State Printer, Atlanta.

*No data*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb*

County.

Personally appears

*N M Putnam* of *Cobb*

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

day of *1863*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the

States, and served as a *Sergeant* in Company *#3* of *6th* Regiment of *Volunteers*, *Colquitt's* Brigade, that whilst engaged

in such military service in the State of *Maryland*, on the *17th* day of *Sept*

*1862*, he was wounded, injured or diseased as follows:  
*By gun shot wound in left arm causing it to be amputated, at the battle of Sharpsburg, on date above mentioned*

Dependent makes application for the pension to which he is entitled for the year ending October 26th, *1901* I have heretofore under said law as a resident of

*Cobb*  
*100*

County been allowed an invalid pension of

Dollars, for the year *1900*.

Sworn to and subscribed before me, this, the

*11th*

day of *Jan'y* *1901*

*N M Putnam*

*John Crother, Ord'y.*

STATE OF GEORGIA,

*Cobb*

County.

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

Given under my official signature and seal, this

day of

*Jan'y* *1901*

*11th*

Ordinary

*John Crother*  
*Cobb*

County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb*

County.

Personally appears

*N M Putnam* of *Cobb*

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

day of *1868*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *F*, of *6th* Regiment of *Georgia* Volunteers, *Colquitt's* Brigade; that whilst engaged in such military service in the State of *Maryland*, on the *17th* day of *Sept*

*1862*, he was wounded, injured or diseased as follows:  
*Lost left arm amputation at shoulder joint*

Dependent 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

*Cherokee*  
*One Hundred*

County been allowed an invalid pension of

Dollars, for the year *1899*.

Sworn to and subscribed before me, this, the

*12th*

day of *Dec'r* *1900*

*N M Putnam*

POST OFFICE

*John Crother, Ord'y.*

STATE OF GEORGIA,

*Cobb*

County.

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

Given under my official signature and seal, this

day of

*July* *1900*

*14th*

Ordinary

*John Stone*  
*Cobb*

County.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County.

I, *H. M. Putnam* hereby authorize *John Andrew* of \_\_\_\_\_

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

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *15th*

day of *January* 1902.

*H. M. Putnam*, [L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County.

I, *H. M. Putnam* hereby authorize *John Andrew* of *Cobb* County

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

at *Atlanta*

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *16th*

day of *January* 1903.

*H. M. Putnam*, [L. S.]

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

*H. M. Putnam*  
*John Andrew*

( FOR THOSE ALREADY ENROLLED. )

No. *340*

DISABLED

SOLDIER'S PENSION

1902.

Name *H. M. Putnam*

County *Cobb*

Co. *1st Regiment 6th*

Disability *Left Arm*

Amount, \$ *100-*

1902

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*Ordy*

Geo. W. Harrison State Printer, Atlanta

*No data*

( FOR THOSE ALREADY ENROLLED. )

No. *390*

DISABLED

SOLDIER'S PENSION

1903.

Name *H. M. Putnam*

County *Cobb*

Co. *1st Regiment 6th*

Disability *Left Arm*

Amount, \$ *100-*

1903

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*Ordy*

Geo. W. Harrison State Printer, Atlanta



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears

*N. M. Putnam* 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 *war* day of

18; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a in Company *XV* of *6*th Regiment of *Ga.* Volunteers, *Colquitts*'s Brigade; that whilst engaged

in such military service in the State of *Maryland*, on the *17* day of *Sept* 1862, he was wounded, injured or diseased as follows:

*By gun shot striking left arm, there causing it was amputated at the shoulder*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$100* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *18th* day of *Jan* 1902, *N. M. Putnam* Post office *Roswell*.

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

STATE OF GEORGIA,

County.

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

Given under my official signature and seal, this *18th* day of *Jan* 1902.

Ordinary

County.

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

Attest  
your  
seal  
here

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears

*H. M. Putnam* 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 *1st* *Jan* 18; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the

States, and served as a *2nd* *Regiment* in Company *4*, of *6*th Regiment of *Georgia* Volunteers, *Colquitts*'s Brigade; that whilst engaged

in such military service in the State of *Maryland*, on the *17* day of *Sept* 1862, he was wounded, injured or diseased as follows:

*The left arm (at shoulder joint) at the joint of the shoulder*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$100* Dollars, for the year 1902.

Sworn to and subscribed before me, this the *18th* day of *Jan* 1903, *N. M. Putnam* Post-office *Roswell*.

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

STATE OF GEORGIA,

County.

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

Given under my official signature and seal, this *18th* day of *Jan* 1903.

Ordinary

County.

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

Attest  
your  
seal  
here

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb*

COUNTY.

I, *H. M. Putnam* hereby authorize  
*George John Country* of *Marietta Ga*  
 to receive and receipt for the pension paid hereon, and request that he remit same to  
*Me* by *Mail*  
 at *Waco Ga*

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

*20th*

day of *July* 1904

*H. M. Putnam* [L. S.]

Executed in the presence of

*Putnam, H. M.*  
*Cobb Co.*

FOR THOSE ALREADY ENROLLED.

DISABLED

SOLDIER'S PENSION

1904.

Name *H. M. Putnam*  
 County *Cobb*  
 Co. *3d* Regiment *6th* Inf.  
 Disability *Discharge off*  
 Amount *\$14.95* 1904.

JOHN W. LINDSEY

Commissioner of Pensions

WARRANT HANDED TO

*John*

Geo. W. Harrison, State Printer, Atlanta.

*no date*

*Putnam, H. M.*  
*Cobb Co.*  
 (FOR THOSE ALREADY ENROLLED.)

Court Section 126

No. *3241*

DISABLED

SOLDIER'S PENSION

1905.

Name *H. M. Putnam*  
 County *Cobb*  
 Co. *7th* Regiment *5th* Inf.  
 Disability *Left Arm*  
 Amount *\$10.00* 1905.  
 JAN 23

JOHN W. LINDSEY

Commissioner of Pensions

WARRANT HANDED TO

*John*

Geo. W. Harrison, State Printer, Atlanta.

*no date*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb*

COUNTY.

I, *H. M. Putnam* hereby authorize  
*John Country* of *Cobb Co.*  
 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

*17th*

day of *January* 1905.

*H. M. Putnam* [L. S.]

Executed in the presence of

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
Cobb County.

Personally appears *H M Putnam* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *18* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Seargant* in Company *B* of *6th* Regiment of *Georgia* Volunteers *Colquitt*'s Brigade, that whilst engaged in such military service in the State of *Georgia* on the *17th* day of *Sept* 1862 he was wounded, injured or diseased as follows:  
*Left arm was at Shoulder joint*

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1904. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *100* Dollars for the year 1903.

Sworn to and subscribed before me, this the *17th* day of *January* 1905, at *Cum* *Georgia* County, *Georgia* Post-office *Acworth*.

STATE OF GEORGIA,  
Cobb County.

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

Given under my official signature and seal, this *17th* day of *January* 1905.

*H M Putnam* Ordinary  
*Cobb* County.

NOTE.—Fill 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,  
Cobb County.

Personally appears *H M Putnam* 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 *1st* day of *January* 1860; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *F* of *6th* Regiment of *Ca.* Volunteers *Colquitt*'s Brigade; that whilst engaged in such military service in the State of *Ma* on the *17th* day of *September* 1862, he was wounded, injured or diseased as follows:  
*Left arm shot off*

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1905. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *100* Dollars, for the year 1904.

Sworn to and subscribed before me, this the *17th* day of *January* 1905, at *Cum* *Georgia* County, *Georgia* Post-office *Acworth, Ga.*

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

STATE OF GEORGIA,  
Cobb County.

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

Given under my official signature and seal, this *17th* day of *January* 1905.

*John Anthony* Ordinary  
*Cobb* County.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA.

I, Wm Putnam of Waukeget County, hereby authorize  
Wm Putnam of Waukeget County, to receive and receipt for the pension paid hereon, and request that he remit same to  
me by Chk  
at Newworth Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15  
day of May 1906.  
H M Putnam [L. S.]  
Executed in the presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA.

I, Wm Putnam of Waukeget County, hereby authorize  
Wm Putnam of Waukeget County, to receive and receipt for the pension paid hereon, and request that he remit same to  
me by Chk  
at Newworth Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17  
day of May 1907.  
H M Putnam [L. S.]  
Executed in presence of

Cons. Section 1250  
FOR THOSE ALREADY ENROLLED

No. 300

## DISABLED SOLDIER'S PENSION 1906.

Name H M Putnam  
County Waukeget  
Co H 6th Regiment Ga Vols  
Disability lost left arm  
Amount, \$100-

1906.

JOHN W LINDSEY.

(Commissioner of Pensions)

WARRANT HANDED TO

The Pensioner Present, 1906. Publication Co. State of Georgia, Atlanta.

Wm Putnam

Putnam, H. M.

Coft Co.

Cons. Section 1250.  
FOR THOSE ALREADY ENROLLED)

No. 244

## DISABLED SOLDIER'S PENSION 1907.

Name H M Putnam  
County Waukeget  
Co H 6th Regiment  
Disability lost left arm  
Amount, \$100

JAN 21 1907.

JOHN W LINDSEY.

(Commissioner of Pensions)

WARRANT HANDED TO

The Pensioner Present, 1907. Publication Co. State of Georgia, Atlanta.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears H. M. Putnam of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18 that he enlisted in the military service of the Confederate States, (or of the State of ) during the war between the States, and served as a in Company H, of 64th Regiment of Volunteers 's Brigade; that whilst engaged in such military service in the State of , on the day of 186 he was wounded, injured or diseased as follows:

Lost left arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 100 Dollars, for the year 1905.

Sworn to and subscribed before me, this the

15 day of January 1906

Post Office

H. M. Putnam

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

State of Georgia,

Cobb County.

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

Given under my official signature and seal, this 15 day of January 1906

Ordinary Cobb County

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears H. M. Putnam of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18 that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served as a in Company H, of 64th Regiment of Volunteers 's Brigade; that whilst engaged in such military service in the State of , on the day of 186 he was wounded, injured or diseased as follows:

Lost left arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 100 Dollars, for the year 1906.

Sworn to and subscribed before me, this the

15 day of January 1907.

Postoffice Cobb

H. M. Putnam

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

State of Georgia,

Cobb County.

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

Given under my official signature and seal this 15 day of January 1907.

Ordinary Cobb County

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

Putnam, H. M.

Cobb County  
No.

1901

**Application for Pension.**

Due Deceased Soldier Under  
Act 1891.

By

Mrs. *H. M. Putnam*

Widow of *H. M. Putnam*

of County *Cobb*

Co. *A* Reg't. *6<sup>th</sup> Ga* Vols.

APPROVED AND PAID.

1901

J. W. LINDSEY,  
Commissioner of Pensions.

# Application for Pension Due Deceased Soldier

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Brunswick County.

Personally before me comes Mrs. H. M. Putnam, of said county, after being duly sworn, on oath says that she is the widow of H. M. Putnam who was duly enrolled as an Invalid or Disabled Pensioner from the county of Cobb and was paid a pension of One Hundred Dollars from Cobb county for 1900, and that the said H. M. Putnam died in Cobb county on the 10<sup>th</sup> day of December 1900, and at the time of his death a Pension of One Hundred Dollars was due him from Cobb county and unpaid for 1901. Applicant further swears that she married the said H. M. Putnam on the 10<sup>th</sup> day of July 1882, in Brooks county and State of Georgia and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 27<sup>th</sup> day of July 1901.  
G. M. Mace Ordinary, } Mrs. H. M. Putnam  
Brunswick County. }

## AFFIDAVIT OF WITNESS.

GEORGIA, Brunswick County.

Personally before me comes G. H. Putnam, who on oath says that he knew H. M. Putnam while in life and that he knows Mrs. H. M. Putnam the above applicant; that he knows that the said H. M. Putnam and Mrs. H. M. Putnam were in due form of law married in the county of Brooks in the State of Georgia on the 10<sup>th</sup> day of July 1882 and that they resided together as husband and wife from date of marriage to the day of his death on the 10<sup>th</sup> day of Dec. 1900, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 27<sup>th</sup> day of July 1901.  
G. M. Mace Ordinary, } G. H. Putnam  
Brunswick County. }

NOTE 1st.—This form can be used by guardian or minor children where there is no widow.  
 2d.—Ordinary must send in all cases certified copy of marriage license attached.

Audited *McK 7* 1889.  
*Wm Wright*  
COMPTROLLER GENERAL

*Cobb*

Maimed Soldiers.

Voucher No. *1047*

Amount \$ *100*

Paid to *Henry M. Adams*

For *Loss of Legt.*

*Wm*

*March 1* 1889

Included in Warrant No.  
issued to Treasurer

1889

WARRANT CLERK

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

*W. M. Phillips*

Audited *Feb. 24* 1890  
*Wm Wright*  
COMPTROLLER GENERAL

*Cobb*

Maimed Soldiers.

Voucher No. *974*

Amount \$ *100*

Paid to *H. M. Putnam*

For *Loss of Arm*

*July 11* 1890

Included in Warrant No.

issued to Treasurer

WARRANT CLERK

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

*W. A. Wright*



STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 1047

Atlanta, Ga. *Mar 4 1889*

Mr. *Henry M. Putnam* of the County  
of *Cobb* having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act

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

*Loss of Left Arm*

He is entitled to receive the sum of *One Hundred* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor

*W. H. Harrison*

CLERK EXECUTIVE DEPARTMENT



*100*

RECEIVED OF STATE TREASURER R. U. HARDEMAN.

*One Hundred & 00/100*

per above voucher, this

*11* of *March*

*H M Putnam*

*For warrant*

Dollars

1889

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 974

Atlanta, Ga. *Feb 11 1890*

Mr. *H. M. Putnam* of the County  
of *Cobb* having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

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

*Loss of Arm*

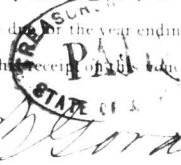
He is entitled to receive the sum of *One Hundred* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1890.

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

By the Governor

*W. H. Harrison*

CLERK EXECUTIVE DEPARTMENT



*100*

RECEIVED OF STATE TREASURER R. U. HARDEMAN.

*One Hundred & 00/100*

per above voucher, this

*11* of *Feb*

*H M Putnam*

*W H M*

Dollars

1890

Audited Feb 2 1891

W. M. Putnam  
COUNTY CLERK

Putnam, W. M.

1891.

Maimed Soldiers.

Voucher No 1312

Amount \$ 100

And to H. M. Putnam  
for Loss of arm

July 20 1891

Included in warrant N

issued to Treasurer

1891

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta

W. M. Putnam

Georgia--Brooks County.

I, W. A. May, Ordinary and ex-officio clerk of the Court of Ordinary of said county, do hereby certify that the foregoing and within is a true and correct copy of the marriage license and marriage certificate of Henry M. Putnam and Della Calloway, as appears upon the records of this office, Marriage Record B. Folio 411.

Witness my official hand and signature and seal of office this 28th day of Jan. 1911.

W. A. May  
Ordinary and ex-officio Clerk  
Court of Ordinary, B. C.

MARRIAGE LICENSE

OF

AND

Issued 19

and Recorded on Page

Book

of Marriage Licenses.

Ordinary.

W. A. May, Ordinary and ex-officio Clerk, B. C.

1891.

No 1312

STATE OF GEORGIA.  
EXECUTIVE DEPARTMENT

Atlanta Ga July 20 1891

Mr Henry M Putnam of the County  
of Cobb having filed his application in the Executive  
Department for an allowance under the Act approved October 24 1888 as amended by Acts  
approved Dec 21 1888 and Nov 21 1889 and the same being here examined and allowed for  
Loss of Arm *One Hundred* Dollars.  
He is entitled to receive payment  
for such disability the same to be the duty for the year ending October 24 1891.

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



By the Treasurer

STATE EXECUTIVE DEPARTMENT

101

Received of R. T. HARDMAN Treasurer of the State of Georgia

*One Hundred and* Dollars.  
per above voucher this 20 of July 1891  
H M Putnam  
W Wright

Acworth Geo Mar 4/89  
Major Wm C. Wright

Comptroller General  
Atlanta Ga

I have the money and time  
to pay my claim for lost arm please  
right order to Mr W M Phillips who is  
authorized to receive and receipt  
for the same by so doing you will  
be obliged  
W M Phillips

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

*Pass of Am*  
He is entitled to receive the sum of *One Hundred* Dollars  
for such disability, the same being the allowance for the year ending October 24 1891.

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

By the Governor



*W. M. Wright*  
GOVERNOR

*W. M. Wright*  
SECY. EXECUTIVE DEPARTMENT

\$100

RECEIVED: CURT E. HARDEMAN, Treasurer of the State of Georgia

*One Hundred and 00/100* Dollars,  
per above voucher, this *20* day of *July* 1891

*B. M. Eubank*

*W. M. Wright*

*Major W. M. Wright*  
*Comptroller General*  
*Atlanta Ga*

*If you have the money and time  
to pay this claim for lost time please  
pay it over to Mr. McPhillips who is  
authorized to receive and receipt  
for the same by so doing you will  
be very obliging  
Yours truly  
W. M. Wright*



To all WHOM THESE PRESENTS SHALL COME, I, THE CLERK OF THE PEACE OR MINISTER OF THE GOSPEL,

*You are hereby authorized to join*

Henry M. Putnam

and Lella Calloway

*in the State of Georgia according to the Constitution and Laws of this State and for a term of this shall be good license*

*and you are hereby required to return this license to me with your certificate herein of the fact and date of the Marriage*

*GIVEN UNDER MY HAND AND SEAL THIS 10th day of Feb., 1880*

J. Pierpont, Clerk Court Ordinary,  
Ordinary

STATE OF GEORGIA **CERTIFICATE** COUNTY OF BROOKS

*I Certify that* Henry M. Putnam *and* Lella Calloway

*were joined in Matrimony by me this 10th day of Feb., 1880* *Witness My Hand*

*and*

*W. N. Chandon, M. G.*

W. N. Chandon, M. G.



TO ALL WHOM THESE PRESENTS SHALL COME, I, THE CLERK OF THE PEACE, OR MINISTER OF THE GOSPEL,

*You are hereby authorized to join*

Henry M. Putnam and Leila Calloway

*in the State of Georgia according to the Constitution and Laws of this State and for a doing this shall be your License*

*and you are hereby required to return this License to me with your Certificate herein of the fact and date of the Marriage*

*GIVEN under my hand and seal this 10th day of Feb. 1880*

J. Pierpont, Clerk Court Ordinary, S. C.

STATE OF GEORGIA ~~CERTIFICATE~~ COUNTY OF BROOKS

*I Certify that* Henry M. Putnam and Leila Calloway

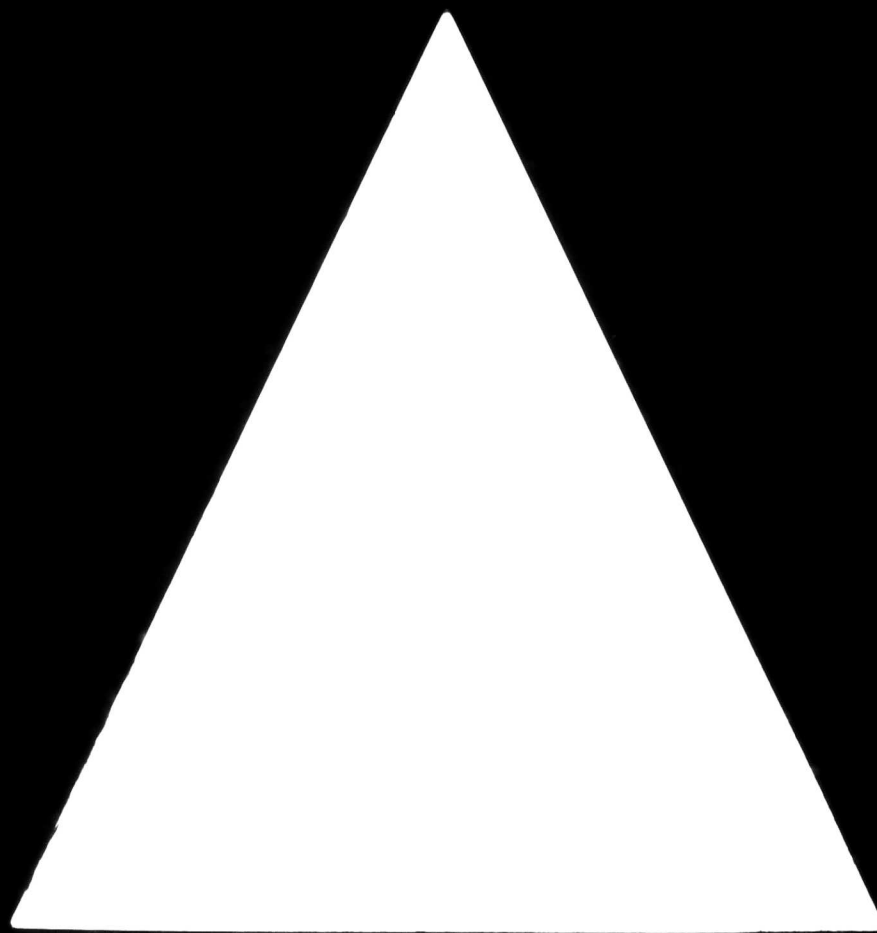
*were joined in Matrimony by me this 10th day of Feb. 1880* Northern Hundred

*and*

W. N. Chandon, M. J.

*Ordinary*

Printed & Sold by J. B. G. & Co., Atlanta, Ga.



*Original from 1917*  
*Cobb Co*

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

*See Record*  
**Widow's Pension**

UNDER ACT 1910

County *Cobb*

Name *EP Pyron*

Widow of *to (1)*

Co. *CP* Regt. *8 La*

J. W. LINDSEY,  
Commissioner of Pensions.

Chas. P. Byrd, State Printer

*6/6-1916*



STATE OF GEORGIA,

6006 County.

Personally before me comes Mrs Elvira P. Pym 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? Elvira P. Pym Acworth Ga
2. How long and since when have you been a continuing resident of the State of Georgia? See my life 73 years
3. When, where and to whom were you married? Oct 17-1869 Acworth 6006 Co Georgia to E. W. Pym
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) 1861 Acworth Ga Company A-18th Georgia Infantry
5. When and where did the Commands of your husband surrender or discharge from the army? 1865 Appomattox
6. Was your husband personally present at the time of the surrender or discharge of this Command? Yes
7. If he was not present state clearly where he was? X
8. Where was his command when he left? X
- a. For what cause did he leave his Command? X
- b. By whose authority did he leave his Command? X
- c. For how long was he granted leave of absence? X
- e. What was his physical condition when he left his Command? X
- f. What effort did he make to return to his Command? X
- g. In what way was he prevented from going back to Command? X
- h. Was he captured by the enemy at any time? X
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? X
- j. When and where did your husband die? April 20 1916 Acworth Ga
- k. Were you residing together when he died? Yes
- l. If not, how long had you resided apart? X
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 and where situated) None
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None
11. What property of any description of any value have you now? None  
Give list and cash value. X
12. What are your annual earnings or income from any source and their value? None
13. Have you or your husband heretofore been paid a pension by the State? No  
If so, when and for what cause were you or your husband placed on the Roll? X

Sworn to and subscribed before me this the 5th day of June 1916  
Joe Abbott Notary Public  
Ordinary.  
of 6006 County.

Widow's Pension

UNDER ACT 1910

No.

Country

Name

Widow of

Co.

Regt.

J. W. LINDSEY,

Commissioner of Pensions

Obadiah P. Boyd, State Printer

## STATE OF GEORGIA,

County,

Personally before me comes Geo. S. Owen who after being duly sworn true answers to the following questions, answers as follows:

1. What is your name and where do you reside? C. C. Phillips George S. Owen
2. How long and since when have you known George S. Owen applicant? see her life
3. How long and since when has she continuously resided in this State? (Give date.) see her life Geo. S. Owen for 40 years
4. When and to whom was she married? George S. Owen How do you know? see her life
5. How long and since when did you know George S. Owen her husband? Since 1888
6. When and where did George S. Owen the husband of Applicant die? April 11, 1911 Acworth Ga
7. Were the applicant and her husband living together as husband and wife at the date of his death? yes (book)
8. If not, how long did they live apart before his death? X

Were they divorced? X

9. When, where and in what Company and Regiment did Geo. S. Owen enlist? Company A - 18th Ga. Regiment 1861 at Kelley's Ga. (book)

10. Were you a member of the same Company? yes (book)

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? During the War Between the States (book)

12. When and where did his Command surrender, and was discharged? Appomattox April 9, 1865 (book)

13. Were you personally present when it was surrendered? yes If not where were you? Georgia was present and how came you there? from a

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

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

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

Sworn to and subscribed before me this the

day of June 1916 Geo. S. Owen  
Geo. S. Owen Ordinary

County

## STATE OF GEORGIA,

County,

Personally before me comes Geo. S. Owen who on oath says that they are freeholders of said County and that they know Geo. S. Owen 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 None  
 Notes and accounts due None  
 Total None

## Schedule (B).

We know the property sold or given away since Nov. 4th, 1908, its cash value to be as follows:

Personal property None  
 Money, Notes and Accounts None

## Schedule (C).

We also know what property she has now in her possession, use and control to-wit:

Acres of land, worth None  
 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 June 1916 Geo. S. Owen  
Geo. S. Owen Ordinary  
 of Geo. S. Owen County

## ORDINARY'S CERTIFICATE.

## STATE OF GEORGIA,

County,

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

That I also know C. C. Phillips Geo. S. Owen the witness who swears to the service of husband, and Geo. S. Owen 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 Geo. S. Owen Returned for Tax is for

1908 \$ — for 1910 \$ — for 1911 \$ — for 1912 \$ — for 1913 \$ —  
 for 1914 \$ — for 1915 \$ — for 1916 \$ — for 1917 \$ —

Sworn under my hand and official seal of office this

day of June 1916 Geo. S. Owen Ordinary,  
Geo. S. Owen County

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

Pyron, E. P.  
Cobb County  
1923

**Application for Pension Due  
Deceased Pensioner**

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

*J. M. Gann*  
Ordinary  
*E. P. Pyron*  
of *Cobb* County

Old or New Class? *Old*  
Died *Feb 23rd* 1924  
Amount, \$ *100.00*

Approved and ordered paid

1923

Commissioner of Pensions.

*R. M. Morgan*

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

Statement

ACWORTH, GA. *March 10th*

*M. L. Pyron*

In Account with

**J. F. Collins & Son**

Furniture, House Furnishings, Stoves, Etc.

FUNERAL DIRECTORS & EMBALMERS

Phones Day 16, Night 45

<i>burial</i>	<i>70.00</i>
<i>embalming</i>	<i>75.00</i>
<i>funeral notice</i>	<i>15.00</i>
<i>grave &amp; casket</i>	<i>10.00</i>
	<i>3.00</i>
	<i>195.00</i>



# Application for Pension Due to a Deceased Pensioner

(Under the Act of August 15, 1904)

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

GEORGIA, Cobb County.

Personally before me, the Ordinary of said County, comes A. L. Pyron of said County, who, after being sworn, on oath says that he knew Mrs. Elmina P. Pyron of said County, and that said pensioner was on the Cobb Pension Roll of Cobb County at the time of death, which occurred in Feb State, on the 20th day of Feb 1924, and that a Pension of One hundred Dollars was due pensioner and unpaid at the time of pensioner's death. That he left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 195.00 per sworn statement fully and completely itemized hereto attached.

Sworn to and subscribed before me this 20th day of April 1924 A. L. Pyron Ordinary of Cobb County.

## AFFIDAVIT OF ORDINARY

GEORGIA, Cobb County. Ordinary of said County, do certify that I personally know A. L. Pyron who is a resident citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit. I also knew Mrs. Elmina P. Pyron while in life and that this was the same person whose name appears on the Cobb Pension Roll of Cobb County, and was paid a Pension of One hundred Dollars in said County for 1923, and I now believe said pensioner to be dead.

Given under my hand and official seal, this 20th day of April 1924 J. M. Gamm Ordinary of Cobb County.

## INSTRUCTIONS

- 1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and died without owning sufficient property to pay such expenses. The widow of a soldier, if she is living, has prior claim over these expenses, and must make application on blank.
- 2nd. Require those claiming accounts for expenses of last illness, and expenses of funeral, to make out their account in fully itemized form, giving each item and the value of it and each date.
- 3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.
- 4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms "just, true, due, unpaid," etc.)
- 5th. The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of Elmina P. Pyron who died without owning sufficient property to pay this bill.
- 6th. The Ordinary must see to it that each bill is perfectly legitimate, in every respect and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
- 7th. The completed voucher, this blank and the bills, must be sent to the Pension Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 8th. The Ordinary signs pay-roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
- 9th. Except no bill for nursing until you write the Pension Office, stating the circumstances in very great detail pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.
- 10th. Return this application, and attached bills, with your final settlement to the Pension Office.
- 11th. Ordinary should see that the back of this blank when folded, is filled out.
- 12th. Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.



per sworn statement fully and completely itemized, hereto attached

Sworn to and subscribed before me

this 30<sup>th</sup> day of April 1924  
J. M. Parnum Ordinary  
Cobb County

A. L. Parnum

### AFFIDAVIT OF ORDINARY

GEORGIA, Cobb County

I, J. M. Parnum, Ordinary of said County, do certify that I personally know A. L. Parnum who is a resident citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew Mrs. Elmina P. Parnum while in life and that this was the same person whose name appears on the Pension Roll of Cobb County, and was paid a Pension of One hundred Dollars in said County for 1923, and I now believe said pensioner to be dead.

Given under my hand and official seal, this 30<sup>th</sup> day of April 1924  
(SEAL) Cobb County Ordinary

#### INSTRUCTIONS

- 1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and died without owning sufficient property to pay such expenses. The widow of a soldier, if she is living, has prior claim over these expenses, and must make application on below blank.
- 2nd. Require those claiming accounts for expenses of last illness, and expenses of funeral, to make out their account in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Funeral accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.
- 4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms "just, true, due, unpaid," etc.)  
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of \_\_\_\_\_ who died without owning sufficient property to pay this bill."
- 5th. The Ordinary must see to it that each bill is perfectly legitimate, in every respect and properly sworn to, and all neatly to this blank, after this blank has been properly completed as indicated.
- 6th. The completed voucher, this blank and the bills, must be sent to the Pension Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 7th. The Ordinary signs pay-roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
- 8th. Accept no bills for nursing until you write the Pension Office, stating the circumstances in very great detail. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.
- 9th. Return this application, and attached bills, with your final settlement to the Pension Office.
- 10th. Ordinary should see that the back of this blank, when folded, is filled out.
- 11th. Funeral expenses of deceased "new" pensioners, covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.



CONTINUATION OF LICENSE.  
6th. Return this application, and attached bills, with your final settlement to the Pension Office.  
10th. Ordinary should see that the back of this blank, when folded, is filled out.  
11th. Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.

**MARRIAGE LICENSE**  
STATE OF GEORGIA  
COUNTY OF COBB

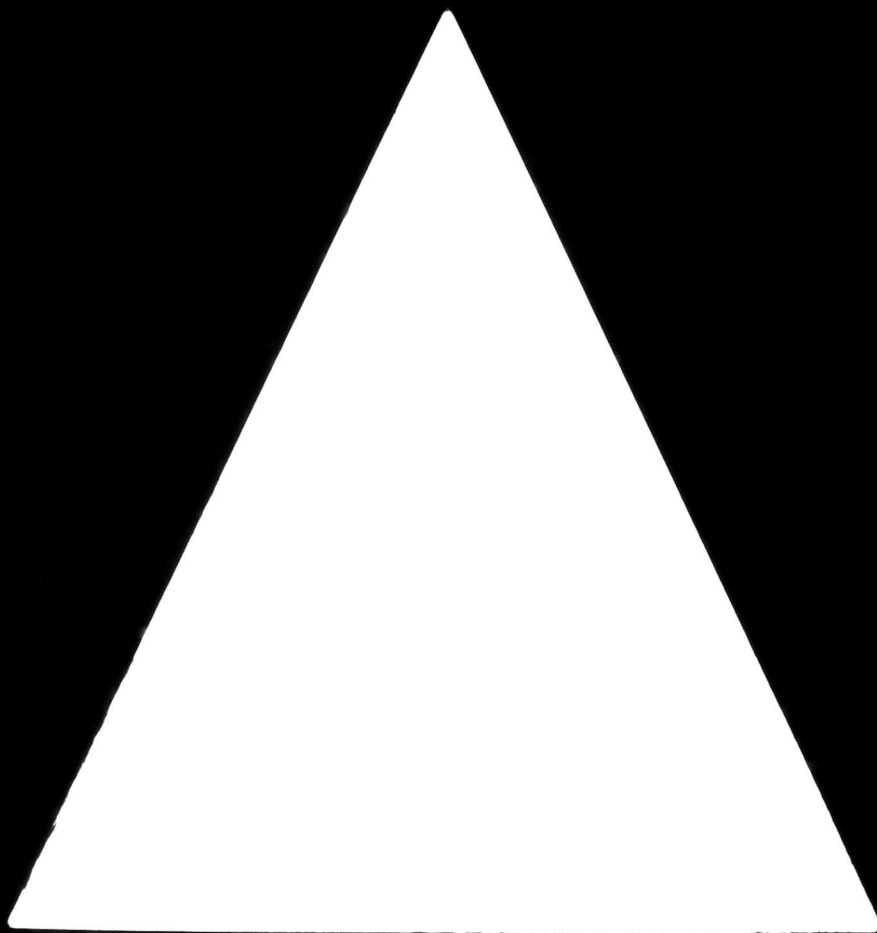
To any Judge, Justice of the Peace, or Minister of the Gospel  
YOU ARE HEREBY AUTHORIZED TO JOIN

*C. H. Pyron* and *Miss E. P. Spruizen*  
in the Holy State of Matrimony according to the Constitution and Laws of this State and for so doing this shall be your License  
And you are hereby required to return this License to me with your Certificate hereon of the fact and date of the Marriage

Given under my hand and seal this  
*October 1869* 17 day of  
*C. J. Shepard* (L. S.)  
ORDINARY

State of Georgia **CERTIFICATE** County of Cobb  
that *C. H. Pyron* and *Miss E. P. Spruizen*  
were joined in Matrimony by me this 17 day of *October 1869* Nineteen Hundred  
Recorded *December 20 1869*  
*C. J. Shepard* and  
*J. E. N. Brallain M. G.*  
ORDINARY

*Given under my hand and seal this 17 day of October 1869*  
*C. J. Shepard* (L. S.)  
ORDINARY





*Copy of*  
*1917*  
*1917*  
No. 4230  
*made for Record*

**Widow's Pension**

UNDER ACT 1910

County

*Cobb*

Name

*Permelia Lynn*

Widow of

*T. J.*

*N 11 Tenn Cor*

J. W. LINDSEY,

Commissioner of Pensions.

Chas. F. Byrd, State Printer

*11-1-1916*

## STATE OF GEORGIA;

Gordon County.

Personally before me comes F. L. Hinkle & J. M. Booy who on oath says that they are freeholders of said County and that they know Mrs. Parmelia Pyron 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:

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

We know the property sold or given away since Nov. 4th, 1908, its cash value to be as follows:

None Personal property \$  
11 Money, Notes and Accounts \$

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

40 Acres of land worth \$800.00  
 Horses and Mules \$  
 Cows and Hogs \$  
 Other Property \$  
 Income and Earnings \$  
 Total Value of all property and effects \$

Sworn and subscribed before me this 3rd day of Feb. 1916  
W. R. Ransom Jr. Ordinary  
 of Gordon County.

## ORDINARY'S CERTIFICATE.

## STATE OF GEORGIA.

Gordon County.

W. R. Ransom Jr. Ordinary of said County do certify that, I know Mrs. Parmelia Pyron the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th Nov., 1908.

That I also know J. G. B. Erwin & P. M. Byrd the witness who swears to the service of husband, and F. L. Hinkle & J. M. Booy 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 show Mrs. Pyron Returned for Tax is for 1908 \$ — for 1910 \$ 800.00

Sworn under my hand and official seal of office this 3rd day of February 1916  
 (SEAL.) W. R. Ransom Jr. Ordinary,  
Gordon County.

(SEAL.)

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

## STATE OF GEORGIA.

Gordon County.

Personally before me comes J. G. B. Erwin and P. M. Byrd, Sr. who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? J. G. B. Erwin, Sr., Fairmount, Ga.
2. How long and since when have you known Parmelia Pyron? Since 1859. applicant?
3. How long and since when has she continuously resided in this State? (Give date.) Almost ever since the War of the Rebellion. Since 1859.

4. When and to whom was she married? J. Pyron. How do you know? Was present. Letter part of 1866.
5. How long and since when did you know T. J. Pyron, her husband? Erwin: Since Directly after War. Byrd: Since before his marriage until his death.
6. When and where did T. J. Pyron

the husband of Applicant die? July 10, 1911, at Oostanaula, Gordon Co., Ga.

7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes.

8. If not, how long did they live apart before his death?

Were they divorced? No.

9. When, where and in what Company and Regiment did T. J. Pyron enlist? We do not know.

10. Were you a member of the same Company? No.

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? Do not know. Byrd: Erwin: He had permission to come by home to see his folks and was captured near Pine Log, Ga.

12. When and where did his Command surrender, and was discharged? Both Witnesses: Do not know. Byrd: He was in Prison at Rock Island, Illinois, where I was in prison.

13. Were you personally present when it was surrendered? No. If not where were you Byrd: At home, on parole. and how came you there? On parole. Came by home to see folks. Erwin: At home with State Troops.

14. Was the husband of applicant personally present at surrender? No. If not where was he? In prison, or on parole. when, where and for what cause did he leave Command? (Give date.) When they fell back he came by to see his folks and was run down and captured. authority did he leave his Command? Do not know. and how long was he granted leave? Do not know. How do you know all this?

Byrd: Was in prison with him in Rock Island and also heard him tell of his permission to leave. Erwin: Was present when he was captured at Pine Log, Ga.

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? Byrd: He was captured and sent to prison.

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 11th day of January, 1916.  
W. R. Ransom Jr. Ordinary,  
Gordon County.

## STATE OF GEORGIA,

Cobb County.

Personally before me comes J. M. Caldwell & J. L. Landon who on oath says that they are freeholders of said County and that they know Esther L. Landon 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:

30 Acres of land worth	\$600.00
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 24th day of July 1916 J. M. Caldwell & J. L. Landon

Ordinary

Cobb

County

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

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

That I also know J. M. Caldwell & J. L. Landon the witness who swears to the service of husband and J. M. Caldwell & J. L. Landon who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit

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

Sworn under my hand and official seal of office this day of

191 day of

SEAL Ordinary,

(SEAL) County

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

for Applicant.

## STATE OF GEORGIA,

Gordon County.

Personally before me comes Mrs. Bernellia Byron 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? Gordon County, Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? All my life
3. When, where and to whom were you married? Dec. 25th 1866, Gordon County, Ga. to J. G. Byron
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.) 1862 in Tennessee Co. H. 11th Tennessee Cavalry
5. When and where did the Commands of your husband surrender or discharge from the army? Was in prison and exchanged, but on account of sickness was not present to receive
6. Was your husband personally present at the time of the surrender or discharge of this Command? No
7. If he was not present state clearly where he was? at home sick
8. Where was his command when he left? at Pine Log
- a. For what cause did he leave his Command? was captured by enemy
- 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? sickness
- h. Was he captured by the enemy at any time? Yes
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? at Pine Log, Spring 1864, at Roanoke Island was exchanged
- j. When and where did your husband die? 10th July 1911 in Gordon County
- k. Were you residing together when he died? Yes
- l. If not, how long had you resided apart?
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908? (State same by items.) Tract of 40 acres in Gordon County and house and lot and 30 acres in Cobb County, Ga. Value about \$1600.00
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None

11. What property of any description of any value have you now? as above  
Give list and cash value. about \$1600.00

12. What are your annual earnings or income and their value? about \$140.00 per year

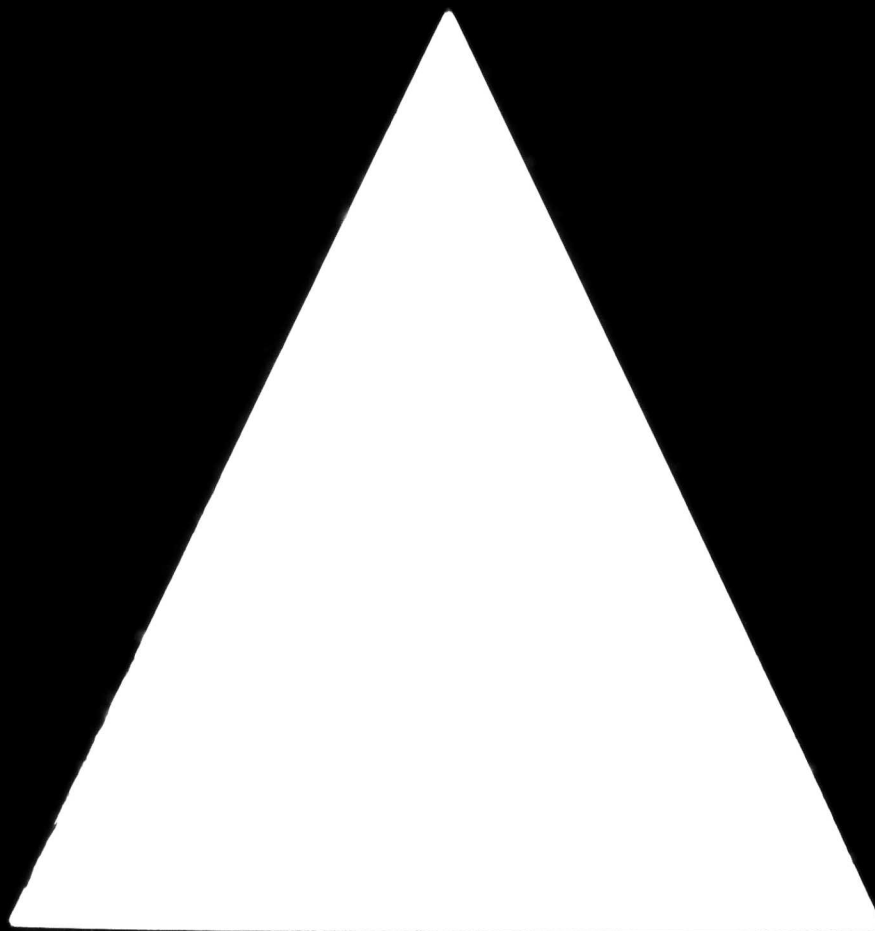
13. Have you heretofore been paid a pension by the State? No  
If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the

10th day of January 1916

W. A. Ransburg Ordinary

of Gordon County.



*Quarles, Daniel*  
*Cobb Co.*

*OK 1409*

No.

# INDIGENT PENSION.

*201 A 962* 190

Name *Sam'l Quarles*

County *Cobb*

Co. *S. Ga. Cox*

Approved *Barrett's Co.* 190

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

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

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

*9/5/08.*

STATE OF GEORGIA.

POWER OF ATTORNEY.

County.

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

Witness my hand and seal, this

day of

190

(L.S.)



# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

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

[L. S.]

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

INDIGENT PENSION.

190

Name of Applicant

County

On \_\_\_\_\_

Approved \_\_\_\_\_

190

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Clerk will write name of Applicant and Regiment on this as indicated above.

City of Savannah, State of Georgia, Atlanta, Ga.

9/13/08.

# QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY.

I, Manuel Morales of said State and County, desiring to avail himself of the Pension Act (Section 1384, Code), hereby submit his person, and after being duly sworn true answers to make to the following questions, depose and answer as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice.)

Manuel Morales, Moravia, Cobb Co., Ga.

2. How long and since when have you been a resident of this State? Since 1842

3. When and where were you born? Cherokee County Ga 1842

4. When and where and in what company and regiment did you enlist or serve? Parthenville, Georgia, Co. G, 1st Regt, August 1st 1864

Capt. Brauette Co. 9th Ga Cavalry

5. How long did you remain in such company and regiment? Nine Months

6. When and where was your company and regiment surrendered and discharged? In Dawson County April 1865

7. Were you present with your company and regiment when it was surrendered? I was, present

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?

9. How much can you earn (gross) per annum by your own exertions or labor? Very little

10. What has been your occupation since 1865? Mechanic

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty?" 1st & 2nd Grounds

12. If upon the first ground, state how long you have been in such condition that you could not earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind and when and where you lost your sight.

With increase of age I am infirm, legs grow upon me until for the past three years I have been only able to walk with cane, as I am not on account of blindness and impaired eyesight.

13. What property, real and personal, or income, do you possess, and its gross value? None except the lot of Carpenter tools.

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift, have you made of same? I did own \$250.00 worth of real estate but sold it two years ago to pay my tax bills.

15. In what County did you reside during those years, and what property did you then return for taxation? In Cobb Co. have returned nothing for past two years.

16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? By my wife as long as I could work but made out on the little I could make.

17. How much did you support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I can not say. As long as I could work.

18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year? Carpenter as long as I was able to work.

19. Have you a family? If so, who composes such family? Give their means of support. Have they a home, or other property? Their ages and how employed? I have no family living with me.

20. Are you receiving any pension? If so, what amount and for what disability? None

21. Have you ever made an application for pension before? No

22. How many applications have you ever made and under what class?

Sworn to and subscribed before me this 15th day of Sept. 1908.

Manuel Morales Applicant.

Manuel Morales Ordinary.

County.

Every Question MUST Be Answered.

Little I could make.

## STATE OF GEORGIA,

Cobb COUNTY.

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

Almost blind  
in right eye and very defective sight  
in left eye - not able to do carpenter work in  
manner to make good wages in this condition

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

Sworn to and subscribed before me, this the 15 day of Sept 1908

John Simpson M.D.  
Le S. Adams M.D.  
 Ordinary.

## ORDINARY'S CERTIFICATE.

## STATE OF GEORGIA,

Cobb COUNTY.

I, John H. Simpson Ordinary, in and for said County, hereby certify that the applicant Samuel Duaries resides in said County, and has been a bona fide resident of this State since the 1 day of Jan 1894 and that the witnesses, viz D. D. Barrett and W. M. Bryant are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Cobb County shows that applicant returned for taxation in his name in 1901 no Dollars of property, and in 1902 no Dollars of property; in 1903 no Dollars of property; in 1904 no Dollars of property; in 1905 255 Dollars of property; in 1906 45 Dollars of property; in 1907 10 Dollars of property.

In my opinion the foregoing claim is no made in good faith.Witness my hand and seal of office, this 15 day of Sept 1908.

John H. Simpson  
 Ordinary.

of Cobb County.

## NOTE.

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

## STATE OF GEORGIA,

Cobb COUNTY.

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

1. What is your name and where do you reside? R. D. Barrett - Duaries  
Light County Ga.
2. Are you acquainted with Samuel Duaries the applicant; if so, how long have you known him? I have known him since 1868.
3. Where does he reside, and how long and since when has he been a resident of this State? He resides in Marietta - since then I have known him
4. When, where and in what company and regiment did he enlist, and how do you know? August 1864 at Camp Henry Ga. Capt W. J. Barrett Co 4th Ga. Cavalry
5. Were you a member of the same company and regiment? Yes.
6. How long did he perform regular military duty? From June August
7. When and where was his command surrendered? At Averett Co Ga April 1865

8. Were you present when it surrendered? Yes
9. Was applicant present? Yes
10. If he was not present, where was he? For what cause?  
When did he leave his command? For what cause?  
By what authority he left? I belonged to same Company. How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge.) None that I know of
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, did he make of same? None that I know of  
None that I know of

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? None that I know of
14. What is the applicant's occupation and physical condition? He is a Carpenter.  
He is growing old and infirm. His eyesight is defective.
15. Is the applicant unable to support himself by labor of any sort; if so, why? I can not say  
but know the foregoing facts to be true.

16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? I do not know as I live in Neworth and he in Marietta.
17. What portion of this 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. See answer to question 14.

19. Who composes family? What property have they? Children's ages and their earning capacity? Has no family living with him, that I know of
20. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this the 15 day of Sept 1908  
John H. Simpson Ordinary.

D. D. Barrett  
 Witness.

*He has lived in Ga.*

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Colt COUNTY.

H. M. Bryant

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

1. What is your name and where do you reside? Henry M. Bryant  
Macon, Ga.
2. Are you acquainted with Samuel Charles, the applicant; if so, how long have you known him? About eighteen years.
3. Where does he reside, and how long and since when has he been a resident of this State? Macon, Ga. - Has lived in Ga ever since I have known him.
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?
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 he left? \_\_\_\_\_ How do you know all of this?
11. What property, effects or income has the applicant? (Give your means of knowledge.) None. I know him intimately.
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, did he make of same? He owned up to 405 a little house worth \$200.00. Sold to pay his debts.
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? See answer to question 12.
14. What is the applicant's occupation and physical condition? He has worked at Carpentering trade as long as he was able. He now works at such little jobs as he can do.
15. Is the applicant unable to support himself by labor of any sort, if so, why? He is. His eyesight is very defective.
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? By his work as he could see to work.
17. What portion of his support for these four years was derived from his own labor or income? All when he could work.
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. His eyesight is so defective that he is unable to work at his trade except with the aid of glasses.
19. Who composes family? What property have they? Children's ages and their earning capacity? He has none with him.
20. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this the

15 day of Sept, 1905

John H. Bentley Ordinary.

Henry M. Bryant  
Witness.



# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Dawson COUNTY.

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

1. What is your name and where do you reside? Samuel R. Shammaker in Dawson County, Ga.
2. Are you acquainted with Samuel Quarles, the applicant; if so, how long have you known him? I have known him in 1860 to 1865
3. Where does he reside, and how long and since when has he been a resident of this State? He resided in Dawson County in 1860 to 1865
4. When, where and in what company and regiment did he enlist, and how do you know? Barretts Co. 8th Barretts Co. in 1864
5. Were you a member of the same company and regiment? yes
6. How long did he perform regular military duty? A short nine months
7. When and where was his command surrendered? at different places they were scattered I was surrendered in May 1865
8. Were you present when it surrendered? I was
9. Was applicant present? he was
10. If he was not present, where was he? For what cause?
11. What property, effects or income has the applicant? (Give your means of knowledge)
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition?
15. Is the applicant unable to support himself by labor of any sort; if so, why?
16. How was he supported during the years 1901, 1902, 1903, 1904, 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? not any

Sworn to and subscribed before me, this the 20th day of May 1902.  
J. J. Evans Ordinary.

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Dawson COUNTY.

Personally came before me \_\_\_\_\_ and \_\_\_\_\_, 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 present physical condition is as follows:

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

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1902.

Ordinary.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Dawson COUNTY.

I, J. J. Evans Ordinary, do and for said County, hereby certify that the applicant Samuel R. Shammaker resides in said County, and has been a bona fide resident of this State since the 10th day of January 1860 and that the witnesses, viz: Samuel R. Shammaker is of truthful character, and as entitled to credit are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of \_\_\_\_\_ County shows that applicant returned for taxation in his name in 1901 \_\_\_\_\_ Dollars of property, and in 1902 \_\_\_\_\_ Dollars of property; in 1903 \_\_\_\_\_ 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 claim is \_\_\_\_\_ made in good faith.

Witness my hand and seal of office, this 20th day of May 1902.  
J. J. Evans Ordinary.  
Dawson County.

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

Questions for Applicants to Answer.

STATE OF GEORGIA

*Colts* County

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

1. What is your name and where do you reside? (Give County and Post-office)  
*Daniell Swales Marietta Colts Co Ga*
2. How long and since when have you been a continuous resident citizen of this State?  
*All my life*
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?  
*Yes*
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)  
*About August 1st 1862 Marietta Colts Co 82nd Infantry*
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)  
*About 9 months Spring 1865*
6. When and where was your Company and Regiment surrendered or discharged from the Service?  
*at close of war Spring 1865 - Marietta Ga*
7. Were you actually present with your Command when it was surrendered or discharged?  
*yes*
8. If you were not actually present, state specifically and clearly where you were.

- a. Where was your Command when you left it?
- b. When did you leave the Command?  
*At the Surrender*
- c. For what cause did you leave?  
*Peace was made*
- d. By whose authority did you leave?  
*General Lee*
- 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?  
*no*
- i. Were you captured during the war?
- j. If so, when, and where? In what prison were you held and when were you released?
9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make item by items and value.)  
*none*
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price?  
*none*
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemised list.)  
*none*
12. What annual or monthly income or earnings of yourself and wife and the source derived have you?  
*I have no income only my daily work*
13. Are you drawing a pension of any amount from this State or the United States?  
*No*
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?  
*yes I applied for a Pension in 1907 and it was refused*

Subscribed and sworn to before me, this the 18th day of July 1911, at Marietta, Georgia.  
*Daniell Swales*  
Notary Public

Confederate

Soldier's Application.

UNDER ACT 1910.

County *Colts*  
Name *Daniell Swales*  
Company *Colts Co 82nd Infantry*  
Regiment *82nd Infantry*  
Approved *Daniell Swales*

179-111 J. W. LINDSEY  
Comptroller of Pensions  
ENTERED ROSTER OFFICE  
CLARK E. EBBEL, State Printer, ATLANTA

1865-1866  
Marietta Ga

STATE OF GEORGIA,

Hall

County.

Mr John C Richardson of said State and County is hereby presented as a witness in support of the application of Daniel Quarks 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? John C Richardson  
Gainesville Ga Hall County
2. How long and since when have you known Daniel Quarks the applicant?  
About 50 years
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? Marietta Ga. All his life  
in this State. He and I lived in Dawson Co several years
4. When, where and in what Company and Regiment did Daniel Quarks enlist during war from 1861 to 1865? (Give date and place) About August 1st 1864 Gainesville  
Dawson Co Ga Capt Quarks Co 8th Ga Cavalry
5. How did you obtain your information of this Service? I was a member  
of the same Co
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) I cannot say of my own  
knowledge about 9 months
7. When and where was his Command surrendered or discharged (give date and place).  
At Close Run Spring 1865 At Dawsonville Ga
8. Were you personally present at the Surrender? No
9. If not, where were you and how came you there? I was Tax Receiver  
of Dawson Co Ga at time of surrender
10. Was the applicant personally present with his Command at surrender? I do not know
11. If not where was he and how came him there?
12. When did he leave his Command? I cannot say whether he left or not  
I do not know Where was his Command when he left it?  
I do not know for what cause did he leave?  
By whose authority did he leave? I do not know and how long was he granted leave?  
I do not know How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)  
I was a member of the same Co  
and with the Command
13. In what way was he prevented from returning to his Command? I do not know  
How do you know?  
I do not know
14. What effort did he make to return to his Command and how do you know?  
He was taken to a prison
15. Was applicant captured as a prisoner. No If so, when and where?  
In what prison was he held? I do not know and when released?

Sworn to and subscribed before me, this the

day of

1916

Ordinary

John C RichardsonM. G. Bolding

of

Hall

County.

STATE OF GEORGIA,

County.

Personally before me comes \_\_\_\_\_ who on oath says that they are freeholders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.)

2. When and to whom was it sold or given to?

3. What was the price paid or stated to be paid?

4. What relation is the party to applicant?

5. What disposition was made of the proceeds of the sale?

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

or was it made to obtain a pension?

Sworn to and subscribed before me, this the

day of

191

Ordinary

of

County.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, \_\_\_\_\_ Ordinary of said County, certify that I know the applicant \_\_\_\_\_ for Pension is the person he represents himself to be and resides in said County. That I also know \_\_\_\_\_ the witness swearing to the service and \_\_\_\_\_ who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Return of \_\_\_\_\_ shows that \_\_\_\_\_ and wife

value for tax is in 1908 \$ \_\_\_\_\_ for 1909 \$ \_\_\_\_\_ for 1910 \$ \_\_\_\_\_

Sworn under my hand and official seal of office this \_\_\_\_\_ day of \_\_\_\_\_ 191

Ordinary

of

County.

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

Receivd Office  
May 20-1914

It is ordered that  
the order of the  
Board of Land & Survey  
be observed & that  
Daniel Qualls be  
admitted to the August  
Session of the State  
Court at Raleigh  
N.C. & that he be  
admitted to the  
Bar of the State of  
North Carolina

1914  
April 18th

Ex parte  
Daniel Qualls

Admitted to the  
Bar of the State of  
North Carolina

Not admitted  
to the Bar

Admitted to the  
Bar of the State of  
North Carolina  
to July 20-1914

Receivd Office  
May 31-1914  
After the above  
It is ordered that the  
Name of Daniel Qualls  
be stricken from the  
roll of the State of North  
Carolina & that his  
father Daniel Qualls  
be admitted to the  
Bar of the State of  
North Carolina

1914

Cobb Co

Ex parte  
George

Daniel Qualls

George is that  
he has lost young  
to become a soldier

Admitted to the Bar  
May 10-1914

Admitted to the Bar  
May 10-1914



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

PENSION OFFICE

To Dan Qualls  
June 7 1907  
Maricopa Co. A. O.

SIR:  
You are hereby notified to furnish to this office on or by the 22<sup>nd</sup> day of June 1907 sufficient competent evidence, why you should not be stricken from the Pension Roll of Maricopa County, for cause stated below, preferred against you  
Grand Jury 1909

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

Charge  
That you are not entitled to the Pension

J. W. Lindsey  
Comm of Pension

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

PENSION OFFICE,

Dec 23 1903

To Daniel Qualls  
Scott A. Co. Ga.

SIR:

You are hereby notified to furnish to this office on or by the 10 day of Jan 1904, sufficient competent evidence, why you should not be stricken from the Pension Roll of Scott Co. County, for cause stated below, preferred against you

That you were a Soldier in Confederate Army or other military  
This evidence must be first class, made before Ordinary of your County, clearly and distinctly showing, beyond doubt, your right to this Pension under the law

Charge  
Is that you were not of sufficient age to be considered a Soldier in Confederate Army or of the organized State Militia

J. W. Lindsey  
Comm of Pension

Jno. W. Lindsay,  
Commissioner of Penitents,  
Atlanta, Ga.

Prison officer  
Feb 26 - 1914

It appears from the answer  
to the inquiry submitted by Daniel S.  
Charles to the Clerk that he was  
not of sufficient age to be a Confes-  
sionary - That the Jailor, Bible  
Submits the record of the birth of the  
prisoner - Shows that Daniel  
Charles was born 28 Dec 1846 - the  
age of the person being 67 years -  
It is ordered that the Clerk  
inform the prisoner that he cannot be  
made a Confessionary and that he  
be paid his Prison ~~for~~ 1914.

J. W. Lindsay,  
Clerk of Prison

Georgia, Barton County  
Personaliz appeared before me, Sarah Ann  
Andrews formerly Sarah Ann Charles,  
who on oath says that the Family Record  
heretofore attached is a correct Record of her  
father's family. Daniel L. F. Charles is her  
brother. He was born Dec 28<sup>th</sup> 1846 - He  
went to the war in August 1864. He was  
in Captain Barnett's Company. He is  
now 67 years old -  
Sworn to and subscribed, <sup>her</sup> Sarah Andrews  
before me, January 13/1913 <sup>marshal</sup>  
J. W. Andrews  
Edwin Barton  
County Ga.

I Certify that Mrs. Sarah Ann Andrews  
is a citizen of this County of good  
character, loving & credit and belief.  
Truthful and honest -  
Witness my hand and seal of Office, this  
1st day of January 1914  
J. W. Andrews  
Edwin Barton Clerk

Roll by Grand Jury.

State of Georgia, Cobb County.

I, J. M. Austin, Clerk of the Superior Court in and for said County, hereby certify that the Grand Jury in regular session, for the second week of March Term, 1909 of Cobb Superior Court, made the following recommendations in reference to the Pension Roll of Cobb County, Georgia, to-wit:-

PENSIONS.- We recommend that the following names be stricken from the Pension Roll:- Isaac Heed and Ian Qualls.

And I further certify that the above quotation was embodied in the Special Presentments of said Grand Jury as the same appear of record and of file in this office.

And I further certify that said presentments were returned by said Grand Jury on the 20th day of March, 1909, and were by order of said Court entered of file and of record in this office.

Given under my hand and the seal of said Court on this the 2nd day of March, 1909

*J. M. Austin*  
Clerk Superior Court.

State of Georgia.

Hall County.

I, W. E. Bolding, Ordinary of said County, certify that I know John V. Richardson the witness swearing to the service of Daniel Qualls applicant for pension, that said witness is a resident of said County and was duly sworn by me, and that he is truthful and trustworthy and his statements are entitled to full faith and credit.

Sworn under my hand and official seal of office,

this 12th day of May 1911.

*W. E. Bolding*  
Ordinary.

In "Re".-

Report on Pension roll

by Grand Jury.-

State of Georgia, Cobb County.

I, J. M. Austin Clerk of the Superior Court in and for said County hereby certify that the regular Grand Jury for the first week of March Term, 1909, of Cobb Superior Court, made the following recommendations in reference to the Pension Roll of Cobb County, Georgia, to-wit:-

PENSIONS.- We recommend that the following names be stricken from the Pension Roll:- A. A. Briggs, D. B. Sullivan, John V. Steele, <sup>dearl</sup> J. W. Frey and W. C. Powers.

And I further certify that the above quotation was embodied in the General Presentments of said Grand Jury as the same appears of record and of file in this office.

And I further certify that said presentments were returned by said Grand Jury on the 1st day of March, 1909, and were by order of said Court entered of file and of record in this office.

Given under my hand and the seal of said Court on this the 12th day of March, 1909.

*J. M. Austin*  
Clerk Superior Court.

State of Georgia, Cobb County.

In person appeared before the undersigned authority,  
in and for said County, Daniel L. Quarles who being first sworn,  
upon oath says:

That he is the son of Rachel Quarles and David Quarles;  
that he was born on the 28th day of December, 1846, in Cherokee  
County, Georgia, and that the leaf torn from the Family Bible,  
which is attached to the affidavit of Mrs. Sarah Andrews, is  
taken from the old Family Bible and the entry thereon was made  
showing affiant's age, and this Family Bible has been in the  
possession of his father and mother's family all the while.

*Daniel L. Quarles*  
man

Sworn to and subscribed before me

on, this the 2nd day of January, 1914.

*J. M. Gurney*  
Ordinary Cobb County  
Ga

Seal

State of Georgia, Cobb County.

Personally appears before me, Geo. S. Owen, who on oath  
deposes and says that on or about the 6th day of April, 1909, one  
Daniel Quarles, old Depoent in the Public Park in Marietta Ga., when  
questioned concerning service, demand, etc., that he belonged to  
Captain Barrett's Company, was not attached to any regiment, but oper-  
ated near Alpharetta, in Milton County, Georgia, in a Northwesterly  
direction up to Canton, Ellijay, Dalton and on up to Chattanooga, Tenn.  
Depoent further says that he asked the said Daniel Quarles if his com-  
pany was not known as a band of "buttermilk rangers", pushwhackers, or  
robbers, and the said Daniel Quarles told Depoent that he did not know  
but they called them, but that he saw his Captain kill a Yankee officer.  
Depoent further swears that the said Daniel Quarles told him that he  
enlisted with Captain Barrett, at Barrett'sville Ga., and surrendered to  
Captain Barrett, at Barrett'sville, Georgia.

Sworn to and subscribed before me

this 17th day of June, 1909.

*Virgil M. Chesby*

Deputy Clerk Superior Court  
Cobb County, Georgia.

*Geo. S. Owen*



MOZLEY & MOSS  
ATTORNEYS-AT-LAW  
UP STAIRS 105 ATLANTA ST

*Marietta, Ga.* May 9, 1912.

Hon. John W. Lindsay, Commissioner of Pensions,  
Atlanta, Ga.

Dear Sir:---

Sometime ago I mentioned to you the matter of Mr. Dan. Qualls' pension.

Soon after you required more proof in order to overcome an affidavit made by Luke Qualls, Dan Qualls' half brother, Mr. Dan Qualls sent you the affidavit of John C. Richardson of Gainesville who swore that he was in the army with Dan. Qualls. Now, Richardson was in the war, and I think you will find that he himself is a pensioner.

He certainly ought to be worthy of belief--he was once tax receiver of his county, has represented it in the legislature, and appears to be a man of good repute. And, besides, I think you will find that the Ordinary of Hall County gave Mr. Richardson a good name.

And, again Mr. Shumaker of Dawson County made an affidavit for Mr. Qualls. Look at his application, and I think you will find that the affidavit of Shumaker in his own case will tally with that made by him for Qualls.

Now, old man Luke Qualls, as everybody will tell you, is a man of very weak mind. A designing person can get him to swear almost anything.

You have my own affidavit in Mr. Dan. Qualls papers that Mr. Luke Qualls is not designedly a man given to prevarication, but he can be gotten to sign most anything on account of his weakness of mind. I have had experience with him and know this to be a fact.

Now, I think if you will go carefully over Mr. Qualls' papers you will see that he is entitled to be put back on the list.

If you would have any more information not covered by the papers you have please let me know and I will get still further proof. But, I am of the opinion that you yourself will decide that you have sufficient proof already. Please let me hear from you.

Respectfully,  
*J. W. Moss*

July 25-1909  
Mr. Lindsay  
Atlanta Ga  
Dear Sir I am one ordinary  
man and he tells me you  
sustained the Grand Jury in  
their action in regard to my  
Pension. Will you please give  
me 30 days more time as I  
can and will prove that the  
only witness the Grand Jury  
had was an illegal witness  
he was not a soldier and  
at that time I can prove it by  
Doctors and members of his  
own family

understand the reason  
the Grand Jury recommended me  
scratched from the Pension  
on the witness. Some 3 months  
going to be in the war, I have  
my father's family record  
showing when I was born  
and will produce it and  
will be able to set his death  
aside if you will only give  
me a chance as I am sure  
it has been a one sided question  
all the way through and I  
have had no chance at all  
Please let me know if you will  
grant this and oblige very  
truly Daniel Qualls

FAMILY RECORD

Thomas J. Ingersoll  
 born 16<sup>th</sup> Oct 1837

III. FAMILY RECORD

Rachel Ingersoll was  
 born 2<sup>nd</sup> January 1844

Abner C. H. Ingersoll  
 was born 1<sup>st</sup> Decr 1841

Abner C. Ingersoll  
 born 15<sup>th</sup> March 1842

Samuel H. C. Ingersoll  
 was born 1<sup>st</sup> Oct 1844

Daniel P. J. Ingersoll  
 was born 22<sup>nd</sup> Decr 1846

Eliza H. P. Ingersoll  
 born 10<sup>th</sup> Nov 1848

Thomas J. Ingersoll  
 born 2<sup>nd</sup> Nov 1850

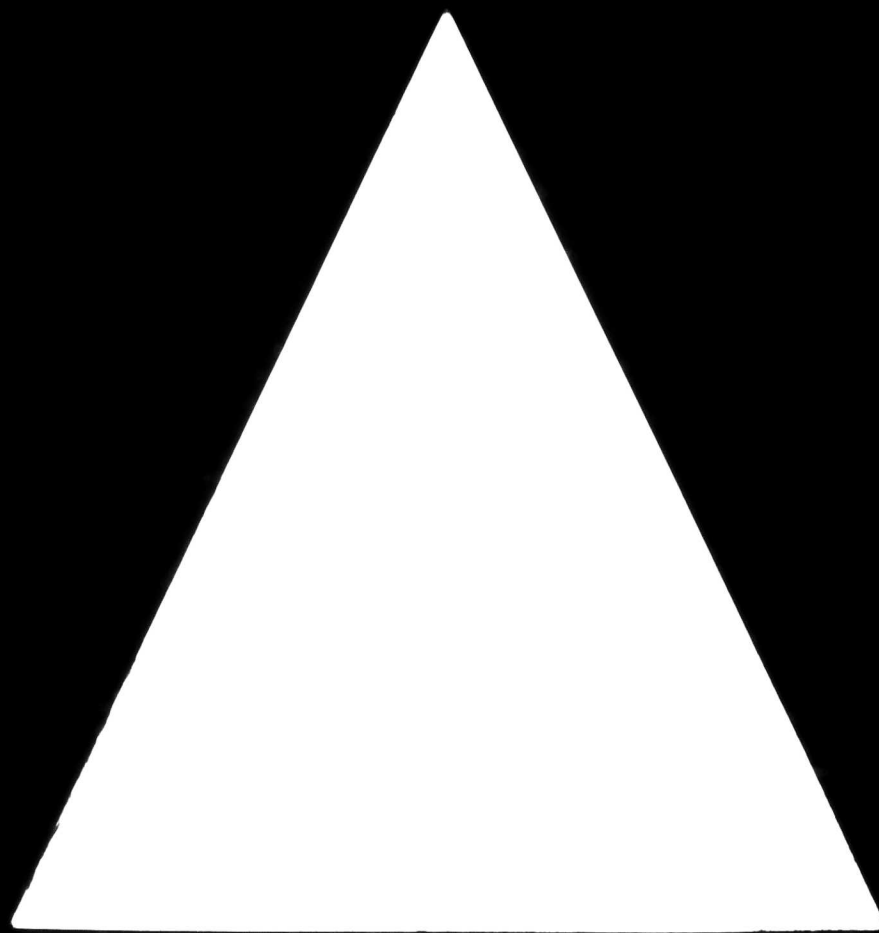
1894  
1855

FAMILY RECORD

Oct 42

FAMILY RECORD

Benjamin H. Inman  
was born 24 April 1853  
Robert H. Inman  
was born 17 Dec 1855



Charles, G. W.  
Cobb Co.

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889

Applicant  
Charles Cobb

Amount \$101

Date of Warrant, Dec 23

Entered on roll  
Dec 23 1889

71244  
SECRETARY EXECUTIVE DEPARTMENT

Dec 18 79  
applicant  
Cobb

# APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889

Applicant *J. H. Quarles*

County *Cobb*

Amount *101*

Date of Warrant *Dec 23*

Entered on roll *Dec 23*

*1889*

SECRETARY EXAMINING DEPARTMENT

*Dec 23 1889*  
*James H. Quarles*  
*Applicant*

STATE OF GEORGIA,

*Cobb* County,  
PERSONALLY appears *J. H. Quarles* of *Cobb* county,  
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and  
resident of said State, and has been such continually since the day of  
1829, that he enlisted in the military service of the Con-

federate States (or of the State of ) during the war between the  
States and served as a *Private* in Company *1st* Regiment  
of *Volunteers* on *Arm Atlanta* *1st* *Vol*  
in such military service, at the battle of *Harrison Sound* in the State  
of *Georgia* on the *17th* day of *June* 1864 he was  
wounded as follows

By a piece of shell passing  
into the back through the Port Hole and  
striking the left arm near the elbow,  
bursting the bone fracturing said arm to  
pieces thereby rendering amputation nec-  
essary to said arm. *John Platt* *Army* as  
amputated five or six inches below the shoulder.

Dependent desires to participate in the benefits of the Act approved October 24, 1887,  
and the Act amendatory thereof approved December 24, 1888, and makes application for  
the allowance to which he is entitled for the year ending October 26, 1889.

Sworn to and subscribed before me, this the

*27th* day of *May* 1889  
*W. H. Hoke* *Ord.*

*J. H. Quarles*  
*mark*

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

STATE OF GEORGIA,

County

PERSONALLY comes before me Ordinary of said county,  
and both known to  
me as reputable physicians of said county, who, being severally sworn, say on oath that  
they have carefully examined and after such  
examination say that the applicant has been injured as follows

Sworn to and subscribed before me, this

day of 188

ORDINARY

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

STATE OF GEORGIA,

I, Wm. H. Charles, ordinary of said county, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is desirous 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.

And further to wit 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. *9/1*

Given under my official signature and seal, this 21 day of April 1986

County *Carr* County

## POWER OF ATTORNEY

## STATE OF GEORGIA.

and the above named person appears to be a resident of  
 of *Polk County* Georgia and is not an alien, nor a  
 naturalized citizen, nor a foreigner, and is not a person who is  
 subject to the extradition laws of this State, as stated in the foregoing affidavit. In so  
 doing the undersigned is not attached to or signed in my name for me. What act this may be assessed by  
 the Court, and what judgment may be coming to me for the reason, address

10. These wherewith I have herewith set my hand and seal, thus

DIRECTION

Send me the following by

County, Georgia

## NOTES.

4. 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 to positive proofs to the service.

The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *substantially* and *essentially* useless.

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

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

where amputated

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

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

STATE OF GEORGIA,

*Cobb* County.

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

I further certify that *W. C. Power* before whom the foregoing affidavits were made and power of attorney was signed, is a *Notary Public* of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *10* day of *Febry* 189*0*

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

STATE OF GEORGIA,

*Cobb* County.

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

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

Given under my official signature and seal, this *12<sup>th</sup>* day of *Febry*, 189*1*.

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

*Qualls, W. M.*  
*W. M. Qualls*  
**1890.**

No. *1091*  
APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

*W. M. Qualls*  
Applicant.  
County, *Cobb*

Amount, *100*

Date of warrant, *Febry 13*

Entered on record  
*Febry 13* 189*0*

*W. C. Power*

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

*Applicant*

*Qualls, W. M.*  
*Qualls, W. M.*

**1891**  
*Qualls, W. M.*  
*Cobb Co*  
**PAID 1891, No. 1124**

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1890.

*W. M. Qualls*  
Applicant.  
County, *Cobb*

Amount, *\$100*

Date of Warrant, *Feb 13*

Entered on record

*W. C. Power*

*W. M. Qualls*  
Applicant.  
County, *Cobb*

Amount, *100*

Date of Warrant, *Feb 13*

Entered on record

*W. C. Power*

For applicants heretofore allowed pensions



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *W. H. Qualls* of *W. H. Qualls* 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 *about* 1849; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the

States, and served as a *Private* in Company *A*, of *22*th Regiment of *Georgia* Volunteers *Phillips*'s Brigade; that whilst engaged

in such military service, at the battle of *Warsaw Sound* in the State of *W. C.* on the day of *June* 1862, he was

wounded as follows: *By piece of shell tearing*

*away my left arm from the El-*

*bow & causing amputation of*

*said left arm about four in-*

*ches from shoulder.*

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

Sworn to and subscribed before me, this the *10* day of *July* 1890, *W. H. Qualls*

*W. H. Qualls*

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

of

my true and lawful attorney in fact, for

me and in my name, to receive and receipt for what ever amount of money I may be entitled

to from the State of Georgia by reason of the injury received as aforesaid in the military

service of the Confederate States (or of this State), as stated in the foregoing affidavit;

hereby authorizing my said attorney to receipt in my name for any Warrant that may be

issued by the Governor, or for any sum of money which may be coming to me for the reason

aforesaid.

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

day of

189

Executed in the presence of us,

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *W. H. Qualls* of *W. H. Qualls* county,

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

day of 1840; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the

States, and served as a *Private* in Company *A*, of *22*th Regiment of *Ga.* Volunteers *Naoy*'s Brigade; that whilst engaged

in such military service at the battle of *Warsaw Sound* in the State of *W. C.* on the day of *June* 1862, he was

wounded as follows: *By piece of shell striking*

*my left arm in the elbow tearing*

*up the said arm, rendering it necessary*

*for its amputation, which was done*

*up near the shoulder.*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *\$100.* dollars, for *W. H. Qualls*

Sworn to and subscribed before me, this the *17* day of *July* 1891, *W. H. Qualls*

*W. H. Qualls*

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County

Know all Men by these Presents, That I,

of

county, State of Georgia, do hereby appoint

of

my true and lawful attorney in fact, for

me and in my name, to receive and receipt for whatever amount of money I may be entitled

to from the State of Georgia by reason of the injury received as aforesaid in the military service

of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing

my said attorney to receipt in my name for any Warrant that may be issued by the Governor,

or for any sum of money which may be coming to me for the reason aforesaid.

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

day of *July* 1891, *W. H. Qualls*

Executed in the presence of us,

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

# STATE OF GEORGIA.

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

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

Ordinary

County

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, W. H. Harrison  
Know all Men by these Presents, That I G. W. Qualls  
of Lo. 1st County, State of Georgia, do hereby appoint  
of Lo. 1st County, State of Georgia, my true and lawful attorney in fact, for  
me and in my name, to receive and receipt for whatever amount of money I may be entitled to  
from the State of Georgia by reason of the injury received as aforesaid in the military service of  
the Confederate States (or of this State), as stated in the foregoing affidavit, hereby authorizing  
my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or  
for any sum of money which may be coming to me for the reason aforesaid.

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

Executed in the presence of us:

J. H. Stone Only

## DIRECTION.

Send money to me as follows, by

to P. O.  
County, Georgia.

1892.

SOLDIERS PENSION.

Name W. H. Harrison  
County W. H. Harrison  
Disability W. H. Harrison  
Amount \$ 100  
Entered on record W. H. Harrison  
W. H. HARRISON  
AGENT  
W. H. Harrison  
W. H. Harrison State Printer Atlanta, Ga.

1893.

Application for Advances

No. 616  
For the Year Ending October 31st 1893  
Applicant G. W. Qualls  
County Lo. 1st  
Amount, 100  
Date of Warrant, 3/10  
Entered on record, 3/10  
1893.  
Secretary of the Department.  
WARRANT HAD TO  
G. W. Qualls  
W. H. Harrison State Printer Atlanta, Ga.

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 Georgia, and has been such continuously  
since the *24th* day of *June*, 18*62*, that he enlisted  
in the military service of the Confederate States (or of the State of  
during the war between the States, and served as a *Private* in Company *H*  
of *1st* *Regiment of* *Volunteers* *1st* *Brigade*,  
Brigade, that whilst engaged in such military service at the battle of *Chancellorsville*  
in the State of *Virginia* on the *30th* day of  
*May*, 18*62*, he was wounded as follows:

1806, he was wounded as follows

Dependent desires to participate in the benefits of the Act approved October 24, 1887, and to contribute thereto, and make application for the allowance to which he is entitled for the year ending October 26, 1890. It has heretofore been a law of this country that

Sworn to and subscribed before me this the 10th day of May 1892

## STATE OF GEORGIA

Know all Men by these Presents, That

[illegible][illegible]

I executed all the programs on a 386.

DIRECTION

Send money to me as follows, by

For

County Georgia

## 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 \_\_\_\_\_ 1842; that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served as a *Private* in Company *A*, of *72<sup>nd</sup>* th Regiment of *Pa.* Volunteers \_\_\_\_\_'s Brigade; that whilst engaged in such military service at the battle of *Marsaw River* in the State of *South Carolina*, on the *27<sup>th</sup>* day of *June* 1861, he was wounded as follows: *With shell explosion*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1893. I have heretofore been allowed a pension of \_\_\_\_\_

Sworn to and subscribed before me, this, the 10th day of March 1893, }  
dollars, for Said Bond }  
W. J. Quisenberry

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

## STATE OF GEORGIA.

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

I further certify that \_\_\_\_\_  
before whom the foregoing 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 March, 1893

## Ordinary

ROMER'S ATTORNEY

# POWER OF ATTORNEY.

STATE OF GEORGIA,

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 (or of this State) as stated in the foregoing affidavit, hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

day of 1894.

Executed in the presence of us

DIRECTIONS

And money to me as follows, to

County, Georgia

Soldier's Pension.

1894.

Name *G. W. Moore*

County *Doyle*

Disability *100%*

Amount \$ *100.00*

*34/100*

W. H. HARRISON

Notary Public for Georgia

WARRANT RETURNED TO

*Application*

For Those Already Enrolled.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

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

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

day of 1895.

Executed in presence of us

DIRECTIONS

And money to me as follows, to

County, Georgia

Soldier's Pension.

1895.

Name *G. W. Moore*

County *Doyle*

Disability *100%*

Amount \$ *100.00*

*34/100*

W. H. HARRISON

Notary Public for Georgia

WARRANT RETURNED TO

*Application*

For Those Already Enrolled.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

*Cobb County.*  
PERSONALLY appears *G. W. Quaces* 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 *1st* that he enlisted in the military service of the Confederate States not of the State of *Georgia* during the war between the States, and served as a *Private* in Company *A 22* of *1st* Regiment of *Volunteers* Brigade, that whilst engaged in such military service at the battle of *Warsaw* in the State of *Georgia* on the *17th* day of *June* 1862 he was wounded as follows:

*By three explosion which tore the left arm entirely off the arm was amputated (the arm was) near the shoulder.*

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 20th, 1894. I have heretofore been allowed a pension of *\$100* dollar for the year 1893.

Sworn to and subscribed before me this *17th* day of *March* 1894. *G. W. Quaces*  
*Wm. Stone* Ord.

STATE OF GEORGIA.

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

Given under my official signature and seal, this *17th* day of *March* 1894. *Wm. Stone*  
Ordinary *Cobb* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb County.*  
PERSONALLY appears *G. W. Quaces* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *all his life* 18 that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A 22* of *1st* Regiment of *Volunteers* Brigade, that whilst engaged in such military service at the battle of *Warsaw* in the State of *Georgia* on the *17th* day of *June* 1862 he was wounded as follows:

*By three explosion which tore the left arm near the elbow, tearing the arm to pieces, from which wound his arm was amputated near the shoulder.*

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 20th, 1895. I have heretofore been allowed a pension of *One Hundred* dollars, for the year 1894.

Sworn to and subscribed before me, this, the *17th* day of *March* 1895. *G. W. Quaces*  
*Wm. Stone* Ord.

STATE OF GEORGIA,

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

Given under my official signature and seal, this *17th* day of *March* 1895. *Wm. Stone*  
Ordinary *Cobb* County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Appl* County. }  
I, *G. W. Qualls* hereby authorize *Saml. J. Qualls*  
of *Minetta Ga*

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

*me* by *him*

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *3*

day of *Mar* 1896.

Executed in presence of us

*Wm. Stone*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Appl* County. }  
I, *G. W. Qualls* hereby authorize *Saml. J. Qualls*  
of *Appl Ga*

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

*me* by *him*

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *22<sup>nd</sup>*

day of *July* 1897.

Executed in presence of

*Wm. Stone*

## SOLDIER'S PENSION.

1896.

Name *G. W. Qualls*  
County *Appl*  
Disability *Loss left arm*  
Amount \$ *100*

1896

RICHARD JOHNSON

Secretary, Bureau of the Department

WARRANT ~~MAILED~~ To

See W. Harrison, the Printer & Binder

*1897*

*Qualls*

DATE OF NEXT 1897  
(For Those Already Enrolled.)

No. 1477

## INVALID

## SOLDIER'S PENSION.

1897.

Name *G. W. Qualls*  
County *Appl*  
Disability *Loss left arm*  
Amount \$ *100*

1897

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

*Wm. Stone*

See W. Harrison, the Printer & Binder

*1897*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *G.W. Jones* 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 *1873* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A 22* of the *17th* Regiment of *Volunteers*, *1st* Brigade, that whilst engaged in such military service in the State of *Ga.*, on the *17th* day of *April* 186*4* he was wounded, injured or diseased as follows:

*With a bomb shell exploding in the gun boat used striking left arm, crushing the said arm, to the point of amputation near the shoulder*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of *Cobb* county been allowed a pension of *\$100* dollars, for the year 189*5*.

Sworn to and subscribed before me, this, the *3rd* day of *March*, 1896.

*J. M. Stone*  
Notary Public for Georgia.  
NOTE: Make fully the nature of wound or character of disease which causes the disability, and explain in substance the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *3rd* day of *March*, 1896.

Ordinary

County

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *G.W. Jones* of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *April* 186*4* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A 22* of the *17th* Regiment of *Volunteers*, *1st* Brigade, that whilst engaged in such military service in the State of *Ga.*, on the *17th* day of *April* 186*4* he was wounded, injured or diseased as follows:

*By gunshot or shell striking the left arm, crushing the arm, to the point of amputation near the shoulder*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of *\$100* Dollars, for the year 189*6*.

Sworn to and subscribed before me, this, the *22nd* day of *July*, 1897.

*J. M. Stone*  
Notary Public for Georgia.  
NOTE: Make fully the nature of wound or character of disease which causes the disability, and explain in substance the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *22nd* day of *July*, 1897.

Ordinary

County



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County.

Personally appears *G.W. Guines* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *18* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A 22nd* of *Georgia* Volunteers, *Walker's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *17th* day of *April* 186*4*, he was wounded, injured or diseased as follows:

*Wounded by bomb shell exploding in the gun boat and striking left arm, causing the arm to be amputated near the shoulder*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of *Cobb* county been allowed a pension of *\$100* dollars, for the year 189*6*.

Sworn to and subscribed before me, this, the *3rd* day of *March* 1896, by *G.W. Guines* *J. M. Stone* *Ordinary*

STATE OF GEORGIA,

*Cobb* County.

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

Given under my official signature and seal, this *3rd* day of *March* 1896.



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

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County.

Personally appears *G.W. Guines* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *April* 186*4* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A 22nd* of *Georgia* Volunteers, *Walker's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *17th* day of *April* 186*4*, he was wounded, injured or diseased as follows:

*Struck by gunshot or shell striking the left arm fracturing and tearing it off in such a way that the arm was amputated near the shoulder*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of *\$100* Dollars, for the year 189*6*.

Sworn to and subscribed before me, this, the *22nd* day of *July* 1897, by *G.W. Guines* *J. M. Stone* *Ordinary* POST OFFICE *Croft Dr*

STATE OF GEORGIA,

*Cobb* County.

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

Given under my official signature and seal, this *22nd* day of *July* 1897.



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



# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County.  
I, *G.W. Qualls*

hereby authorize

of

*S.J. Qualls*  
*Cobb County*

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

*me*

by

*him*

at

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

day of

*July*

1898

*G.W. Qualls* [L. S.]  
*mk*

Executed in presence of

*Ed. Stone*  
*(Gray)*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* County.  
I, *G.W. Qualls*

hereby authorize

of

*S.J. Qualls*  
*Cobb Co.*

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

*me*

by

*him*

at

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

day of

*July*

1899

*G.W. Qualls* [L. S.]  
*mk*

Executed in presence of

*Ed. Stone*  
*Gray*

*Qualls, G.W.*  
*Qualls, G.W.*

(For Those Already Enrolled.)

No. 2700

INVALID

SOLDIER'S PENSION.

1898.

Name *G.W. Qualls*  
County *Cobb*  
Disability *Loss of Arm*  
Amount \$ *100.*

*723*

1898

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*S.J. Qualls*

WILLIAMSON, STATE PRINTER, ATLANTA

*data*

*Qualls, G.W.*  
*Cobb Co.*

(For Those Already Enrolled.)

No. 2778

INVALID

SOLDIER'S PENSION.

1899.

Name *G.W. Qualls*  
County *Cobb*  
Disability *Loss arm*  
Amount, \$ *100.*

*721*

1899

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*S.J. Qualls*

WILLIAMSON, STATE PRINTER, ATLANTA

*data*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears

*E. W. Qualls* 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 24<sup>th</sup> day of April 1863, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company A, 22<sup>nd</sup> Regiment of Georgia Volunteers, 's Brigade; that whilst engaged in such military service in the State of Georgia, on the 17<sup>th</sup> day of May 1863, he was wounded, injured or diseased as follows:

That while in the service in the Navy Dept at Washington D.C. he was struck by a shell which took off his left arm.

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$100. Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 21<sup>st</sup> day of July 1898.

POST OFFICE

*E. W. Qualls* Craft P.O.

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this 21<sup>st</sup> day of July 1898.

Ordinary

*J. W. Stone* Cobb County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears

*E. W. Qualls* 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 24<sup>th</sup> day of April 1863; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company A, 22<sup>nd</sup> Regiment of Georgia Volunteers, 's Brigade; that whilst engaged in such military service in the State of Georgia, on the 17<sup>th</sup> day of June 1863, he was wounded, injured or diseased as follows:

Was wounded by shell striking left arm, causing same arm to be amputated near the shoulder.

Dependent makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$100. Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 15<sup>th</sup> day of July 1898.

POST OFFICE

*E. W. Qualls* Cobb P.O.

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this 15<sup>th</sup> day of July 1898.

Ordinary

*J. W. Stone* Cobb County.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

I, *G. W. Quarles* hereby authorize

*D. R. Watkins* of *Cobb*  
to receive and receipt for the pension paid hereon and request that he remit same to  
*me* by *Rian*

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *3<sup>rd</sup>*  
day of *March* 1900.

Executed in presence of

*J. M. Stone*

*G. W. Quarles*

*J. M. Stone*

*Quarles, Gabriel W.*

(For Those Already Enrolled.)

No. *1674*

INVALID

SOLDIER'S PENSION.

1900.

Name

County

Disability

Amount, \$

Warrant issued

1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*G. W. Quarles*

Gen. W. Harrison, State Printer, Atlanta.

*No data*

Audited *March 20 - 1889*

*W. H. H. H. H. H.*

*Gobb*

Maimed Soldiers.

Voucher No. *2402*

Amount, \$ *100*

Paid to *G. W. Quarles*

For *Loss of Left*

*Arm*

*June 20 1889*

Included in Warrant No

issued to Treasurer

1889

WARRANT CLERK

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

*Applicant*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cobb* County.

Personally appears *G. W. Qualls* 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 *24<sup>th</sup>* day of *April* 1824; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served as a *private* in Company *A*, of *22<sup>nd</sup>* Regiment of *Georgia* Volunteers, 's Brigade, that whilst engaged in such military service in the State of *Ga.*, on the *17<sup>th</sup>* day of *June* 1863, he was wounded, injured or diseased as follows:

*Was wounded by shell striking left arm causing said arm to be amputated near shoulder*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$100.* Dollars, for the year 189*9*.

Sworn to and subscribed before me this, the *3<sup>rd</sup>* day of *March* 1900. POST OFFICE *G. W. Qualls*

*McK Stone*  
Notary Public for Georgia

STATE OF GEORGIA,

*Cobb* County.

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

Given under my official signature and seal, this *3<sup>rd</sup>*

day of

*March* 1900.  
*McK Stone*  
Ordinary - *Cobb* County.



STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT

No. 2402

*Atlanta, Ga. June 20 1899*

Mr. *G. W. Qualls* of the County of *Cobb* having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act Dec. 24, 1888 and the same having been allowed for

*Class of 1888*  
He is entitled to receive the sum of *\$100.00* Dollars for such disability, the same being the allowance due for the year ending October 24, 1888.

The Treasurer will pay the same and hold his receipt on this sum to be returned same to the Executive Department for warrant.

By the Governor

*W. H. Harrison*

Clerk Executive Department

RECEIVED OF STATE TREASURER R. T. HARDEMAN

*One Hundred & 00/100*

Dollars

per above voucher, this *20<sup>th</sup>* day of *June* 188*8*  
*G. W. Qualls*

Cobb

Maimed Soldiers

Warrant No. 1091

Amount \$ 100

G. H. Qually  
for Loss of arm

July 13 1891

Warrant No. 1091

Applicant

Audited

1891.

COMPTROLLER GENERAL

Qually, D. W.  
Qually  
1891.

Maimed Soldiers.

Voucher No. 24

Amount \$ 100

Paid to G. H. Qually  
for Loss of arm

Oct 18 1891

Included in warrant No.

issued to Treasurer

1891

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

W. H. Harrison

STATE OF GEORGIA.  
EXECUTIVE DEPARTMENT

No. 1091

Atlanta, Ga. Feb 13 1891

Mr. *G. H. Qualls* of the County  
of *Cobb*, having filed his application in the Executive  
Department for an allowance under the Act approved October 24 1887, as amended by Act  
approved Dec. 24 1888 and the same having been examined and allowed for

*Loss of arm*  
He is entitled to receive the sum of *One Hundred & 00/100* Dollars  
on each disability the same being the allowance due for the year ending Oct. 24 1891

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

To the Governor

*W. H. Harrison*

CLERK EXECUTIVE DEPARTMENT

\$ 100

RECEIVED OF STATE TREASURER R. J. HARDEMAN

*One Hundred & 00/100* Dollars  
per above voucher, this *13* of *Feb* 1891

*J. W. Qualls*  
*Prance*

STATE OF GEORGIA.  
EXECUTIVE DEPARTMENT

1891.

No. 1124

Atlanta, Ga. Feb 18 1891.

Mr. *G. H. Qualls* of the County  
of *Cobb*, having filed his application in the Executive  
Department for an allowance under the Act approved October 24 1887, as amended by Acts  
approved Dec. 24 1888 and Nov. 11 1889, and the same having been examined and allowed for

*Loss of arm*  
He is entitled to receive the sum of *One Hundred* Dollars  
for each 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

To the Governor

*W. H. Harrison*

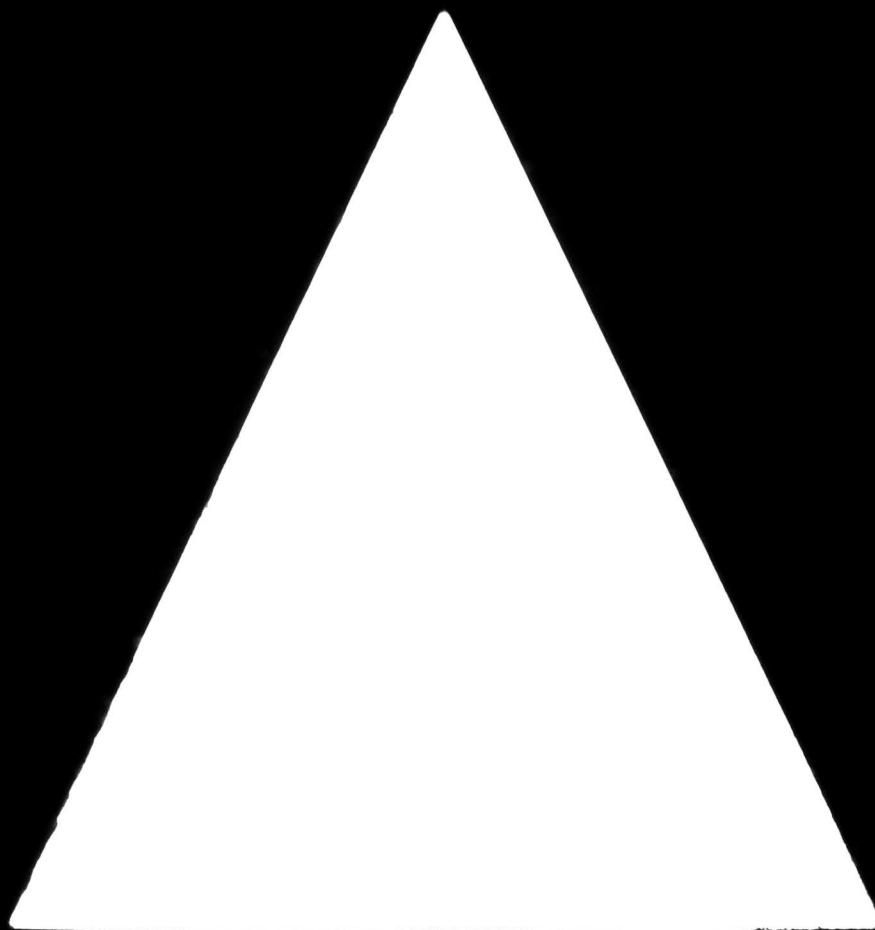
SECY EXECUTIVE DEPARTMENT

\$ 100

RECEIVED OF R. J. HARDEMAN Treasurer of the State of Georgia

*One Hundred & 00/100* Dollars.  
per above voucher, this *18* of *Feb* 1891.

*J. M. Prance*



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }

I, \_\_\_\_\_

of \_\_\_\_\_

hereby authorize

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

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1907.

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

[L.S.]

*Dyables, Duke*  
*Coff G*  
*OK for 1907*  
No. \_\_\_\_\_  
*Warrant for Pension*  
**INDIGENT PENSION.**

**1907**

Name *J. Enalls*  
County *Levy*  
Co. *C. 367* Gen. Regt. \_\_\_\_\_  
Approved \_\_\_\_\_ 1907

JOHN W. LINDSEY,  
Commissioner of Pensions.

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

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

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

*4/25/06*



# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of

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

at

by

Witness my hand and seal, this

day of

190

[L. S.]

Executed in presence of

INDIGENT PENSION.

1907

Name *L. Enalls*

County *Colt Co*

Co. *C. 36th*

Regt

Approved \_\_\_\_\_ 1907

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

Franklin Printing and Publishing Co., 110 W. Harrison, Macon, Georgia.

4/25/06

# QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY.

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

1. What is your name and where do you reside? (Give, State, County and Postoffice.)  
*Luke Enalls Marietta, Colt Co., Ga*
2. How long and since when have you been a resident of this State?  
*Was born in Georgia, lived my life.*
3. When and where were you born?  
*In Georgia Jan. 26, 1846*
4. When and where, and in what company and regiment did you enlist or serve?  
*In 1862 in 36th Ga. Co., Company C -*
5. How long did you remain in such company and regiment?  
*Until I was captured the month before Christmas the year before the surrender.*
6. When and where was your company and regiment surrendered and discharged?  
*Same where in North Carolina, I was in Federal Prison*
7. Were you present with your company and regiment when it was surrendered?  
*No*
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 Federal Prison Camp Chase Ohio*
9. How much can you earn (gross, per annum) by your own exertions or labor?  
*\$75.00 a year*
10. What has been your occupation since 1865?  
*Labourer*
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? *Age & poverty*
12. If upon the first ground state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?  
*I have been unable to do steady work for over three years*
13. What property, real and personal, or income, do you possess and its gross value?  
*None*
14. What property, real or personal did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same?  
*None*
15. In what County did you reside during those years, and what property did you then return for taxation?  
*Colt Co. none*
16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905?  
*By what little work I could do.*
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?  
*I had hardly made*
18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year?  
*I worked as a labourer made about \$75.00 a year*
19. Have you a family? If so, who composes such family? Give their means of support. Have they a home, or other property? Their ages and how employed?  
*Wife & one child girl, present themselves by getting along. They have no home or property. My wife is 54 child, 8.*
20. Are you receiving any pension? If so, what amount and for what disability?  
*No*
21. Have you ever made an application for pension before?  
*No*
22. How many applications have you ever made and under what class?  
*none before*

Subscribed before me this the  
*19th* day of *Sept*, 1906  
*John H. H. H.* Ordinary

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

*L. Enalls*

Every Question MUST Be Answered.

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

COUNTY.

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

1. What is your name and where do you reside? *Cobb County, Ga.*

2. Are you acquainted with *L. Snalls*, the applicant, if so how long have you known him? *Yes, ever since the war.*

3. Where does he reside, and how long and how often when has he been a resident of this State? *Manetta, Cobb County, Ga. Ever since I knew him*

4. When, where and in what company and regiment did he enlist, and how do you know? *In Cherokee Co. Ga. in Co. E. 36th Regt. About May, 1862.*

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

6. How long did he perform regular military duty? *From 1862 to about Dec. 1864.*

7. When and where was he captured? *Greensboro, N.C.*

8. Was he present when he was captured? *Yes.*

9. Was he present when he was captured? *No, he was captured at Parkville, Tenn. Dec. 1864.*

10. If he was not present, where was he? *Captured in prison.*

11. When was he released from confinement? *Dec. 1864.*

12. For what cause? *Captured.*

13. By what authority he left? *I was in the same company with him.*

14. When reported, reflected income has the applicant? (Give your means of knowledge) *None, except as day laborer. We are neighbors.*

15. What property does he own? (Give the applicant's name in 1901, 1902, 1903, 1904 and 1905 and what he has made or done) *Had nothing but a little household goods.*

16. Has he received any of his property in the last four years, if so, what was it and to whom? *No.*

17. What is the applicant's occupation and physical condition? *Day labour - Has been in poor health about 3 years.*

18. Is the applicant unable to support himself by labor of any sort, if so, why? *I don't think he is able on acct. of weakness and disabled back.*

19. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? By what title he could do, and helped by wife and daughter during

20. What portion of his support for these four years was derived from his own labor or income? *I suppose about half.*

21. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254 Code. *He is nearly sixty one, weak from age and suffers with disabled back.*

22. What property have they? Children's ages and their earning capacity? *Wife and daughter - no property. daughter 18 - wife & daughter earn something by sewing. None.*

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

Sworn to and subscribed before me, this the

19th day of Sept. 1906.

*J. K. Bruce* Witness.

*John Hurley* Ordinary.

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

COUNTY.

Personally came before me *Wm. Kemp M.D.* and

*J. K. Simpson*, both known to me as reputable physicians

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

*L. Snalls*, applicant for pension under Section 1254, Code, and after

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

*Affiant - I have a large shot - wound*

*in left wrist - and later a large shot -*

*in his spine below the shoulder. This*

*wound renders affiant - who is now suffering*

*from Rheumatism - almost unable to do anything*

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

Sworn to and subscribed before me, this the

22nd day of Sept. 1906.

*John Hurley* Ordinary.

*Wm. Kemp M.D.*

*J. K. Simpson*

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

COUNTY.

I, *John Hurley*, Ordinary, in and for said County, hereby certify

that the applicant, *L. Snalls*, resides in said County, and has

been a bona fide resident of this State since the 1st day of January 1894

and that the witness, *J. K. Bruce*, are of trustworthy character, and that their statements are entitled to full faith and credit

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

I further certify that the tax digest of *Cobb* County shows that applicant

returned for taxation in his name in 1901

property, and in 1902

Dollars of property in 1904

Dollars of property in 1905

Dollars of property

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

Witness my hand and seal of office, this 22nd day of Sept. 1906

*John Hurley* Ordinary.

of *Cobb* County.

# NOTE.

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

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

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, L. Snalls, hereby authorize  
John A. Wooten of \_\_\_\_\_  
to receive and receipt for the pension allowed, and request that he remit same to  
at \_\_\_\_\_  
by \_\_\_\_\_

WITNESS my hand and seal, this 21 day of January, 1907.

[L. S.]

Executed in presence of

Snalls, Luke  
Coff Co.

Order Backed 124.  
(FOR THOSE ALREADY ENROLLED)

No. 664

## INDIGENT SOLDIER'S PENSION 1907.

Name L. Snalls  
County Cherokee  
Co. E 36th Regiment

WARRANT ISSUED

JAN 21 1907.

JOHN W LINDSEY,  
Commissioner of Pensions

WARRANT HANDED TO

Gen. W. H. Lindsey, State Printer, Atlanta.

per data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Apch County.

Personally appears Luke Snalls of Apch

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

that his property consists of the following items: \_\_\_\_\_

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

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

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

day of January 1907

\_\_\_\_\_ Ordinary

State of Georgia,

Apch County.

I, John W. H. H. Ordinary of said County,

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

Given under my official signature and seal this 7

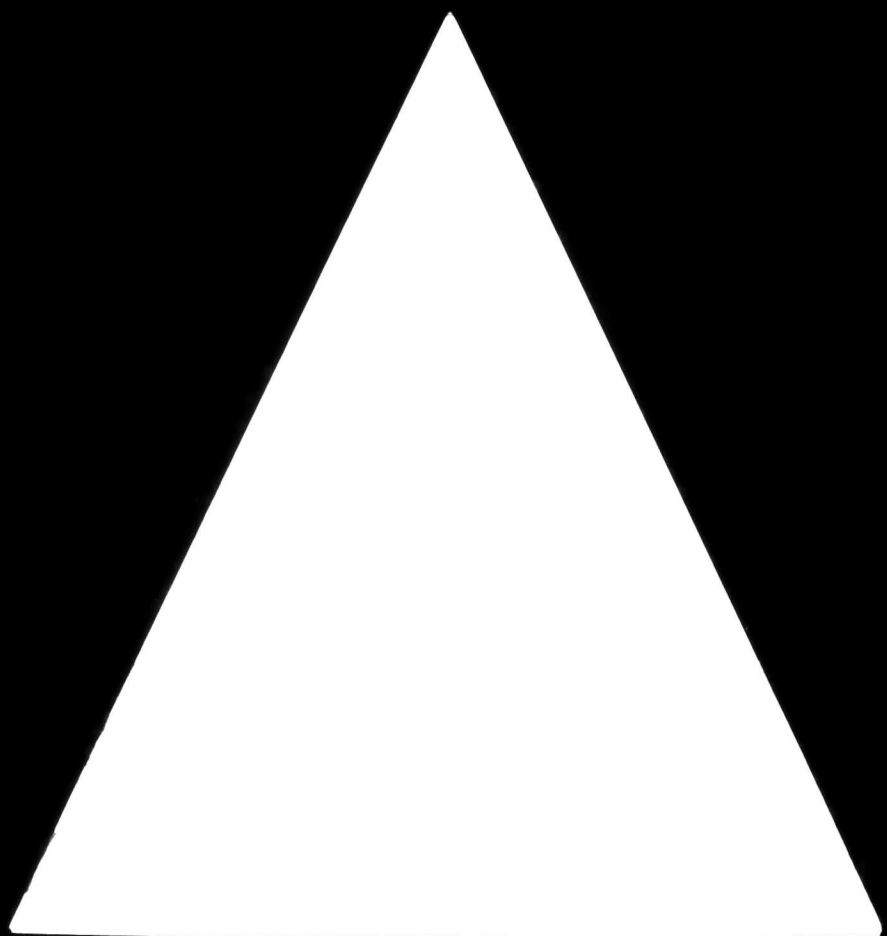
day of January 1907.

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

ALL  
YOUR  
SEAL  
HERE

NOTE.—The blank space must be filled.

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



Green, Al  
Cobb Co.

OK Apr 1911

**Confederate  
Soldier's Application.**

✓ UNDER ACT 1810.

County Cobb  
Name Al Lindsey  
Company E  
Regiment 9th Ga. Reinf.

Approved \_\_\_\_\_

J. W. LINDSEY  
Commissioner of Prisons

CHAS. F. BYRD, State Printer, Atlanta.

8/30/10

Questions for Applicants to Answer.

STATE OF GEORGIA.

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

1. What is your name and where do you reside? (Give County and Post-office) *Al Russell, Adelphi, Cobb County, Ga.*
2. How long and since when have you been a continuous resident citizen of this State? *2 years since 1857*
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? *Yes*
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) *about May 1862, Atlanta, Ga. Co. G. 2d Ga. Battalion*
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) *August 1862, from enlistment April 1865*
6. When and where was your Company and Regiment surrendered or discharged from the Service? *April 9, 1865, Appomattox, Virginia*
7. Were you actually present with your Command when it was surrendered or discharged? *Yes*
8. If you were not actually present, state specifically and clearly where you were *left command until surrender*
  - a. Where was your Command when you left it? *—*
  - b. When did you leave the Command? *surrender*
  - 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? *—*
  - j. If so, when, and where? In what prison were you held and when were you released? *—*
9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) *4 land value \$200.00*
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? *none*
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.) *4 land value \$200.00*
12. What annual or monthly income or earnings of yourself and wife and the source derived have you? *no income, work about 10 days and month 6 months work*
13. Are you drawing a pension of any amount from this State or the United States? *no*
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? *never ask before*

Sworn to and subscribed before me, this the

*11* of *April* 1910 } *Al Russell*  
*J. H. Russell* Ordained  
 of *Cobb* County.

Confederate

Soldier's Application.

UNDER ACT 1910.

Country *Cobb*  
 Name *Al Russell*  
 Company *Co. G*  
 Regiment *2d Ga. Battalion*  
 Approved

J. W. LINDSEY  
 Commissioner of Pensions

CHAS. J. HART, STATE PRINTER, ATLANTA



# QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

County.

as a witness in support of the application for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside?

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?

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

5. How did you obtain your information of this Service?

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

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

8. Were you personally present at the Surrender?

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

10. Was the applicant personally present with his Command at surrender?

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

12. When did he leave his Command? Where was his Command when he left it? for what cause did he leave?

By whose authority did he leave? and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)

13. In what way was he prevented from returning to his Command?

How do you know?

14. What effort did he make to return to his Command and how do you know?

15. Was applicant captured as a prisoner? If so, when and where?

In what prison was he held? and when released?

Sworn to and subscribed before me, this the

11th day of August 1910

Ordinary

of County.

## AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

County.

Personally before me comes who on oath says that they are free holders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)

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

1908? (State in full by items)

- When and to whom was it sold or given for?
- What was the price paid or stated to be paid?
- What relation is the party to applicant?
- What disposition was made of the proceeds of the sale?
- Was the disposition of this property made in good faith and full value?

or was it made to obtain a pension?

Sworn to and subscribed before me, this the

11th day of August 1910

Ordinary

of County.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

County.

Ordinary of said County, certify that I know

the applicant for pension is the person he represents himself to be and resides in

said County. That I also know the witness swearing to the

service and who are free holders, 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 Return of shows that and the

value for tax for 1908 for 1909 for 1910

Sworn to and subscribed before me, this day of

Ordinary

of County.

NOTES: Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words:

1. You do solemnly swear that you will give answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God.

2. Additional affidavits may be attached if such oaths are insufficient.

3. All affidavits must be made before the Ordinary and certified by him.

4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary.



GEORGIA.

County.

I,

that I personally know

is the lawful widow of

the.....

a Pension from

of his death on the.....

him and unpaid his Pension of

of Georgia, and I know

witness, and he is of a truthful and trustworthy character and entitled to full credit

Given under my hand and seal this..... day of.....

1915.

Ordinary,

County.

No. ....

1915

# Application for Pension Due Deceased Soldier

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY

Mrs L A Turner

Widow of Al Turner

of Cobb County

Co. .... Regt. .... Vols

Approved and paid

1915.

J. W. LINDSEY,

Commissioner of Pensions.

Chas P Byrd, State Printer, Atlanta.

QUEEN, Al  
Cobb County

GEORGIA.

County

I hereby authorize and constitute

lawful attorney to collect and receipt for me in my name the Pension due me for 191..... through my

deceased husband

Pension Roll and paid from

Witness my name this

Attested before me

day of

1915.

Died Dec. 11, 1918.

# Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA,

*Cobb*

County.

Personally before me comes Mrs. *Al Queen* of said county,  
after being duly sworn, on oath says that she is the widow of *Al Queen*  
who was duly enrolled as a *Service* Pensioner from the county  
of *Cobb* and was paid a Pension of *Eighty-*  
Dollars from *Cobb* county for 1918 and that the said  
*Al Queen* died in *Cobb* county on  
the *11* day of *Dec*, 1918 and at the time of his death a Pension of *790<sup>00</sup>*  
was due him from *Cobb* county and unpaid for 1914.  
Applicant further swears that she married the said *Al Queen* on  
the *11* day of *Dec*, 1886 in *Cobb* county and  
State of *Ga* and resided with him from the date of marriage to his death  
as his lawful wife and is now his dependent widow and she asks that the Pension so due and unpaid be  
paid to her.

Sworn to and subscribed before me this *14* day of *May*, 1919

*J. H. Queen* Ordinary *Mrs L O Queen* L. S.  
*Cobb* County

## AFFIDAVIT OF WITNESS.

GEORGIA,

*Cobb*

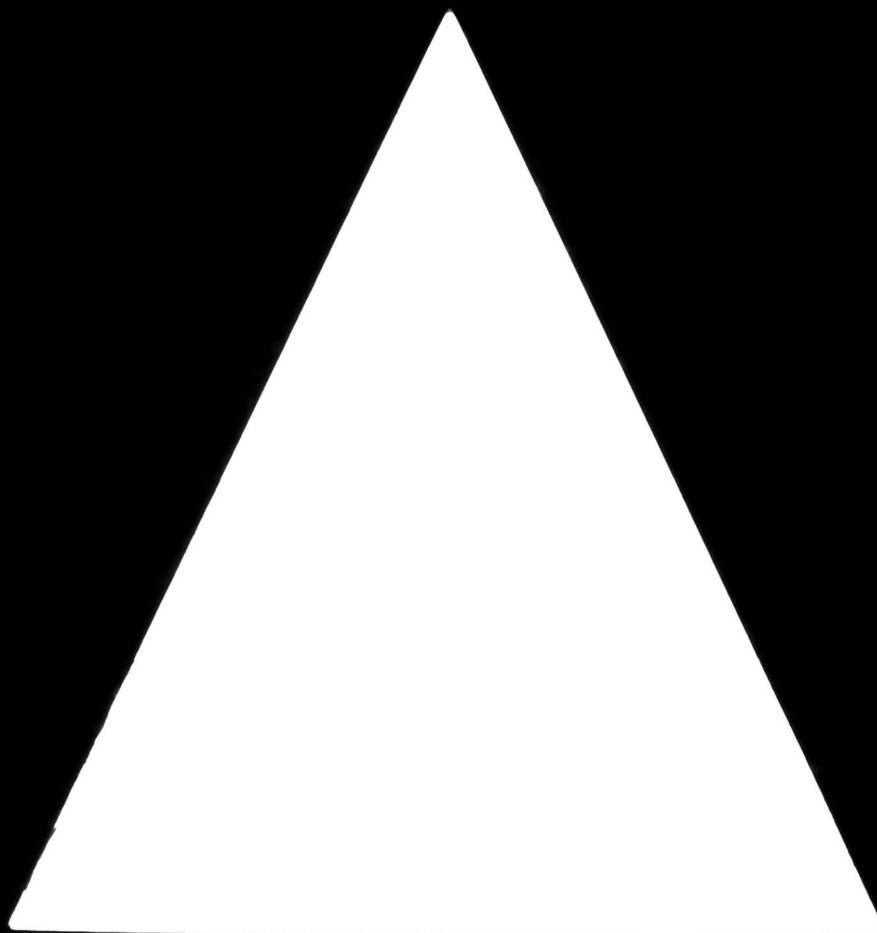
County.

Personally before me comes *Al Queen* who  
on oath says that he knew *Al Queen* while in life  
and that he knows Mrs. *L. A. Queen*  
the above applicant, that he knows that the said *Al Queen*  
and *Mrs L A Queen* were in due form of law married in the county  
of *Cobb* in the State of *Ga* on  
the *11* day of *Dec*, 1886 and that they resided together  
as husband and wife from date of marriage to the day of his death on the  
*11* day of *Dec*, 1918 and I now know that she is his dependent widow

Sworn to and subscribed before me this *14* day of *May*, 1919

*J. B. Alexander* Ordinary *Mrs L O Queen* L. S.  
*Cobb* County

Note 1st—This form can be used by guardian or minor children where there is no widow  
2d—Ordinary must send in all same certified copy of marriage license attached



*Queen, Cynthia B.*  
*Widow of S. M. Jones*  
*C. B. Jones*  
*State*  
*in*  
No. *0167119N*

# **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.

Country *Cynthia B. Jones*  
Name *A. K.*  
Widow of *S. M. Jones*  
Company *A. 19<sup>th</sup> La*  
Approved

J. W. LINDSEY,  
Commissioner of Pensions

CHAS. F. BYRD, State Printer, Atlanta.

*10/21/1914*

Name Ann B. Queen  
 County Cobb  
 Widow of S. M. Queen  
 Company A. 19th  
 Approved \_\_\_\_\_  
 J. W. LINDSEY,  
 Commissioner of Pensions  
 CHAS. P. BYRD, State Printer, Atlanta

**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.

No. 0191191  
 Current by Queen  
 C. B. L. S. 1914

STATE OF GEORGIA,

Cobb County.

Personally before me comes Ann B. Queen of said County,  
 who, after being duly sworn, on oath says, that she is the widow of S. M. Queen to whom  
 in the County of Cobb State of Ga she was married on the 21  
 day of Oct 1867 and that she remained his wife, and resided with him to the date of his death  
 in 1914 and that she has not since his death remarried. At the time of his death  
 he was a resident of Cobb County, in the said State of Georgia, and he  
 was on the Service Pension Roll of the State and paid a pension of \$60.00  
 in Cobb County for 1914 per annum, on account of being a soldier in Company  
A. 19th Regiment. (Volunteers of State Militia.)

At the death of S. M. Queen he was in the use and possession of the following  
 property 80 Acres of land value one runk 60' on E. 1/4 of 50'  
 of the cash value of \$.

What property of any kind and of any value have you in your use, control and possession now, and  
 the cash value, (State fully.)  
80 Acres land. \$  
Household goods \$  
 Hogs, Cows, etc. \$  
 Total Cash value of all property \$

That she is now a bona fide resident citizen of said County of Cobb and she  
 has so continuously resided since for 69 years day of 10  
 Sworn to and subscribed before me, this the 10  
10th day of September 1914 B. L. Queen  
J. M. Queen Ordinary,  
 of Cobb County

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

STATE OF GEORGIA,

Cobb County.

Personally before me come W. E. Brubaker known to be responsible  
 and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their  
 own personal knowledge Mrs. Ann B. Queen who made the foregoing affidavit, is  
 the lawful widow of S. M. Queen who died in Cobb County in  
 said State of Ga on 1914 day of 10 and that she  
 has not since remarried. That she became the wife of S. M. Queen on the 21 day  
 of Oct 1867 and that she and he had resided together as man and wife continuously since  
21 day of Oct 1867 and that the S. M. Queen was the  
 same man who was on the pension roll of said State from Cobb County  
 when he died.

Sworn to and subscribed before me, this the 26  
 day of Sept 1914 } W. E. Brubaker  
J. M. Queen Ordinary  
 of Cobb County

Always when no  
 10

STATE OF GEORGIA,

County.

Personally before me come R. D. Jenkins & J. D. Armstrong who after being sworn on oath says, that they are freeholders of said County, and that they know Lydia C. Quinn of said County and knew her said husband M. Quinn at his death on the \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_ that she and he were in the use, possession and control of the following property at his death to wit: 8 1/2 acres of land valued 560 - this is poor and fully one mile valued 60 - one acre & 2 1/2 ac. valued 5500 of the value of \$ \_\_\_\_\_. That she is now in the use, possession and control of the following property to wit: The above land but has sold the mile & 1/2 acre of the value of \$ \_\_\_\_\_.

Sworn to and subscribed before me, this the

25 day of Sept 1914

Ordinary

of

Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, J. H. Gamm Ordinary of said County, do certify, that, I know M. Quinn the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the all her life 191\_\_\_\_.

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

That the tax Books of Cobb County shows that M. Quinn returned property to the amount of \_\_\_\_\_ for 1908 \$585- for 1909 \$586- for 1910 \$710-

Sworn under my hand and official seal of office this 25 day of Oct 1914

(SEAL.)

Ordinary.

Cobb County.

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

# Marriage License

OF

*Samuel M. Green*

AND

*Mrs. Cynthia C. Pope*

Issued

191

and recorded on Page

168

Book

*A*

of Marriage Licenses

ORDINARY

*County Clerk* } I, M. Green Ordinary of Said County, Certify  
that within to be a true & correct copy of the Marriage  
License and Certificate of Marriage of S. M. Green  
and Cynthia C. Pope as found of record in this office  
in Book "A" folio 168 of the record of Marriages  
This Oct 30 / 14

*J. M. Green*  
Ordinary

Issued

191

and recorded on Page 168 Book

A of Marriage Licenses.

ORDINARY

Georgia }  
Cobb County } I, J. M. Gann Ordinary of Said County Certify  
That within to be a true & correct Copy of the Marriage  
License, and Certificate of Marriage of S. M. Gann  
and Cynthia E. Pope, as found of record in this office  
in book "A" folio 168, of the record of Marriages  
This Oct 30 /14  
J. M. Gann  
Ordinary

BRANDON-NASHVILLE



# MARRIAGE LICENSE

STATE OF GEORGIA

COUNTY OF COBE

To any Judge, Justice of the Peace, or Minister of the Gospel

YOU ARE HEREBY AUTHORIZED TO JOIN

YOU ARE HEREBY AUTHORIZED TO JOIN

Samuel H. Green      Miss Cynthia C. Pope

Mr. Cynthia C. Pope

October 1867 ~~was~~ John L. Campbell

James L Campbell

State of Georgia **CERTIFICATE** County of Cobb

31  
 1867

Miss Cynthia C. Lucas

October 1867

Recorded 12 31 18 67 191

John C. Campbell

Benjamin Bullock & P.

# MARRIAGE LICENSE

STATE OF GEORGIA

COUNTY OF COBB



To any Judge, Justice of the Peace, or Minister of the Gospel

YOU ARE HEREBY AUTHORIZED TO JOIN

*Samuel H. Queen* and *Mrs. Cynthia C. Pope*

in Holy Matrimony according to the rites and ceremonies of the Gospel and the laws of this State.

Witness my hand and the seal of my office this *31* day of *October* 1867.

*John L. Campbell* J. P.

State of Georgia **CERTIFICATE** County of Cobb

CERTIFY that *Samuel H. Queen* and *Mrs. Cynthia C. Queen*  
were joined in Matrimony by me this *31* day of *October* 1867.

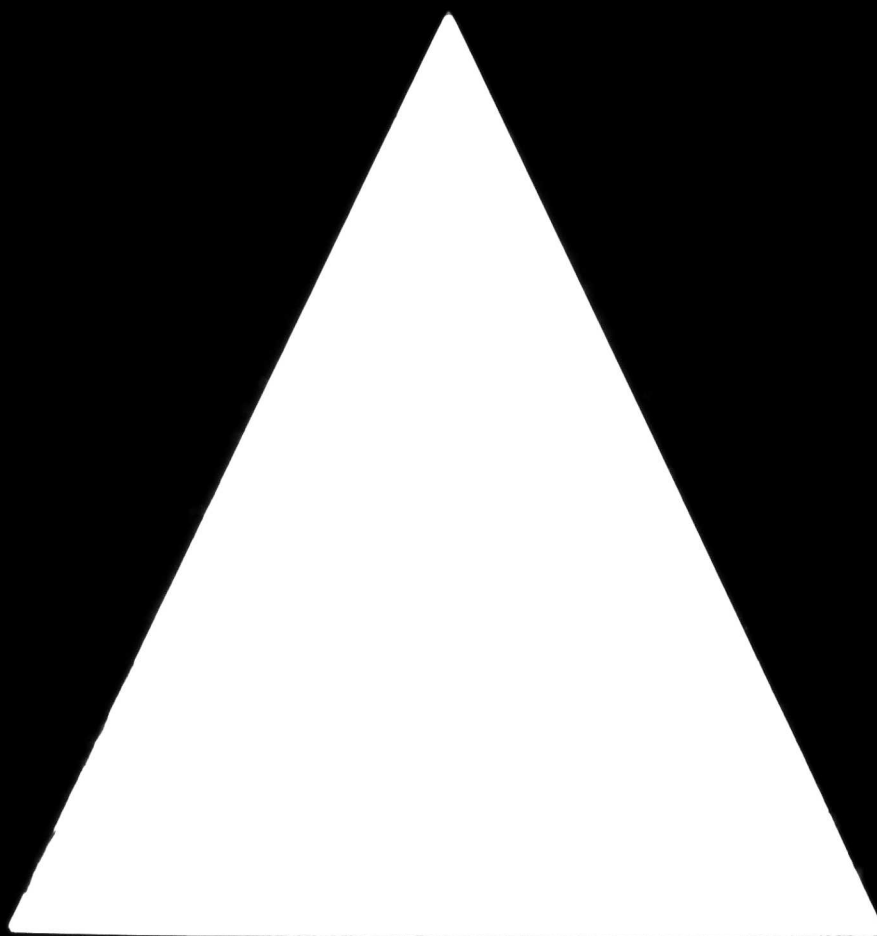
Recorded *12/31* 1867

*John L. Campbell*

ORDINARY

*Benjamin Bullard* J. P.

Notary Public



Annuity Aug. 25th, 1901  
Queen, Lucy

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

**WIDOW'S  
Indigent Pension  
1901.**

Name Lucy Queen  
County Cobb  
Widow of Francis Queen  
Cook 740 State Drops  
Approved \_\_\_\_\_ 1901.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

1901.

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

3/7/06  
2/14/06

Office Commissioner of Pensions  
1899-1901

It is important that  
App. State Pension of  
indigent - and showing  
and that witness, also  
knows of the true place  
of indigent & discharges  
known conclusions  
will not do - must  
State Pension Commission  
give conclusion from  
the data given - The  
may be a muddy office  
but cannot allow a Pen-  
sion - unless a claim is  
made and -  
No Lindsey  
Commissioner of Pensions



STATE OF GEORGIA.  
Belt  
County }  
I, Lucy Queen  
County, to receive and receipt for the pension allowed and that he  
by his check or registered mail.  
Witness my hand this \_\_\_\_\_ day of Feb  
1901  
Presented in presence of  
Ordinary,  
County  
Lucy Queen  
L. S.

POWER OF ATTORNEY.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

I, Lacy L. Luce hereby authorize John Lindsey Ordinary of Colt County, to receive and receipt for the pension allowed and that he remit the same to me at by his check or registered mail.

Witness my hand this 1st day of Feb 1901

Executed in presence of

Ordinary.

Lacy L. Luce L. S.

County

REAL

# Questions for Witnesses.

STATE OF GEORGIA,

County.

Abraham Mable & Son of said State and County, having been presented as a witness in support of the Application of Mrs. Lacy L. Luce for a Pension under the Act of 1900, and after having been duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? Mableton
  2. Are you acquainted with the applicant, Mrs. Lacy L. Luce? If so, how long have you known her? Since 1880
  3. Where does she reside, and how long and since when has she been a resident of this State? Left to.
  4. When and where was she born? near Mableton
  5. Were you ever acquainted with her husband?
  6. Where did he reside in 1861?
  7. When and to whom was he married?
  8. When and where was he born?
  9. How long have you known him?
  10. When and where did Lacy L. Luce enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? He enlisted in the Georgia State Troops, was Captain of the 1st Co. 1st Regt. Georgia State Troops
  11. Were you a member of the same Company and Regiment?
  12. How long did he perform regular military duty?
  13. When and where was his Company and Regiment surrendered and discharged from service?
  14. Were you with the command when it surrendered?
  15. Was the husband of applicant present?
  16. If not present, where was he?
  17. When and where did he leave his Command?
- For what cause? He was discharged from service
- By whose authority he left? By the order of the General
- How do you know all this? (State fully and clearly) I was present at the time of his discharge
18. When and where did Lacy L. Luce die?
  19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
  20. Do you of your own knowledge know that applicant is the lawful widow of Lacy L. Luce?
  21. Has she remained unmarried since her soldier husband's death, and is now his widow?
  22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? She has no property or income
  23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? She has not received anything in regard to her husband's estate
  24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? She has not
  25. What is applicant's physical condition and her chances and ability to earn a support? She is very old and not able to support herself

Copies of Pension  
of 1897  
It is important that  
app. State Lines, apply of  
in 1897 - and also apply  
and find witness also  
Members of the time of  
of including & discharge  
General Commission  
will not do much  
State, but Commission  
State Commission form  
the date given - The  
may be a trusty office  
but cannot allow a Pen-  
ion - unless a claim in  
made out -  
John Lindsey  
Com. of Pen.

WIDOW'S

Indigent Pension

1901.

Name Lacy Luce

County Colt

Widow of Thomas Luce

Ex. 7 to State Troops

Approved 1901

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

1901

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

3/2/1901

# POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

I, Lucy Lewis hereby authorize John Quincy Ordinary of County, to receive and receipt for the pension allowed and that he remit the same to me at by his check or registered mail.

Witness my hand this day of 1901

Executed in presence of

Ordinary.

County

REAL

Office of the Commissioner of the State of Georgia  
 1901  
 It is important that  
 apply State Pension  
 and that witness also  
 16 years of the time spent  
 of military & discharge  
 General Commission  
 will not do much  
 State Park Commission  
 State Commission from  
 the date given - The  
 may be a study of the  
 but cannot allow a Pen-  
 sion - unless a claim is  
 made and - W. Lindsey  
 Commissioner

Amended Aug 25th 1901  
 Queen, Georgia

No.  
**WIDOW'S**  
**Indigent Pension**  
**1901.**

Name Lucy Lewis  
 County Cobb  
 Widow of Francis Lewis  
 State 7 to State Road  
 Approved 1901

JOHN W. LINDSEY,  
 Commissioner of Finance

WARRANT HANDED TO

1901  
 Geo. W. Harrison, State Printer, Atlanta, Ga.

3/2/1901

STATE OF GEORGIA,

County.

My Mother & I of said State and County, having been presented as a witness in support of the Application of Mrs. Lucy Lewis for a Pension under the Act of 1900, and after having been duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside?  
 Madelon Cobb
2. Are you acquainted with the applicant, Mrs. Lucy Lewis?  
 Yes, how long have you known her? Since 1861
3. Where does she reside, and how long and since when has she been a resident of this State?  
 Cobb Co.
4. When and where was she born?  
 2nd Nov 1820
5. Were you ever acquainted with her husband?  
 Yes
6. Where did he reside in 1861?  
 Cobb Co.
7. When and to whom was he married?  
 1855
8. When and where was he born?  
 1820
9. How long have you known him?  
 Since 1861
10. When and where did he enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this?  
 1st Georgia State Troops, 1st Regt.
11. Were you a member of the same Company and Regiment?  
 Yes, 1st Co. 1st Regt.
12. How long did he perform regular military duty?  
 18 months

13. When and where was his Company and Regiment surrendered and discharged from service?  
 Atlanta
14. Were you with the command when it surrendered?  
 Yes
15. Was the husband of applicant present?  
 Yes
16. If not present, where was he?  
 Atlanta
17. When and where did he leave his Command?  
 Atlanta

For what cause?  
 By whose authority he left?  
 How do you know all this? (State fully and clearly.)

18. When and where did he die?  
 1861
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?  
 Cobb Co.
20. Do you of your own knowledge know that applicant is the lawful widow of Francis Lewis?  
 Yes
21. Has she remained unmarried since her soldier husband's death, and is now his widow?  
 Yes

22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge?  
 She has no property, effects or income.

23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it?  
 She has no property, effects or income.

24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom?  
 She has no property, effects or income.

25. What is applicant's physical condition and her chances and ability to earn a support?  
 She is very old and not able to earn a support.

27. How was she supported for 1899 and 1900?

28. How much did applicant contribute to her support for last two years?

29. Give a full and complete statement of applicant's physical condition?

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

Sworn to and subscribed before me this 11th day of July 1901

Ordinary.

County.

Lowe & Alex. Hable

Witnesses.

## Affidavits of Physicians.

STATE OF GEORGIA,

County.

Personally before me comes

Dr. J. J. Moss both known to me to be reputable physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs.

Lucy Queen applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is that she has no special diseases but physical condition is such as all ladies of her age. General debility, weakness and infirmity.

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 11th day of July 1901

Ordinary.

County.

J. J. Moss and

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, John Anthony Ordinary in and for said county, hereby certify that the applicant, Mrs. Lucy Queen resides in said county, and has been a bona fide resident of this State since

1899, and that the witnesses, Mr. Alex. Hable & J. J. Lowe & H. A. Anderson are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of said county shows that applicant returned for taxation in her own name in 1899 \$10.00 dollars worth of property, and in 1900 \$10.00 dollars worth of property.

Witness my hand and official seal, this 11th day of July 1901

Ordinary.

County.

John Anthony

SEAL

NOTE—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."  
2. Additional affidavits may be attached, if blank spaces are insufficient.  
3. All affidavits must be made before Ordinary.  
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 26th April, 1865, not entitled.  
5. Witnesses and two Physicians are necessary to make out claims.

STATE OF GEORGIA,

County.

Mrs. Lucy Queen of said State and County, desiring to avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed 1900, hereby submits her proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and Post Office.)

Mrs. Lucy Queen Georgia Cobb County

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

fifty years

3. When and where were you born?

In North Carolina in 1830

4. When and where was your husband born—state his full name, and when were you and he married?

In North Carolina he was born 1825—

his name was James Queen was married 1837 in N.C.

5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States?

He enlisted in 1863 in Co. 2nd

Regiment of a State Troop organized 1864

6. How long did your husband serve in said Company and Regiment?

Six months

7. When and where did your husband's Company and Regiment surrender and was discharged?

was discharged July 1864 in Atlanta Ga

8. Was your husband present at the time and place when his Company and Regiment surrendered?

he was present

9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority?

he was present

when his command was discharged

10. When and where did your husband die?

June 1897 in Cobb County Ga

11. Which of the following grounds do you base your application for Pension, viz: First—Age and Poverty; Second—Infirmity and Poverty; or Third—Blindness and Poverty?

Age

12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight.

I am on first ground. I have been unable to make any money for 10 or 15

13. What has been your occupation since your husband's death?

Knitting and sewing

14. How much can you earn gross, by your own exertion or labor?

15. What property, real or personal, do you have or possess, and its gross value?

I have no property real or personal

16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1899-1900, and what disposition, if any, by sale or gift, have you made of the same?

I did not possess any property at death of my husband

17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation?

I resided in Cobb County. I did not return any

18. How have you been supported since death of husband, and especially for 1899 and 1900?

I have lived with two daughters and they have supported me

19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income?

about one hundred dollars per year

20. What was your employment during 1899 and 1900—how much did you receive for each year?

Knitting and other like work at home with my wife

21. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property?

I have no family of my own

22. Have you ever made an application for pension before?

I have not

23. How many applications have you made for a Pension, and under what class?

I have made one application before this under any law

Sworn to and subscribed before me this 11th day of July 1901

Lucy Queen

day of July 1901

John Anthony Ordinary,

of Cobb County.



# POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I, Lucy Queen, hereby authorize  
John W. Lindsey of \_\_\_\_\_  
to receive and receipt for the pension paid hereon, and request that he remit same to  
at \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and seal, this 9  
day of January, 1902  
Lucy Queen [L. S.]

Executed in presence of

Myra

# POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I, Lucy Queen, hereby authorize  
of \_\_\_\_\_  
to receive and receipt for the pension paid hereon, and request that he remit same to  
at \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and seal, this 22  
day of Jan, 1902  
Lucy Queen [L. S.]

Executed in presence of

John W. Lindsey

To Those Heretofore Paid

1902.

No. 153

INDIGENT  
WIDOW'S PENSION,

For year ending Dec. 31, 1902

Mrs. Lucy Queen  
Cobb

County,

Widow of

Regiment

Co.

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT ISSUED

1902

AND HANDED TO

Myra

JOHN W. HARRISON, STATE PRINTER, ATLANTA, GA.

To Those Heretofore Paid.

1902.3

No. 153

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Lucy Queen  
Frank Queen  
Cobb Co  
Widow of \_\_\_\_\_  
County, \_\_\_\_\_

Co. \_\_\_\_\_ Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT ISSUED

1902

AND HANDED TO

Myra

JOHN W. HARRISON, STATE PRINTER, ATLANTA, GA.



# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1.

STATE OF GEORGIA.

County of Cobb

PERSONALLY COMES MRS.

Lucy Queen

Cobb

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

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

continuously ever since about 1850

That she is the Widow of

Frank Queen

who was a soldier in Company

N

Regiment of 6th State Troop

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

1861 and served in the Army up to

1866

That he died

During the war, and poor  
she is unable to support herself

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

I have been paid a pension as a resident of

Cobb County

for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.

John Whitney

Lucy Queen

State of Georgia,

Cobb County

Ordinary of said County, certify that I am well

acquainted with Mrs.

Lucy Queen

who made the above affidavit and

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

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

day of

Jan

1902

Given under my official signature and seal, this the

day of

Jan

1902

Official Seal

Ordinary of

John Whitney

Cobb

County.

NOTE.— All blanks must be filled.

Vouchers and affidavits must bear date after January 1st, 1902.

# For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA.

County of Cobb

PERSONALLY COMES MRS.

Lucy Queen

Cobb

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

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

continuously ever since

That she is the Widow of

Frank Queen

who was a soldier in Company

of the

Regiment of

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

1861, and served in the Army up to

1866

That he lost his

life on the

day of

1866

(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 soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1861

I have been paid a pension as a resident of

Cobb County

for the

year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me,

this

17 day of

Jan

1902

John Whitney Ordinary

Post-Office

Lucy Queen

State of Georgia,

County.

I,

Ordinary of said County, certify that I am well

acquainted with Mrs.

who made the above affidavit and

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

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

day of

1861

Given under my official signature and seal, this the

day of

1902.

Official Seal

Ordinary of

County.

NOTE.— All blanks must be filled. Voucher and affidavit must bear date after January 1st, 1902.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* COUNTY.

I, *Lucy Green* hereby authorize  
*John A. Wray* of \_\_\_\_\_  
to receive and receipt for the pension paid hereon, and request that he remit same to  
\_\_\_\_\_ at \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and seal, this *5th*  
day of *January* 1904.  
*Lucy Green* [L. S.]  
Executed in presence of \_\_\_\_\_

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cobb* COUNTY.

I, *Lucy Green* hereby authorize  
*John A. Wray* of \_\_\_\_\_  
to receive and receipt for the pension paid hereon, and request that he remit same to  
\_\_\_\_\_ at \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and seal, this *14*  
day of *January* 1905. *Lucy Green*  
[L. S.]  
Executed in presence of *John A. Wray*

*Queen Lucy Green*  
*Cobb County*

TO THOSE HERETOFORE PAID.

1904.

No. *214*

INDIGENT  
WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904

PAID TO  
*Lucy Green*  
OR  
*Cobb* County,  
Widow of *Francis Green*  
Co. *1st State Troop* Regiment.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED  
JAN 25 1904.

AND HAND TO

Geo. W. Harrison, State Printer Atlanta.

*Queen Lucy Green*  
*Cobb County*

To Those Heretofore Paid.

1905.

No. *251*

INDIGENT  
WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO  
*Lucy Green*  
OF  
*Cobb* County,  
Widow of \_\_\_\_\_  
Co. \_\_\_\_\_ Regiment.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED  
JAN 23 1905.

AND HAND TO

The Printer of Pensions and Debiting Co. Atlanta.  
Geo. W. Harrison, Manager, 108 E. 11th Street.

# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 2.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Lucy Queen

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

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

continuously ever since the war. That she is the Widow of

Francis Queen

who was a soldier in Company

of the

Regiment of

2d. Flat Trench

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

1865, and served in the Army up to

1865

That he died

on the

day of

18

On acct of age infirmity & poverty she  
is unable to support herself

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

I have been allowed an Indigent pension as a resident of

Cobb

County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904

Sworn to and subscribed before me,

this 5th day of May, 1904

John D. King

Ordinary

Post Office

Suzey Queen

State of Georgia,

Cobb

County.

I,

John D. King

Ordinary of said County, certify that I am well

acquainted with Mrs

Lucy Queen

who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of before the war

Given under my official signature and seal, this the

8th

day of May

1904.

John D. King

Ordinary of

County

Official Seal

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1904.

# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 2

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Lucy Queen

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

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

continuously ever since

That she is the Widow of

Francis Queen

who was a soldier in Company

of the

Regiment of

2d

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

1865, and served in the Army up to

1865

That he died on

the

day of

18

age infirmity & poverty

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

I have been allowed an Indigent pension as a resident of

Cobb

County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the year ending December 31, 1905

Sworn to and subscribed before me,

this 14th day of May, 1905

John D. King

Ordinary

Post Office

Lucy Queen

State of Georgia,

Cobb

County.

I, John D. King

Ordinary of said County, certify that I am well

acquainted with Mrs. Lucy Queen, who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of

18

Given under my official signature and seal, this the

14th day of May

1905.

Official Seal

Ordinary of

Cobb

County.

NOTE.—All blanks must be filled.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb  
COUNTY.

I, Lacey Green hereby authorize  
John Andrew of Marion  
to receive and receipt for the pension paid hereon, and request that he remit same to

at \_\_\_\_\_  
In Witness Whereof, I have hereunto set my hand and seal, this 15  
day of January 1906.

Lacey Green [I. S.]

Executed in presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb  
COUNTY.

I, Lacey Green hereby authorize  
John Andrew of \_\_\_\_\_  
to receive and receipt for the pension paid hereon, and request that he remit same to

at \_\_\_\_\_  
In Witness Whereof, I have hereunto set my hand and seal, this 12  
day of January 1907.

Lacey Green [I. S.]

Executed in presence of

John Andrew

Green, Lacey  
Cobb Co.  
To Those Heretofore Paid.  
**1906.**  
(Original No. 223)  
**INDIGENT**  
**WIDOW'S PENSION,**  
For year ending Dec. 31, 1906.  
PAID TO  
Mrs. Lacey Green  
OF  
Cobb County,  
Widow of Lacey Green  
Co. K. 7th Ga. Regiment.  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT ISSUED  
12 1906.  
AND HANDED TO  
John Andrew  
THE FINANCIAL CONTROLLER AND PAIDMASTER OF THE STATE OF GEORGIA.

Green, Lacey  
Cobb County  
To Those Heretofore Paid.  
**1907.**  
No. 14  
**INDIGENT**  
**WIDOW'S PENSION,**  
For year ending Dec. 31, 1907.  
PAID TO  
Mrs. Lacey Green  
OF  
Cobb County,  
Widow of Lacey Green  
Co. K. 7th Ga. Regiment.  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT ISSUED  
12 1907.  
AND HANDED TO  
John Andrew  
THE FINANCIAL CONTROLLER AND PAIDMASTER OF THE STATE OF GEORGIA.



## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

Lucy Brown

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has resided in said State continuously ever since before the war. That she is the Widow of Francis Brown who was a soldier in Company A of the 7th Regiment of Ca.

Volunteers, that he enlisted in said regiment on or about the month of 1863, and served in the Army up to Six months 186. That he died on the 18 day of 18.

Age & Poverty - 83 years old

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

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

Sworn to and subscribed before me } Lucy Brown  
this 15 day of May 1906. }  
John H. Hickey Ordinary. } Post Office

State of Georgia, }  
Cobb County. }  
I, John H. Hickey Ordinary of said County, certify that I am well acquainted with Mrs. Lucy Brown, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of May 1894.

Given under my official signature and seal, this the 15 day of May 1906.

Official  
Seal

Ordinary of Cobb County

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

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

Lucy Brown

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has resided in said State continuously ever since before the war. That she is the Widow of Francis Brown who was a soldier in Company A of the 7th Regiment of Ca.

Volunteers, that he enlisted in said regiment on or about the month of 1863, and served in the Army up to Six months 186. That he died on the 18 day of 18.

Age & Poverty - 83 years old

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

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

Sworn to and subscribed before me } Lucy Brown  
this 12 day of May 1907. }  
John H. Hickey Ordinary. } Post Office

State of Georgia, }  
Cobb County. }  
I, John H. Hickey Ordinary of said County, certify that I am well acquainted with Mrs. Lucy Brown, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of May 1894.

Given under my official signature and seal, this the 12 day of May 1907.

Official  
Seal

Ordinary of Cobb County

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

*Amendment*

Georgia Cobb County

personally known before  
me J. M. Spinkley who says  
that he belonged to the same  
Regiment & Company that  
Francis Quinn did and  
that he knows that said  
Quinn did serve in said  
Regiment and that he  
was discharged at time  
and place above stated  
August 24th 1901

Given to me  
and subscribed before  
me John A. Hooten

John A. Hooten

Certify that J. M. Spinkley is a citizen of  
this County and his statements are worthy of full  
faith and credit  
John A. Hooten  
Notary



**T. J. LOWE,**

→ Dealer in General Merchandise ←

— ALSO MANUFACTURER OF —

Fertilizers and Cotton Buyer.

112 ... 1901

OFFICE OF  
JOHN AWTREY  
ORDINARY, COBB COUNTY.

Marilla, Ga., Feb. 14<sup>th</sup>, 1901.

Hon. J. M. Lindsey,  
Dear Sir:

This applicant is very old and, being eighty or over, and is in no condition to testify as to service of husband, so will be compelled to rely entirely on the evidence of her witnesses. I think it a very meritorious case.

Very respectfully,  
John Awtrey,  
Ordinary,  
Cobb County, Ga.

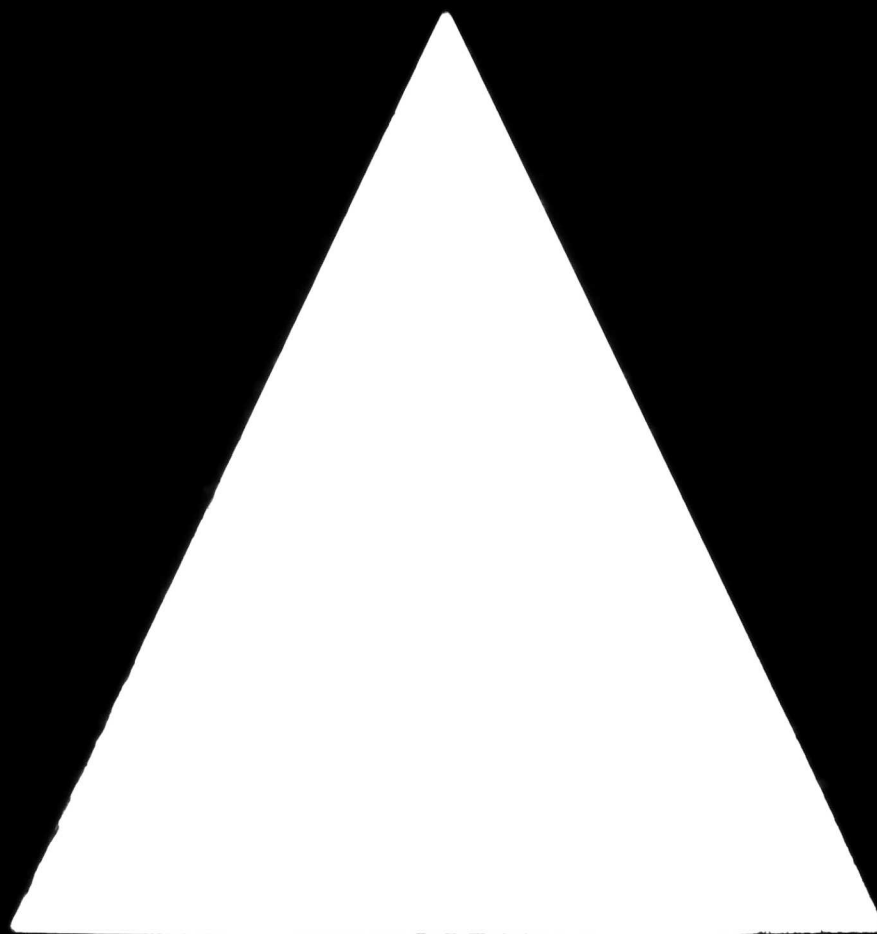
OFFICE OF  
JOHN AWTREY,  
ORDINARY, COBB COUNTY.

Marilla, Ga.,

1901.

Georgia - Cobb County,  
Personally appeared before me, John Awtrey, Ordinary in and for Cobb County, H. H. Anderson, who being duly sworn depose and says that he knows Emma married the applicant, Mrs. Lucy Emum, long before the war and they lived together as husband and wife until 1897 when he died. He further says that she is now his lawful widow, and that she has no property or other means of support and has had none for the last two years. H. H. Anderson sworn to and subscribed before me this Feb. 11<sup>th</sup>, 1901.

John Awtrey,  
Ordinary,  
Cobb County, Georgia -





*Decatur, Ga. Mo.*  
*Cobb Co.*

*on Apr 14/4*

**Confederate  
Soldier's Application.**

UNDER ACT 1910.

County *Cobb*  
Name *S M Linn*  
Company *A*  
Regiment *1st Bn Brigade*  
*Edgewood*

Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Prisons

CHAR. F. BYRD, State Printer, Atlanta.

*10/2-4/4*

Questions for Applicants to Answer.

STATE OF GEORGIA.

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

1. What is your name and where do you reside? (Give County and Post Office) *S. M. Queen Austell, Ortho County, Ga.*
2. How long and since when have you been a continuous resident citizen of this State? *53 years, since 1857-*
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? *enlisted in Co. A, 9th Ga. Inf. Regt. at Johnston, N. C.*
4. When and where, and in what Company and Regiment did you enlist? (Give the term and class of Service) *March 1862, Atlanta, Ga. Co. A, 9th Ga. Inf. Regt.*
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) *Discharged after being taken prisoner - December 1864.*
6. When and where was your Company and Regiment surrendered or discharged from the Service? *April 9-1865 - near Appomattox, Va. to Union forces.*
7. Were you actually present with your Command when it was surrendered or discharged? *Yes.*
8. If you were not actually present, state specifically and clearly where you were.

- a. Where was your Command when you left it? *near Appomattox until surrender.*
- b. When did you leave the Command? *Surrender.*
- 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? *20 days - captured in the 1st Federal Army fight for 20 days and went back to same Co. and Regiment.*
- f. Why did you not return to your Command after leave expired?
- g. In what way were you prevented?
- h. What effort did you make to return?
- i. Were you captured during the war? *Yes - after Federal Army fight.*
- j. If so, when, and where? In what prison were you held and when were you released? *near Appomattox, Va. at all points held in stock until exchanged for.*

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? *None.*

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list) *120.00 cash, 20.00 value of 2 mules, 100.00 value of wagon and corn, 25.00 value of household goods, total at \$245.00.*

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? *None - unable to work since discharge.*

13. Are you drawing a pension of any amount from this State or the United States? *No.*

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? *never ask before.*

Sworn to and subscribed before me, this the

*11* day of *August*, 191*0*

*J. M. Queen* Ordinary  
of *Ortho* County.

Confederate

Soldier's Application.

UNDER ACT 1910.

County

*Ortho*

Name

*S. M. Queen*

Company

*A*

Regiment

Approved

*1964 Pension Act*

J. W. LINDSEY

(Commissioner of Pensions)

THOMAS F. BERRY, Supt. State Printing Office

# QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

Douglas County.

R. B. McGee of said State and County is hereby presented as a witness in support of the application of S. M. Queen for the pension provided by the Act of 1910, in said State, and after being sworn true answers to the questions propounded, answers as follows:

1. What is your name and where do you reside? R. B. McGee, Douglas Co. Ga.
2. How long and since when have you known S. M. Queen the applicant? 50 years.
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? Cobb County, he was born and raised in Cobb Co.
4. When, where and in what Company and Regiment did he enlist during war from 1861 to 1865? (Give date and place). he went as a recruit in 1862
5. How did you obtain your information of this Service? I was with in the service.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date). from 1862-1863 to end of the war
7. When and where was his Command surrendered or discharged (give date and place). 1865, at Appomattox Va.
8. Were you personally present at the Surrender? I was not.
9. If not, where were you and how came you there? I was at Point Look Md.
10. Was the applicant personally present with his Command at surrender? I do not know.
11. If not where was he and how came him there? This question I cannot answer.
12. When did he leave his Command? I was not there. Where was his Command when he left it? I do not know. for what cause did he leave? I do not know. By whose authority did he leave? I was in prison. and how long was he granted leave? and cannot answer. How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically). I was with Mr. Queen in the service until I was captured.
13. In what way was he prevented from returning to his Command? He never left his command that I know of.
14. What effort did he make to return to his Command and how do you know? He did not leave his command that I know.
15. Was applicant captured as a prisoner? Not that I know. If so, when and where? he was not captured in what prison he held? I do not know and when released? he was never held as a prisoner that I am aware of.

Sworn to and subscribed before me, this the

15 day of Aug 1910

Ordinary.

of Douglas

County.

## AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Cobb County.

Personally before me comes S. M. Queen who on oath says that they are free holders residing in said County and we know S. M. Queen the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value). land from other place 2000-2000 ft. and some other place 2000 ft. and some other place 2000 ft.

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

1909? (State fully by items.)

2. When and to whom was it sold or given to? none
3. What was the price paid or stated to be paid? none
4. What relation is the party to applicant? none
5. What disposition was made of the proceeds of the sale? none
6. Was the disposition of this property made in good faith and full value? yes

or was it made to obtain a pension?

Sworn to and subscribed before me, this the 11th day of Oct 1910  
J. M. Queen Ordinary  
of Cobb County.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Cobb County.

I, J. M. Queen Ordinary of said County, certify that I know the applicant S. M. Queen for Pension is the person he represents himself to be and resides in said County. That I also know the witnesses appearing to the service and S. M. Queen who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of Cobb Co. shows that S. M. Queen and wife value for tax is in 1908 \$ 750 for 1909 \$ 750 for 1910 \$ 750. Sworn to and subscribed before me and official seal of office this 25 day of Sept 1910  
J. M. Queen Ordinary. Cobb County.

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



STATE OF GEORGIA.

Hamilton County.

Thos W Keltner

of said State and County is hereby presented as a witness in support of the application of L. M. Ruess 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? Thos W Keltner  
Hamilton Co Tennessee
2. How long and since when have you known the applicant?  
48 years
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? in Cobb County Ga  
he said so
4. When, where and in what Company and Regiment did L. M. Ruess enlist during war from 1861 to 1865? (Give date and place) in the spring of 1862
5. How did you obtain your information of this Service? I was with the company when he came to it
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) he came as a recruit in 1862
7. When and where was his Command surrendered or discharged (give date and place) at Appomattox Va in April 1865
8. Were you personally present at the Surrender? I was
9. If not, where were you and how came you there? I went in the army of my own free will
10. Was the applicant personally present with his Command at surrender? he was
11. If not where was he and how came him there? with his command  
he never left the army to my knowledge
12. When did he leave his Command? He did not leave Where was his Command when he left it? he never left for what cause did he leave? he never left the army By whose authority did he leave? he never left the army and how long was he granted leave? no one time How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) this I know by being with him
13. In what way was he prevented from returning to his Command? he never was How do you know? presented to my knowledge because not away
14. What effort did he make to return to his Command and how do you know? came to make  
he is one of the men that made Lee and Jackson great
15. Was applicant captured as a prisoner? one time so, when and where? Fredericksburg  
in 10 or 15 days In what prison was he held? in the field and when released? he was a good soldier

Sworn to and subscribed before me, this the

26 day of Sept 1910

L. P. Hays County Clerk

of Hamilton County

Thos

STATE OF GEORGIA.

County.

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

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.)

2. When and to whom was it sold or given to?

3. What was the price paid or stated to be paid?

4. What relation is the party to applicant?

5. What disposition was made of the proceeds of the sale?

6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension?

Sworn to and subscribed before me, this the

day of 191

Ordinary,

of County.

(This for Ordinary)  
ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

County.

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

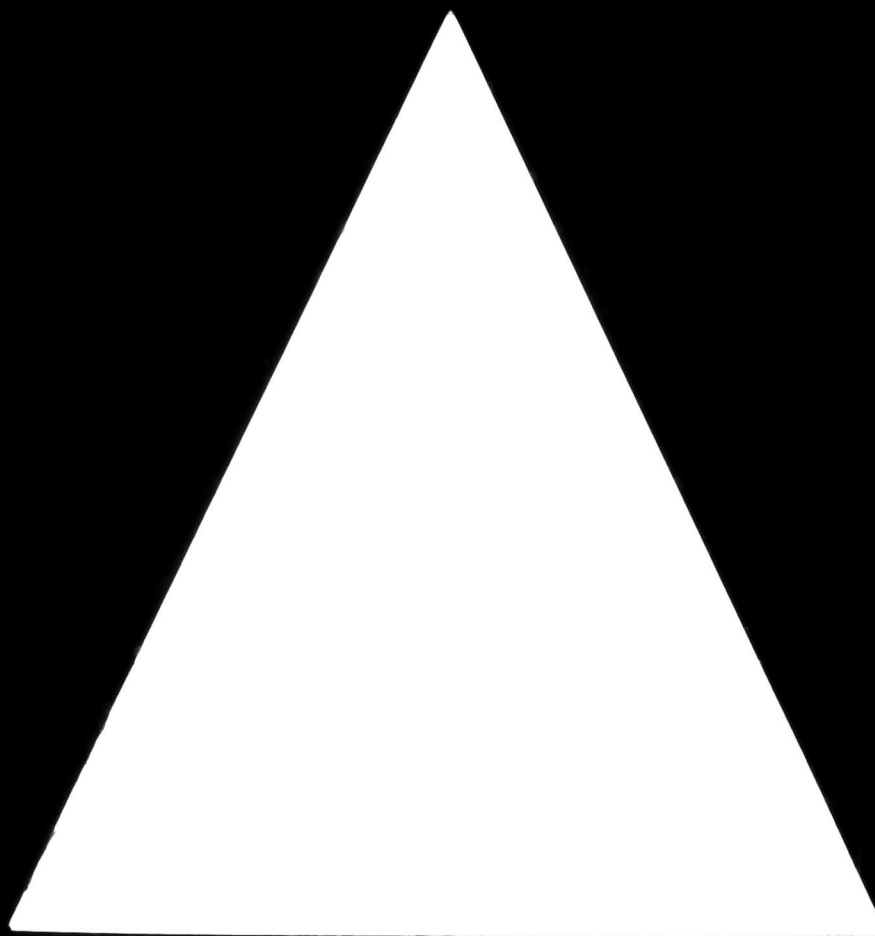
Sworn under my hand and official seal of office this day of 191

Ordinary,

of County.

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

45m



4

TO SERVICE.

Ragsdale, Johnathan H.  
Cobb Co.

Inter. for Recd.

No. 12,379-80.

Oct 1916

**Confederate  
Soldier's Application.**

UNDER ACT 1910.

✓  
County

Cobb

Name

J. H. Ragsdale

Company

Regiment

1st Co. Cavalry

Approved and ENTERED REGISTER OFFICE

J. W. LINDSEY,  
Commissioner of Finance.

CHAS. P. BYRD, State Printer, ALBANY

7/1/17  
1851

# APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

## STATE OF GEORGIA.

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

What is your name and where do you reside? (Give County and Post-office.)  
John P. Lindsey, Newville, Colt Co.

How long and since when have you been a continuous resident citizen of this State?  
All of my life 70 years

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)  
August 1863, Company G, 1st Ga. Inf., 1st Regt.

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)  
April 1865

6. When and where was your Company and Regiment surrendered or discharged from the Service?  
Kingsboro, April 1865

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

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

a. Where was your Command when you left it?  
Kingsboro, Ga.

b. When did you leave the Command?  
April 1865

c. For what cause did you leave?  
War was over

d. By whose authority did you leave?  
War was over

e. For how long was your leave granted? In what way?  
War was over

f. Why did you not return to your Command after leave expired?  
War was over

g. In what way were you prevented?  
War was over

h. What effort did you make to return?  
War was over

i. Were you captured during the war?  
NO

j. If so, when, and where? In what prison were you held and when were you released?  
NO

9. 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.)  
My wife owned 298 acres of land in Newville, Ga. I owned none

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price?  
None

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list).  
My wife owns 298 acres of land in Newville, Ga. I own none

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

13. Are you drawing a pension of any amount from this State or the United States?  
NO

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

Sworn to and subscribed before me, this the  
2 day of Sept 1910, at Newville County, Colt Co.

John P. Lindsey Ordinary

John P. Lindsey County.

## Soldier's Application.

UNDER ACT 1910.

Confederate

No. 123,79-80.

DE 1910

Residing at Newville, H. Colt Co.

Under the name

County Colt

Name John P. Lindsey

Company H

Regiment 1st Ga. Inf.

Approved ENTERED REGISTER OFFICE

J. W. LINDSEY,  
Commissioner of Pensions

CHAS. P. BIRD, STATE PRINTER, ATLANTA



STATE OF GEORGIA,

Cobb County.

*John H. McBlain* of said State and County is hereby presented as a witness in support of the application of *J. H. Rogadale* 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? *John H. McBlain*  
*Engineer Texas*

2. How long and since when have you known *J. H. Rogadale* the applicant?  
*Over 60 years*

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? *He now resides in Cobb County Ga. has been*

*Resident of Cobb County Ga. ever since I knew him*

4. When, where and in what Company and Regiment did *J. H. Rogadale* enlist during war from 1861 to 1865? (Give date and place). *Co. D, 1st Georgia*

5. How did you obtain your information of this Service? *I joined to B. A. 1861*

*By word of mouth of *John H. McBlain* July 1863. My brother I was*

*given a few days notice to leave the service. I was*

*and I joined to B. A. 1861 in Cobb County Ga. and when I joined*

*J. H. Rogadale was a sergeant in the 1st Georgia. I do not know when he joined*

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

*April 26, 1864. We were captured on the Yachin River when Johnson*

*Sumner's army was defeated. We were held to the 3rd of May, when*

*we were all left for him and were paroled at*

*Princeton. The service was then closed.*

10. Was the applicant personally present with his Command at surrender? *yes*

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

12. When did he leave his Command? *When was his Command*

*when he left it? for what cause did he leave?*

*By whose authority did he leave? and how*

*long was he granted leave? How do you know*

*all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)*

*I was present with applicant and his Command*

*from April 1864 to April 29, 1865. I was then*

13. In what way was he prevented from returning to his Command?

How do you know?

14. What effort did he make to return to his Command and how do you know?

15. Was applicant captured as a prisoner? *yes* If so, when and where?

*In what prison was he held? and when released*

Sworn to and subscribed before me, this the *John H. McBlain*

*J. H. Rogadale* Ordinary,

of *Cobb* County.

STATE OF GEORGIA,

Cobb County.

Personally before me comes *John H. McBlain* who on oath says that they are freeholders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of the value to wit: (Make list by items and value.)

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items).

2. When and to whom was it sold or given to?

3. What was the price paid or stated to be paid?

4. What relation is the party to applicant?

5. What disposition was made of the proceeds of the sale?

6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension?

Sworn to and subscribed before me, this the

day of *1911*

Ordinary,

County.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

*J. H. Rogadale* Ordinary of said County, certify that I know the applicant *John H. McBlain* is the person he represents himself to be and resides in

said County. That I also know *John H. McBlain* the witness swearing to the

service and *J. H. Rogadale* who are freeholders, that

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

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

Tax Returns of *Cobb* shows that *John H. McBlain* and wife

value for tax is in 1908: *\$1845* for 1909: *\$2470* for 1910: *\$2800*

for 1911: *\$2875* for 1912: *\$* for 1913: *\$222*

Sworn under my hand and official seal of office this *26* day of *Oct* 1915-

*J. H. Rogadale* Ordinary,

of *Cobb* County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words

"You do solemnly swear that you will true answers make to each question asked you and the evidence you

shall give shall be the whole truth; so help you God."

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

3. All affidavits must be made before the Ordinary and certified by him.

4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.



GEORGIA.

County.

I, J. M. Bann, Ordinary of said county, do certify that I personally know Mrs. Mary Caspale, the applicant, and that she is the lawful widow of J. H. Hagood, and was on the Business Pension Roll of said Cobb county, and was paid a Pension from Cobb county for 1898, and at the time of his death on the 10 day of December 1898, there was due to him and unpaid his Pension of \$50.00 dollars from the State of Georgia, and I know H. H. Bogan, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this

12 day of December 1908

J. M. Bann Ordinary,  
Cobb County.

Ragsdale, J. H.  
FOURTH QUARTER 1928

Cobb County

No.

1908

Application for Pension

Due Deceased Soldier

Under Act 1891.

BY

Mrs. Mary CaspaleWidow of J. H. Hagoodof County CobbCo. Reg't Vols.

Approved and Paid

Dec. 14 1908

J. W. LINDSEY,

Commissioner of Pensions.

GEORGIA.

County.

I hereby authorize and constitute Samuel B. Bann of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1898, through my deceased husband J. H. Hagood, who was on Cobb Pension Roll and paid from Cobb for 1898.

Witness my hand this

12 day of December 1908

Attested before me:

J. M. Bann

Mary Ragsdale

# APPLICATION FOR PENSIONS DUE DECEASED SOLDIER.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Cobb County.

Personally before me come Mrs. Mary Rapada, of said county, after being duly sworn, on oath says that she is the widow of J. H. Rapada who was duly enrolled as a Soldier Pensioner from the county of Cobb and was paid a Pension of Twenty Dollars Dollars from Cobb county for 1907, and that the said J. H. Rapada died in Cobb county on the 10 day of December 1908, and at the time of his death a Pension of \$50.00 was due him from Cobb county and unpaid for 1908 Applicant further swears that she married the said

J. H. Rapada on the 22 day of August 1868, in Cobb county and State of Georgia and resided with him from date of marriage to his death as his lawful wife, and is now his dependant widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 12 day of January 1908  
J. M. Gann ORDINARY } Mary Rapada [L.S.]  
Cobb County.

## AFFIDAVIT OF WITNESS.

GEORGIA, Cobb County.

Personally before me come H. H. Logan, who on oath says that he knew J. H. Rapada while in life and that he knows Mrs. Mary Rapada the above applicant; that he knows that the said Mrs. Mary Rapada and J. H. Rapada were in due form of law married in the county of Cobb in the State of Georgia on the 22 day of August 1868 and that they resided together as husband and wife from date of marriage to the day of his death on the 10 day of December 1908, and I now know that she is his dependant widow.

Sworn to and subscribed before me this 12 day of December 1908  
J. M. Gann ORDINARY } H. H. Logan  
Cobb County.

NOTE 1st.—This form can be used by guardian of minor children where there is no widow.  
 2nd.—Ordinary must send in all cases certified copy of marriage license attached.

State Georgia, Cobb County.

Personally appeared before me J. F. Collins, who deposed and saith: That he is personally acquainted with Johnathan Ragsdale, and he is in full knowledge of the facts relative to his financial circumstances, being a witness to the last will of W. E. McEver and also present when said will was filed for record. This will conveyed all the property to his wife and at her death to go to his daughter, Mrs. Mary Ragsdale, and at her death to be sold and divided equally among her children.

Sworn to and subscribed before : J. F. Collins L.S.  
me this 23rd Day of October 1915.

J. F. Collins  
Cobb County

State of Texas, }  
County of Hill } Before me a Notary Public, in and for Hill County,  
Texas, on this day personally appeared W. E. Wigley  
who states on his oath that he is personally acquainted, with J. H.  
Ragsdale, of Cobb County Ga. and that he served in Co. D. 1st Ga. Reg.  
Cavalry, of the Confederate Army, with him from about September 1863,  
to April 1865, when Joseph E. Johnson Surrendered, we were camped on  
the Yadkin River, where we were disbanded.

Subscribed and sworn to before me  
this 20th day of Sept 1915.

W. E. Wigley  
J. N. Edmonson  
Notary Public Hill Co. Texas

State Georgia, Cobb County.

In person came before me, the undersigned, James W. McMillan, and under oath says he knows Johnathan H. Ragsdale, and knows, as he the said McMillan was appointed his receiver, that the said Ragsdale about twenty years ago became financially embarrassed, and that to such an extent that he turned over to his creditors his entire estate consisting of a farm of 120 acres, and the said McMillan, as receiver, sold his farm and wound up the receiver's business and divided the proceeds of his estate among his creditors, and the proceeds of said estate did not settle the claims against him; I also know that said Ragsdale has never owned any property since in his own name, neither has he acted any way dishonest with anybody about any debt he ever owed. I also know that the home and farm upon which he now resides was willed by his wife's father to the wife of said J. H. Ragsdale during <sup>her</sup> life, and at her death to be divided equally among her children. I also know that said Ragsdale has no claim or interest in the estate whatever.

Sworn to and subscribed before : James W. McMillan  
me this 23rd day of October 1915. : (L.S.)

J. W. McMillan  
Cobb County

STATE OF GEORGIA

# Marriage Certificate

Colts

COUNTY

This Certifies that S. H. Bagdale

and Miss Mary McEver

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By R. W. Wilner, Minister of the Gospel

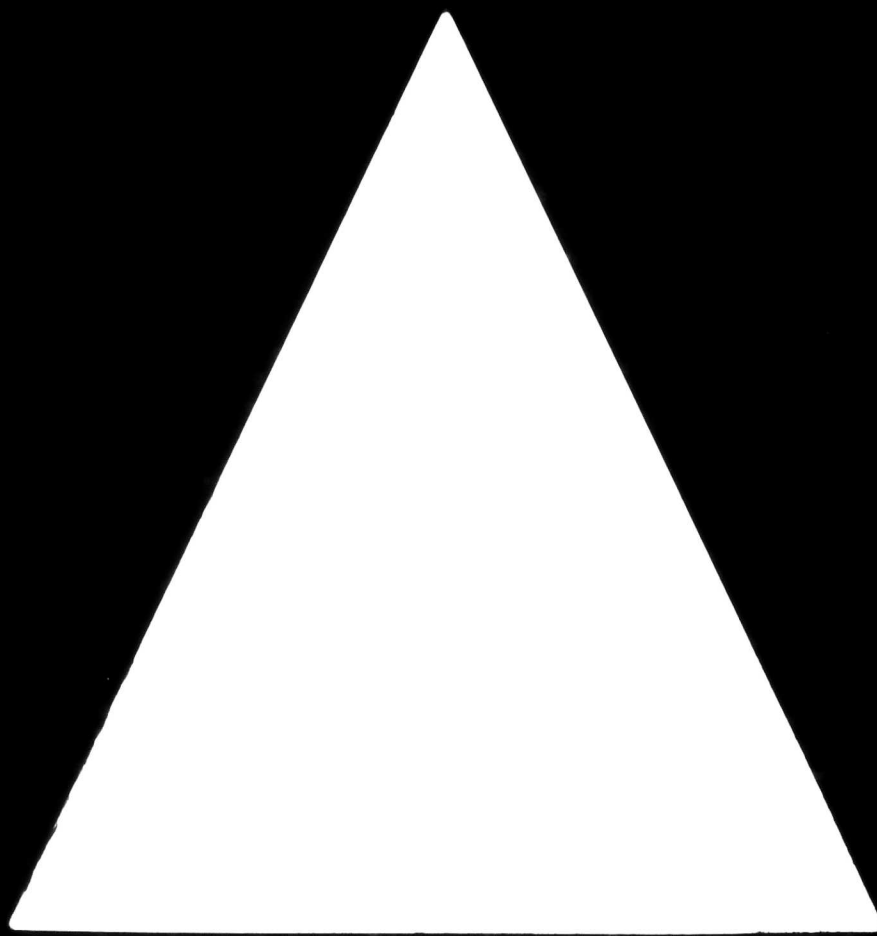
On the 22 day of August in the year of our Lord 1868

as appears of record in my office in Marriage Record, book A

page 550 This 17 day of December 1925

J. M. Gann

Ordinary



Approved *Cover*  
*1839*  
*Rapids Mary*

# WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When  
Husband Was on the Pension Roll  
of Georgia.

County *Cover*

Name *Mrs. Mary Rapids*

Widow of *John Rapids*

Company

Regiment *12<sup>th</sup> S. R. 1861*

Date of Husband's Death *June 16, 1868*

Date of Marriage *August 23, 1868*

Approved *John W. Clark*

JOHN W. CLARK  
Commissioner of Pensions

*2-21-29 E*

## ORDINARY'S CERTIFICATE

STATE OF GEORGIA

*Cover*

COUNTY

I *John Rapids*

Ordinary of said County, do certify that I

know Mrs. *Mary Rapids*, 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 *W. S. S. S.*, 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.

Given under my hand and official seal of office this

(SEAL OF ORDINARY)

*15<sup>th</sup> day of February, 1929*  
*J. M. Clark*  
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 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, 1861, are entitled.
5. Only a certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.