GEORGIA ENLES

COBB COUNTY.

Ammendment to application for Seldier's Pensian under Act 1910.

New comes W. A. Voss of above State cand County and makes this affidavit to be used as ammendment to his petition as of file, for Soldier's Pension, and states:

That he was notified at his home in Cobb County by a letter from his commanding Colonel, Wright, that he would not return until further notice, that he was cut off by the enemy and would be notified when to return to his command. W. A. VOSS states that in obedience to the instructions from his commander he remained in Cobb County, GEORGIA, MEVER RECEIVING notice to return with the horses he had gathered together.

W. A. Vess states further that he cwas prevented from returning with his horses on account of th fact that in Celenel Wright's order he was notified that Federal troops were between him and his command and that he could not get thru them. Affiant states that he was ready to return in accordance with the above order when the Surrender of the Confederate Troops took place.

Sworn to and subscribed before me.
This is, day of access 1916.

Cobb County, Ga.

MEORGIA CORR COUNTY

PERSONALLY before me appeared A. A. who after being duly sworn by me an authorised efficer to administer cathe, says upon cathat he is acquanted with W. A. Vess, was in the same command with him in the Cenfederate A rmy, and knows that the facts asserted by him above are true. This /4 day of Jacob 1916 For A. C. The

Ordinary deny, Georgia.

A

Wade, James 256 No. 825 Application for Allowance

Disability from Deafues Applicant Luces A Hade County Cools Amount 15, Amount 10, Mehloss

Entered on Record,

MCK 16 188.4

M N H

Recrutary Reconstive Department.

& Faw

STATE OF GEORGIA,

Deafuers 1.

	County)
	PERSONALLY appears James A. Wade 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 assistant life - from in Steory in 1809; that he
	State, and has been such and the grant of the the state of the state o
	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 K, of
	4 / At Regiment of Morgin Volunteers 's Brigade; that
	whilst engaged in such military service, at the battle of lorinch in
	the City of Maddadalli.
	wounded as follows.
	wounded as follows: While in the battle a shell struck a
	pappling by him and knodes him down
	exhibelest. He was carried bother hospital twhen
	the court is the first of the court of the c
	by and the injury is heaving man almost rating ofutings.
1	It grew work twork continuely from that shork with with
0	Grans he was almost totally dealf. He was detailed from town
0	Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and makes
7	the lympatisms of his land was broken!
	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 the start of the former of the start of the
	Sworn to and subscribed before me, this the
	27 day of Tubruan 1888 ames & made
	day of the state o
_	16 16 Commett Ordin
	NOTE. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent
	of the disability, and explain particularly the extent

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,	. 7.		
County.		· 0	
Personally came before me			of the county
of			
a commissioned officer in Company	, of	Regiment of	
Volunteers, and that deponent knows			
(or contracted the disease) in the military s	ervice, as stated in his f	oregoing affidavit,	and that wounds
(or disease) permanently disables the said	/ /	as st	ated by him in said
affidavit. Deponent further states that said			is a bona fide
citizen of this State, and resides in	1 1 .		* **
Sworn to and subscribed before me, this	1		188
		1 10 1	

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

Application for Allowance

FOR

Swindbildy from Refue

Applicant Junes of Male

County Cools

Amount 16,

Date of Warrant Males

Entered on Record,

MALO

Berting Essenter Department.

E Hee

STATE OF GEORGIA,
County.
PARSONALLY CAME M. Sy Hamel, JA Howell
Aumphreis
citizens of county, in said State,
who, being duly sworn, say that they are acquainted with fames Athaco
and knew that he received the wounds (or contracted the
disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or
disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen
of this State, and resides in leach County, and we are well satisfied that all the state-
mente in his allidavit are true.
Sworn to and subscribed before me, this
to the day of March 1888
al In Or Tribowell
Or A Morse for the Janufpine
STATE OF GEORGIA,
STATE OF GEORGIA,
Personally comes before me Control of Said county,
Ordinary of said county,
to the sound of the sound to
me as reputable physicians of said County, who, being severally sworn, say on oath that they have
me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined
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:
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me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined The second of the second

NOTE, -The physicians will state fully the extent of the wound and the disability resulting therefron

STATE OF GEORGIA,
County.
1/201/
I Ordinary of said county
do certify that I am well acquainted with
the state of the s
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in 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.
after the certify that A Marse before whom the foregoing
affiliant made in a factive of the process of the same
of said county, and that the said affidavits and signatures thereto are genuine.
Given under my official signature and seal, this 14 day of 211 and 1888
W. M. Youmsett
Ordinary County.
POWER OF ATTORNEY.
STATE OF GEORGIA
(a. 1)
County.)
Know all men by these presents, That I fames of the
of look
county, in said State, do hereby appoint
of Martitla Cerbbles, Sa. my true and lawful attorney in fact, for
me and in my name to receive and receipt for whatever amount of money I may be entitled to from the
State of Georgia by reason of the injury received as aforesaid in the military service of the Confed-
erate States (or of this State), as stated in the foregoing affidavit. Hereby authorizing my said
attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of
money which may be coming to me for the reason aforesaid.
In witness whereof I have hereunto set my hand and seal, this 27th
day of Sitrum 1900
100.6
lames Awardas
Executed in the presence of us:

K. M. Kammett Orang

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Wase, James, a.

APPLICATION FOR ALLOWANGE

FOR YEAR ENDING OCTOBER 26, 1

No. 2008

Personally appears farmes Allack of labby 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	STATE OF GEORGIA,
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 183 ; that he enlisted in the military service of the Confederate States (on of the State of during the war between the in Company It, of 184 Regiment of Mercent Volunteers in Company It, of 184 Regiment of Mercent Volunteers is Brigade; that whilst engaged in such military service, at the battle of levenich in the State of Mercent Volunteers in such military service, at the battle of levenich in the State of Mercent Volunteers in the State of When a shell from the State of When the Stat	
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 183 ; that he enlisted in the military service of the Confederate States (on of the State of during the war between the in Company It, of 184 Regiment of Mercent Volunteers in Company It, of 184 Regiment of Mercent Volunteers is Brigade; that whilst engaged in such military service, at the battle of levenich in the State of Mercent Volunteers in such military service, at the battle of levenich in the State of Mercent Volunteers in the State of When a shell from the State of When the Stat	Personally appears fames AWade of least
resident of said State, and has been such continually since the 183 ; that he enlisted in the military service of the Confederate States (on of the State of during the war between the States and served as a Private in Company L, of 2 th Regiment of Hear year Volunteers in Company L, of 2 th Regiment of Hear year Volunteers in Company L, of 2 th Regiment in the State of Military service, at the battle of day of 1862, he was wounded as follows: Me was in line of beath when a thell foundation of Military against the day of 1862, he was wounded as follows: Me was in line of beath when a thell foundation of the Course of the Military and the State 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 subscribe pergrame, this the Day of Military and cryptain particularly the extent of the disability. Note: State fully nature of wound or challows of the disability, and cryptain particularly the extent of the disability. Personally comes before me And Anderson Ordinary of said county, both known to me as reputable physicians of said county, who, being severally sworn, say on ogth that they have carefully examined to the said county, who, being severally sworn, say on ogth that they have carefully examined to the said county of the county of the cause of the disability of the cause	State of Georgia, who, being duly sworn, says on oath that he is a hong fide citizen and
that he enlisted in the military service of the Confederate States (on of the State of) during the war between the States and served as a Private in Company I, of 4/2h Regiment of Herraria Volunteers 's Brigade; that whilst engaged in such military service, at the battle of Private in the State of On the day of 1862, he was wounded as follows: At was in line of beath when a shell foundation of the state of the War in line of beath when a shell foundation 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 subscribe refers me, this the Act and subscribe refers me, this the Act and subscribe refers me, this the Act and the Act and subscribe refers me, this the Act and the Act and subscribe refers me, this the Act and the Act and subscribe refers me, this the Act and the Act and subscribe refers me, this the Act and t	resident of said State and has been such continuent.
States and served as a Private in Company I, of a Pth Regiment of Herry and Volunteers in Company II, of a Pth Regiment of Herry and Volunteers in the State in the State in such military service, at the battle of Portunt in the State of Military service, at the battle of Portunt in the State of Military service, at the battle of Portunt in the State of Military service, at the battle of Portunt in the State of Military service, at the battle of Portunt in the State of Military service, at the battle of the State of Military service. At the service of the Military service which as a supplied in the State of the Act, approved December 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 subscribes before me, this the Act and Military which causes the disability, and captain particularly the extent of the disability. STATE OF GEORGIA, Personally comes before me A A Military which causes the disability, and captain particularly in a reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined and after such camination say that the applicant has been injured as follows: Personally examined and the Act and after such camination say that the applicant has been injured as follows: Personally examined and the Act and after such camination say that the applicant has been injured as follows: Personally examined and the Act and after such camination say that the applicant has been injured as follows: Personally examined and after such camination say that the applicant has been injured as follows: Personally examined and after such camination say that the applicant has been injured as follows: Personally examined and after such camination say that the applicant has been injured as follows:	
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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 day of the Act amendatory thereof, approved December 24, 1889, and makes application for the allowance to which he is entitled for the year ending October 26, 1889. Sworn to and subscribed before me, this the day of the Act amendation of the disability, and cryptain particularly the extent of the disability. STATE OF GEORGIA, Personally comes before me And Personally comes before me And And And And And And And An	Come ging where a dapping near him and repeated. The
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. Sworm to and subscribed pefers me, this the day of the Act, approved October 26, 1889. Sworm to and subscribed pefers me, this the day of the Act, approved October 26, 1889. NOTE.—State fully nature of wound or challed the which causes the disability, and explain particularly the extent of the disability. STATE OF GEORGIA, Personally comes before me Action Ordinary of said county, Amass and Amateur 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: And Amass and Amateur the applicant has been injured as follows: And and after such the analysis and action of the action of th	almost titel de l'affected troi lars that he at once bream
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. Sworm to and subscribed perfore me, this the day of the Holly nature of wound or challed which causes the disability, and cryptain particularly the extent of the disability. STATE OF GEORGIA, Personally comes before me County. Personally comes before me And Amature Dordinary of said county, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined county, who, being severally sworn, say on oath that commination say that the applicant has been injured as follows: And And And And And And And An	
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Sworn to and subscribed person me, this the County. Personally comes before me and Land County. Personally comes before me and And And And And And And And	on formation about 10 ge
Sworn to and subscribed person me, this the County. Personally comes before me and Land County. Personally comes before me and And And And And And And And	Deponent desires to participate in the benefits of the Act approved October as age
Sworn to and subscribed perform me, this the Aday of Market perform me, this the County of the disability. NOTE.—State fully nature of wound or chalceers disable which causes the disability, and crytain particularly the extent of the disability. STATE OF GEORGIA, County. Personally comes before me Market And Doth 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: The injuries of the disability of said county, who, being severally sworn, say on oath that and after such examination say that the applicant has been injured as follows: The injuries of the disability of said county, who, being severally sworn, say on oath that and after such examination say that the applicant has been injured as follows: The injuries of the disability of the disability, and crytain particularly the disability and crytain particularly the disability of the disability.	and the Act amendatory thereof, approved December 24, 1888, and makes applied october 24, 1887,
Sworn to and subscripes perfore me, this the Oday of Market 1889 Note:—State fully nature of wound or characters also which causes the disability, and carptain particularly the extent of the disability. STATE OF GEORGIA, County. Personally comes before me and Description Ordinary of said county, both known to the as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined and stress that and after such examination say that the applicant has been injured as follows: One of the county of the coun	the allowance to which he is entitled for the year ending October 26, 1992
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NOTE.—State fully nature of wound or chalceers also which causes the disability, and explain particularly the extent of the disability. STATE OF GEORGIA, County. Personally comes before me All Matine both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined and the state of the county of t	Sworn to and subscribed peters me, this the
STATE OF GEORGIA, County. PERSONALLY comes before me M. Grow Ordinary of said county, Mass. and J. Matter. both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have carefully examined ranges of Matter examination say that the applicant has been injured as follows: The county of	day of held 1889
STATE OF GEORGIA, County. PERSONALLY comes before me M. Grow Ordinary of said county, Mass. and J. Matter. both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have carefully examined ranges of Matter examination say that the applicant has been injured as follows: The county of	full town
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Sworn to and subscripted before me, this of Morfs MB.

O day of M. Honor may

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, ALDRODO 30 BTATE
Cobb County
I. John M. Store Ordinary of said county,
do certify that I am well acquainted with Lames of Wales 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:
If more and famaline
are persons of respectability, and that their statements are worthy of full credit and belief.
I further certify that Romer before whom the foregoing
of said county, and the said affidavits and signatures thereto are genuing.
Given under my official signature and soal this
Given under my official signature and seal, this and seal, this lay of the seal 1889.
Jun Juno
Ordinary County.
POWER OF ATTORNEY
STATE OF GEORGIA,
county.
Know all Men by these Presents, That I, James A Wacle
of Cable
county, in said State, do hereby appoint
of Manitta, Isa. 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)
vice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by
the Governor, or for any sum of money which may be coming to me for the reason aforesaid
In witness whereof I have hereunto set my hand and seal, this
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Executed in the presence of us:
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DIRECTION:
Send money to me as follows, by
to PO

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, at land 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, Ordinary ot said county, do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I further certify that . M. Stone 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 to day of Mario 1890.

Ordinary County. APPLICATION FOR ALLOWANCE

applicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is he individual he represents himself to be, and that he resides in this County. I further certify that The foregoing affidavits were made and power of attorney was signed, is a	STATE OF	0 11	maney.	evojeki *	Geologia.		b.	Q
The individual he represents himself to be, and that he resides in this County. I further certify that	do certify that I am	foregoing affldav	it, and am v	vell satisfied	that the	statements	made by l	the
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STATE OF GEORGIA,

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,
Courty.
PERSONALLY appears A Wade of look 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
1836; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States and served as a Constant in Company of of the Pagiment
of Hear sia Volunteers 's Brigade; that whilst engaged
of Heart a Volunteers 's Brigade; that whilst engaged in such military service at the battle of Corinch in the State of Mess on the day of 1862, he was
of Mess, on the day of 1862, he was
wounded as follows: a shell from the enemy's game
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stack a spiling against which he was statisting and broke the temper mums of his law which rendered him totally deap
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min whater weap
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
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Sworn to and subscribed before me this the
Sworn to and subscribed before me this the And of the state of the st
fell. Low Ording.
NOTE. State fully insture of would be character of disease which causes the disability, and ceptum particularly the extent of the disability.
POWER OF ATTORNEY.
STATE OF GEORGIA,
Coble County.
Know all Men by these Presents, That I, of least to county, in said State, do hereby appoint
of wahl
county, in said State, do hereby appoint Quercheren
of Gobb, 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 amdayit:
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 189?
Executed in the presence of us:
M. Mon Orus,
March 10 M
(1/4 /2001h)
Send money to me as follows, by
P O

County, Georgia.

For Applicants Heretofore Allowed Pensions.

	Tot approduce motoro anoncu i cholone.
	STATE OF GEORGIA
	Coble County.
	The state of the s
	PERSONALLY appears ames of look
	County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
	resident of said State, and has resided therein continuously ever since the
	day of; that he enlisted in the military service of the Con-
	/ / The contract of the contra
	, and the section and
	States, and served as a with in Company 12, of 41 of Regiment
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Yawayaa Volunteers 's Brigade; that whilst engaged
	in such military service at the battle of Occurred in the State
	of Miss on the day of 1862 he was
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	wounded as follows: The the better of Carrette he was in the
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0 1	when I shell attend the sepling and laptor
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afficient	, to such that fish that course he is total
	Fale
	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
	Shirty dollars, for faid Cause for 1889 00
	Sworn to and subscribed before me, this, the
	3 day of Merch 1801. James Plade
	1891.)
İ	managing from the second of th
	Norg. State fully nature of wound or character of disease which causes the disability, and emplain particularly the extent of the disability, resulting from the wound or disease.
	POWER OF ATTORNEY.
	STATE OF GEORGIA,
	Cosa County.
	Know all Men by these Presents, That I, James A Wasle
	of County, State of Georgia, do hereby appoint
	Euroh Freun Att, at Low.
	The state of the s
as	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
	to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authoriz-
	ing my said attorney to receipt in my name for any Warrant that may be issued by the Gover- nor, or for any sum of money which may be coming to me for the reason aforesaid.
	nor, or for any sum of money which may be coming to me for the reason aforesaid.
	IN WITNESS WHEREOF, I have bereunto set my hand and seal, this
	1891.
Year II	James & Wade [L. 8]
	Executed in the presence of us:
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	711 712 924
4	Distriction.
	Send money to me as follows, by
	111.
Č1	P. O.
	Cable County Georgia.

do certify that I am well acquainted with. General S. Wade applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he repesents himself to be, and that he resides in this county. Given under my official signature and seal, this 27 n day of Juliung 189

fer totore Allowed Pensions.

STATE OF GEORGIA.

Coll

Know all Men by these Presents, That ! County, State of Georgia, do hereby appoint my true and lawful attorney in fact, for my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the 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 amounts, hereby sufficiently is said attorney to receipt in my name for range, Marrant that may be issued by the Governor, of or any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOR I have hereunto set my hand and seal, this dividual he represents himself to be, and that he resides in this County said affidavit are true, and that he is disabled, to the extent he clasms, and himse he is [thesi] app Executed in the bussents of the and an well satisfied that the statements made by Send money to me as follows, by STATE OF GEORGIA. P. O. County, Georgia. Note - Nate fully nature of wound or character of dissear which cases the dissolity, and earlies parts overly the extent of the 18 that he enlisted in the military, service resident of said State, and has resided therein continuously ever since the County, State of Georgia, who, being dally sworn, says on oath that he PERSONALLY appears STATE OF GEORGIA. For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

For Applicants Heretofore	Allowed Pensions.
STATE OF GEORGIA	
Colo County.	
PERSONALLY appears dames of	
County, State of C	Georgia, who, being duly sworn, says
on oath that he is a bona fide citizen and resident of Georgian since the his bord day of	gia, and has been such continuously
in the military service of the Confederate States (or of the	1830; that he enlisted
during the war between the States and served as a	State of
of 4 Regiment of Voi Brigade: that whilst engaged in such military service at the	lunteers 's
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1892.)	James A. Wade
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	ORNEY.
STATE OF GEORGIA.	
County.	
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the and in my name, to receive and receipt for whatever an om the State of Georgia by reason of the injury received a le Confederate States (or of this State), as stated in the for said attorney to receipt in my name for any Warrant that for any sum of money which may be coming to me for the LN WITNESS WHEREOF, I have hereunto set my have	regoing affidavit; hereby authorizing at may be issued by the Governor,
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Executed in the presence of us:	[L. S.]
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Send money to me as follows, by	
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County	v. Georgia.

For Applicants Heretofore Allowed Pensions,

STATE OFIGEORGIA,
PERSONALLY appears fames a wado of looks
County, State of Georgia, who, being duly sworn, says on oath that he is a bone fide citizen and resident of said State, and has resided therein continuously ever since we with a 1830
that he enlisted in the military service of the Con-
federate States (er of the State of) during the war between the
States, and served as a Pour at in Company K, of select Regiment
of Your volunteers 's Brigade; that whilst engaged in
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of Mile on the day of 1862 he was wounded as follows: He was thenceing behing a papling
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the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October s6, 1893. I have heretolore been allowed a pension of
Thirty dollars, for total elemperation
Sworn to and subscribed before me, this, the James a Nade
2 4 day of March 1893.
Nora—Safe fully nature of wound or character of disease which causes the disability, and enplain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
I Ordinary of said County,
do certify that I am well acquainted with James a Wade 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 A. J. Conc.
before whom the foregoing affidavits were made and power of attorney was signed, is good to the said affidavits and
signatures thereto are genuine.
Given under my official signature and leal, this 2 day of 2 1893.
Capit off Mem in meso Present States Course to having appoint to
Ordinary County.
STATE OF GEORGIA, 1
POWER OF ALTORNEY

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which ma IN V day of	witness	to me for the VHEREOF,	reason afor I have her	at may be resaid. cunto set i	issued by th	ne Governor	, or for any	sum of money
which ma IN V day of	witness	to me for the	reason afor I have her	at may be resaid. cunto set i	issued by th	ne Governor	, or for any	sum of money
which ma IN V day of	witness	to me for the	reason afor I have her	at may be resaid. cunto set i	issued by th	ne Governor	, or for any	sum of money
which ma IN V	w be coming WITNESS V Executed in	the presence	of us	at may be resaid. cunto set i	issued by the	ne Governor	, or for any	sum of money
which ma IN day of	w be coming WITNESS V Executed in	to me for the	of us	at may be resaid. reunto set 1 1894.	issued by the	ne Governor	, or for any	sum of money
which ma IN day of	w be coming WITNESS V Executed in	the presence	of us	at may be resaid. eunto set il 1894.	ony hand an	e Governor	, or for any	sum of money

Soldięr's Pension.

(For Those Aiready Enrolled.) No. 630

		ity.				
KNOW AL	L MEN BY THESE	PRESENTS, The	at ,I,			
unty, State of	Georgia, do hereby	appoint of.				
***************************************			my tr	ue and lawful	attorney in 6	at for
tes (or of this my name for a coming to me	me, to receive and r by reason of an injur State) as stated in the my Warrrant that me for the reason aforese SS WHEREOF, J	eccipt for whatever ry received as afor- ne foregoing affidavi ay be issued by the aid.	amount of mo esaid in the n it; hereby auth e Governor, or	oney I may be nilitary service orizing my said for any sum of	entitled to fro	m the
			my mand and	sear, this		
	ed in presence of us		CHILDREN AND RESIDENCE TO MANAGEMENT AND			[L. S.]
Daccuit	a in presence of us)			2	
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Send money	to me as follows, by					
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		to	in.	1895. HNSON, Executive Department.	NDED TO	Princin, Atlanta.
		to	egmes)	J895. JOHNSON, ary Executive Department.	HANDED TO	Sate Phinter, Atlanta.
		to	rafness.	/ ISB JOHNSON, revetary Executive Department.	1	Sace, Sate Printer, Atlanta.
		to	Bafrass 36.	CHARD JOHNSON, Secretary Executive Department.	1	Harrison, State Printer, Atlanta.
Send money		to	36, 36.	RICHARD JOHNSON, Secretary Executive Department.	WARRANT HANDED TO	N. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.
Cool gruny
PERSONALLY appears A. Walle 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 1830 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 fright in Company, of the Regiment
of Mai Volunteers Structes 's Brigade; that whilst engaged in
such military service at the battle of Committee in the State
of day of 1862, he was
wounded as follows: Deine third with a
while on I he need whigh
caused him a lose his hening
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2 2 2
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 inding October 26, 1894. I have heretofore been allowed a pension of
dollars, for the year 189 3
Sworn to and subscribed before me, this, the
May of Wah 1894. A. X Wade
make much
The ocomo
Norse-State fully The nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
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STATE OF GEORGIA,
County.
I, All though A Ordinary of said County.
// Urdinary of said County
do contife that I have
do certify that I am well acquainted with
do certify that I am well acquainted with A-Wade the applicant in the foregoing affidavit, and am well satisfied that the statements made by him
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
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.
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
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.
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
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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.
Cobb County.
personally appears & Wade of Cool.
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 left 18, ; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a frich in Company of, of 4 th Regiment
of Volunteers, 's Brigade; that whilst engaged in
such military sprice at the battle of
of day of 186 2, he was
wounded as follows: By the Explosion of.
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corner glias from which
ufflower he entirely lost his
nemy
and the second s
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the very ending October 26th, 1895. I have heretofore been allowed a pension
of dollars, for the year 189
Sworn and subscribed before me, this, the
25th day of atroly
day of attended 1895.
NOTE state fully the nature of wound or character of disages which causes the disability, and explain particularly the extent
the disability, resulting from the wound or disease.
STATE OF GEORGIA
()
County.
I, Ordinary of said County,
o certify that I am well acquainted with the
pplicant in the foregoing affidavit, and an well satisfied that the statements made by him
his said affidavit are true, and I know he is the individual he represents himself to be
nd that he resides in this County.
Given under my official signature and seal, this
day of Hely. 1893.
Amx Your Amar Amar Amar Amar Amar Amar Amar Ama
hero Al. Hori
Ordinary Outh

POWER OF ATTORNEY.

STATE OF GEORGIA.	Ordinary see		County.
County.	1 7		
1,	hereby	authorize	
	of	13500	
to receive and receipt for the	ension paid here	on and request	that he remit some to
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and the state of t	1,150 OF 500 500	Dy	rements måge på prin
at			and the same right
IN WITNESS WHEREOF	, I have hereunto	set my hand and	seal, this ground
day of			
a two to the tart.			[t. s.]
Executed in presence of	us)		
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Las. A. Wane RICHARD JOHNSON,

SOLDIER'S PENSION. 1896.

No. 3/32

POWER OF ATTORNEY.

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o receive and receipt for the pens	ion paid hereo	n and reque	st that he	remit same
tu		12010-00-10-1	V	11
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IN WITNESS WHEREOF, I		set my han	id and seal, t	his
		set my har	nd and seal, t	his

M County Acros of Star. (For Those Aiready Enrolled.)	No. 2672	SOLDIER'S PENSION.	,1897.	40.ch Way	Despuso.	7/2 6 1897.	RICHARD JOHNSON, Commissioner of Pension.	WARRANT HANDED TO OPPUL
Cake				Name	Disability Amount,		, , ,	

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	ity }
	A. Wade of Cobb
County, State of Georgia, who being duly	y sworn, says on oath that he is a bona fide citizen
and resident of said State, and has reside	ed therein continuously ever since the
lay of m 1830 : th	nat 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 K, of A Regimen
of Tengen Volunteers.	's Brigado : that militar
in such military service in the State of	Missisisphi , on the day
of 1862 he was wo	ounded, injured or diseased as follows:
battle of Carenth he u	vas standing behind a
When a shell struck.	I and a ploded , knock
kim down and	broke the tympassing
both ears from who	ich injury he bercare to
deal and is as our	
many means.	
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D	
Deponent desires to participate in the	e benefits of the Act, approved October 24th, 1887,
nd the acts amendatory thereof, and mal	kes application for the pension to which he is
ntitled for the year ending October 2	26th, 1896. I have heretofore as a resident of
county been allow	red a pension of Thirty (30)
ollars, for the year 189 5.	
Sworn to and subscribed before me, th	his, the J. J. Wrock
(day of march	1896.
XM Dloin A	Man
Note State fully the nature of wound or character of dis	sease which causes the disability, and explain particularly the extent
the discounty, resulting from the wound or disease.	, and the same of
TATE OF GEORGIA	,
Januari,	.}
County	J
I, 120 54	Ordinam of mid O
certify that I am well acquainted with_	Ordinary of said County,
plicant in the foregoing affidavit, and am	the well satisfied that the statements made by him
his said affidavit are true, and I know he	e is the individual he represents himself to be
d that he resides in this County.	the individual he represents himself to be
	cial signature and seal, this 5
day of_Ma	1 / A 1896.
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Affix	XUS X
here.	
ordin Ordin	ary Toble County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
County.	1 11
personally appears James A No	
County, State of Georgia, who being duly swor	n, says on oath that he is a bona fide citizen
and resident of said State, and has resided ther	
lay of 1830; 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 howet	in Company M, of W Regiment
of Hurgia Volunteers,	's Brigade; that whilst engaged
n such military service in the State of Mus	esessific , on the day
	ed, injured or diseased of follows:
be was standing behind a	efling when a shell street
I and replaced, knocke	
broke the tumbanumy of 6	oth pars from which in jury
he became talally dial,	end is so now and
ter as my sycas	The succession of the second succession of the
	fits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes	
entitled for the year ending October 26th, 189	
	county been allowed an invalid pension of
therty Dollars, for	
Sworn to and subscribed before me, this, th	
24th day/of Tryby 188	7. POST OFFICE Malletin
My Story on	es la
Notz-State fully the nature of wound or character of disease we the disability, resulting from the wound or disease,	nich causes the disability, and explain particularly the extent
the disability, resulting from the wound or disease,	
STATE OF GEORGIA.	
Colo County.	
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I,	Ordinary of said County,
o certify that I am well acquainted with	the wave the
pplicant in the foregoing affidavit, and am well	
his said affidavit are true, and I know he is	the individual he represents himself to be
nd that he resides in this County.	10
Given under my official si	gnature and seal, this
day of Hely	<u></u>
CEN .	true la
your you	- June
Ordinary	evel.
Ordinary	County.

	County.	
Ι,	hereby autho	orize
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	the pension paid hereon and r	
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7	· · ·	· · · · · · · · · · · · · · · · · · ·
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Executed in presen	ice of	
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No. 3/ NV A NV A ER'S	. 3 3 C 43 6 6	HARD HARD
	me flat.	RICHARD JOHNSON Commission: of CAMERANT HANDED TO CAMERAL CAME

Wade, James A.

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	receipt for the	e pension paid	hereon an	- ,	that he	remit san	ne
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	ESS WHERE		reunto set n	ny hand an	d seal, tl	1is	
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Execu	ted in presence	of			J		
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A Specific	E E	: B:	\$		RICHARD JOHNSON, Commissioner of J	20.	ATA OF
Se Aiready Enro	그=	5 1ª	2 7	4	DHN	WARRANT HANDED TO	DOINT
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No.	五黑	2 0	1000	2 5	HAR	ARRA	o suco
(For Those Aiready Enrolled.) No. 2522	1 5	1	lity.	ıt, s	RIC	B	THE STATE PRINTED ATTENT
<u>e</u>	1 7	Маше	County	Amount,	+		GFO

WARRANT HANDED TO

For Applicants Heretofore Allowed Pensions.

County, State of Georgia, who being duly sworn, says on oath that he is a tona fide citizen and resident of said State, and has resided therein continuously ever since the both day of the Control of the County, State of Georgia, who being duly sworn, says on oath that he is a tona fide citizen and resident of said State, and has resided therein continuously ever since the both day of the County. Is 20; that he enlisted in the military service of the Control of the County, of with Regiment in Company to of which Regiment in Company to of the Regiment of the Missing the state of the County. States, and served as a in Company to of which engaged in such military service in the State of Missing that whilst engaged in such military service in the State of Missing the the day of the Act, and the case of the County that which the same day of the Act, and the acts at the transfer of the Act, and the acts at the transfer 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 the day 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 the day of the day of the day 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 the day 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 the day of the Act, approved October 24th, 1887, and the acts amendatory thereof, and the pension of the day of the Act, approved October 24th, 1887, and the acts amend	STATE OF GEORGIA,
County, State of Georgia, the being duly sworn, says on each that he is a tona fide citizen and resident of said State, and has resided therein continuously ever since the both day of the the said of the said State, and has resided therein continuously ever since the both day of the said State, and has resided therein continuously ever since the both day of the state of the States (or of the State of the States) during the war between the States, and served as a in Company M., of with Regiment of the grade; that whilst engaged in such military service in the State of the State of the spring of the war wounded, injured or diseased as follows: In the tauth of Cornells, he was standing before a few planes of the fact of the war of the standing before a few planes of the standing before a few planes of the standing before and the standing before the standing before under said law as a resident of the year ending October 26th, 1898. I have heretofore under said law as a resident of the year ending October 26th, 1898. I have heretofore under said law as a resident of the year ending October 26th, 1898. I have heretofore under said law as a resident of the year ending October 26th, 1898. I have heretofore under said law as a resident of the year ending October 26th, 1898. I have heretofore under said law as a resident of the sum of the state of the popular in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself in the popular to the foregoing affidavit	Cobb County.
and resident of said State, and has resided therein continuously ever since the both day of the the state of the State of the State of the State of the States, and served as a in Company K., of with Regiment of States, and served as a in Company K., of with Regiment of States, and served as a in Company K., of with Regiment of States, and served as a in Company K., of with Regiment of States, and served as a in Company K., of with Regiment of States, and served as a in Company K., of with Regiment of States, and served as a in Company K., of with Regiment of States, and served as a in Company K., of with Regiment of States, and served as a solidows: In the military service in the State of Missifffy on the day of States of Sta	Dersonally appears famus A. Made of Gobb
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the year ending October 26th, 1898. I have heretofore under said law as a resident of the day of June 1898. POST-OFFICE Mableton June 1898. Post-Office Makes the disability, resulting from the wound or disease. STATE OF GEORGIA, County. In Company M., of Make Regiment in Company M., on the Considering the Regiment of Control of the disability, resulting from the wound or disease. STATE OF GEORGIA, County. Ordinary of said County, the population in the foregoing affidavit, and am well satisfied that the represents him by him an his said affidavit are true, and I know he is the individual he represents him 1898.	County, State of Georgia, who being duly sworn, says on oath that he is a tona fide citizen
federate States (or of the State of	and resident of said State, and has resided therein continuously ever since the
States, and served as a Private in Company A., of which Regiment of Horge Volunteers, in Surject in the State of Hossifffying, on the day of 1862, he was wounded, injured or diseased as follows: In the fault of Correct the leves standing behind a factor 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 Oday of January 1898. POST-OFFICE Makeluter from the disease. STATE OF GEORGIA, County. Ordinary of said County, the policiant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself in the progression to the private of the disability, and among the progression to the population of the disability, resulting from the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or character of disease which causes the disability and explain particularly the extent of the disability and an and well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself him his said affidavit are true, and I know he is the individual he represents himself himself.	1800; that he enlisted in the military service of the Con-
in such military service in the State of Missiffusion, on the day of 1862, he was wounded, injured or diseased as follows: In the fact of Corestle he was standing before a factor of the pension of the factor of	Chatter states (or of the State of) during the war between the
in such military service in the State of Missiffulia, on the day of 1862, he was wounded, injured or diseased as follows: In the fact of Corestle he was standing before a paper when a shoul struck of and explored of here here here from which injured or disease and county hereof, 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 Cost County. Sworn to and subscribed before me, this, the control of the distribution of the pension to wound or character of disease which causes the disability, and explain particularly the extent STATE OF GEORGIA, County. C	States, and served as a company to, of white Regiment
In the back of Corenth he was standing behind a plant of Corenth he was standing behind a shind of corenth he was standing behind a shind of a plant of the heart from standing behind a shind standing behind a shind of the plant of the standing behind a shind of the standing 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 Coth county been allowed an invalid pension of the standing of the standing from the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County. County. County. I, Ordinary of said County, the policant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents him at his said affidavit are true, and I know he is the individual he represents him at his said affidavit are true, and I know he is the individual he represents him at his said affidavit are true, and I know he is the individual he represents him at his said affidavit are true, and I know he is the individual he represents him at his said affidavit are true, and I know he is the individual he represents him at his said affidavit are true, and I know he is the individual he represents him at his said affidavit are true, and I know he is the individual he represents him at his at the statements made by him his said affidavit are true, and I know he is the individual he represents him at his at the statements are true.	
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Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1897. Sworn to and subscribed before me, this, the Oday of January 1898. Post-office Mableton January State filly the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County. I, Ordinary of said County, the poplicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself of the individual herepresents himself of the individual here in the individual here in the individual here in the individual here individual here in the individual here individual here in the individual here	ne was wounded, injured or diseased as follows.
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Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of	the stand of the stand of and o bless
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Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1897. Sworn to and subscribed before me, this, the Oday of Junear 1898. POST-OFFICE Mableton June Nort State filly the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County. County. I, Ordinary of said County, the pplicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself of the statements made by him in his said affidavit are true, and I know he is the individual he represents himself of the statements made by him in his said affidavit are true, and I know he is the individual he represents himself of the statements made by him in his said affidavit are true, and I know he is the individual he represents himself of the statements made by him in the foregoing affidavit.	of both euro from which in in he
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Sworn to and subscribed before me, this, the flag of Game and Subscribed before me, t	county been allowed an involid and
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STATE OF GEORGIA, County. County. County that I am well acquainted with A Ordinary of said County, the pplicant in the foregoing affidavit, and am well satisfied that the statements made by him at his said affidavit are true, and I know he is the individual he represents himself.	
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n his said affidavit are true, and I know he is the individual he represents him all said affidavit are true, and I know he is the individual he represents him all said affidavit are true.	o certify that I am well acquainted with the same county,
I his said amidavit are true, and I know he is the individual he represents himself . 1	pplicant in the foregoing amdavit, and am well satisfied that the state of the stat
nd that he resides in this Counter	and amdavit are true, and I know he is the individual he represents himself . 1
	that he resides in this County.
Given under my official signature and seal, this	Given under my official signature and seal, this
day of Any 1898.	
AMIX YOUR STATE OF THE STATE OF	AMER JULY STATE OF THE STATE OF
here.	her.)
Ordinary Wolf Comme	Ordinary Wolf
County.	County

For Applicants Heretofore Allowed Pensions.

2000	County.
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personally appears	A. Wade of Cobb
ounty, State of Georgia, who	being duly sworn, says on oath that he is a bona fide citizen
lay of	has resided therein continuously ever since the
ederate States (or of the State	18:32; that he enlisted in the military service of the Con-
states, and served as a	
f Cartes, and served as a Victoria	in Company 36, of 4/4 Regiment
n such military service in the	eers, Stovall 's Brigade; that whilst engaged State of day, on the day
f Que 188	State of day
and I	21, he was wounded, injured or diseased as follows:
may win	e engaged in battle
ugar, bor	
	one the bupsting of a
suell flor	in the far of which he
lost his he	caring entirely.
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	County been allowed an invalid pension of
#30.	County been allowed an invalid pension of Dollars, for the year 1898
	Dollars, for the year 1898.
	Dollars, for the year 1898.
	Dollars, for the year 1898
Sworn to and subscribed be	Dollars, for the year 1898. For me, this, the James of used 1899. Post Office Chableton, C
Sworn to and subscribed be	Dollars, for the year 1898. For me, this, the James of used 1899. Post Office Chableton, C
Sworn to and subscribed be	Dollars, for the year 1898. For me, this, the James of used 1899. Post Office Chableton, C
Sworn to and subscribed be day of Art of the disability resulting from the w	Dollars, for the year 1898. for me, this, the Sauce of Man 1899. 1899. POST ORFICE Quableton, Corchange with causes the disability, and explain particularly the cound or disease.
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of	and request that he remit same	
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IN WITNESS WHEREOF, I have hereunted by of 1900. Executed in presence of		s.]
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SOLDIER'S 1

Wade

Warrant issued //

Disability

Name

C 1777	POW	ER OF	ATTORI	NEY.	
STATE O	F GEORGIA,	1			County
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to receive a	nd receipt for the			fully	remit same to
	anully	<u> 1212 1414 14 15 15 15 15 15 </u>	y hi	nd	<u> </u>
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day of	nuon	1901.	as A his	Wade	[L. S.]
Exc	ecuted in presence		Charles and the second		
Jan	M Gann	11.			
Deliene		s as pro	(red		reasons an
	al de la como				
Enrolled.)	Nois		1	1901	
E	G S	- 3	23	SEEV	2 3

No. 22.3 DISABLE (For Those Aiready SOLDIER'S P 190

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
County.	
personally appears J. A. Wade	of bobb
County, State of Georgia, who being duly sworn, says on	of Cooperation
and resident of said State and County, and has resided the	oath that he is a bona fide citizen
day of 1832 : that he	enlisted in the military service of
the Confederate States (or of the State of	\ damata = at = a
tween the States, and served as a Private	in Company Off of 1/12
Regiment of Georgia Volunteers, Sto	Well 's Brigade: that whilet
engaged in such military service in the State of	uss, on the
day of May 1862, he was wounded, ini	ured or diseased as follows.
Mar while engaged u	w bottle meat
MASOMATHI (MICA) (III)	
from the bursting of	La Alvelle la sur
the far of which hi	garage grow
hearing entirely.	
and the second	
XM Story	OFFICE Mabletow, Sta.
	se the disability, and explain particularly the
STATE OF GEORGIA,	
County.	
I, J. M. Stone	
	Ordinary of said County,
o certify that I am well acquainted with	rade the
pplicant in the foregoing affidavit, and am well satisfied the	hat the statements made by him
n his said affidavit are true, and I know he is the individu nd that he resides in this County.	ual he represents himself to be
	1 h
Given under my official signatur	e and seal, this
Affix your day of ff cby 1900.	Stone
0-10	To all
Ordfnary	County.

For Applicants Heretofore Allowed Pensions.

STATE OF	County.	
Personally or	ppears & N. Wade	CH
County State of Geo	rgia, who being duly sworn, says on	of
and resident of said S	State, and has resided therein contin	oath that he is a bona fide citizen
day of	10 32 L. L	luously ever since the
federate States (or of	1832; that he enlisted j	n the military service of the Con-
States and served as	a Private , in Co	during the war between the
of Georgia	Volunteers, Stowall	mpany 11 , of 41 Kn Regiment
in such military servi	ce in the State of	s Brigade; that whilst engaged
of May	186 2 , he was wounded, is	, on theday
That while	, he was wounded, is	njured or diseased as follows:
July 10 Mg	engaged in bettle	near count Mies
wax gro	aux from me ours	ling of a shell
	a of which he los	it his hearing
luhrely		Full.
. /	(and the second	
	Segments.	
Sworn to and sub	scribed before me, this the	Worde
John	Away Ordinay	
Note. State fully the rarly the extent of the disabi	nature of the wound or character of disease whillty resulting from the wound or disease.	ich causes the disability, and explain partic-
TATE OF GEO	STATE AND SHOULD SEE THE SECOND SECON	
90 66	County	1
I, MESS A	John Swhy	Ordinary of said County,
certify that I am	well acquinted with	Wade the
plicant in the forego	ing affidavit, and am well satisfied t	hat the statements and had
his said affidavit are	true, and I know he is the individ	nat the statements made by him
d that he resides in	this County.	mai de represents numseir to be
	0122-4-1	STATE OF THE STATE
The second secon	iven under my official signature and	d seal, this
day of	January 1901.	71 1
AME !	County	John Swhen
your CEOKO		Post.
~~~	OMEK Ordinary	County.

	County.	qe: h:		C.C.quin
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	inez_o	chainer on sen	r with	
receive and receipt for t				
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		THE PERSON	male anteres	भारता मार्चे ।
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- X - 1	EOF, I have here:	1 chiel	11	9-
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y or fair	and the second s	1 chiel	d and seal this.	<i>[</i> L.,
- X - 1	1902.	1 chiel	11	
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CODE SECTION 150. (FOR THOSE ALREADY ENROLLED.	No. 30 3	DISABLED	DIER'S PENSION	1902	W Kad	Regiment	M		JOHN W. LINDSEY	WARRANT HANDED TO	W. Harrifen, State Printer, At
( FOR T			SOLD		Name	Co. K	Amount, \$		O.	6	Geo. V

FOR APPLICANTS HERFTORGRE ALLOWED PENSIONS.

### POWER OF ATTORNEY.

STATE OF GEORGIA	County.	amman i med
I, John J	hereby author	orize
to receive and receipt for	the pension paid hereon and re	quest that he remit same to
in Witness whe	REOF, I have hereunto set my h	and and seal this &
day of the Oh (H)	1908. N. N.	W [L. 8.]
Executed in presence	or Man	

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COR THOSE ALKEADY COURSESSION	4	DISABLED CAL DIPPLY DENGTAN	1903.	Name That	riment 4	Amount, \$30	LINDSE	WARRANT HANDED TO	e Pysfer, Atlan
OSE ALRE	No. 30 8	DISABLED		1+V	201	30	HN W.	WARRANT HANDED TO	7. Harrison Stat
TON SOL	7	Age (	Barra A		Co II	nount, \$	[ <u>0</u>	<b> </b>	

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

County.	_
Personally appears & Marke	of Coll
County, State of Georgia, who being duly sworn	, says on oath that he is a bona fide citizen
nd resident of said State, and has resided ther	ein continuously ever since the
ay of18.3.2; that he en	nlisted in the military service of the Con-
ederate States (or of the State of	during the war between the
tates, and served as a Private	in Company of 4/ th Regiment
Levrgin Volunteers, Stova	le 's Brigade; that whilst engaged
such military service in the State of	att & Mil, on the day
180 2 , he was wo	unded, injured or diseased as follows:
Whit	general in builde
	I was Shooked from
the bursting of a Shell	from the Jus of which
he lost his hearing en	line l.
Cobb Cobb	county, been allowed an invalid pension of
Dollar Sworn to and subscribed before me, this the	county, been allowed an invalid pension of
Sworn to and subscribed before me, this the	county, been allowed an invalid pension of
Sworn to and subscribed before me, this the day of 1902.	county, been allowed an invalid pension of
Sworn to and subscribed before me, this the day of 1902.	Jost-office Many
Sworn to and subscribed before me, this the day of 1902.  North State fully the nature of the wound or character the day of the disability resulting from the wound	county, been allowed an invalid pension of
Sworn to and subscribed before me, this the day of 1902.  North State fully the nature of the wound or character ricularly the extent of the disability resulting from the wound TATE OF GEORGIA,	county, been allowed an invalid pension of
Sworn to and subscribed before me, this the day of 1902.  North State fully the nature of the wound or character ricularly the extent of the disability resulting from the wound TATE OF GEORGIA,  County.	county, been allowed an invalid pension of respectively. The state of
Sworn to and subscribed before me, this the  g day of 1902.  John Marketta fully the nature of the wound or character  ricularly the extent of the disability resulting from the wound  TATE OF GEORGIA,  County.  I. John Marketta	county, been allowed an invalid pension of restor the year 1901.  Jost-office  or of disease which causes the disability, and explain or disease.  Ordinary of said County,
Sworn to and subscribed before me, this the  day of 1902.  For him What to the wound or character  the disability resulting from the wound  TATE OF GEORGIA,  County.  I, John Undry  certify that I am well acquainted with	county, been allowed an invalid pension of restor the year 1901.  Jost-office  or of disease which causes the disability, and explain or disease.  Ordinary of said County,
Sworn to and subscribed before me, this the day of 1902.  North State fully the nature of the wound or character relicularly the extent of the disability resulting from the wound  TATE OF GEORGIA,  County.  I, June Unitry  certify that I am well acquainted with a applicant in the foregoing affidavit, and am well acquainted with a popular to the foregoing affidavit, and am well acquainted with a popular to the foregoing affidavit, and am well acquainted with a popular to the foregoing affidavit, and am well acquainted with a popular to the foregoing affidavit, and am well acquainted with a popular to the foregoing affidavit, and am well acquainted with a popular to the foregoing affidavit, and am well acquainted with a popular to the foregoing affidavit, and am well acquainted with a popular to the foregoing affidavit, and am well acquainted with a popular to the foregoing affidavit, and am well acquainted with a popular to the foregoing affidavit, and am well acquainted with a popular to the foregoing affidavit, and am well acquainted with a popular to the foregoing affidavit, and am well acquainted with a popular to the foregoing affidavit, and am well acquainted with a popular to the foregoing affidavit, and am well acquainted with a popular to the foregoing affidavit, and am well acquainted with a popular to the foregoing affidavit, and am well acquainted with a popular to the foregoing affidavit, and am well acquainted with a popular to the foregoing affidavit to the foregoing	county, been allowed an invalid pension of restor the year 1901.  Jost office which causes the disability, and explain or disease.  Ordinary of said County,  A Hade
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nd resident of sai	d State, and has r	resided therein contin	nonely ever since the	A CRACO
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tates, and served	as a format	in Compa	ny E, of 4/ th	tween the
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### POWER OF ATTORNEY.

o receive and receipt for the pension paid hereon, and request that he remit same  by  IN Watness Whereof, I have hereunto set my hand and seal, this.	2 Z	1 2 a A	hCo	JNTY.	Syl.		horoby	autha
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IN WITNESS WHEREOF, I have hereunto set my hand and seal, this /2	y of Lanny 1004	receive and receipt f	or the pension				remit	same
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	y of Lanny 1004	•			Table 1	*	. 166	Z
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option and a general of ORE ALLOWED.

#### POWER OF ATTORNEY.

STATE OF GEO	ORGIA,	NTY.		Connty
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forcerd a time in	in her segment	b <b>y</b>	anished that the sp	nements with
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	Make A	No. 1	DIS DIS	1-6.	Name (Q.		, , ,	of the	WARRAN ALO	The Peterson Penerson Gro. W. Harmson

STATE OF GEORG

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
County.	
Personally appears of Cook	1
ounty, State of Georgia, who being duly sworn, says on oath that he is a bona	fide citizen
nd resident of said State, and has resided therein continuously ever since the	
ay of 1832; that he enlisted in the military service	f the Con-
derate States (or of the State of) during the war b	
tates, and served as a final in Company t, of 41 th	Regiment
Livingia Volunteers Storells 's Brigade; that while	st engaged
such military service in the State of Miss , on the	
1862, he was wounded, injured or diseased	
That while engaged in ball	
with Miss he was thocked by	
to burking of a Shell from the	1
which le lest he he	8
	7
The state of the s	
Deponent makes application for the pension to which he is entitled for ading October 28th, 1904. I have heretofore, under said law, as a r	r the year esident of
oding October 26th, 1904. I have heretofore, under said law, as a r	esident of
County, been allowed an invalid Dollars, for the year 1903.	esident of
County, been allowed an invalid  Dollars, for the year 1903.  Sworn to and subscribed before me, this the	esident of
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STATE OF GEORE	GIA,		•
000	COUNTY.		
Personally appears	a Wade	of C	ff.
County, State of Georgia, who	being duly sworn, say	s on oath that he is a A	one fide oltinon
and resident of said State, and	has resided therein co	ntinuously ever since t	ha
day of	1892; that he enlist	ed in the military serv	ice of the Con-
federate States (or of the State		during the w	ar between the
	teers Slovall	ompany K, of H	th Regiment
in such military service in th			
of huy	and the company of the contract of the contrac	nded, injured or disea	
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Deponent makes applicati		704	
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STATE OF GEORG	IA, 1022		
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I, John Hot	neg	Ordinary of	said County.
o certify that I am well acqui	ainted with	, ,	said County,
he applicant in the foregoing	affidavit, and am well	satisfied that the stat	tements made
y him in his said affidavit are	true, and I know he is	the individual he repre	ments himself
be, and that he resides in thi	s County.		
	official signature and	seal, this	
day of	7905.		by arthorize
	(Sale) 1	& Mr	
COF GFORGIA.	Ordinary !	Osh	County.
Norm.	Fili all blanks and of Compa —All voughest and affidavite m	any and Regiment. nust bear date after January I	. 1905.

### POWER OF ATTORNEY.

STATE OF GEORG	County.		
al Alexander	to A Stad	<b>4</b>	hereby authorize
receive and receip	t for the pension p	paid hereon, and reque	est that he remit same t
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ay of Aunu		eunto set my hand and	sear, this
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An Executed in the	presence of	approx	
Manu			

Cons Section 1560. (FOR THOSE ALREADY EMBOLLED.)	No. 3 2 2	OLDIER'S PENSION	at the	Regiment Street	JOHN W. LINDSEY. Commissioner of Pensions.	WARRANT HANDED TO	of Passica Pleasure gloss Passions Co., Gan. W. Houseway, May,
		<b>TOS</b>	Name	Co. M. Disability Amount,			Ä

#### POWER OF ATTORNEY.

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A Execu	ted in presence	e of	(Or	on.	
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اء م	# 1250. DY ENROLL	.0.	LED	LDIER'S PENSION	Ĭ.	ede		ent .		12 1	NDSEY,	ANDED TO	
1 6	Cone Secrito	No. 25	DISABLE	SR'S	06	8 M	32	Regime ( )		7	IN W. LINDSEY	WARRANT HA	2
3	Co (FOR THOSE	. No	<b>0</b>		E Surt	Name	Country C	Co. OV #	Amount, \$ 30	រៀក ខ្	NHOF	WAR	

State of Georgia,

LICANTS HERETOFORE ALLOWED PENSIONS

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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	appears Jan a			
	eorgia, who, being duly			
nd resident of sa	id State, and has reside	d therein conti	nuously ever since	the
ay of	18; that	he enlisted in	the military servi	ce of the Con-
ederate States, (or	of the State of		) during the w	ar between the
	as a			
f	Volunteers		's Brigade; that	whilst engaged
n such military s	ervice in the State of_		, on the	day
f	186, h	e was wounded	, injured or disea	sed as follows
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	hands referenced and a second and a second			
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nding October 2	8th, 1906. I have h	eretofore, unde	r said law, as	a resident of
4	con	County, bee	n allowed an inva	a resident of ltd pension of
3	o	County, bee	n allowed an inva	lid pension of
3	con	County, bee	n allowed an inva	lid pension of
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Nors.—Bill all blanks and of Company and Regiment.

Nors.—All vouchers and affidavite must bear date after January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

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Personal	ly appears & A 9		of Cosa	
			of	<u> </u>
and maidant of	f Georgia, who, being du	ly sworn, says on os	th that he is a bona fid	e citiz
and resident of	said State, and has reside	d therein continuo	usly ever since the	-
day of	18; tha		e military service of t	
	(or of the State of		_) during the war betw	reen t
States, and ser	ved as a	in Compar	y of AFR	egime
	Volunteers		Brigade; that whilst	engag
in such military	service in the State of		on the	4
of	186	he was wounded.	injured or diseased as i	C-11
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nding October	makes application for 26th, 1907. I have	County, been Dollars, fo	ich he is entitled for t said law, as a resi allowed an invalid pen r the year 1908.	dent
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Sworn to a day Norn.—State forticularly the extent  State of	and subscribed before me of which ally the nature of the wound or of the disability resulting from Georgia, Count Which am well acquainted with	County, been Dollars, for this the Postoffice character of disease with wound or disease.	said law, as a resistance allowed an invalid pen resistance resist	dent sion
Sworn to a day Norn.—State forticularly the extent  State of  I;  Certify that I are applicant in the	and subscribed before me of which ally the nature of the wound or of the disability resulting from Georgia, Count Which am well acquainted with the foregoing affidavit, an	County, been Dollars, fo, this the 1907. Postoffice character of disease with wound or disease.	said law, as a resistance allowed an invalid pen resistance resist	dent sion
Sworn to a day Norn.—State for furticularly the extent State of I, I are applicant in to the him in his said	and subscribed before me of the disability resulting from of the disability resulting from f Georgia,  well acquainted with the foregoing affidavit, and d affidavit are true, and I	County, been Dollars, fo, this the 1907. Postoffice character of disease with wound or disease.	said law, as a resistance allowed an invalid pen resistance resist	dent sion
Sworn to a day Nors.—State for tricularly the extent State of  I;  De certify that I he applicant in the property of the prope	and subscribed before me of the wound or of the disability resulting from F Georgia,  which will acquainted with the foregoing affidavit, and d affidavit are true, and I resides in this County.	County, been Dollars, fo, this the 1907. Postoffice character of disease with wound or disease.  y.  dayn well satisfied know he is the independent of the county of the c	said law, as a resistance allowed an invalid pen resistance resist	dent sion
Sworn to a day Norn.—State for tenderly the extent  State of  I, I are applicant in to the property of the pro	and subscribed before me of the disability resulting from of the disability resulting from an well acquainted with the foregoing affidavit, an d affidavit are true, and I resides in this County. iven under my official sig	County, been County, been Dollars, fo this the Postoffice character of disease with wound or disease.  y.  dam well satisfied know he is the indignature and seal the	said law, as a resistance allowed an invalid pen resistance resist	d explo
Sworn to a day  Norn.—State for indicatory the extent  State of  I, I are applicant in the applicant in the applicant in the state of t	and subscribed before me of the wound or of the disability resulting from F Georgia,  which will acquainted with the foregoing affidavit, and d affidavit are true, and I resides in this County.	County, been County, been Dollars, fo this the Postoffice character of disease with wound or disease.  y.  dam well satisfied know he is the indignature and seal the	said law, as a resistance allowed an invalid pen resistance resist	d explo
Sworn to a day  Norn.—State for indicatory the extent  State of  I, I are applicant in the applicant in the applicant in the state of t	and subscribed before me of the disability resulting from of the disability resulting from an well acquainted with the foregoing affidavit, an d affidavit are true, and I resides in this County. iven under my official sig	County, been County, been Dollars, fo this the Postoffice character of disease with wound or disease.  y.  dam well satisfied know he is the indignature and seal the	said law, as a resistance allowed an invalid pen resistance resist	d explo

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

Norg.—All vouchers and affidavite must bear date after January 1st, 1907

Maimed Soldiers.

Woucher No 2008

Amount, \$ 30.

Paid to fluwed, Itale

For Istal Deafuery

April 18 1889.

Included in Warrant No.

issued to Treasurer.

Enoch Fraw.

WARRANT CLERK.

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

Buch Staw

Audited May 6

Wade, James a.

1891.

Maimed Soldiers.

Voucher No. 2725

Amount \$ 80

For Total De of way

Mock 17 189.

Included in warrant No.

issued to Treasurer,

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta

Euch Flux

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.	, , , , ,	1009.
	11 1	
Mr. James a.	Wade	of the County
of. Cobb	having filed his application	n in the Executive
Department for an allowance under the Act	approved October 24, 1887, a	s amended by Act,
Dec. 24, 1883, and the same having been a	llowed for	
Total De afries		
He is entitled to receive the sum of The	14 2011	
He is entitled to receive the sum of	ny bay	Dollars
for such disability the same being the allowed	NO EINE IN INC.	
for such disability, the same being the allowed		
The Treasurer will pay the same and ho	ld his receipt on this voucher a	nd return some to
		ma rotarn same to
Executive Department for warrant.	THE ONE ON	1:
		1111
The second secon	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00000
By the Governor.		Governor.
WH Hanis	2	
CLE	RE EXECUTIVE DEPARTMENT.	
	,	
30		
RECEIVED OF STATE TREASURER, R. U.	HARDEMAN	
21.1		
There xou		D-11
0 18	010	Dollars,
per above voucher, this	of april	1889.
9	ames A. Wa	ele.
	der o o o	•
,	TO OPPL	
	40	45

Ro. Lot of Allanta, Ba, Mich 18 1090. STATE OF GEORGIA, EXECUTIVE DEPARTMENT. a Made of the County having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, approved, Dec. 24, 1888, and the same having been examined and allowed for Cotal Deofuese He is entitled to receive the sum of Dollars for such disability, the same being the allowance due for the year ending October 24, 18 The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warr By the Governor, CLERK EXECUTIVE DEPARTMENT. RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

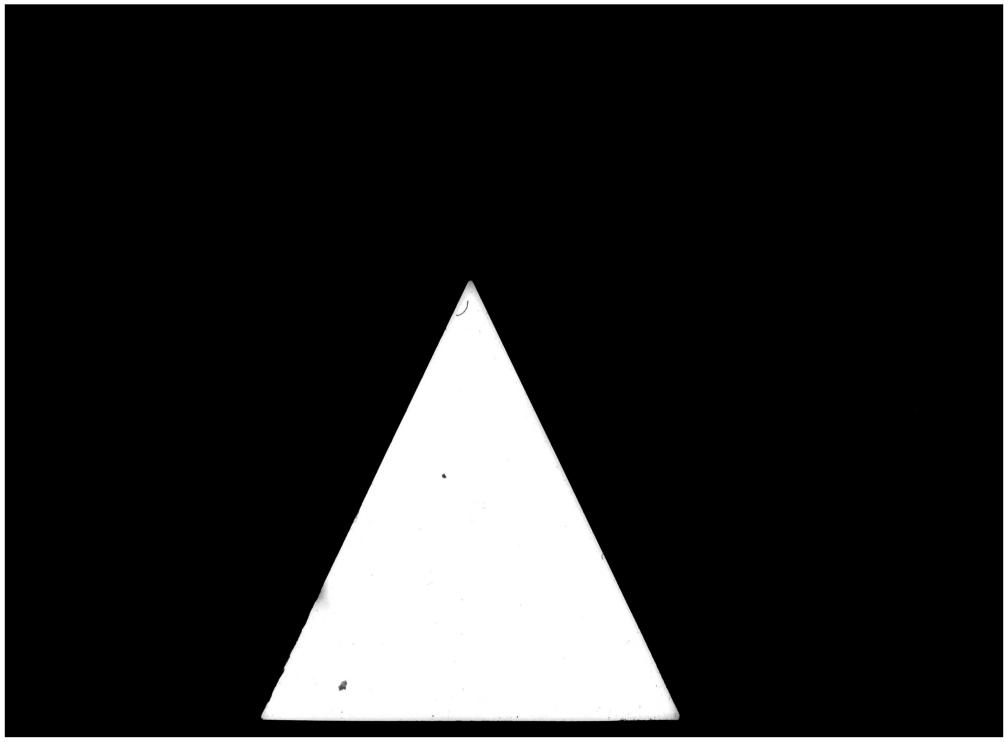
per above voucher, this

STATE OF GEORGIA. Atlanta, Ba March 17 1891. EXECUTIVE DEPARTMENT. Mr. Jules A. Wade of the County 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 Total ale of energy Therity Dollars for such disability, the same being the allowance due for the year ending October 24, 1891. The Treasurer will pay the same and hold his receipt on this voucher and return same to Executive Department for warrant. By the Governor, ChN Hamson SEC'Y EXECUTIVE DEPARTMENT. per above voucher, this 17 of March 1891.

James A Wade

By Enoch Fram

Ady a feet



neust sees time Wade, J. W. Rouser - and from INDIGENT PENSION, Dolinday & 1900. JOHN W. LINDSEY, WARRANT HANDED TO

#### POWER OF ATTORNEY

			County.	)	Y.,				
I,								, hereb	y authorize
				FEATURE 100 (100 HEAD 100 FEATURE 100 FEAT		f			
, to receive	and receipt								
			at			by			
	tness my ha		l this	d	ay of		e construction cons	190	00,
PCX	ecuted in p	resence of		} _		·····			(L. S.)
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in the	y z	n h				(PP) - 100 ° 2 de - <b>B</b> OSPANIAS	- Maringa	and an extra collection was	The same of the same
as a sul from	in our	melay & Been,	•			TO The British		and the second second	nde cylope nilmyt ig trok cyryy
und from	n sign	Limbery of Benny	•			HTTP: LID TO July Commission		об от под отделения до от под	nancytan allaga y valour gy
the Comments of the comments o	Mun by a	of Burn	•			Here is the second second		от по опросодува вы	
The Course as a course - and from	in of this own	Bothman, Sur of Runn	•			Here to have the second		от по опросодува вы	
in Cours as a	him of this one	Bothman, Cours of Runn,				West and the Second		the to the state of the state o	
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His Cours as a a	min copin by a minim of the one	Doctioner,							
Then the animalian of a a	101, min of this one	Doctioner,	7	Ť	0061		11		
offin cours as a a	(SION, minim of this one	Doctionery Soirs of Menny	Ned.		10001	YY,	. y / Proint.		
Him Cohin as a a	DENSION, medium of this own	O. Boliman	Whole		0001	DSRY,	distribute of Parameters	77 CE	for Atlant.
This Cohin as a a	PENSION, men of the one	DO. Bordinary	What	The state of the s	0081	LINDSBY,	Commissions of Presions.	MANDED TO	So Printer, Atams.
Han Cohin as a a	IT PENSION, merchin in a com	900. Bothman	WWade	The The	0001	W. LINDSEY,	Commissions of Pressures	LNT HANDED 70	bot, State Filter, Atlant.
No No Man Ma Cours as a a form	ENT PENSION, main of the one	1900. Bothmen	WWest	all the	10001	JOHN W. LINDSRY,	Commissions of Principus	WARRANT HANDED TO	7. Burken, State Frister, Atlanta.

21	CATE OF GEORGIA.
	County.
	4. W Wa do
to a	vail-timself of the Pension Act Section 1954 C. 1311 of said State and County, desiring
wo	rn true answers to make to the following questions, deposes and answers as follows:
7	
1	Tily P. Q. is stewnessen to
u	
30	When and whom were now have a Of a If A
4.	When and where and in what company and regiment did you callet or serve? I suitated bout 1862 at 6 town or leasterwille, ta. in Country
4	bout 1862 at 6 towa or bartersville of it is been
6	De Deorgia Vole.
٥,	How long did you remain in such company and regiment ?! weitell of was
J	why 1864
6.	F-101
7.	when, where and under what circumstances were you discharged from countries
	year discharged at the class of the
a	camp & anglass as a wisseigh almas
8.	what is your present occupation? O Draculto
9.	How much can you carn (gross) per annum by your own exertions or labor? Nothing
0. 1.	What has been your occupation since 1865? Farmer
over	Upon which of the following grounds do you base your application for pension, viz: first, "age and try," second, "infirmity and poverty," or third, "blindness and poverty"? / Lage t fraverty
	apon the second, give a full and complete history of the infirmity and its anti-to To
pon	the third, state whether you are totally blind and when and where you lost your sight?
-6	years about two (2) years
;	0
. ,	What property, effects or income do you possess, and its gross value? Wathing
. 1	What property effects on income did
at (	What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and disposition, if puy, did you make of same?
	disposition, if any, did you make of same? Nothing clear of
	and the same of th
. I	n what County did you reside during those years, and what property did you then return for taxation?
100	Man South State of South Blood Live M
H	low were you supported during the year 1898 and 1899?
	by what little I made by work on form
VOI	hat portion did your support cost for each of those years, and what portion did you contribute thereto
	arule Quely what of make and
H	lave you a family? If so, who composes such family? Give their means of support? Fave they
ome	stead? The way self or we pure
w	filient, No Stamestead
	re you receiving any pension? If so, what amount, and for what disability?
7A	
a	
a	Sworn to and subscribed before me this the
$\boldsymbol{a}$	

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
COUNTY.
20 6 11
A Just and Journal heart breathing
as a witness in support of the application of J. W. Wads for pension
under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:
1. What is your name and where do you reside? S. J. Baldwin, Olreside
in bobb bauty
2. Are you acquainted with J. Wade , the applicant; if so
how long have you known him? Ollowe Scuriow Sino about & oyear
3. Where does he reside, and how long and since when has he been a resident of this State?
Cover since I have known him
4. When, where and in what company and regiment did he enlist, and how do you know? Ave.
inlisted to the best of my recallection at atoma in fall
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty, and what do you know of his service as a Confederate
soldier, and the time and circumstances of his discharge from the service? To recy own knowledge he served what 27 hours 1864 which of
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ale wade a good soldier, He was discharged alto
7. What properly, effects of income has the applicant? (Give your means of knowledge.)
Nothing of live a neighbor to line
about 1/2 wiles from Thin
8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what
lisposition, if any, did he make of same? Me lived on files of land that
9. Has he conveyed away and of his property in the last four years, if so, what was it, and to whom
Thou Mig see answer Mis to f. E. Mosley
farming but is not able to supplies
himself
1. Is the applicant unable to support himself by labor of any sort, if so, why? Atle is weable
to support himself because he is too ald
and hinfirm
2. How was he supported during the years 1898 and 1899? what subject
so had he made it himself
What portion of his support for these two years was derived from his own labor or income?
Give a full and complete statement of the control o
der Segtion 1254, Code?
infirmity theoverto he is all t
Support himself
What interest have you in the recovery of a pension by this applicant?
Sworn to and subscribed before me, this
14 lay of Milly 1900.) If 13 alchem
Witness,

# AFFIDAVIT OF PHYSICIANS.

the state of the s	2.98
STATE OF GEORGIA,	
(Ashir)	
county	
Personally came Cafore no Mas. To Fields	
	1
of said County, who, being severally sworn, say on oath that they have examined carefully	8
applicant for renein and of	
applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows;	
Sta han William I	
Hemself and All mountain and	1
with all and and standing, while	h
wing ord uge some small	
A go any kind of maniel lasta	-
suparavolt	-
They further say on oath that the physical condition of applicant renders him unable to labor at	
work of caring sumceent to earn a support for himself, and that we have no interest in said pension	
and well.	3,
Sworn to and subscribed before me this the	7,
14 de of Mist. 1900.) & Sety Mist.	
M. Core Ordinary.	
ORDINARY'S CERTIFICATE.	
	1
STATE OF GEORGIA,	
COUNTY	
I My stone	
that the applicant	
been a bona fide resident of this State single in State sin State single in St	
	L
He official mill al SI Little	0
are of trustworthy character, and that their statements are entitled to full faith and could	~
I further certify that before answering the foregoing questions the applicant and each retired	
the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness	
Delore same was signed.	
I further certify that the tax digests of County show that applicant	
returned for taxation in his name in 1898. Dollars	
Dollars of property.	
In my opinion the foregoing claim is made in good faith.	
Witness my hand and seal of office, this Aday of 1900.	
Wil to the	
Ordinary	
County.	
1. Before any questions are answered, the Ordinary shall swear applicant and the withesase in the following words: "You out Got and the wild state of the questions asked of you, and the wildence you shall give will be the whole truth, so help out Got."	- 1
on the great of the questions asked of you, and the evidence you shall size with books in You	- 0

receive and	receipt for the p	moof management	eby authorize		Muhee
		at	110	rulle	<u> </u>
	my hand and seal,	this 18	offmu		_1902.
Witness	my nand and sear,	thisaay	June	Wix	_1902, [L. s.]
		,		r r ag	[L. S.]
Executed	in presence of				
M	Jann				
	. \				
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	n American			ransaria inscriment disser-	
		1 1-	1905		
		1		1	
OLLED.	SIC			X 1 2	7
ENROLLED.)	ENSIG	2 4 2		76 3 1 5	C 11 No
DY ENROLLED.)	PENSIC	and the same of th	ssued 16	NDSJ	2 1
FEADY ENROLLED.)	S PENSIC	Hadd.	NT ISSUED	LINDSI Commission HANDED 1	A Charles
READY ENROLLED.) 3-5-8	GENT S PENSIC	Fadd.	T ISSUED	LINDSI Commission HANDED 1	A Colored
E ALREADY ENROLLED.)	DIGENT IR'S PENSIC	Fault C	RRÁNT ISSUED	V. L.INDSI Commission RANT HANDED 1	Ord
(FOR THOSE ALREADY ENROLLED.) No. FF	INDIGENT DIER'S PENSIO	Hadd Cff Regiment 10	WARRANT ISSUED	JOHN W. LINDSEY Commissions of	Ond

no Satu

Wade, J.W.

Wade, R. W.

Sten 1	W Made	of.	hereby au			
	d receipt for the	at _	***************************************	request th	at he rem	it same t
Witness n	y hand and seal, th	is STL	day of	Jan	y	1903.
	in presence of	-		AMW	Edg	[L. S.
	TO SECURE A				3	•
			N	· · · · · · · · · · · · · · · · · · ·	id like adapt to the grant.	Rep Towards (Mary 11)
	<u> </u>		deport	1908.	1	
No. 5-26	L SE	3	Sall	9	EY,	Atlanta.
5-2	SEN SP	had	Regiment	I ISSUED	JOHN W. LINDSEY, Commissioner of WARRANT HANDED TO	Gray Geo. Harrison, State Prince, Atlanta
		4.0	Re	WARRANT	N W. I	Pra THOOD, State
No.		01	2	X	H	2

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

SIAIE OF THURST	)
STATE OF GEORGIA,	(
Cour	nty.)
Personally appears	arle of Coll
County, State of Geoogia who being dul	ly sworn, says on oath that he is a bona fide citize
	e, and has resided in said State continuously eve
since the day of	1826; that he is 106 years old an
by occupation a fanner	that he enlisted in the military service of the Con
federate States for of the State of	) during the war between th
States, and served for the term of Winf	18 MNWH Company 6, of th Regimen
of Sa State Troops	; that his physical condition is a
follows: Owing the ag	that his physical condition is a function of the Regimen ; that his physical condition is a function of the to the colored and the the colored are the colored and the colored are the colored
deponent is undo	
theunal as vealion	of life to as & Support him
hat his property consists of the followi	ing items
	Nothing
f the value of	Dollars, that by reason of his physical
	apport himself by his own exertion or labor, and
hat he receives no pension but the one h	
	the benefits of the Act, approved December 15th,
	the rice, approved December 19th,
894, and the Acts amendatory thereof, as	nd makes application for the pension to which he
	nd makes application for the pension to which he
s entitled for the year 1902. I have he	nd makes application for the pension to which he eretofore as a resident of
s entitled for the year 1902. I have he county been allowed a pension for the year	nd makes application for the pension to which he eretofore as a resident of GSB ar 1 70 2
s entitled for the year 1902. I have he ounty been allowed a pension for the year Sworn to and subscribed before me, the	nd makes application for the pension to which he eretofore as a resident of GSE ar 1 70 2 Mis the
sentitled for the year 1902. I have he ounty been allowed a pension for the year Sworn to and subscribed before me, to day of January	and makes application for the pension to which he eretofore as a resident of GSE ar 1 70 2 MWWadp his the
s entitled for the year 1902. I have he county been allowed a pension for the year Sworn to and subscribed before me, to day of January	nd makes application for the pension to which he eretofore as a resident of GSE ar 1 70 2 Mis the
s entitled for the year 1902. I have he county been allowed a pension for the year Sworn to and subscribed before me, to day of annuary folial Merita	and makes application for the pension to which he eretofore as a resident of GSE ar 1 70 2 MWWadp his the
s entitled for the year 1902. I have he ounty been allowed a pension for the year Sworn to and subscribed before me, to day of January John Musta	and makes application for the pension to which he eretofore as a resident of GSE ar 1 70 2 MWWadp his the
sentitled for the year 1902. I have he ounty been allowed a pension for the year Sworn to and subscribed before me, to day of annuary of the County.	and makes application for the pension to which he erectofore as a resident of Abbar 1702 his the 1902.  Ordinary.
sentitled for the year 1902. I have he county been allowed a pension for the year Sworn to and subscribed before me, to day of January John Cluston TATE OF GEORGIA, County.	and makes application for the pension to which he eretofore as a resident of GBB  ar 1 70 2  his the 1902.  Ordinary.
sentitled for the year 1902. I have he county been allowed a pension for the year Sworn to and subscribed before me, to day of January John Church TATE OF GEORGIA,  County.  1. County I am well acquainted with the county of th	and makes application for the pension to which he eretofore as a resident of GBB  ar 1 70 2  his the 1902.  Ordinary.  Ordinary.  The Providence of Said County, the Many Wald
sentitled for the year 1902. I have he county been allowed a pension for the year Sworn to and subscribed before me, to day of annuary oblive the transfer of the County.  TATE OF GEORGIA,  County.  I.  Certify that I am well acquainted with applicant in the foregoing affidavit, an	and makes application for the pension to which he eretofore as a resident of GBB  ar 1 70 2  his the 1902.  Ordinary.  Ordinary.  Ordinary of said County, the 1908 satisfied that the statements made by
sentitled for the year 1902. I have he county been allowed a pension for the year Sworn to and subscribed before me, to day of annuary of the County.  STATE OF GEORGIA,  County.  1.  1.  2.  3.  4.  5.  6.  6.  6.  7.  8.  8.  8.  8.  9.  9.  9.  1.  1.  1.  1.  1.  1.  1	and makes application for the pension to which he eretofore as a resident of GSB  ar 1 70 2  his the 1902.  Ordinary.  Ordinary.  The Providence of Said County, the Wall
sentitled for the year 1902. I have he county been allowed a pension for the year Sworn to and subscribed before me, to day of January day of January County.  STATE OF GEORGIA,  County.  1. County.  1. County that I am well acquainted with the applicant in the foregoing affidavit, and im in his said affidavit are true, and I know and that he resides in this County.	and makes application for the pension to which he eretofore as a resident of Shart 1702 his the 1902 Cordinary.  Ordinary.  Ordinary of said County, the Shart statements made by now he is the individual he represents himself to
sentitled for the year 1902. I have he county been allowed a pension for the year sworm to and subscribed before me, to day of annually day of	and makes application for the pension to which he eretofore as a resident of ABB ar 1 70 2 his the 1902 for this the 1902 for the pension to which he eretofore as a resident of ABB ar 1 70 2 his the 1902 for the pension of the pension for
sentitled for the year 1902. I have he county been allowed a pension for the year Sworn to and subscribed before me, to day of January day of January County.  STATE OF GEORGIA,  County.  1. County.  1. County day of January day of	and makes application for the pension to which he eretofore as a resident of GBB ar 1 70 2 his the 1902 for this the 1902 for the pension to which he eretofore as a resident of GBB ar 1 70 2 his the 1902 for the pension of the pension for
sentitled for the year 1902. I have he county been allowed a pension for the year Sworn to and subscribed before me, to day of American Act of County.  STATE OF GEORGIA,  County.  I.  Descript that I am well acquainted with the applicant in the foregoing affidavit, and in his said affidavit are true, and I know and that he resides in this County.  Given under my officients	and makes application for the pension to which he eretofore as a resident of GBB ar 1 70 2 his the 1902 for this the 1902 for the pension to which he eretofore as a resident of GBB ar 1 70 2 his the 1902 for the pension of the pension for
TATE OF GEORGIA,  certify that I am well acquainted wite applicant in the foregoing affidavit, and in his said affidavit are true, and I kn and that he resides in this County.  Given under my official and of a part o	and makes application for the pension to which he eretofore as a resident of GBB ar 1 70 2 his the 1902 for this the 1902 for the pension to which he eretofore as a resident of GBB ar 1 70 2 his the 1902 for the pension of the pension for

STATE OF GEORGIA	, ,	
Chill		
	ounty.)	,
Personally appears	ade of both	_
County, State of Georgia, who, being d	uly sworn, says on oath that he is a bona fide	citizen
and resident of said County and State	, and has resided in said State continuous	lv ever
since theday of	1826; that he is 72 years	
by occupation a famel	, that he enlisted in the military service of t	he Con
federate States (or of the State of		
States, and served for the term of	in Company , of the Re	oiment
of Ka. State trook	that his physical condition	giment
follows: from ale those	ity Cannot cam a Suppor	on is as
	1 com a compri	и
that his property consists of the follow	ing Itoms:	
Nota.	ing items	
		·····
of the value of		
	Dollars, that by reason of his p	hysical
that he receives no pension but the one	support himself by his own exertion or lab	or, and
	the benefits of the Act, approved Decembe	151
894 and the Acts amendatory thereof	and makes application for the pension to wh	r 15th,
	neretofore as a resident of Lobb	iich he
The state of the s		<del></del>
ounty been allowed a pension for the	1 1	
Sworn to and subscribed before me,		,
S day of Barry	_1903.	
Am Thursey	Ordinary.	
STATE OF GEORGIA,		
( MANA		
	inty.)	
I, Som Cavily	Ordinary of said C	ounty,
o certify that I am well acquainted w		
e applicant in the foregoing affidavit,	and am well satisfied that the statements m	ade by
im in his said affidavit are true, and I	know he is the individual he represents him	self to
e and that he resides in this County.		
Given under my offi	cial signature and seal, this & Th	
day of Jacu	7 19030	***************************************
Affix	Alan ducken	
here	and	
· · · · · · · · · · · · · · · · · · ·		ounty.
Nore.—The blank spaces m	ust be filled.	

### POWER OF ATTORNEY.

- Coph	County.		h	ereby authorize
Johnstolmy	of_			4 authorize
o receive and receipt for the	pension allow	wed, and re	quest that he	remit same to
	àt.		-	
ý	1		Q	
WITNESS my hand and seal,	this 14	day of	out is	1904
	ð	F All	Toda	[L. s.]
() Executed in the presence of				[L, S.]
main.				

Wade, G. W. Calle.

(FOR THOSE ALREADY ENROLLED.)

No. 622

SOLDIER'S PENSION

INDIGENT

1904.

no dette

Commissioner of Pensi

JOHN W. LINDSEY,

WARRANT ISSUED

Regiment

3

WARRANT HANDED TO

### POWER OF ATTORNEY.

STATI	E OF GEORGI					
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/ K	10000	9	of	<del></del>	-	
o recei	ive and receipt f	or the pension	allowed, a	nd request t	hat he remi	t same
			44	,	101111	- Same
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y				~		
w	TITNESS my hand	and seal this	9	1		
		una scar, this	1	day of		1905.
		-	J	11 110	ille	
Ex	ecuted in the pre	canno of				[L. S
(	Janli	sence of				
	Masas	m			,	
			144			

nodate

WARRANT HANDED TO

JOHN W. LINDSEY,

County

Regiment A

WARRANT ISSUED

SOLDIER'S PENSION

INDIGENT

No.

1905.

(FOR THOSE ALREADY ENROLLED.)

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE C	F GEORG	IA,		× ,	
· Cu	Le Cou	inty,			
	0 11			0.	
Personally		Had		of G	Sh
County, State of	Georgia, who, bein	g duly sworn,	says on oath	that he is a bona	fide citizen
and resident of s	aid County and	State, and ha	s resided in s	said State continu	ously ever
since the	day of		18; that	he is 77 ves	rs old and
by occupation a_	forme	, that he en	listed in the	military service of	f the Con
federate States (6	f of the State of			during the 1	
States, and served	for the term of	3 years	in Company	8 05 2/2	D
of In Slo	la Frosp	0	that	his physical cond	Regiment
follows :	/		, trat	nis physical cond	ition is as
a		Luna	is ac	/	
. /		2.1	7 00	u jou	nes?
hat his proporty		11			
mat his property	consists of the fol	llowing items	D.		
		Ur U	ming	-	
	A				
if the value of	verty he is unable		Dollars, tha	t by reason of hi	s physical
894, and the Acts s entitled for the	esires to participa s amendatory ther year 1904. I have yed a pension for t	eof, and make e heretofore as	s application is a resident of	or the pension to	which he
Sworn to an	d subscribed befor	e me, this the		Wou	4
TIM	nomb	<b>2</b>	Ordinary.		
TATE O	F GEORG	τ <b>ά</b> )			
JIMIE Q	01.	· }			4
I	of horse	nty.)			
^	m well acquainted	1		Ordinary of said	
him in his said	e foregoing affida	vit, and am v	vell satisfied	that the statemen	its made
be, and that he	affidavit are true, resides in this Cou	and I Know he	is the indivi-	anat he represents	himself
	ven under my offic		and soal this	18	
	of A				
~~~	Samuel Samuel St. M. Market S. M.	/ .	9/2	AF	
Amx your Besi			XIM	V2VIII	7
here		Ordinary	CP	oh c	ounty.
a.	Note.—The blank a				

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	<u> </u>
County.	
Personally appears	Vacla of Colh
County, State of Georgia, who, being duly s	worn, says on oath that he is a bona fide citizen
	nd has resided in said State continuously ever
	that he is years old and
	the enlisted in the military service of the Con-
federate States (or of the State of	during the war between the
	in Company 4, of th Regiment that his physical condition is as
	mel Tours
ionows.	
-	
that his property consists of the following i) -//
of the value of	Dollars. I am now earning,
	Dollars per month. That by reason of his
labor, and that he receives no pension but of Deponent desires to participate in the 1894, and the Acts amendatory thereof, and	benefits of the Act approved December 15th, makes application for the pension to which he
is entitled for the year 1905. I have hereto	fore as a resident of
County been allowed a pension for the year Sworn to and subscribed before me, the day of January 19 John Turny 19	nis the f M Wade
STATE OF GEORGIA, County.	
I, Shirtwhey	X WIN
do certify that I am well acquainted with	(.)
(d am well satisfied that the statements made
•	know he is the individual he represents himself
to be, and that he resides in this County.	nature and real this
Given under my official sign	1905
day of) A 16-
Affix your Heni Heni Heni	Huary Cold, County.

Note.—The blank spaces must be filled.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,	COUNTY.	Mul	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ereby authorize
Andring	of_	7.;		4
to receive and receipt for th	ne pension allowed	d, and reque	st that he	remit same to
WITNESS my hand and		day of	Jan	71906.
Executed in the present	ce of	WWY	adq	[L. S.]
Julan	<u></u>			

COUNTY. receive and receipt for the pension allowed, and request that he remit same to WITNESS my hand and seal, this_

POWER OF ATTORNEY.

STATE OF GEORGIA,

Executed in presence of

COME BUTTON 1954. (FOR THIOSE ALREADY EMROLLED)	INDIGENT	1907.	Name All Mark County Co. A. Regiment	WARRANT ISSUED JAN 21 1907.	JOHN W. LINDSEY, Commissioner of Pensions. WARRAVE HANDED TO

SOLDIER'S PENSION CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.) sel

1906.

JOHN W. LINDSEY, Commissioner of Pe WARRANT ISSUED

WARRANT HANDED TO

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,	η_{ty} .
Personally appears	Vade of Con
County, State of Georgia, who, being	duly sworn, says on oath that he is a bona fide citizen
and resident of said County and Sta	te, and has resided in said State continuously ever
since theday of	18; that he isvears old and
by occupation a	, that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of	in Company E, of Jan Regiment
of state to spe	; that his physical condition is as
follows:	Tpoul,
hat his property consists of the follow	ving items:
	The second secon
of the value of	Dollars. I am now earning
y my labor,	Dollars per month. That by reason of his unable to support himself by his own exertion or
894, and the Acts amendatory thereof,	in the benefits of the Act approved December 15th, and makes application for the pension to which he heretofore, as a resident of
Sworn to and subscribed before n	
	,
monny	Ordinary.
State of Georgia,	
CVII Gou	nty.}
I John do	<u> </u>
shudw	Ordinary of said County,
o certify that I am well acquainted v	Ordinary of said County,
certify that I am well acquainted version affidavi	Ordinary of said County, with Wall satisfied that the statements made
certify that I am well acquainted value applicant in the foregoing affidavity him in his said affidavit are true, and	ordinary of said County, with t, and am well satisfied that the statements made d I know he is the individual he represents himself
o certify that I am well acquainted version applicant in the foregoing affidavity him in his said affidavit are true, and be, and that he resides in this County	Ordinary of said County, with t, and am well satisfied that the statements made d I know he is the individual he represents himself
o certify that I am well acquainted version applicant in the foregoing affidavity him in his said affidavit are true, and be, and that he resides in this County	Ordinary of said County, with County, with County, with t, and am well satisfied that the statements made d I know he is the individual he represents himself
I am well acquainted vote applicant in the foregoing affidavity him in his said affidavit are true, and the, and that he resides in this County Given under my official	Ordinary of said County, with t, and am well satisfied that the statements made d I know he is the individual he represents himself
I am well acquainted vote applicant in the foregoing affidavity him in his said affidavit are true, and the, and that he resides in this County Given under my official	Ordinary of said County, with County, with County, with County, and am well satisfied that the statements made of I know he is the individual he represents himself of the county, signature and seal, this County C
o certify that I am well acquainted very me applicant in the foregoing affidavity him in his said affidavit are true, and be, and that he resides in this County Given under my official day of	Ordinary of said County, with t, and am well satisfied that the statements made d I know he is the individual he represents himself

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgi		
Personally appears	Made	cosh
County, State of Georgia, who, be		
and resident of said County and	State and has maided in mid s	De 18 a oona nae citizen
since theday of	10	tate continuously ever
and by occupation a	About a state of	e 1ayears old
and by occupation a	that he enlisted in the mi	litary service of the Con-
federate States (or of the State of) dur	ng the war between the
States, and served for the term of		
of sa state	; that his	physical condition is as
follows:	my posing	
		(C)
that his property consists of the	following items:	
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of the malue of	Dolla Dolla	rs. I am now merning
by my dabor, 4	Dollars per month.	
physical condition and possety he	is unable to support himself he	this ame
labor, and that he receives no pens	sion but the one bearing and ind f	us bwn exertion or
Deponent desires to partici	pate in the benefits of the Act ap	or.
1894, and the Acts amendatory the	ereof, and makes application for t	he persion to which he
is entitled for the year 1907. I ha	the heretofore or a maridant of	de penson to which he
County, been allowed a pension for	or the year 1908	
Sworn to and subscribed be		۸
day of free	7 1907 WW	use
hehri Hur Ale	Ordinary.	0-07
	Ordinary.	
State of Georgia	8.	
1		
I, John An	ounty.	4
I. John to	They Or	dinary of said County,
do certify that I am well acquain	1 (1/2, 700 0	
	The state of the s	
the applicant in the foregoing affid by him in his said affidavit are true	avit, and ho evel settined shat	the statements made
to be, and that he resides in this C		he represents himself
	ficial signature and seal this	3
day of		
day of	7,000	1.
1-12-	(fot ox	
	John Y	whey
AME FOAL	Ordinary Con	County.

Nova.—Amdavis should not be attested before January let, 1907.

ino. W. Lindery, Commissioner of Denois Stanla July 7-1909 Em file dineworth Ollesen offen dupt v- 1909 Enfrorder Proceeding In appear test this Dear Em Con was Kitfor and that I return to you the ingent tu fact show that W. Wad was a motion that you so kindly for Indignit Prision Race leath any disantin middle my about the Prising that for Made Rund of John wowall - you can reliared march 29-1865. Now new Chorp disertion Ludgut Brusin has he Paralle? For exclusing or why Rad of Cotto. vur Principal a Citie & Haguet Kindly give me this information I Jun means directors it - acces to that sealed, and return this peaking and to you one by now must your Reguerates Comes of Patami for Real of Georgia

3no. Va. Lindsey, Commissioner of Pensions,

To Mo. Made

PENSION OFFICE,

July 1 1909

Cours of Premiers

SIR:

You are hereby notified to furnish to this office on or by the Lift
day of Lagrest 1909, sufficient competent evidence, why you should and the stricken from the Lucleguet Pension Roll of Leoth County, for cause stated below, preferred against you by for describin

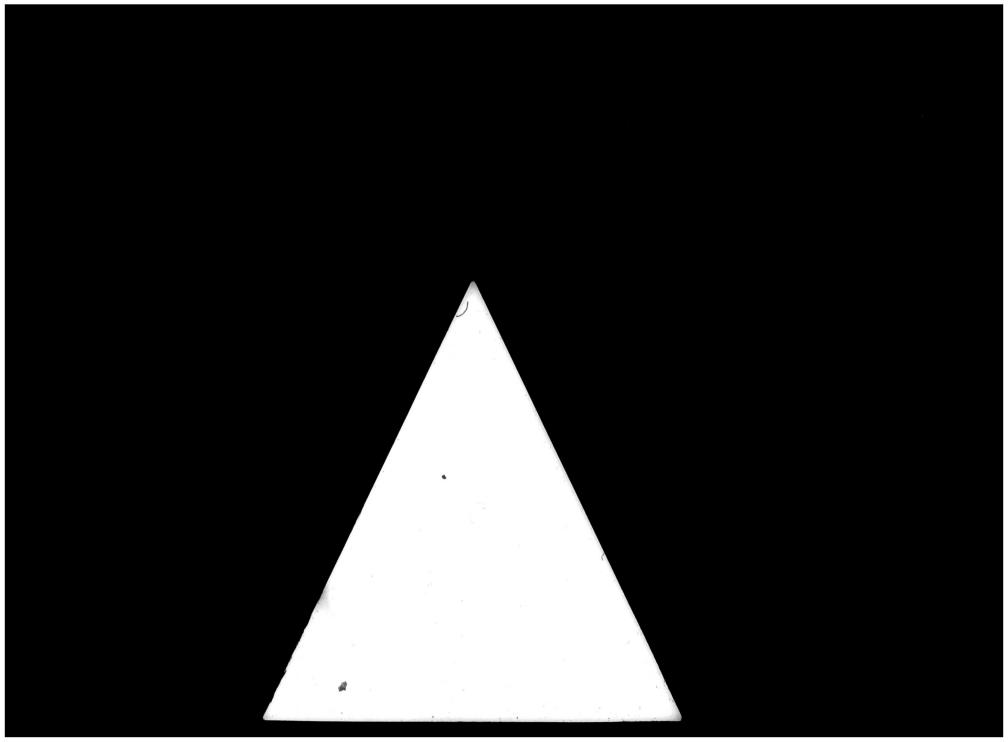
leath County Oa.

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.

The clong Is that after it of Prime at Comp Douglas Sell you did not to go of month 1 ster took the out of allegreen to the US Though Known of allegreen to the Ornain, though two sheard your Country clienting your Country and seey

Giaria Coll Counts & Siasonally appeared F.F. Came who their duly Rowers Ady w that he man 2 std gentliment of bold 1 2t Ryinnet La Rtale trasper and Depenant Rays that John . W. make was a manher of Baid Company that he formally belong to to Raid Company 6 and was among the members of Baid organization of Raid Regiment Depound Knows That Sand wade performed Regular duty in line from hate of his ullistement and during Thurman Campaign through ba and that during Geredal I. C. I huston Retreat from marritta to Athanta that Hold wade was on duly on the with day of guly /864 and That between this date and the 7th of July the Confederate aring shape forced across the Chattahoveke Ring and Several of my Company wer Reported as missing trade was one of the unssang minher of my company from that date Swore to & Subscribed Fr. F. Garm before sue Sept 16 1908 Me Stone Lorgia Colo County: e Octify that of A Game the affiant as above is a resident of by Congty and us a witness is withing

State of Georgia Personally appround before the the Render rajuly Codicary in and for laise County John C. Worken Who being Sworn Paix that he deponent, was a Mumber of Co A. 12 Ga Cavalry and that he defount was captured and frameported Bonglass in the State of Allianis in the State live in the past of June or the early part of July 186 4 J. W. Wade with others, orrina at leauf Houghes as prisoners of War. and So tremained prisoners, as well as Muyself will we were discharged from I 865 poison about the middle of May I Know these facts of my own Knowledge because & Kaus Mr Wade for Many years before the was and were together won or less the entire time were were in poison until in Men discharged in May 1865 Sworn to tsubscoribed before we John Chicky of G. Mohon Coop County,



Russ the firm with his comment of INDIGENT PENSION. applications by a intime 1900._. who of his ormitum JOHN W. LINDSEY,

POWER OF ATTORNEY.

up auch	Executed in presence of	Witness my haad :	receive and receipt for	ting	County.)
Silver Silver	me of	Witness my hand and seal this 20 day of	to receive and receipt for the pension allowed, and request that he remit same to	miletan Colding of Cold Cold Cold	County.
	Osmy 1	any of Jean	ion allowed, and request that he remit same to	ading of C	
	X . 8.)		ame to	Con here	

POWER OF ATTORNEY STATE OF GEORGIA Coalt Witness my hand and seal this 20 1/

Questions for Applicant. STATE OF GEORGIA. County. to avail himself of the Pensis Act (Section 1204, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? (give State County and post office 2. How long and since when have you been a resident of this State ? 53 years 3. When and where were you born? In obent & miles of buttel, april 1844, 4. When and where and in what company and regiment did you enlist or serve 2 2. 1611. 64114a, in Kultu Carty, - Nov. 1862. 5. How long did you remain in such company and regiment? Until the pure 1865 of approve attack the such company 6. For how long a period did you discharge regular military duty? Fran Novi 62 toofine 1865. 7. When, where and under what circumstances were you discharged from service? Quantum for a least surreder, What is your present occupation? How How much can you earn (gross) per annum by your own exertions or labor? Not over to 10. What has been your occupation since 1865? Harry

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"? Definity & 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 no property to amount to anything. Hor over 20 years Thoughout chronic inflam to of the beautiest 13. What property, effects or income do you possess, and its gross value? All Thank is one mule worth at + \$2000; household effects about 10 dollars. 14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? None, except or alone mentioned, Thorrace, but had to sell it & beed ungelf -15. In what County did you reside during those years, and what property did you then return for taxation? le all County - some property an above. 16. How were you supported during the years 1898 and 1899? That a range morked & kept me up, but he came 21 last fally has left me. 17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? My when the ar much at \$120 then years fracte.

18. What was your employment during 1898 and 1899? What pay did you receive in each year? Hong: whole \$2000 by mylcho 19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? The mile white children; all of oge but one, who is ten parsalel. no hametend they have no support since my oblest par come of age - 1899, Are you receiving any pension? If so, what amount, and for what disability? Tour

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Colt COUNTY.
Chilin He sulvace, of said State and County, having been presented
as a witness in support of the application of dry Wall 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 seeds? Elehen Hendence
Ingre, Call Colyn
2. Are you acquainted with the applicant; if so how long have you known him? Yer; when since 156/
3. Where does he reside, and how long and since when has he been a resident of this State?
on Coffanty since 1863 Duyartan Rumlife.
4. When, where and in what company and regiment did be callet, and how do you know? I have
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty, and what do you know of his service as a Confederate
soldier, and the time and circumstances of his discharge from the service? I then the
of 1861 Dette sureveller in 1865.
AU
7. What property, effects or income has the applicant? (Give your means of knowledge.)
property aspeak of; he has a little mule, no land, a few bud slatters.
8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what
disposition, if any, did he make of same? How to de more Dearning
3. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
sold and de the is all them of
10. What is the applicant's occupation and physical condition? acceptation a former.
in not able Q do any work or heart of
It is the applicant unable to support himself by labor of any sort, if so, why? The is not
sport -
12. How was he supported during the years 1898 and 1899? Be take to have
13. What portion of his support for these two years was derived from his own labor or income?
tout and tay exactly - I think only a mall hart.
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? Heat head deep the statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
other a rand in not able and manual distant
Knows no other Kind odo, le is illiterate.
5. What interest have you in the recovery of a pencion by this applicant? Sworn to and subscribed before me, this)
1020 day of Jenny 1900 & When Hemball
Witness,
A Committee of the comm

AFFIDAVIT OF PHYSICIANS.

	COUNTY
	OUNTY.)
Peraonally came before me	Jallestoch
J. W. Rung	Doth known to me or manual to
said County, who, being severally so	worn, say on oath that they have examined carefully
	, applicant for pension under Section 1254, Code, and afte
possent examination say that his	precise physical condition is as follows:
	age sisiyia
He has a ch.	and the second
	A TELESCOPE OF THE STATE OF THE
and have been been and the beautiful to be the	many francisco de la constanción de la constanci
in the waith it is all the	Tida diaces in the Vi
Уперве В гама	whort
They further say on oath that the	physical condition of applicant renders 1:
work or calling sufficient to earn a	support for himself, and that we have no interest in said pension
ng allowed.	and that we have no interest in said pension
Sworn to and subscribed before m	ne this the
to be fars	1. 1. 4711111000 411.9
201	1900.) H. Or Runyan A
- Muse	Ordinary. O. Manyan of
V	
ATE OF GEORGIA,	
TO COL	UNTV
MAI	don
I, MI	Ordinary in and for said County, hereby carrify
I, the applicant	Ordinary in and for said County, hereby certify
I, the applicant a bona fide resident of this State, sin	Ordinary in and for said County, hereby certify resides in said County, and has the the day of OAMA
the applicant a bona fide resident of this State sin	Ordinary in and for said County, hereby certify resides in said County, and has the the day of Africa 1845
the applicant a bona fide resident of this State sin that the witnesses, viz : Calcille	ordinary in and for said County, hereby certify resides in said County, and has the the day of Africo 1844 workenbree, J. B. Medlacke
the applicant a bona fide resident of this State sin that the witnesses, viz : Shall the function of the state of trustworthy character, and that the	ordinary in and for said County, hereby certify resides in said County, and has the the day of Africa 1844 Lew Skewbree, J. B. Ostellings ir statements are entitled to full cith and waiting
the applicant. a bona fide resident of this State sin that the witnesses, viz : Gallier that the witnesses, viz : Gallier trustworthy character, and that the I further certify that before answer	ordinary in and for said County, hereby certify resides in said County, and has the the day of Africa 18454 when the day of Africa 18454 it statements are entitled to full faith and credit.
the applicant a bona fide resident of this State sin that the witnesses, viz : Color of trustworthy character, and that the I further certify that before answer ath hereon prescribed, and that the	ordinary in and for said County, hereby certify resides in said County, and has the the day of Africa 18454 when the day of Africa 18454 it statements are entitled to full faith and credit.
the applicant a bona fide resident of this State sin that the witnesses, viz : Gliller of trustworthy character, and that their I further certify that before answer ath hereon prescribed, and that the same was signed.	ordinary in and for said County, hereby certify resides in said County, and has resides in said County, and has a set the day of 18474 or
the applicant a bona fide resident of this State sin that the witnesses, viz : Gliller trustworthy character, and that the I further certify that before answer ath hereon prescribed, and that the same was signed. I further certify that the tax digest	ordinary in and for said County, hereby certify resides in said County, and has the day of Africa 1847. By Arthur By Branch B
the applicant a bona fide resident of this State sin that the witnesses, viz : Gliller of trustworthy character, and that their I further certify that before answer ath hereon prescribed, and that the same was signed.	ordinary in and for said County, hereby certify resides in said County, and has resides in said County, and has the day of 18474 resides in said County, and has the control of the said County, and has resident in the county of the said County, and has resident in the county and county show that applicant and witness took full text of the affidavite was read to the applicant and witness took full text of the affidavite was read to the applicant and witness took full text of the affidavite was read to the applicant and witness took full text of the affidavite was read to the applicant and witness took full text of the affidavite was read to the applicant and witness took full text of the affidavite was read to the applicant and witness took full text of the affidavite was read to the applicant and witness took full text of the affidavite was read to the applicant and witness took full text of the affidavite was read to the applicant and witness took full text of the affidavite was read to the applicant and witness took full text of the affidavite was read to the applicant and witness took full text of the affidavite was read to the applicant and witness took full text of the affidavite was read to the applicant and witness took full text of the affidavite was read to the applicant and witness took full text of the affidavite was read to the applicant and witness took full text of the affidavite was read to the applicant and witness took full text of the affidavite was read to the applicant and witness took full text of the applicant and text of the applicant and text of the applica
the applicant a bona fide resident of this State sin that the witnesses, viz : Calling trustworthy character, and that the I further certify that before answer ath hereon prescribed, and that the same was signed. I further certify that the tax digest ed for taxation in his name in 1898	ordinary in and for said County, hereby certify resides in said County, and has resided in said County and has resided in said County and has resided in said County and has said County, hereby certify and has resided in said County, and has re
the applicant. a bona fide resident of this State sin that the witnesses, viz : Calling that the witnesses, viz : Calling trustworthy character, and that the I further certify that before answer ath hereon prescribed, and that the same was signed. I further certify that the tax digest ed for taxation in his name in 1898 perty, and in 1899	ordinary in and for said County, hereby certify resides in said County, and has resides in said County, and has the day of Africa 1844 workenship of B. Meddinck ir statements are entitled to full faith and credit. ring the foregoing questions the applicant and each witness took full text of the affidavits was read to the applicant and witness County show that applicant County show that applicant Dollars Dollars Dollars of preperty.
the applicant. a bona fide resident of this State sin that the witnesses, viz : Golden in that the witnesses, viz : Golden in trustworthy character, and that the I further certify that before answer ath hereon prescribed, and that the same was signed. I further certify that the tax digest ed for taxation in his name in 1898 perty, and in 1899	ordinary in and for said County, hereby certify resides in said County, and has the day of Africa 1844 it statements are entitled to full faith and credit. ining the foregoing questions the applicant and each witness took full text of the affidavits was read to the applicant and witness County show that applicant County show that applicant Dollars
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the applicant. a bona fide resident of this State sin that the witnesses, viz : Golden in that the witnesses, viz : Golden in trustworthy character, and that the I further certify that before answer ath hereon prescribed, and that the same was signed. I further certify that the tax digest ed for taxation in his name in 1898 perty, and in 1899	Ordinary in and for said County, hereby certify resides in said County, and has the the day of Africa 1844 it statements are entitled to full faith and credit. ining the foregoing questions the applicant and each witness took full text of the affidavits was read to the applicant and witness County show that applicant County show that applicant Dollars Dollars Dollars Dollars Dollars Dollars Morty Dollars
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shall t

QUESTIONS FOR WITNESS.

	allon COUNTY
	Jim Pa
_	, of said State and County, having been presented
1111	a witness in support of the application of very to de for pension der Section 1254, Code, and after being duly sworn true answers to make to the following questions,
der	poses and answers as follows:
	. What is your name and where do you reside? 9 M. Bowen
-	12 & martin sent alauta lea
2.	
hov	w long have you known him? about 40 years
3.	Where does he reside, and how long and since when her he been a resident of this State?
4.	
5.	Were you a member of the same company and regiment? blong to Co. a, same Reg.
6.	How long did he perform regular military duty? from mehbz to april 1861
7.	When and where was his command surrendered?
Za	, on gliday april 1865-
8.	Were you present when it surrendered? yes
9.	Was applicant present? Oyes
10.	If he was not present, where was he
Wh	en did he leave his command? 10 14 1865 For what cause? Buselled by Sen Bau
By	what authority he left? Parolled How do you know all of this?
···	vas weith and Know, by being prosent ablien
11.	What property, effects or income has the applicant? (Give your means of knowledge.)
	The work of the series
12.	What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what
	What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what osition, if any, did he make of same?
lisp	What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what
disp	What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what osition, if any, did he make of same? Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
disp	What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what osition, if any, did he make of same? Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
13.	What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what osition, if any, did he make of same? Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? What is the applicant's occupation and physical condition? Januar, not able to work and large library.
13.	What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what osition, if any, did he make of same? Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? What is the applicant's occupation and physical condition?
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13. 14.	What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what osition, if any, did he make of same? Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? What is the applicant's occupation and physical condition? Harmen, not able to work and a large labeling.
13. 14. 15.	What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what osition, if any, did he make of same? Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? What is the applicant's occupation and physical condition? Januer. "not able to work and farm library." Is the applicant unable to support himself by labor of any sort, if so, why? Yes How was he supported during the years 1898 and 1899? ** ** ** ** ** ** ** ** ** ** ** ** **
113. 114. 115.	What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what osition, if any, did he make of same? Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? What is the applicant's occupation and physical condition? January. Not able What is the applicant unable to support himself by labor of any sort, if so, why? It see the applicant unable to support himself by labor of any sort, if so, why? What portion of his support for these two years was derived from his own labor or income?
113. 114. 115.	What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what osition, if any, did he make of same? Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? What is the applicant's occupation and physical condition? Januar. not able To work and a language of the applicant unable to support himself by labor of any sort, if so, why? Is the applicant unable to support himself by labor of any sort, if so, why? What portion of his support for these two years was derived from his own labor or income? One of full and complete statement of the applicant's physical condition that entitles him to a nearly or the applicant's physical condition that entitles him to a nearly or the applicant's physical condition that entitles him to a nearly or the applicant's physical condition that entitles him to a nearly or the supplicant's physical condition that entitles him to a nearly or the supplicant's physical condition that entitles him to a nearly or the supplicant's physical condition that entitles him to a nearly or the supplicant's physical condition that entitles him to a nearly or the supplicant's physical condition that entitles him to a nearly or the supplicant's physical condition that entitles him to a nearly or the supplicant is not applied to the supplicant in the supplicant is not applied to the supplicant in the supplicant is not applied to the supplicant in the supplicant is not applied to the supplicant in the supplicant is not applied to the supplicant in the supplicant is not applied to the supplicant in the supplicant is not applied to the supplicant in the supplicant is not applied to the supplicant in the supplicant is not applied to the supplicant in the supplicant is not applied to the supplicant in the supplicant is not applied to the supplicant in the supplicant is not applied to the supplicant in the supplicant is not applied to the supplied t
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113. 114. 115. 116.	What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what osition, if any, did he make of same? Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? What is the applicant's occupation and physical condition? Harmer, not able Is the applicant unable to support himself by labor of any sort, if so, why? Ilow was he supported during the years 1898 and 1899? What portion of his support for these two years was derived from his own labor or income? Give a full and complete statement of the applicant's physical condition that entitles him to a reader.
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POWER OF ATTORNEY. STATE OF GEORGIA, County. hereby authorize to receive and receip for the pension allowed and request that he remit same to at by Witness my hand and seal, this The day of the pension allowed and request that he remit same to at DENSCRIED THE PROPERTY OF THE

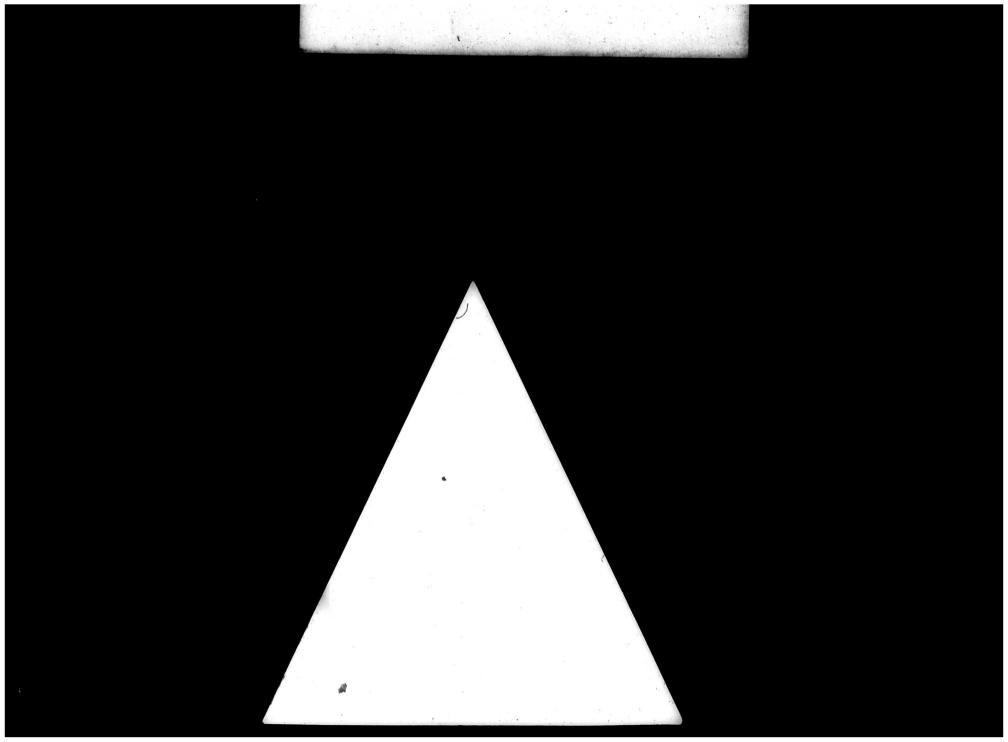
INDIGENT

No. 5.2 5
INDIGENT

INDI

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	Cøunty.		
	0 1/	.)	γ
Personally appe		of G	06
County, State of Geor	rgia, who being duly sw	orn, say's on oath that he is a	bona fide citizer
	County and State, and y of	has resided in said State c	
by occupation a	mus that	he enlisted in the military so	years old and
ederate States or of	the State of		war between the
		in Company C, of	118
of ky Va	4		
ollows :		; that his physic	al condition is as
A Ann	- L 26/.		
L. I	780	To keep por	ys
u so uss	ach a suj	The state of the s	
hat his property con	sists of the following it	tems / T	
		chothing	
f the value of		Dollars, that by reason	of 1.111. 1
ondition and noverts	he is unable to summe.	t himself by his own exerti	or his physical
and poverty	ne is unable to suppor	t nimself by his own exerti	on or labor, and
hat he receives no per	nsion but the one hereir	applied for.	
Deponent desires	to participate in the be	enefits of the Act, approved	December 1841
004 1 -1 - 4 -	andatam the C 1	mphilipied	December toth,
504, and the Acts am	endatory thereof, and m	akes application for the new	
ob4, and the Acts am	1000 Ti	akes application for the pens	ion to which he
entitled for the year	r 1902. I have heretof	fore as a resident of	yon to which he
entitled for the year	r 1902. I have heretof pension for the year 1	fore as a resident of	on to which he
ounty been allowed a	r 1902. I have heretof pension for the year 1	fore as a resident of	ion to which he
ounty been allowed a	r 1902. I have heretof pension for the year 1 scribed before me, this	the Alia of	yon to which he
ounty been allowed a	r 1902. I have heretof pension for the year 1 scribed before me, this	fore as a resident of	ion to which he
ounty been allowed a	r 1902. I have heretof pension for the year 1 scribed before me, this	the	yon to which he
ounty been allowed a Swopp to and sub	pension for the year 1 scribed before me, this	the Alia of	ion to which he
ounty been allowed a Swopp to and sub	r 1902. I have heretof pension for the year 1 scribed before me, this	the	ion to which he
Sworm to and sub-	pension for the year 1 scribed before me, this	the	ion to which he
ounty been allowed a Swore to and sub day of TATE OF SE	p 1902. I have heretof pension for the year 1; scribed before me, this	the Ordinary Man	de
ounty been allowed a Sworp to and sub day of TATE OF OF	pension for the year 1; scribed before me, this Condia.	the Ordinary Man	of said County,
Sworp to and sub day of TATE OF SE	pension for the year 1; scribed before me, this color of the year 1; col	the Cordinary Many Cordinary Perry Waste	of said County,
Sworp to and sub day of I	pension for the year 1; scribed before me, this colon, County. County. County.	the Cordinary Many Cordinary Many Cordinary Many Many Many Many Many Many Many Man	of said County,
Swort o and sub day of the feet of the fee	pension for the year 1; sorbed before me, this colonty. County.	the Cordinary Many Cordinary Perry Waste	of said County,
Swort o and sub day of the feet of the fee	pension for the year 1; sorbed before me, this colonty. County.	the Cordinary Many Cordinary Many Description well gatisfied that the state	of said County,
Swort o and sub day of the peace of the peac	pension for the year 1; scribed before me, this county.	the the conditions of the	of said County,
Sworp to and sub- day of the peace of the pe	conty. County.	the the conditions of the	of said County,
Sworp to and sub- day of the peace of the pe	pension for the year 1; scribed before me, this county.	the the conditions of the	of said County,
Sworp to and sub- day of the peace of the pe	conty. County.	the the conditions of the	of said County,
Swort o and subday of the year ounty been allowed a Swort o and subday of the year of the	County. Cou	the the the the state of the	of said County, ments made by sents himself to
Sworp to and subday of the certify that I am we applicant in the form in his said affidavi and that he resides is day	conty. County.	the the continue of the	of said County,



Waits Luvine Widow's Application To Be Put on Roll in Her Own Right, when Husband Was on Roll at Death. County Pobli J. W. LINDSEY

WIDOW'S AFFIDAVIT.

STATE	F GEORGIA	County.		\ <u>'</u>		
Persona	lly before me com-	mo Lu		VE 17		
who, after bein	or duly swern on	ogth save Alice -		yaur	of said	County,
in the County	of Hull	eath says, that she	is the widow of	mus m	Mails	whom
day of July	1 =1869 and th	et she remained b	01.	she was	married on the	3
in March 19	1909 an	at she remained his	wife, and resi	ded with him	to the date of hi	s death
he was a resid	lent of	Cour	since his death	remarried.	At the time of hi	s death
was on the	Indinen	Pane	ity, in	said S	state of Georgia,	and he
in	off Cou	Pensonty for 1909	non from of the	State and pai	da pension of \$	60.
V		Regiment	28 229	(Voluntee	rs of State Milit	in.)
At the d	leath of 2 m.	Start		*		
property		love	ne was in t	he use and po	essession of the fo	llowing
	alue of \$	_	****	······································		
What pro	operty of any kind	l and of any value l	nave you in you			
the cash value,	(State fully.)	no	Tons			
		0	/ /	/		
		Mules			\$	
	Hogs, Cow	s, etc				
	Total Cash	value of all propert	ν		\$	
		le resident citizen o			14	••••••••••
as so continuo	usly resided since	day	said county o		a	nd she
J	of of		Ordinary,	County.		
		Death of		and to V	VhomDate	of .
20	GEORGIA,	County	Sh	<i>[</i>		
nd truthful pers	sons, residing in s	aid County, who at			own to be respo	
vn personal kr	nowledge Mrs.	myra &	Tach w	ho made the	foregoing office	.:. :
e lawful widov	v of.	y all	who died	in C	alle .	
id State of		on/./	day of	1900	and the	
s not since rema	arried. That she b	ecame the wife of			on the	day
18 an	THE PARTY OF THE PARTY OF				7	
	d that she and he	had resided togethe	r as man and w	rife continuous	ly since To	140
man Mag	Graff 18	had resided togethe		. 1	was the	year
man Mag	Graff 18	had resided togethe			was the	year
me man who w	Graff 18	had resided together that the roll of said States.			was the	year
me man who w	as on the pension when he d	had resided together that the roll of said States.			was the	year
me man who w	as on the pension	had resided together that the roll of said States.			was the	year
me man who w	as on the pension when he d	had resided together that the roll of said States.	Ĝ, S		was the	year

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

Widow's Application

Marriage License

Ctata :	T,	Pagnaia	JC. 14	Ø t
Drute h	ı,	Benefig	Fulton	Gounny.

To any Minister of	the Caspel.	Judge of	the Superior	Court. Just	ice of the	Peace, or other	Person authorized	tıı
· Solemnize :			•					

You are hereby authorized and permitted to join in the honorable state of Matrimony Mr. Jennes M. Merito Miss. Luvinia Ker

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

	RETURN THIS LICENSE, WITH YOL	R CERTIFICATE THE	REON, TO MY OFFICE FOR	RECORD.	
	Given under my Hand and Seal this	day of	February	1569	-
		_	iel Pillman		
j	hereby certify that Mon	James	M. Hailo		-

Miss. Lavinia Ken

on the & day of February 1869, by me.

F. M. White . J.P.

State of Georgia,

ORDINARY'S OFFICE

Fulton County.

September 22 1980,

3. Moun cellus Mb. Aulusan, bleve 6 m k- of Ordinary of said County, hereby certify that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

> Mr. James Mr. Hailo and Morso, Lacinia Ker

as the same appears of record in this office.

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

STATE OF GEOR	GIA,		
Personally before m	County.	.,	
oath says, that they are fr said County and knew her s	eeholders of said County		
day of Mend 1949	that she and he were		t his death on the
property we mis death to wi	Moonk	ers	
of the value of \$property to wit:	That she is n	ow in the use, possession	and control of the followin
of the value of \$		1, 1	
Sworn and subscri	1910	M. G. S. Ordinary, L. S. Count	handie
STATE OF GEORG	ORDINARY'S C	ERTIFICATE.	
my	to of the		
Mrs Luina	Heat the an	Ordinary of said Co	ounty, do certify, that, I and that she is the person
ne represents herself to be,	and that she is a bona fide	continuing resident of s	aid County and was on the
/ 721 - 1	91		
L Sander Il &	916	witness as t	o marriage and I also know
at all of the foregoing were uthful and trustworthy and	their statements are entitle	ed to full faith and credi	t ·
That the tax Books o	f. County show	ws that She	returned property to the
nount offor	1908 \$.0.0 for	r 1909 8.00	for 1910 \$0d
(SEAL.)	and official seal of office	thisday	of Sept 1910
(SEAL.)	XIII	Carl	Ordinary.
TES 1. Before any questions	are answered the Ordinary sh	Il amaza a l'antica de la constitución de la consti	County.
You do solemnly sw you shall give will 2. Additional affidavits 3. All affidavits must be 4. Only widows who ma 5. Attach certified conjection	are answered, the Ordinary she ear that you will true answers be the truth. So help you ' may be attached if blank spac- made before the Ordinary. rried prior to first January 18 s of marriage license if obtain	make to each of the question God." oes are insufficient.	vitness in the following words. as asked you and the evidence
general reputation.	s of marriage license if obtain	nable. If not, prove marr	iage, by some present, or by

allycommeraing ---

POWER OF ATTORNEY. STATE OF GEORGIA.

County.

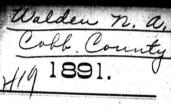
Presents, That I,

me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing Coppy, in said State, do hereby appoint J. A. V. L. 1861.
of Hulling Cainty Va. Ralled H. my true and lawful attorney in lact, for affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason

hand WITNESS WHEREOF, day of

IN





Mo. 1463

Widows' Pension

\$100.00.

Warrant Issued

1891

AND HANDED TO

STATE OF GEORGIA.

County, in said State, do hereby appoint,

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

, and oblige.

day of hereunto set my hand and seal, this here hereunto set my hand and seal, this here is a larger than the presence of us:

"The
If allowed, send amount by



3100.00

Affidavit to be Made by the Widow.

	STATE OF GEORGIA	
	County of Ool in and for the County of Ool	
	Mrs. A. William, who being sworn according to law, says under	
	oath that she is the widow of t	
	the service of the Confederate States, and Served as a member of Company , of the	
	survive or an analysis of the constant of the	
	Army up to 25 June 186 2, and was in the	
	Army, he was on the day of June 1862 (See Note No. 1)	
	while engage, at Vaines Wills,	
	was that and figurea, in battle	
d	on my wife nilles	

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the // th day of lingust () 1858, and that she has resided in Georgia continuously since the Hanning 1840; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

NOTE 1. State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is known positively to have resulted from the service of the soldier in the Army and not from any other cause,

In person came before me, the undersigned Ordinary

in and for said County, witnesses...

Meach known to said Attesting Officer as truthful, reputable citizens), who severally say under oath, that from their own nersonal knowledge, of the County of 100

That said soldier eplisted in the service of the Confederate States (or the Georgia State Troops) on or That while in said service, or by reason of said service in the Army he lost his life as follows:

soldier during the service, and that she has not intermarried since his death, and that she resides in County of the State of Georgia

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

STATE OF GEORGIA.

State of Georgia, hereby certify that I am acquainted with Mrs. the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date. [I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be

truthful witnesses, entitled to full faith and credit as such.) I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign. In Witness Whereof, I have here into set my hand and affixed the seal of my office, this, the

SEAL

Ordinary Form No. 4.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.

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

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

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

By order of the Governor.

W. H. HARRISON,

Sec. Ex. Department.

Widows' Pension,
for rear ending February 15th, 1893.

Widows' Pension,
for year ending February 15th, 1893.

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1893

Stro Certificate of Ardinary of the County of Applicant's Residence.
101 Three Street Hinter Lensions.
STATE OF GEORGIA, County of Colo
A Ordhary in and for said Contity of
State of Georgia, hereby certify that I am acquainted with Men
know, from my own knowledge (or from positive proof presented to me by reputable wit-
nesses), that she resides in this County, and that she resided in the State of Georgia on
December 73, 1850, the has not lived out of the State since that date. That she is the
widow of deceased, and as such has heretofore
been allowed a pension for the year ending February 15th, 1893. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
this, the day of the seal of my office,
(sea) Ordinary.
Olumny,
POWER OF ATTORNEY.
STATE OF GEORGIA, County
KNOW ALL MEN BY THESE PRESENTS, That I, Min. M. W. Wolden
County in said State, do hereby appoint
of Morettie Gad my true and lawful attorney in fact, for
me and in my name to receive and receipt for whatever
titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of 1894. 1
Brecuted in the presence of us:
Market in the presence of us:
Day Of
DIRECTIONS.
Send amount by to
me at, and oblige
glib you calle at how are given a ged salt and a super
and the date of the date of the street of the date. That date that date that date that date that date.
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I A Town of State of State of the State of t
1 8 9 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,	Dersonally comes Mrs.
County of Los	n et Walden
who being sworn, says on oath, that she is a	bona fide resident of said County of
State of	Georgia and that she has world in!! St.
continuously ever since	18 40 That she is the Widow of
(h)	who was a Soldier in Company
of the	Regiment of Corgin
Volunteers, that he enlisted in said Regiment on o	or about the month of
186 and served in the Army up to 27	Janu 186 2 That he lost his
life on the 27 day of	Frence 1862 (State here
full particulars of the husband's death, when, wh	ere and from what cause.)
Her served in	The Confederate
Umy as above	Stated and was
Killen at Sain	us Mill in the
Deyru days fig	ht in the State on the 27" day
of viginin	on the 27" day
1 of June 186	2.
1 0	

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 55; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this All of the Shings Post-office Porner Springs

For Widows Heretofore Allowed Pensions.

STATE OF SECRELA	STATE OF GEORGIA, County t
STATE OF GEORGIA,	Dersonally comes Mrs.
County of Cobb	35 Contraction
who being sworn, says on oath, that she is a bona fi	de resident of said County of
State of Georgia,	and that she has resided in said State
continuously ever since	18 What she is the Widow of
11-11-110	who was a Soldier in Company
TRAINING TO THE PARTY OF THE PA	giment of Pergina
Volunteers, that he enlisted in said Regiment on or	about the month of Beau
186 and served in the Army up to	That he lost his
life on the 27 day of	18 6 W State here
full particulars of the Rusband's death when, where	and from what cause.)
That while	fronte confer-
erate Cenny	the state of
Vargener, re	was Miles
and on valle of	f James Mile
ou me of	tay of June
100	

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 5 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribes before me, this day of the ordinary.

Also M. A. Calcler Post-office Dondr Springs

WARRANT ISSUED

WINDOW'S PENSION

FOR THOSE HERETOFORE PAIN.

1895.

NO. 422

WIDOW'S PENSION

For year ending February 15th, 1895.

PAID TO

PAID TO

County.

WARRANT ISSUED

2-4 July 1895.

AND HANDED TO

AND HANDED TO

ON. W. Bernson, State France.

No. 3556
WIDOWS PENSION,
for your ending February 15th, 1896.

M. H. Willow County.
VIRIOUS ISSUED
WARRENT ISSUED
1886.
AND HANDED TO

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, Dersonally Comes Mrs.
County of Cobb A N Walde
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 Plvalden who was a Soldier in Campany
of the Regiment of Yug,
Volunteers, that he enlisted in said Regiment on or about the month of
186 / and served in the Army up to 186 2 That he lost his
life on the 27 day of June 1862 (State here
full particulars of the husband's death, when where and from what cause.)
that while engaged in
the battle of Same's Hills
In the State of Virginia
on the 27th day of June
1862 he was teles on
the battle field

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

For Widows Heretofore Allowed Pensions.

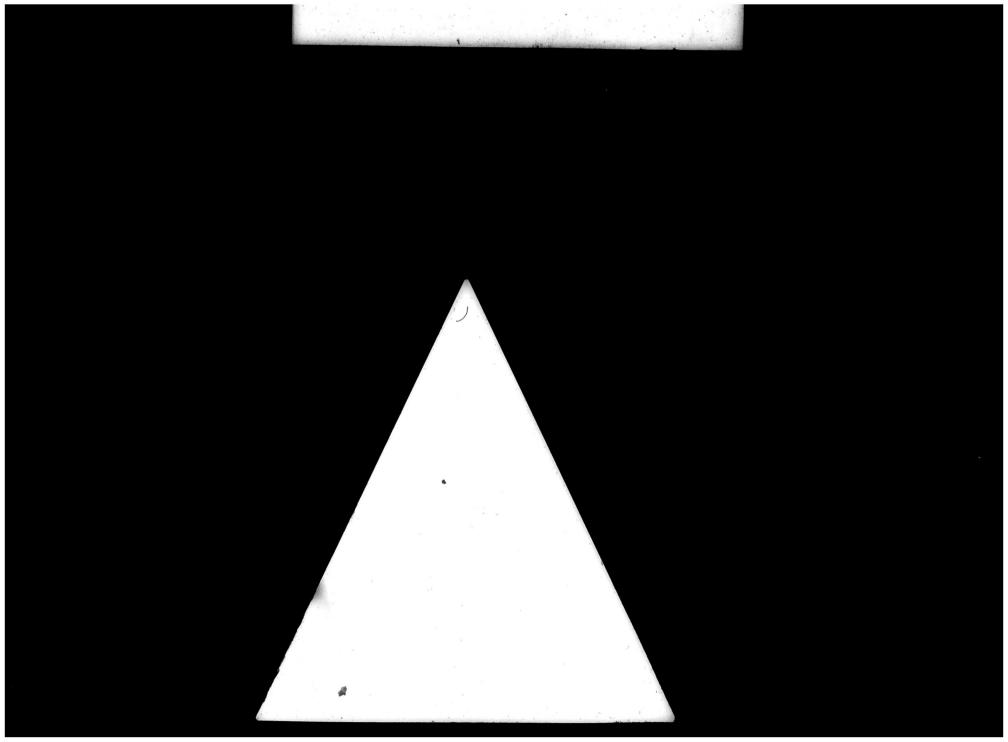
STATE OF GEORG	GIA,) P	ersonally Comes	Mrs.
County of Loo	de	1 1.6	Wale	den
continuously ever since	State of G Qary Vale	eorgia, and that she	thas RESIDED in said to that she is the Widuwas, a Soldier in Comp	State w of
Volunteers, that he enlisted in said regi	day of_	que !	1802 That he lost	
of Line	The Wall	the lill a 2	both Fie w	ras
				morting
Deponent swears that she was the wife of and that she has never married since his that Georgia is her home and she re lived in any sher State or locality si	s death aforesaid, t esided in this Stat inco that date. I	hat she became his e 23d day of Dece have been allowed	wife in the year 18 G	not of
Sworn to and subscribed before me	h	5th, 1896.	le le al	llen

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

STATE OF GEORGIA, County of
Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs.
Mos. M. A. Walden the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me, by reputable witnesses) that she
resides in this County, and that she resided in the State of Georgia on Desymber 23, 1890, and has not
lived out of the State since that date. That she is the widow of Act Walden
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.
In Witness Whereo I have hereunto set my hand and affixed the seal of my office, this
Marie Clarification
(SEAL) Store Ordinary.
POWER OF ATTORNEY.
TOWER OF ATTORNEY.
STATE OF GEORGIA. Loub County.
Mrs. 11 Ullalder Myl At-
of Manette Man to receive and receipt for the pension polithereon and request
that he remit same to the start to
IN WITNESS WYKHEOF, I have hereunto set my hand and sed, this. 3.20
day of the state o
Exeguted in the presence of Herrican House
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For Widows Heretofore Allowed Pensions.

STATE OF GEO	RGIA,	*\	Personally Comes Mrs.
County of	000	12	A Walden
A y	ho being sworn, says on o	ath, that she is a b	ona fide resident of said county of
200	1 .		hat she has RESIDED in said State
continuously ever since	0/11	/	840 That she is the Widow of
NO	ware		who was a Soldier in Company
Volunteers, that enlisted in	said regiment on or about	Regiment of	
186and served in the		man (186 2 That he lost his
life on the	25 Chay of	Jun	18 6 7 (State here
full particulars of the husband	d's death, when, where and	from what cause.)	
DOE 1	as Tu	efer.	on the
the Date	of ISO	Home	186207
i Va		, J	as Mill
			-
*			
D			
			service in the army as a soldier,
	4		his wife in the year 18_5
			f December, 1890, and has not
ved in any other State or			owed a pension as a resident of
7000			y 15th, 1896, and now apply for
ne pension provided by law fo	or the year ending Februa	ry 15th, 1897.	
Sworn to and subscribe	ed before me, this		aber and
day of	1897.	asien .	Walden X
	Ordinary.	Post-office.	1 mm 1 A . W (I)



ATTORNEY POWER

County. STATE OF GEORGIA,

to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason Know all Men by these Presents, That I, me and in my name, to receive and receipt County, in said State, do hereby appoint.

A. my true and lawful attorney in fact, for for whatever amount of money I may be entitled bhris

hand and hereunto set my WITMESS WHEREOF, I have

6 Executed in the presence of us:

day of

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If allowed, send amount by

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positivel Know that the padecular deseuse tracted in the the positive turnediate of his death. full reasons + opportunit;

Ex Deft allach

Warrant Issued

1891

AND HANDED TO

Co H. Haminger

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

IN	WITNESS	WHEREOF,	I have	hereunto	set	my	hand	and	seal,	thi
Exec	cuted in the pro		·	600	TX	18	Pal.	Ke		L. S.

If allowed, send amount by

e at, and oblige,

Remarks fully Coll County of the Marie Willows Pension Willows Warrant Issued to produce the many pension with the many pension with the pension of the death of the many pension of the death of the many pension with the pension of the pe

Affidavit to be Made by the Widow.

Form No. 1.

	STATE OF GEORGIA.	
	lo 11 II	n person came before me, the undersigned Ordinary
	County of County in a	nd for the County of Ools
	Mrs. J. J. William	, who being sworn according to law, says under
	oath that she is the widow of	Calker, who was a soldier in
	the service of the Confederate States, and served as	a member of Company of the
	Regiment of Ja	Volunteers; that he enlisted in said
	service on or about the the day	70.00
	Army up to	why 186 3 That while in the
	Army, he was on theday of	186, (Seg Note No. 1)
	lefter young with	the annie he was
1	attacked with ch	min Duden In a
•	was never able of	a Service alten
	any was disch	and An It 300 of
	af Jack, 1862,	The Aris Plines
	Montate ao 6	Love Atatose Con
	houses to linger	on him till he
	Cied, He was	never elser of
	Dano disease for	in the time of
	contractor it till	his death no
	was he able to	de ami long to
4	amount to anyth	ingi Holallia
	august, 5th /18)	ig of Cohannia
	Angertiny,	
1	Deponent further swears that she was the wife of sa	id deceased soldier during his term of service in
t	the Army, and that she has never married since his d	eath; that she became his wife on the
C	day of 18 4 and that	she has resided in Georgia continuously since the
·	on the and day of December 29	that Georgia is her home, and was such
I	on the 23d day of December, 1890, and since said day	e she has not lived in any other State or locality.
tl	Deponent, as the widow of said deceased soldier hus the General Assembly of Georgia, approved December	band, applies for the pension provided by Act of
I	15th, 1892, and herewith tenders the proof of her rig	23d, 1090, for the pension year ending February
	Sworn to and subscribed before me, this, the	A har C said Act.
	S day of lay 1801	I Stalker
	Hu stone	mak)
	Ordinary.	

NOTE I. State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, siste how the disease is known positively to have resulted from the service of the soldier in the Army

Per Day, \$2.00 | Per Week, \$10.00

HOLCOMBE HOUSE. LITHIA SPRINGS.

Per Day, \$1.50 | Per Week, \$8.00

THITON I TO LET

Austoll, Ga., 11/1 8, 189/ Konia Coll County of Dais County son for Hest morelane who being duly Durin Says that he has Known L. J. Walker, of Day's County, deceased, gir Dine 1870, that he has trated him profession all, Since 18/6, That Said J.J. Walker has had Chronic Dysenting ever Since I have Known him tough Dine 1810. That professionally from 1816 to high of his do ath 1818, It mates him for Dais disease till he dies, and Datistice that the Chronice Dinsenting was the frime Cause of his scheath.

W. Kertwonland Ill D. Anonito and Subscribes byon me. Inis &" day of May 1891

STATE OF GEORGIA.

State of Georgia, hereby certify that I am acquainted with Mrs. the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in

good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the

SEAL

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.

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

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

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

By order of the Governor.

W. H. HARRISON. Sec. Ex. Department.

Affidavit for Three Witnesses

STATE OF GEORGIA,
County of Oolf in and for said County, witnesses J. Humphiles
prince .
and 126 Months (each known to said Attesting Officer as truthful,
and say under oath, that, from their own personal knowledge
of the County of
Company of the
that said soldier enlisted in the service of the Confederate States (or the Georgia State Transport
they of the second of the seco
of and service in the Army, he lost his life as follows:
may from after going into the
any he was allacker by chronic
Mentery, am was not table to
lo any dervice, while in the arms
uny goas discharges on the 32 de
of July 1867
J. J. Walker was never clear
the clivease from the time his
disease till he
Rues - he was never able to do
my work to amount to anothing
with he comy out of the war
Uno has afflicates with fair
desease till his death which
Occurren on 5 day of august
18/8, WE the witnesses wir in
the any with the Walker Members of
The Hong company and hove lives
neighton to him lines the wor
hel his death
We further swear that Mrs. was the wife of said
soldier during the service, and that she has not intermarried since his death, and that she resides in
County of the State of Georgia. Sworn to and subscribed before me, this, the
8 day of May 1891. Ho Sauffres
The Carrie of the training of
Ordinary.
A. K. Mound

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

STATE OF GEORGIA

State of Georgia, hereby certify that I am acquainted with Mrs. the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

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

SKAL Ordinary.

Form No. 4

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

By order of the Governor.

W. H. HARRISON, Sec. Ex. Department.

ssuec

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,	Dersonally comes Mrs.
County of Cold	G ST WWW.en
who being sworn, says on oath, that she is a bona	fide resident of said County of
COOL State of George	rgia, and that she has resided in said State
continuously ever since Juliuna in	1858× That she is the Widow of
Je Walker	who was a Soldier in Company
of the Regi	ment of Levyin
Volunteers, that he enlisted in said Regiment on or ab	pout the month of March
186 V and served in the Army up to Clos	e of was That he lost his
life on theday of	18 (State here
full particulars of the husband's death, when, where	and from what cause.)
That the above o	leceased Doldier
Dayrd in the arm	y as above States
-That he contract	w Chronic Dearha
while in the Sero	ree - was not able
to do duty while	in Service - was in
hospital greater forte	w of the Fine -
Came home at Clove	of the war, was
never able to do any	worth, and diese
Deponent swears that she was the wife of said decease	ed soldier during his service in the army
as a soldier, and that she has never married since his	death asoresaid, that she became his wife
in the year 18 / that Georgia is her home and she r	esided in this State 23d day of December,
1890, and has not lived in any other State or locality	since that date. I have been allowed a
pension for the year ending February 15th, 1892, and	now apply for the allowance provided by
law for the year ending February 15th, 1893.	
Sworn to and subscribed before me, this	of the state of th
day of Helmany 1893.	Troop X
He Olore Ordinary. Post	-office Wustell Sa.

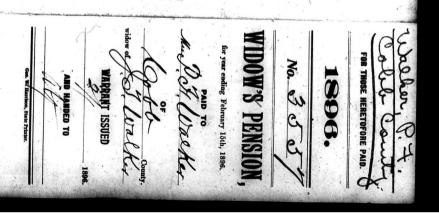
For Widows' Heretofore Allowed Pensions.

County	of C	2066	O.J	personally comes	2
who being sw	orn, says on	oath, that she is a	bona fide resident o	f said County of	would salen
	ov	01.1		e has resided in said !	
continuously	ever since			That she is the Wide	The state of
11	200	Wall	Fig. 10 Sail	vas a Soldier in Com	pany
Careniba()	of the	#/	Regiment of	1	·
A. C. C. A. C. Astronomy			nt on or about the n	2	cl
186 and se	erved in the	- 4	/ _	186 O That he los	
life on the	<u> </u>	day of	llugu	18 78 (State	here
		shand's death, who	n, where and from w	hat cause.) (antomore.
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Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1844; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Continuate of Ordinary of the County of Applicant's Residence,	10 per 10
O STATE OF OFORCE	L.
STATE OF GEORGIA, County of	F (*
Ordinary in and for said County of	
State of Georgia, hereby certify that I am acquainted with Mrs.	
the applicant for a pension in this case and	
know from my own knowledge (or from positive proof presented to me by reputable wit-	
nesses), that she resides in this County, and that she resided in the State of Georgia on	
December 23, 760, and has not lived out of the State since that date. The state is the vidow of	
deceased, and as such has heretofore een allowed spension for the year ending February 15th, 1894.	
In Witness Whereof I draw harauth and 15th, 1864.	
In Whereof Live hereunto see my hand and affixed the seal of my office,	
1895.	
(art.) Ordinary.	
POWER OF ATTORNEY.	
TOWER OF ATTORNEY,	
TATE OF GEORGIA, COURTY	
KNOW ALL MEN BY THESE PRESENTS, That I, Miss of Walks	
THESE PRESENTS, That I, July Off Waller	7
ounty in said State, do hereby appoint Mu Store)
my true and lawful attorney in fact, for	
e; and in my name, to receive and receipt for whatever amount of money I may be en- led to from the State of Georgia as a widow of a Confederate Soldier, as stated in the	- new rest page
regoing affidavit; hereby authorizing my said Attorney to receipt in my name for any arrant that may be issued by the Governor, or for any sum of money which may be ming to me for the reason aforesaid	
ming to me for the reason aforesaid	
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	
of Juny 1895. Of HIN Walk.	
Executed in the presence of us:	
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DIRECTIONS.	(
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STATE OF GEORGIA, County of Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of. deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this POWER OF ATTORNEY. IN WITNESS WHEREOF, I have hereunto set my hand



For Widows' Heretofore Allowed Pensions.

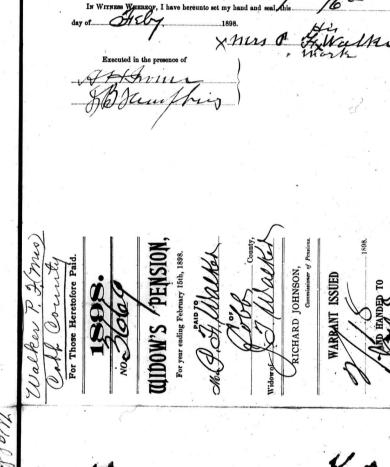
STATE	OF GEOR	GIA.	10	Dersonally Co	mes Mrs.
County	of 10	only	100	7/1/ha	OK.
County	OI months and	- C	.)		VI COY
who being sy	vorn, says on oath,	that she is a bone	nakipat ahit t	of and annual of	10 751 97 m
	Dobby	A		she has resided in	
continuously		Alana George			
continuously	1-1/1	II don	/	That she is the	
1/		115		was a Soldjer in	Company
	of the		Regiment of	// 4	
	hat he enlisted in s		1 11 4	, –	
	erved in the Army			186 That	
life on the	13 =			ST 18 78 (State here
full particular	rs of the husband's	death, when, wher	e and from u	hat cause.) (*
Fru	- Ch	en e	Dus	entar	4
			1		L
asia la	action	01 P.	h. la	Maria A Al	
Whice	h fast	in H	<u> </u>	mi	4
Whie	Las c	in H	<u> </u>		78
Whie	Las c	in H	<u> </u>	mi	78
Whie	Las c	in H	<u> </u>	mi	78
Whie	Las c	in H	<u> </u>	mi	78
Whic	b A	be en	24.4	In 18	
Whice	ars that she was th	Le Resolution of the said decourse wife of said decourse	reased soldier	L. 18	ice in the
Deponent sweet	ars that she was the	ne wife of said dec	eased soldier	during his servi	ice in the
Deponent swee	ars that she was the dier, and that she has year 18, that (ne wife of said dec	neesed soldier	during his servi	ice in the
Deponent sweetermy as a sold is wife in the	ars that she was the ier, and that she has year 18, that (890, and has not li	ne wife of said deces never married si Georgia is her honeived in any other	reased soldier nee his death ne and she re	during his servi	ice in the e became e 23d day
Deponent sweetermy as a sold is wife in the f December, peen allowed a	ars that she was the dier, and that she has year 18, that 6.890, and has not like pension for the y	ne wife of said dec s never married si Georgia is her hon ved in any other ear ending Febru	reased soldier nce his death ne and she re State or local ary 15th, 18	during his servi aforesaid, that sh sided in this State ity, since that date	ice in the e became e 23d day
Deponent sweetermy as a sold ais wife in the of December, present allowed a sold allowance prov	ars that she was the ser, and that she has year 18, that (890, and has not like pension for the year ided by law for the	ne wife of said dec s never married si Georgia is her hon ived in any other ear ending Febru year ending Febru	reased soldier nce his death ne and she re State or local ary 15th, 18	during his servi aforesaid, that sh sided in this State ity, since that date	ice in the e became e 23d day
Deponent sweetermy as a sold as wife in the of December, to be allowed a llowance prov	ars that she was the der, and that she has year 18, that (890, and has not like pension for the year ded by law for the lisubscribed before	ne wife of said dec s never married si Georgia is her hon wed in any other ear ending Febru year ending Febru me, this	reased soldier nce his death ne and she re State or local ary 15th, 18	during his serving aforesaid, that she sided in this State ity, since that date 194, and now apply 195.	ce in the e became e 23d day . I have
Deponent sweetermy as a sold is wife in the f December, to een allowed a llowance prov	ars that she was the der, and that she has year 18, that (890, and has not like pension for the year ded by law for the lisubscribed before	ne wife of said dec s never married si Georgia is her hon wed in any other ear ending Febru year ending Febru me, this	reased soldier nce his death ne and she re State or local ary 15th, 18	during his servi aforesaid, that sh sided in this State ity, since that date	e became e 23d day I have

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Depsonally Comes Mrs.
County of look	9 H Walker
(/a di la	h, that she is a bona fide resident of said county of
1 ///	Georgia, and that she has RESIDED in said State
continuously ever since	18. 5 8 That she is the Widow of
1/2/ 1/51	who was a soldier in Company
Oi, of the	Regiment of
Volunteers, that he enlisted in said regiment on or about	4 1
186 and served in the Army up to	That he lost his
life on thedny of	18 /8 (State here
full particulars of the husband's death, when, where and fro	1 1
that while	the orgen-
cry comy	I Junietra
On hum	when are
di di Ti	- overes and
and four	and disease
1000	y of august
18/8,	<u> </u>
Deponent swears that she was the wife of said deceased sol	
and that she has never married since his death aforesaid,	
that Georgia is her home and she resided in this St	
lived in any other State or locality since that date.	
	ending February 15th, 1895, and now apply for
he pension provided by law for the year ending February	15th, 1896.
Sworn to and subscribed before me, this	# Walker X
day of 1896.	morh X
Ordinary. Post-	office

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

STATE OF GEORGIA, County of
All
Ordinary in and for said County of
State of Georgia, hereby certify that I am acquainted with Mrs.
At Walker the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she
resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not
lived out of the State since that date. That she is the widow of
- deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
the day of 1897.
10-1
SEAL.
Form No. 3.
POWER OF ATTORNEY.
STATE OF CEORGIA. County.
1. My Jo F Walter hereby authorize Ill Store
of the pension pair hereon and request
that he remit same to the by France
IN WITNESS WHEREOF, I have become set my band and and and all.



POWER OF ATTORNEY.

State of Georgia,



For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Dergonally Comes Mrs.
County of Jole	Do Walker
Who being sworn,	, says on oath, that she is a bona fide resident of said county of
Tour for	State of Georgia, and that she has RESIDED in said State
continuously ever since	18.58 That she is the Widow of
A Jacob	who was a Soldier in Company
of the	Regiment of
Volunteers, that enlisted in said regiment or	(16)
life on the	186 5 That he lost his
full particulars of the husband's death, when,	day of Comment 18 78 (State here
That While	1
	tracked Chranic)
	rano Which Disease
He Dick on	The 5th Day of August
1000	

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1844... that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscript before me, this

Say of 1897.

Jay of Ordinary.

Post office Gustul Ga

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA.	1 1	A) Perso	pally Comes Mrs,
County of Color	<u> </u>	Y. M. K	Valker
who, bein	ng sworn, says on oath	, that she is a bona fide	resident of said county of
966	A State of	Georgia, and that she	has RESIDED in said State
continuously ever since	Jany,	1858	That she is the Widow of
	Walker	why	was a Soldier in Company
The season of	Regim	ent of	Engin
Volunteers, that he enlisted in said regiment	on or about the mor	nth of 12	
and served in the Army up to	you	7	1865 That he lost his
ife on the	day of	ugust	18 7 State here
full particulars of the husband's death, wh	hen, where and from	what cause.) Dec	a In lobb
Comity on the 5	Day of A	gus-18	78 Fran
Mranie Dyson	stary Co	ulraei	in Misile
In the Conflict	expelle &	house	ance
eralianist at	o Caren	the mis	<u></u>
3			
reponent swears that she was the wife of said the has never married since his death aforesaid I have been allowed a pension as a res	d, and that she became	his wife in the year 1	8
chruary 15th, 1897, and now apply for the p Sworn to and subscribed before m		w for the year ending	February 15th, 1898.
16 day of of 18by	1898. Mrs.	O FIXI	ralken
Al Bone Ord	linary. Pos	t.Office	Thistile &
State of Georgia,	.)	Day A	
(1) 1.1.	inty. Ordinary	esaid County, certify	that I am well acquainted
th Mrs. (P. J. W	0 1 10		ve affidavit and am satis-
d that the facts therein stated are true, and			
s continuously resided in this State since the	d	y of	1858
Given under my official signature and s	seal this the	day of	zby 1898.
		XU Z	bone
Official Senl.	Ordinary of	2000	County.
··		(.).

State of Bo	bb co	սուս. }		1	
Mrs	PAL	Walker	ereby authorize	THE	Horse
to receive and	receipt for th		hereon and r	equest that he	remit same to
IN WIT	NESS WHE	REOF, I have	hereuato set m	y hand and seal,	this / S/
day of@	roy	; 1899. × Mr	O JXV	valku	¥ [L. S.]
Ald In	ated in presen	ce of	most	•	
& JI Wa	their	- The second sec			

Ser 7. Mo.	899.	WIDOW'S PENSION, For year ending February 15th, 1899. These of A London.	golf County	RICHARD JOHNSON, Commissioner of Pensions.	RRANT ISSUED NATHANDED & 1899.	ON, STATE PRINTER, ATLANTA
For Those He	ğ	WIDOW'S For year ending F	Widow of A	CRICHARD	WARRAN ANNYHA	GEO. W. HARRISON, STAL

POWER OF ATTORNEY.

STATE OF GEO	Coun	Shounds of		1	Country
1 Ms Po	7. Wal	ter hereby		me t	tone
to receive and receip	for the pens	of fion paid here		est that he rem	it same to
IN WITNESS			o set my hand	and seal, this	gn
day of 3750mg	1900	× Mirs	P FXV	valher	X [L. s.]
Executed in p				3	
& W Stone	ludge				

311			5 (11	
Fala	مَّ	(S10), 16th, 1900.	Count Count EY,	JED 1900
Eretofor	200	For year ending February 18th, 1900	Julia Julia Vi. Lindsky	ANT ISSUED L / 6 ANDED TO PTUES BENEFIT ALBERT
O. C. C. Trose	1	IDOW" For year endin	N S	WARRA AND AND Oc. W. Harthen
3		WI For	Widow of	

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
County of Cobb	Jr. gralker
	she is a bona fide resident of said county of
State of George	gia, and that she has RESIDED in said State
continuously ever since faccuary	18 58 That she is the Widow of
J. Halker	who was a soldier in Company
of the 4/ st . Regime	ent of Georgia
Volunteers, that he enlisted in said regiment on or about the month of	march
186 2 and served lu the Army up to Afril	186 5 That he lost his
life on the 5th day of Aug	rust 1878 (State here
full particulars of the husband's death, olen, where and from phase	cause.)
1) That the	Said de-
Ceased Trusband	- Contracted
Chronic diseas	a show
which disease	he rever
Karrend and	dia de Como
it on 5th	
1879	ungusi
70/0:	0
Deponent swears that she was the wife of said deceased soldier, during h she has never married since his death aforesaid, and that she became his v	is service in the army as a soldier, and that
I have been allowed a pension as a resident of	
	County for the year ending
February 15th, 1898, and now apply for the pension provided by law for	the year ending February 15th, 1899.
1 thay of Febru 1899. X Mrs 6	Fix Walker
All Hornordinary. Post-Offi	on Dustill Ha
(A Committee of the co	
State of Georgia,	Iw Stone
	d County, certify that I am well acquainted
Was (V CH Man I had I	who made the above uffidavit and am satis-
ied that the facts therein stated are true, and I know she is the individua	
nas continuously resided in this State since the day of	Jacy 1858
Given under my official signature and seal this the	1 Carl
H	1800.
(Official)	one.
Seal. Ordinary of	County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Obb	Personally Comes Mrs.
who, being sworn, says or	oath, that she is a bona fide resident of said county of
St	ate of Georgia, and that she has RESIDED in said State
continuously ever since January	18.58 . That she is the Widow of
J. J. Walker	who was a soldier in Company
K of the 4/st	Regiment of Heorgia
Volunteers, that he enlisted in said regiment on or about	
186.2 and served in the Army up to A	wil 1865 That he lost his
life on the 5 tto day of	August 18 78 (State here
particulars of the husband's death, when, where and from	m what cause)
That while in t	- Comparison
Army he contrac	
disease from wh	ciclo disease he
wever recovered o	and died from i
ow 5th day of Au	egust 1878
Deponent swears that she was the wife of said deceased soldie	er, during his service in the army as a soldier and that
he has never married since his death aforesaid, and that she	
I have been allowed a pension as a resident of	bobb County for the year ending
February 15th, 1899, and now apply for the pension pro	wided by law for the year ending February 15th, 1900.
Sworn to and subscribed before me, this	His
gith day of Freby. 1900.	mrs Of HAWalker
M Lone ordinary	Post Office Aus Till Ga
State of Georgia,	1 J. M. Stace
County. Ord	iner of said County, certify that I am well acquainted
ith Mrs. O. St. Walker	, who made the above affidavit and am satis-
ed that the facts therein stated are true, and I know she is the	he individual she represents herself to be, and that she
as continuously resided in this State since the	day of January 1858
Given under my official signature and seal, this the	Light day of Heby, 1900.
7277 0	110 8
Official Soal.	

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STA	ATE OF	GEOR	RGIA,						
	100	v	Cou	inty.					
	17	1 1	The H	7 1	ralke	<u>_</u>	h	ereby authoria	ze
	NI	m G	wa	4	of J	Keru	Ma		
to re	ceive and	receipt	for the	pension p	aid hereon	and requ	est that h	e remit same t	_
	me			•	at		ost that h	distribution of the control of the c	Ŭ
	IN W	TNESS	WHER	EOF Lb	ave hereunt	o not		1.1. 8	1
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	D				<i>m</i>	30	T' NO	for [L. S.]
	Execute	d in pre	sence of						
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- i			Z,	_	County	Pession	1901		
Pai			13	190	Š	1,		4	
P.			S	15th,		JOHN W. LINDSEY,	9 8	2 13	
tofo		18	H	L. O	93	Come	WARRANT ISSUED	AND HANDED TO JULY ALL SERVE FILIER, ALL	
919	\mathbf{Z}	1		Febr	E &	1	E	DAND	
H 0		No.	3	ding	60		RAN	H O H	
hos		<	5	B (B)	<i>y</i>	NH	MA WANTED	Harris	
To Those Heretofore Paid.			<u> </u>	For year ending February 15th, 1901	of	<u> </u>		Geo. W. Harrison, State-Printer.	
I			3	Z.	Widow of			. S	
	H 7	11 11		1/	1	II	4	11.	

			pt for th	e pen	son p	at	on, and		57.		eby auth	
ay o	Execu	en ited in p	resence of	190	02.	set my	. ,		1	1	<i>9</i> — [1	,. S.
	XI	m	lar	u	<u> </u>					5		
	*											
		<u> </u>				ď.		-	ms.		8	
TO THOSE DETECTION FAIL.	ă	he	PENSION,	For year ending Dec. 31, 1902.	talky	A County,		JOHN W. LINDSEY,	minissioner of Pensions.	WARRANT ISSUED	AND HANDEY TO	INTER, ATLANTA, GA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
County of Orbb	Pof Walker
who haing amorn arms	
	oath, that she is a bona fide resident of said County of
CV UU SI	ate of Georgia, and that she has RESIDED in said State
continuously ever since January 185	g
0 87 04 82	That she is the Widow of
A COMMON	That she is the Widow of who was a soldier in Company
DI of the 419	who was a soldler in Company Regiment of Surgin
Volunteers, that he enlisted in said regiment on or abou	. (2)
1862 and served in the Army up to. A 722	ail 1865 That he lost his
ife on the G. H. iday of	August 18.78 (State here
	State here
	nd from what cause) That while in
the Confederale anna	he Controlled Chown
disease from which	be disease for mini
accordined and de	ed from it on
5th day of August 1	848
0 0	
· · · · · · · · · · · · · · · · · · ·	
enonent aware that she was the wife of said deserred	ldier, during his service in the army as a soldier, and that
e has never married since his death aforesaid, and that	
I have been allowed a pension as a resident of	Ly ff County for the year ending
and now apply for the pension	provided by law for the year ending February 15th, 1901.
Sworn to and subscribed before me, this	
day of Jany 1901.	Turs P I Walter
John Choly Ordinary.	Post Office
State of Coonsis	John awhing
State of Georgia,	,
Co Db County.	Ordinary of said County, certify that I am well acquainted
th Mrs. O CH Walker	
	, who made the above affidavit and am satisfied
at the facts therein stated are true, and I know she is	he individual she represents herself to be, and that she
s continuously resided in this State since the	
	Oh On
Given under my official signature and seal, this th	day of 1901.
	John Cowacy
Official (Seal. (11 Osh
Ord	inary of County

For Widows Heretofore Allowed Pensions.

STATE County	of lo	bl	P	# . *	allers	
Ca	who, being				esident of said (
	. 0		100.	and that she h	as RESIDED in s	aid State
continuously e	t alter	mas	7 /83		hat she is the l	
SE.	of the #	/	Reg		Live 3	ompan;
Volunteers, th	at he enlisted in	said regiment			north	
	erved in the Ar		Haril	,		e lost hi
ife on the	1.4		of Ang			State her
articulars of ti	he husband's deati	-	/			state ner
12. 0				Tha	* while	in
the Co	ufilera	ili an	my he	Coul	rugted (Chor
disens	efror	n wh	ich de	sease	Le sur	res'
of a	nell ay	ed die	u fro.	n et	on 5	* du
g con	gus	18 98				
Marie Committee	4					
					service in the A	
oldier, and the	at she has neve	er married since	e his death afor	esaid, and the	at she became hi	s wife in
oldier, and the ne year 18	at she has neve	er married sinc	e his death afor	esaid, and the	at she became hi	s wife in
oldier, and the ne year 18 I have bear ending De	at she has neve een paid a pens cember 31, 1901	er married sinc	e his death afor	esaid, and the	at she became hi	s wife in
oldier, and the ne year 18 I have been ending De ecember 81, 1	at she has neve een paid a pens cember 31, 1901	er married sinc sion as a resider , and now apply	e his death afor	esaid, and the	at she became hi	s wife in
I have been seen and the year 18. I have been ending December 31. 1	at she has never the pension of the	er married since sion as a resider , and now apply and before me,	e his death afor	esaid, and the	at she became hi	s wife in
I have bear ending December 31. 1	een paid a pens cember 31, 1901 902.	er married sinc sion as a resider , and now apply	e his death afor	esaid, and the	at she became hi	s wife in
I have bear ending December 31. 1	een paid a pens cember 31, 1901 902.	er married since sion as a resider , and now apply and before me,	at offor the pension	esaid, and the	at she became hi	s wife in
I have been ending December 31, 1 Sworn to	een paid a pens comber 31, 1901 902.	er married since sion as a resider , and now apply and before me,	at offor the pension	esaid, and the	at she became hi	s wife in
I have been ending December 31, 1 Sworn to	een paid a pens comber 31, 1901 902.	er married since sion as a resider , and now apply and before me,	tof	esaid, and the	County in for the year allers of Money	s wife in
I have been ending December 31, 1 Sworm to that of (een paid a pens cember 31, 1901 902. o and subscribe day of the control of the co	er married since sion as a resider , and now apply and before me,	t of	provided by Then Lus L said County.	County in the year allow for the year allow for the year allow full for the year allow fo	s wife in y for the rending
I have been ending December 31, 1 Sworn to tate of (qualited with	een paid a pens comber 31, 1901 902. o and subscribe day of the corgia,	sion as a resider , and now apply ad before me, 1902. County, F. A.	tof for the pension Post-Office 2	provided by flust flu	Count in for the year all of the above affid	s wife in y for the r ending
I have been ending Deecember 31, 1 Sworn to tate of (qualited with a satisfied that	een paid a pens comber 31, 1901 902. o and subscribe day of the corgin, Mrs. t the facts there	cr married since sion as a resider , and now apply de before me, 1902. County, County, Factories as a constant of the county.	tof for the pension Post-Office 2	provided by flust Luck said County, who mad	Count in Count in for the year called & County that I to the above affled adividual she rej	s wife in y for the r ending
I have been said and the year 18 I have been ending Deecember 31, 1 Sworn to the year of (ordered and the year of (ordered and the year of the year of (ordered and the year of the year of the year of (ordered and year of the year of the year of (ordered and year of the year of the year of (ordered and year of the year of year	een paid a pens comber 31, 1901 902. o and subscribe day of the corgia,	cr married since sion as a resider , and now apply de before me, 1902. County, County, Factories as a constant of the county.	tof for the pension Post-Office 2	provided by flust Luck said County, who mad	Count in Count in for the year called & County that I to the above affled adividual she rej	s wife in y for the r ending

STATE OF GEORGIA,	Социту,	}		2.190
Shirth	The	of.	,h	ereby author
to receive and receipt for a		at	· · · · · · · · · · · · · · · · · · ·	
In Witness Whereof,			Malk	his / G
Executed in presence	of .	The		Li I
, roe vanice				

Name of the latest of	Wie & J. Sheweston	
	PF Green TOFORE PAID. 24. CAE EMBER 31, 1904 by Charter	Pension.
The second secon	HIDOW'S PENSIO YEAR ENDING DECEMBER 31, 1904 TO THOSE HERETOPORE PAID TO THOSE HERETOPORE PAID No. 42£ O. 44£ Control of the C	idow of A. C. Weller, JOHN W. LINDSEY, Commissioner of Pen. WARRANT ISSUED AND HANDED TO

POWER OF ATTORNEY.

STATE OF GEORGIA,

The IV approved Pensions.

WARRANT ISSUED

JOHN W. LINDSEY,

WIDOW'S PENSION

To Those Heretofore Paid

1903.

No. 228

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA	<i>p</i> }	PERSONAL TO	LY COMES MRS.	
County of who being swown	save on oath the	t aba la a bana da	e resident of said (
			e has resident of said C	
continuously ever since	8V8		That she is the V	
of the #/			was a soldier in	Company
Volunteers, that he enlisted in said reg		t the month of	4.	•••••••••••••••••••••••••••••••••••••••
180 2, and served in the Army up t	4/1	,	/1	e lost his
life on the	day of	1	1878	State here
particulars of the husband's death, when,	where and from wh	at cause.)	t white	w
M Genfinerall	any	In B	utroli	7
he herris vec	sever	and a	in fro	m
I on oday of	augut 18	78		
k	<i>y</i> -			•••••••••••••••••••••••••••••••••••••••
Deponent swears that she was the wife	of said deceased	soldier, during h	is service in the A	rmy as a
oldier, and that she has never married				
he year 18		01		***************************************
I have been paid a pension as a re	esident of	LOR	Count	y for the
ear ending December 31, 1902, and no	w apply for the I	ension provided	by law for the year	r ending
ecember 31, 1903.				
Sworn to and subscribed be	1 600	Firmy	hellen	
day of The	1908-	mar	711	, 4
, U	ordinary. Po	ost-Office	<i></i>	
state of Georgia.)	· Colin	another.	
Look	Ord	inary of said Com	nty, certifiy that I	am woll
quainted with Mrs.	halken	V.	de the above affide	
n satisfied that the facts therein state	d are true, and I			
erself to be, and that she has continuous	usly resided in th	nis State since the	9	
y of18	-	16	1	
Given under my official signature	and seal, this the	day	Men	1908.
Official)		MINT	my)	
Seal.	ordinary of		/	County

NOTE.—All blank Spaces must be filled. Voucher and Affidavit must bear date after January 1st, 1902

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	PERSONALLY COMES MRS.
County of Ball	F Halter
who, being sworn says on oath, t	hat she is a bona fide resident of said County of
18,14	of Georgia, and that she has RESIDED in said State
ontinuous of ever since 1000	. That she is the Widow of
A of the	who was a soldier in Company Regiment of
olunteers, that he enlisted in said regiment on o	· h.
6 2, and served in the Army up to 4	
te on the day of	Quest 1878 (State here
articulars of the husband's death, when, where and	rong (chat cause.)
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and dies from it	on It der of Muchal
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	ceased soldier, during his service in the Army as a
oldier, and that she has never married since h	is death aforesaid, and that she became his wife in
ne year 18	011
I have been paid a pension as a resident of	Chenta
	County for the
ear ending December 31, 1908, and now apply f	
ear ending December 31, 1903, and now apply for ecember 31, 1904.	
ecember 31, 1904.	County for the or the pension provided by law for the year ending
sworn to and subscribed before me,	
seember 31, 1904. Sworn to and subscribed before me,	Mrs. O Ht Walker
seember 31, 1904. Sworn to and subscribed before me,	
Sworn to and subscribed before me, is day of 1904. Sworn to and subscribed before me, 1904. July Ordinary.	Mrs. O Ht Walker
Sworn to and subscribed before me, is day of 1904. Sworn to and subscribed before me, 1904. July Ordinary.	Mrs. O Ht Walker
Sworn to and subscribed before me, day of 1904. Sworn to and subscribed before me, 1904. January Ordinary.	or the pension provided by law for the year ending Was Chit Walker Post Office Austria Ya.
Sworn to and subscribed before me, is day of 1904. Sworn to and subscribed before me, 1904. Take of Georgia, County.	or the pension provided by law for the year ending HW. A. H. Walker Post Office. A. Walker I. Ordinary of said County, certify that I am well
Sworn to and subscribed before me, January Drainary. tate of Georgia quainted with Mrs.	Post Office. A wall of the year ending I. Ordinary of said County, certify that I am well who made the above affidavit and
Sworn to and subscribed before me, is	Post Office. A which was an and I know she is the individual she represents
Sworn to and subscribed before me, lis	Post Office. A which was a side County, certify that I am well who made the above affidavit and e, and I know she is the individual she represents
Sworn to and subscribed before me, lis	Post Office. A walk of the year ending I. Ordinary of said County, certify that I am well who made the above affidavit and e, and I know she is the individual she represents ed in this State since the
Sworn to and subscribed before me, is day of 1904. Itate of Georgia Equainted with Mrs. Physician satisfied that the facts therein stated are true or self to be, and that she has continuously residuated by of 18.	Post Office. A walk of the year ending I. Ordinary of said County, certify that I am well who made the above affidavit and e, and I know she is the individual she represents ed in this State since the
Sworn to and subscribed before me, als day of 1904. State of Georgia County ordinary. Equainted with Mrs. 9 Fraction in satisfied that the facts therein stated are true arself to be, and that she has continuously residual of 18.	Post Office. A walk of the year ending I. Ordinary of said County, certify that I am well who made the above affidavit and e, and I know she is the individual she represents ed in this State since the

STATE OF G	PRGIA,)		* 5 5 5 5 5
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<u> </u>	4.	at		4
4		The second		
In Wifne	ss Whereof, I have h	ereunto set my ha	nd and seal, this.	6
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	7		· 11- 11.	
		Mrs V 7	4 walke	[L. s.
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7.				-	Shirt by the seal Edition was seen to	-		-6-	-
Malker C. C. M. Ost M. To Those Heretofte Paid.	1905.	No. 267	For year ending Dec. 31, 1905.	Mr. O Frig to the	Vidow of	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT ISSUED	AND HANDED TO	THE PRANKLE PRINTING AND PUBLISHING CO., ATLANTA, GRO. W. HARRISON, MANAGIN, FOR STATE PRINTER,

		UNTY.		, hereby authoris
to receive and receip	t for the pension pe	AND PARTY OF THE PARTY.	equest that	he remit same (
in Wilhess Who	y 19	•••		
Discourse	d in presence of	× Mrs (ne	Palker [L. 8
X				11.
ore Paid.	ENSION 31, 1908.	County,	SEY, mer of Pensiona.	8
To Those Heretofore Paid. 1906.	DOW'S PENSION For year ending Dec. 31, 1906. Off Walker	1 Washer	JOHN W. LINDSRY, Committationer of Pentions.	WARRANT ISSUED (12-2-100 AND HANDED TO ONLY

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	PERSONALLY COMES MRS.
County of Wife	99 Hellow
who, being sworn say	s on oath, that she is a bona fide resident of said County of
Coon	State of Georgia, and that she has RESIDED in said State
continuously ever since 8	That she is the Widow of
J Mallas	who was a soldier in Company
1	Regiment of Grand
Volunteers, that he collisted in said regim	
	That he lost his
	day of Cluques 18 98. (State here
particulars of the husband's death, when, wh	
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Inhalls C	mone prompe
ne maris mo	and Jour Same
Dependent amount that she was the wife of	said deceased soldier, during his service in the Army as a
	1
	ince his death aforesaid, and that she became his wife in
the year 18	all
I have been paid a pension as a res	dent of County for the
year ending December 31, 1904, and now	apply for the pension provided by law for the year ending
December 31, 1905.	*
Sworn to and subscribed before	me, Mrs O F Walker
this day of the 1	
Jo Ingritus, Ordin	
, Ordin	ary.
	to do Tree
State of Georgia	I, Shill Williams
Cour	Ordinary of said County, certify that I am well
acquainted with Mrs. P. H.	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 continuous	ly resided in this State since the
7	
	14-
Given under my official signature a	and seal, this the day of 1905.
(Official)	Dhuttwhile
Seal.	Ordinary of Costa County.

NOTE.—All blank openes must be filled.

Voucher and Amdavit must bear date after January 1st, 1905.

For Widows Heretofore Allowed Pensions.

County of Cost	B. G. Halkee
who, being sworn, says o	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	
2. Malke	That she is the Widow of
100 of the 41 40	who was a soldier in Company Regiment of
Volunteers, that he enlisted in said regimen	
186 and served in the Army up to	186 That he lost his
the state of the s	day of
particulars of the husband's death, when, whe	
Dies aux 1.18	78 Dinan Contradu
in war	
5.00 - 44 5 - 500-	
	ce his death aforesaid, and that she became his wife in
the year 18 I have been paid a pension as a res	sident of County, for the
I have been paid a pension as a res year ending December 31, 1905, and now ap	Onth
I have been paid a pension as a res year ending December 31, 1905, and now ap	county, for the pension provided by law for the year ending
I have been paid a pension as a respect ending December 31, 1905, and now ap December 31, 1906. Sworn to and anabscribed before in this pay day 1906.	county, for the pension provided by law for the year ending the pension pensio
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	• •	168	PENSION	For Year ending Dec. 31, 1907.	dhen.	County,	Regiment	JOHN W. LINDSEY;	WARRANT ISSUED	AND HANDED TO

STATE OF GEORGIA,

Paraprophy comes Mrs

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YOU Willows Heretofore Allowed Pensions.

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For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	PERSONALLY COMES MRS.
County of Coba	J F Walker
who, being sworn says	on oath, that she is a bona fide resident of said County of
Cola	State of Georgia, and that she has RESIDED in said State
	That she is the Widow of
0 1 M 10	
ON 1184 6-	who was a soldier in Company
	Regiment of
Volounteers, that he collisted in said regimen	nt on or about the month of
86, and served in the Army up to	186 That he lost his
ife on thed	ny of 18 (State here
particulars of the husband's death, when, wher	e and from what cause.)
duy of dina	y Couliaglis in my
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	aid deceased soldier, during his service in the Army as a nee his death aforesaid, and that she became his wife in
oldier, and that she has never married sh he year 18	nce his death aforesaid, and that she became his wife in
oldier, and that she has never marries sin he year 18 I have been paid a pension as a resid	noe his death aforesaid, and that she became his wife in lent of
oldier, and that she has never married sit he year 18	noe his death aforesaid, and that she became his wife in lent of
oldier, and that she has never married sit he year 18	lent ofCounty, for the pension provided by law for the year ending
oldier, and that she has never married sit he year 18	nee his death aforesaid, and that she became his wife in lent of
oldier, and that she has never marries sit he year 16 I have been paid a pension as a reside ear ending December 31, 1906, and now appears 11, 1907. Sworn to and subscribed before me that the state of the	nee his death aforesaid, and that she became his wife in lent of. County, for the poply for the pension provided by law for the year ending
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State of Georgia 3 County of Jobbs 3 In Geroon Came brown for Dais County J. B. Mumphies, WB. Homet and J. H. Hognett, Each Kyom to said attesting Officer as truthful, orliable and reputable Citizens, who Day under Jath, in addition to their Former Offidewit hento attached: Restity de follows; 10 Humphing Imas that he was Frent book after I. Walkerdied and that he shared Kim - that he Saw Mr. Walker for quently during his last illness - that the does not positively know that the Chronic Dysenting Killed him but believe it, the Physicianis Daid that Dais disease Killed him, Mr. Walker Said himself that Dysenting was the trouble - Tois General approvance moved it - in fact it was under stood throughout the Community that he was Dick with Depenting, of has been eyer since his ser-Wer in the army & that said disease Killed firm. Jo or 10 or 15 years before he went into the army and never Knew him nor heard of his tigring Dais diseage, noy any distease of any Kind, that he was frior to the was a Stout Man

what Men Walker mas dis charges from the any on account of Chronic Depenting - that when he left we de-Codes we would never De tim again, Ne Came home, has the Dame disease and was never well of it, nor Dearcely able to go about until he died with the Dome disease he has while in With Homel and the Homel the Houmphies except that they died. They lived about 3 miles from Has P. H. Walker & Frank Wolker Amor that & J. Walker the degeases was an Hout man when he went into the army - that he come home with Chronic Dysentry in July 1863 and was notor mell of it until he died - that his had the Some disease during his life after they wor and dies with it that he Gome from the omy with That they Mrs. P. J. Walker & Frank walker and the wife and son of the said deceased and more ordet fin all the time till he died. This not day of July 1897 J. W. B. Howell J. M. Wowell Ordnig Mis P JiM Ken En Si, Wallis

3 Ende Walker

Wallace E. a. Cobb C		,		,		98.1. 104.
INDICENT DENGLOS				Witness t	to receive and	STATE (
INDICENT PENSION,	THE STATE OF THE S			ss my hand and ted in presence	receipt for the	of georgia
Name 6A Wallace				seal this	pension allowed	County.
County Lobb Co & _1 -la 3				100	d, and request t	
JOHN W. LINDSEY,				A.M	of Dek hat he remit san	
Commissioner of Pensions. WARRANT HANDED TO				ralla	alk 65	
717 — 1907				(L. S.)	A Second	ereby authorize

	GEORGIA,	1				
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, · I,	E. C. Ha				, hereb	y authorize
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	my hand and seal (this.	day of		100	•
	in presence of	}	S.A	·Wa	Klul	(L. S.)
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INT DENCTOR	900.	A Wallace	1990	IN W. LINDSEY, Commissioner of Pensions.	BRANT HANDED TO	Organical States, Albanical St
CENT DENCION	1900.	6. A Wallace	Deel	JOHN W. LINDSRY, Commissions of Persons,	WARRANT HANDED TO	(9 of
DIGENT DENGION	1900.	Name 6 Mallace	S -1 - /2	JOHN W. LINDSEY, Commissions of Posicia.	Warrany Handed to	One V. Berime, State Prince, staten.

Wallow & a.

3	Questions for Applicant.
•	County.
	wail himself of the Pension Act (Section 1954 Code) hard said State and County, desiring
to	avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly
	What is your name and where do you reside? (give State, County and post office) & A. Helles
2.	
۵.	How long and since when have you been a resident of this State? Will of my life
	W.L.
4	When and where were you born? Level to Se, March 18th 1841
1.	When and where and in what company and regiment did you enlist or serve?
	Mariella loot to Sa Tompany & 1st Jurgia Regt
,	
ο.	How long did you remain in such company and regiment? Protect the Survey des
	a close of the war
6.	For how long a polici 121 221
7.	For how long a period did you discharge regular military duty? during the whole of the
4	see totalitie to Johnsone army at Holds box hurte Caroling a
1.9	See Core pt to Schrespie army at Hallebore hurth Corners of
9.	How much can you earn (gross) per annum by your own exertions or labor? Scan can noth
10.	What has been your occupation since 1865?
11.	of the londwing grounds do you base your application for pension, viz. first "age and
pove	ty, second, "infirmity and poverty," or third "blindess and and the
12.	If upon the first ground, state how long you have been in such as a state of
,	appearance second, give a full and complete history of the infirmity and its artest 9. To
ироп	the third, state whether you are totally blind and when and when and
2.91	franchas to there a trave a su affection on
The	the state of the s
me	the bound of the let the thought the brought are from the
13.	What property, effects or income do you possess, and its gross value? Than Helling
14.	What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and
what	disposition, if any, did you make of same? hone
15.	n what County did you reside during those years, and what property did you then return for taxation?
L. C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	and 1899 9
Milliamode	with gladeting to be and the state the section of the first of the
(, I	low much did your support cost for each of those years, and what portion did your south
y you	r own labor or income? Combathanted nathana Forte a fell Ill
8. V	hat was your employment during 1898 and 1899? What pay did you receive in each year?
	Soccered hething being with to work
9. H	ave you a family? If so, who composes such family? Give their money of
home	stead? The daughter with with whom flore as stated above s
-	all the family I have
-44.68	Con these goodsede last gens but application was don't
, A	re you receiving any pension? If so, what amount, and for what disability? Same receiving the
	Swown to and subscribed before we the distance of A. C. 10 0 a
	Sworn to and subscribed before me this the

QUESTIONS FOR WITNESS STATE OF GEORGIA, Fulton COUNTY. 7 In myers , of said State and County, having been presented E. a. Wallace as a witness in support of the application of... under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? Fin Myers Fullow to State of Levraia 2. Are you acquainted with. how long have you known him? whout 43 years there known him 3. Where does he reside, and how long and since when has he been a resident of this State? at Roswell Coff to Sa a resident of State aslong and have them 4. When, where and in what company and regiment did he enlist, and how do you know? Albranatta look 6 ta in 1861 6 to 1st Seo Reg! he was in my company 5. Were you a member of the same company and regiment? I was a teafet of company How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? At Years & greate a good solder was disharged at time of surrender of second Joseph & Selmsons, ash thistory north Convine The legitains of ordered to Proole there men trallace was present of I gave him bes Parole 7. What property, effects or income has the applicant? (Give your means of knowledge.) Horse I have known him internately & have been acquested with his circumstances & surroundings + know that he has no perfectly 8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did be make of same? He had none a has none kore Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? He has had none to convey What is the applicant's occupation and physical condition? The has been a farmer as long as he was able, He now Has a descase of the heart which cause he is unabletowak, any execution encounting 11. Is the applicant unable to support himself by labor of any sort, if so, why? He is from the deseased condition of the heart sendered andil for labour suffers very much 12. How was he supported during the years 1898 and 1899? By his Laughter & bon husband with whom he lives at Porserll & 13. What portion of his support for these two years was derived from his own labor or income? 14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? The enforce from an affection of

mereused by exertion ren

Sworn to and subscribed before me, this

29th day of april

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

AFFIDAVII O	F PHYSICIANS.
STATE OF GEORGIA,	} (and :
Personally came before me	5 Greed and
of said County Mao, being severally sworn, say on	both known to me as reputable, physicians noath that they have examined carefully.
such personal examination say that his precise phys	A CONTRACTOR OF THE PROPERTY O
it futter + jord	ide work or Heren
7110.1-1	do their dute-
They further say on oath that the physical co	ondition of applicant renders him unable to labor at
any work or calling sufficient to earn a support for being allowed.	r himself, and that we have no interest in said pension
Sworn ty and subscribed before me this the life has of Hely 1904.	000
	CERTIFICATE.
STATE OF GEORGIA, COUNTY.	
hat the applicant Of Mullace	, Ordinary in and for said County, hereby certifyresides in said County, and has
een a bona fide resident of this State since the	day of189
nd that the witnesses, viz :	
e of trustworthy character, and that their statements	s are entitled to full faith and credit. 4 sgoing questions the applicant and each witness took
e oath hereon prescribed, and that the full text of	the affidavits was read to the applicant and witness
I further certify that the tax digests of	County show that applicant
property, and in 1899 Noshing Co	me to Phis Dongs of popers.
Witness my hand and seal of office, this	
	of County.
1. Before any questions are answered, the Ordinary shall svall true answer make to each of the questions asked of you, and u God."	wear applicant and the witnesses in the following words: "You the evidence you shall give will be the whole truth, so help

1900 1

STATE OF GEORGIA,				
County.				
I, & a Wallace	h	ereby authoriz		
Fell Henrices		Rou	1	
to receive and receipt for the pension	allowed	and request	that he	remit same to
by hand	at	Typue		
Witness my hand and seal, this	d	ay of	00/	1902.
	71	Walla		[L. S.]
Executed in presence of				
2. E. Hembre				

(FOR THOSE ALREADY ENROLLED.)

Evallace E. C.

No. 46 8

SOLDIER'S PENSION

INDIGENT

Tallice JOHN W. LINDSEY, 1902. WARRANT HANDED TO WARRANT ISSUED 116

		ALIAE I	٠, ٠,	
STATE OF GEORGIA,	4			
boll COUN	TWo			
I E O W	allac	,		. 4 /4
F. M. Hembree .	f/	Enwer	e e	by authoriz
o receive and receipt for the pension	allowed, and	request th	at he re	mit same t
me			nel	
y hand	24	,		
WITNESS my hand and seal, this	, St	/		
with Ess my hand and seal, this		day of	I DO	
	a management and analysis	Z, ot W	acrae	[L. S
Le Executed in presence of				
1. O. Shirman		9.90		
x., _				
5 6. 3				*
Are to		-		

SOLDIER'S PENSION E & Maller (FOR THOSE ALREADY ENFOLLED) Regiment A JOHN W. LINDSEY, Commissioner of Pensi WARRANT HANDED TO 1907. INDIGENT No. 706 WARRANT ISSUED JAN ZI Name County .

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, Cobb County.	
Personally appears & A Walker of Cobb	
County, State of Geoogia, who being duly sworn, says on oath that he is a bona fide citizen	
and resident of said County and State, and has resided in said State continuously ever	
since the day of 1844; that he is 60 years old and	
by occupation a that he enlisted in the military service of the Con-	
States, and served for the term of 4 fraction in Company 5, of the Regiment of the Rugs	
th Regiment	
that his physical condition is as	
follows owing to Indiranily and present he in label to support thinkely	-
is imable to support thinkely	
that his property consists of the following items	_
nothing.	
of the value ofDollars, that by reason of his physical	
condition and poverty he is unable to support himself by his own exertion or labor, and	1
that he receives no pension but the one herein applied for.	
Deponent desires to participate in the benefits of the Act, approved December 15th,	
1894, and the Acts amendatory thereof, and makes application for the pension to which he	
is entitled for the year, 1902. I have heretofore as a resident of Cobb	
is entitled for the year, 1302. I have heretofore as a resident of	
county been allowed a pension for the year 1 90 /	
Sworn to and subscribed before me, this the	
(a) day of farmer 1902.	
Show When Ordinary.	
STATE OF GEORGIA, & Wallace	
County.	
I John Many Ordinary of said County,	
do certify that I am well acquainted with 6 Walluge	
the applicant in the foregoing affidavit, and am well satisfied that the statements made by	
him in his said affidavit are true, and I know he is the individual he represents himself to	
be and that he resides in this County.	
,	
Given under my official signature and seal, this	
day of 1902.	_
Addix Jones // potentialine	. `
(here)	
Nore.—The blank spaces must be filled.	
Nore.—The blank spaces must be filled. Nore.—Affidavit should not be attested before January 1st, 1902.	

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Ge		}	
Damarella associ	County.	7011	CIA
Personally appear		allere	
County, State of Georgia	i, who, being duly sw	orn, says on oat	h that he is a bona fide citizen
and resident of said Cou	nty and State, and h	as resided in	said State continuously ever
since theda	y of	18; 1	hat he isyears old
and by occupation a	that	he enlisted in	the military service of the Con-
	State of	(.) k	during the war between the
States, and served for the	e term of	in Compan	y & of John Regiment
of	a. ord	1	t his physical condition is as
follows:	age of for	fine	<u> </u>
	4 10	way.	
L'and an an an an			
that his property consists	s of the following ite	ems;	
of the value of	4		Dollars. I am now earning
by hy labor,	7	Dollars per n	onth. That by reason of his
			self by his own exertion or
abor, and that he receive			
Deponent desires	to participate in the l	benefits of the	Act approved December 15th,
894, and the Acts amend	atory thereof, and m	akes applicatio	n for the pension to which he
s entitled for the year 19	07. I have heretofo	re, as a resider	it of OTA
County, been allowed a p	ension for the year 1	906.	
Sworn to and subs	cribed before me, this	s the	
day of	190	7.	
Muy	20021	Ordinary.	
1/	· · · · · / .		
State of Ge	orgia,	@ 1911	00, 11
lost		EA W	mare
100	Cornty.		
I, John	White	My M	Ordinary of said County,
o certify that I am well	acquainted with_	EAT well satisfied	Vallure
o certify that I am well	acquainted with		Tallude 1 that the statements made
o certify that I am well he applicant in the forego y him in his said affidav	acquainted with oing affidavit, and an it are true, and I kno		Vallure
lo certify that I am well he applicant in the forego by him in his said affiday o be, and that he resides	acquainted with oing affidavit, and an it are true, and I kno	w he is the inc	that the statements made lividual he represents himself
lo certify that I am well he applicant in the forego by him in his said affidav o be, and that he resides Given und	acquainted with oling affidavit, and an it are true, and I kno in this County.	w he is the inc	that the statements made lividual he represents himself
lo certify that I am well he applicant in the forego by him in his said affidav o be, and that he resides Given und	acquainted with acquainted with air are true, and I kno in this County.	w he is the inc	that the statements made lividual he represents himself
lo certify that I am well he applicant in the forego y him in his said affidav o be, and that he resides Given und	acquainted with acquainted with one and an interest and a so in this County. der my official signat	w he is the inc	I that the statements made lividual he represents himself

Nors. — The blank spaces must be filled.

STATE OF GEORGI	A,)		
1.00	County.		
: 6,7 %	County.)		
· i, & () 11.	allace	hereby authorize	
J' cl) Kembi	crof	Rouell	
to receive and receipt to	or the pension allo	wed and request that	he remit same to
by hand			
Witness my hand and	seed this	day of Janua	
without my name and	sear, tins	day of Julies	2 1903,
	C. C	1.11 lattae	e [L. s.]
Executed in presence	of		[]
J. E. N.	/4		
Executed in presence	of		L. S.

SOLDIER'S PENSION 1903.	GA Malare	Regiment 12	WARRANT ISSUED	JOHN W. LINDSEY, Commissioner of Prasions.	WARRANT HANDED TO
TOS	Name County	°°.			- 4

Wallacy G. H.

ODE SECTION 154.

(FOR THOSE ALREADY ENDOLLED.)

INDIGENT

POWER OF ATTORNEY.

STATE OF GEORGIA,	
Leall. COUNTY.	
I, & a Wallece	hereby authorize
Fell Kambres of	Roseco
to receive and receipt for the pension allo	
by hand	
Witness my hand and seal, this	
	A Mallale [L. S.]
Executed in presence of	
J. 6 36 /200	

CONTRIBUTE ALREADY ENGINEERS SOLDIER'S PER TOOLA. SOLDIER'S PER TOOLA. SOLDIER'S PER TOOLA. COUNTY COUNTY CO. REGIMENT SOLDIER'S PER TOOLA. SOLDIER	Clace,	ALREADY	INDIGE OLDIER'S	1904.	Coff. Regiment	1 1	₩ .	4 9
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Martin and the second control of the
STATE OF GEORGIA,
County.
E Visiting Old
Personally appears Q N Mallule of Costs
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citize
and resident of said County and State, and has resided in said State continuously eve
since the day of 1844; that he is 22 years old an
by occupation a farmer, that he enlisted in the military service of the Con
federate States (or of the State of) during the war between the
States, and served for the term of 4 frant in Company , of the Regimen
of ; that his physical condition is a
follows: Owing to Infinity
and a survey of an experiment of the survey
that his property consists of the following items:
3 /
of the value of Dollars, that by reason of his physics
of the value ofDollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, an
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 h
is entitled for the year 1903. I have heretofore as a resident of Walk
county been allowed a pension for the year 1902
Sworn to and subscribed before me, this the day of day of day of 1903,
Justing Ordinary.
STATE OF GEORGIA,
County.
I. Some Awtrey Que Ordinary of said County
I, Ordinary of said County to certify that I am well acquainted with Salary
he applicant in the foregoing affidavit, and am well satisfied that the statements made b
in in his said affidavit are true, and I know he is the individual he represents himself t
be and that he resides in this County.
62
Given under my official signature and seal, this
day of 1903.
Seal Seal Seal Seal Seal Seal Seal Seal
Ordinary County
Note.—The blank spaces must be filled.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE	OF CEOPS			
STATE	OF GEORGIA	1,		
Ce	bu Coun	tv.		* *
	· 6 ×	Marco	A	
	lly appears O	Mallore	The state of the s	
County, State	of Georgia, who, being o	luly sworn, says	on oath that he is a bon	a fide citizen
	of said County and Stat	e, and has resi	ded in said State conti	nuously ever
since the			L; that he is 60	
by occupation	a	, that he enlis	ted in the military service	e of the Con-
federate State	s (or of the State of sved for the term of 4		during the war	between the
States, and se	eved for the term of 4	Georg in	Company & Fof /1	th Regiment
of 2	a vey		; that his physical co	ndition is as
follows:	Owing to	refingel	y and pove	ie, he
is an	rable to Supp	Cont hair	If I do	
	- 17		:0,	*
that his prope	erty consists of the follo	wing items: ~	Anthruce.	
pp.	or the following	wing items.	- July	
- C +11				······································
or the value of	poverty he is unable to	U	ollars, that by reason of	his physical
Deponer 1894, and the	es no pension but the on at desires to participate i Acts amendatory thereof	n the benefits o	f the Act, approved De	cember 15th,
is entitled for	the year 1904. I have I	eretofore as a re	esident of Colo	K
County been	allowed a pension for the	year 1903		
	day of		EAWa	280
-	OF GEORGIA		•	4
Ι,	muston	zy .	Ordinary of	
	I am well acquainted		A Mable	
the applicant	in the foregoing affidavi	t, and am well	satisfied that the state	ments made
	said affidavit are true, an		the individual he repres	ents himself
to be, and that	t he resides in this Coun		/	
	Given under my officia	signature and	seal, this	7
	day of	Q1	904.	
Affix	U -	Den	Aronny	
here.		Ordinary	God	County.
	Nore.—The bla	nk spaces must be fil	led.	

STATE OF	GEORGIA, Coll I, M. Henry	COUNTY.	Claci Rosuel	hereby authorize
to receive and	(1.	he remit same to
	in the presence of	this Con III	day of	1905. [L. S.]
(FOR THOSE ALREADY ENROLLED.) No. LEA	SOLDIER'S PENSION 1905.	Name & Mallau County & Coll. Co. C. Regiment 76	WARRANT ISSUED (AZ 5) 1905. JOHN W. LINDSEY,	WARRANT HANDED TO THE MACHINE ALLAND GOO W. RARRISON, RANGER FOR STATE PRINTER, ALLANDA

no data

POWER OF ATTORNEY.

	to receive an	oolb I	COUNTY.	Wall	Ko.	well	
	by	Mand Mand and		at	Kosi	vell	
		ed in the present	ice of			3	
. ,		AP (Production)					
ollace, E. a	Cone Section 1354. (FOR THOSE ALREADY ENROLLED.) No. 6/4	IRNS PENSION	OG.	off. Regiment / Ha	WARRANT ISSUED	JOHN W. LINDSEY, Commissioner of Pensions.	VALLE MESON TO STATE OF THE STA

nodota

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS:

STATE OF GEORGIA,	
Coll County.	
Personally appears & A Mal	lace of ath
County, State of Georgia, who, being duly swo	orn, says on oath that he is a bona fide citizen
and resident of said County and State, and	
since the day of	
by occupation a fine, that he	
federate States (or of the State of	during the war between the
States, and served for the term of 4 frans	in Company of / th Regiment
of Lu Tin	that his physical condition is an
follows: Infirmil	and povery
	and the second s
that his property consists of the following iter	ms: 1 →
	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	
	enefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and m	akes application for the pension to which he
is entitled for the year 1905. I have heretofor	re as a resident of 5 th
County been allowed a pension for the year 19	004.
Sworn to and subseribed before me, this	the)
2 day of 1905.	
form Antray	Ordinary. & A Wall
/	7 H 1/1/20
STATE OF GEORGIA,	o o way
Copty County	
1, John Histor	Ordinary of said County,
do certify that I am well acquainted with	Ea Wallows
the applicant in the foregoing affidavit, and a	
by him in his said affidavit are true, and I kno	
to be, and that he resides in this County.	
Given under my official signat	ure and seal, this
day of	2905.
	X hu Autre
Affix your Real liere Ordinate	iry. County.
	·

Norg.—The blank spaces must be filled.

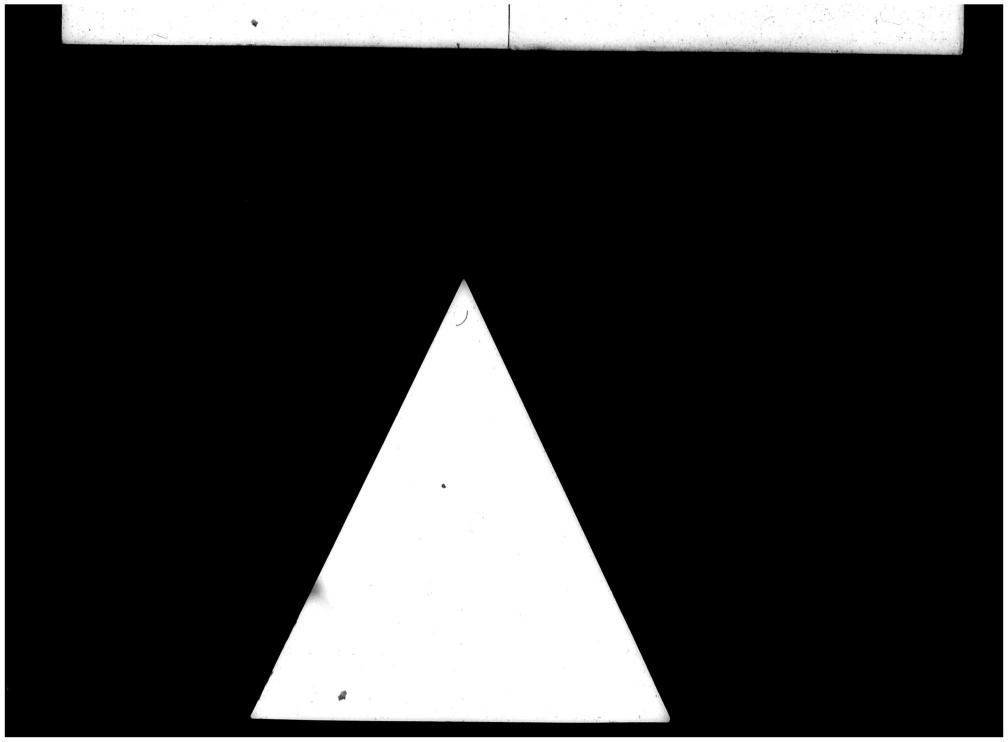
Norg.—Affidavit should not be attested before January 1st, 1905.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

		OI OME IIE	DOM DD I	ימונחוחום,
State of C	eorgia,)		
Coff	County	, }		
Personally app	ears & Q W		of}	Bol
County, State of Geor	gia, who, being duly	sworn, says on o	ath that he is a	bona fide citizen
and resident of said (County and State, as	nd has resided i	n said State co	ntinuously ever
since the 18	day of Marc	A 1841; th	at he is 64	vears old and
by occupation a	that, that	t he enlisted in th	ne military serv	ice of the Con-
federate States (or of	the State of The	1861	\ dundam at a	
States, and served for	the term of	in Compar	y & , of	Sh Regiment
of 170g-	0			condition is as
follows:	Desfin		ved	
		/ / /		
			α	
that his property cons	ists of the following	items:		The state of the s
*	Committee Commit			
of the value of	molhing	Control of the Contro	Dollara I o	
hy my labor	mathing.	Dolforn non	Donars. 1 a	m now earning
physical condition and	d poverty he is unal	ble to support h	impelf by his a	y reason of his
labor, and that he rece	eives no pension but	the one herein a	onlied for	wn exertion or
Deponent desire	es to participate in th	e benefits of the	Act approved I	December 15th
1894, and the Acts am	endatory thereof, and	makes applicati	on for the permi	on to which he
is entitled for the yea	r 1906. I have heret	tofore, as a reside	nt of	L.
County, been allowed				
/ -	baribed before me, th	. 6		
deg of	1	906,	e An	1200,60
ZMV.	worey	Ordinary.	7 /1 W	arun
			60	
State of, G	eorgia,	1		
Cost	County	y. S		
1. John	Anney		A Ordinami a	f said County,
lo certify that I am y	vell acquainted with	6.4	Valle	I said County,
the applicant in the fe			ed that the at	otomoute
by him in his said affic	lavit are true, and I l	thow he is the in	dividual he ren	recents made
to be, and that he resid		and its the in	dividual ne rep	resents nimseri
	and my official sign	ature and seal t	hia /	
'day of_		Those	1/10	
ay or	~ /	John State	Dolla	1
AMX		//www	2/11/11	y
here }	4	Ordinary	1	County.

Note.—The blank spaces must be filled.

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



Collace Bearge	Pension Office, 7/80/04
No1906	This is not an aged man. Indi- mity not shown to be much such cannot by crainary errors aren his support at some kind a la with the sid of minor his some
INDIGENT PENSION	other earnings, only where the
1903.	J. W. Mindsey, Com. of Pen.
Name Graye Wallace	
Oo. 2 2 2 Regs.	
JOHN W. LINDSEY,	of subjective of the subjectiv
WARRANT HANDED TO	
Ordinary will write Name of Applicant, Company of Regiment on back as indicated above:	
Geg W Harrison, State Printer, Atlanta.	

1908.

POWER OF ATTORNEY. STATE OF GEORGIA, mallac Executed in the presence of Pension Office, 7/20/0 2 m Roge. INDIGENT PENSION 1903. WARRANT HANDED TO un 1906 W. LINDSEY,

_	TATE OF GEORGIA,
	· Henry 11/11/11
to	avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly swo
tru	e answers to make to the following questions, deposes and answers as follows: What is your name and where do not reside? Give the Core of
-	What is your name and where do you reside? (give State, County and post-office)
2.	How long and since when he have a long or the long of
	How long and since when have you been a resident of this State? All Yuy life
3.	When and where were you born? In Charoker Co La - M. 15th 1846
4.	John John John John John John John John
٠,	When and where and in what company and regiment did you enlist or serve? Least and I had
	Die 1864
5.	
0.	How long did you remain in such company and regiment?
ß	When and whose was a second se
an.	When and where was your company and regiment surrendered and discharged?
5	remark of the Confederate and Stole horses
7	
8.	Were you present with your company and regiment when it was surrendered?
and	If not present, state specifically and clearly where you were, when you lest your command for what cau by whose authority?
Vi	arudad being and to organ of Panto Hel
9.	How much can you earn (gross) per annum by your own exertions or labor?
10.	What has been your assuration since 1865 9 Work I force ou for the life of the
11.	Opon which of the following grounds do you base your application for pension, viz: first, "age and poverty
eco	
	ort? It mon the ground, since now long you have been in such condition that you could not earn you
tat	whether you are totally blind and when and where you lost your sight? It upon the thir
26	out the grand ago and lines be accessed that the
2	walle to heak and Support to later. But
3.	What property, real and personal, or income, do you possess, and its gross value? 10 to face
0	race Truly offers a Cille Governor to
4.	What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 an
902	2, and what disposition, if any, by sale or gift, have you made of same ? Acastle Juntary
	Herbourd of none bales \$20,00
-	
5.	In what County did you reside during those years, and what property did you then return for taxation?
	the state of the s
6.	How were you supported during the years 1899, 1900, 1901 and 1902? Dr. My Astron. as
7.	How much did your support and of the
	How much did your support cost for each of those years, and what portion did you contribute thereto be own labor or income? But Lay has much they have the same of the latest th
8.	What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
_C	Total Comment of the section of the
9.	Have you a family? If so, who composes such family? Give their means of support? Have they
ome	stead, or other property? Their ages and how employed? Les a Wife 54 years old
#	allegation 18 years old. a four 12 years old young which
no	y wours area de
0.	Are you receiving any pension? If so, what amount and for what disability?
	Have you ever made an application for pension before?
2.	How many applications have you ever made and under what class?
	1 11
44	Sworn to and superibed before me this the Horse hallace

QUESTIONS FOR WITNESS.	
STATE OF GEORGIA,	
DiNing	
COUNTY.	
of said State and County, having been presented	
as a witness in support of the application of	
under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and	
1. What is your name and where do you reside?	
- In the second	5
2. Are you acquainted with Lings Wallace, the applicant; if so, how	
long have you known him?	
3. Where does he reside, and how long and since when has he been a resident of this State?	
willow all of his Dil.	
4. When, where and in what company and regiment did he enlist, and how do you know?	,
1044 Sichon Flut tenerolies too Se Co 2 2 9	
5. Were you a member of the same company and regiment? 9	
6. How long did he perform regular military duty? // www.ths	
7. When and where was his command surrendered? Kingston 4 1 865	
Taryona Jarous	
8. Were you present when it surrendered?	
1 TIT' 11	
9. Was applicant present? / YL YLLY Thur	
0. If he was not present, where was he gens Curothe College Profes Cupt Haley	
Then did he leave his command they designed by house For what cause flow the replanting of your power of the standard of the s	1-
7 // How do you know all of this?	me
I was Hurl	
What property, effects or income has the applicant? (Give your means of knowledge.)	
The second of th	
What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902,	
d what disposition, if any, did he make of same? Thuck The 1900, 1899, 1900, 1901 and 1902,	
Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?	
What is the applicant's occupation and physical condition?	
The Levels Live	
Is the applicant unable to support himself by labor of any sort, if so, why? I Cloud Phing,	
is is	
How was be supported that all	
How was he supported during the years 1898, 1899, 1900, 1901 and 1902? Ty furming	
What portion of his support for these four years was derived from his own labor or income?	
C: The support of these four years was derived from his own labor or income?	
Give a full and complete statement of the applicable	÷
Give a full and complete statement of the applicant's physical condition that entitles him to a pension under	
TO THE PARTY OF TH	
Who composes family? What property have they? Children's age and their earning capacity?	
in Sel & Wife & my daughtes 18 year old	
for theurs all during Out and little	te
What interest have you in the recovery of a pension by this applicant & Jaous Javany	•
Sworn to and subscribed before me, this the	
day of the 1908.	
Count Planta Witness.	
Ordinary.	

AFFIDAVIT OF PHYSICIANS.

COUNTY.	Sau au
Personally came lefere me Alles	Mr. Moore
of said County, who, being everally sworn, say on	
any Hallace	, applicant for pension under Section 1254, Code, and
such personal examination say that his precise physic	cal condition is as follows:
The find the applica	ut fee gradice Sufferigue
a severe Rupture on the re	chit side. He also has Kids
	which diseases he suff
a general and	TO to
The state of	that was been braded by
as laring a support	troubles prescentation from it
and that we have no interest in said pension being all	lowed. James WI Moore VI
and subscribed before me, this the	Soll Kings on's
Share And 1908	
- June may	Ordinary.
ORDINARY	CERTIFICATE.
•	CERTIFICATE.
STATE OF GEORGIA,	
COUNTY.	
I, James House	
	Ordinary, in and for said County, hereby certi
that the applicant being Mas	Ordinary, in and for said County, hereby cert
that the applicant Longe Mass been a bona fide resident of the State since the	
	resides in skid County, and k
been a bona fide resident of this State since the	day of Assured 189 4
been a bona fide resident of this State since the	day of Alleway 189 4
been a bone fide resident of this State since the	day of resides in skid County, and he will describe the county and the same are entitled to full faith and credit.
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1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following 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	or of	EORGIA,	COUNTY.	llia _of	_		_hereby	authorize
byw	ITNESS	my hand and s	eal, this	allowed, a	Acy of A	Lay Say	***	.1906. [L. s.]
COOR SECTION 1254. (FOR THOSE ALREADY ENROLLED.)	No. 737	SOLDIER'S PENSION	Name Geogladlace	County Hoff	MOTHER ISSUED	JOHN W. LINDSEX. Commissions of Pensions.	WARRANT HANDED TO	Tat Passacian Princes; and Potelating Co., Clo. W. Manages, Mar-

POWER OF ATTORNEY.

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no doto

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Ge	orgia.		
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And the second second second second	Country	8.1	//
Personally appear		me of Cof	
County, State of Georgia	, who, being duly sworn, say	ys on oath that he is a bona	fide citizen
and resident of said Cou	inty and State, and has re	sided in said State contin	uously ever
since theday	y of18	; that he isye	ars old and
by occupation a	, that he enlist	ed in the military service	of the Con-
federate States (or of the	State of) during the war l	etween the
States, and served for the	term ofin (Company of 254	Regiment
of		; that his physical con	dition is as
follows:			
	Journe		
that his property consists	of the following items:	The state of the s	
			Contrador Constitutiva and State
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of the value of		Dollars. I am no	ow earning
by my labor,	Dollar	s per month. That by re	ason of his
labor, and that he receive	overty he is unable to sup es no pension but the one he o participate in the benefits	erein applied for.	
1894, and the Acts amenda	atory thereof, and makes ap	plication for the pension t	o which he
is entitled for the year 19	906. I have heretofore, as a	resident of Enrol	les
County, been allowed a pe	ension for the year 1905.	Q_{10}	
	ribed before me, this the 1906. Sey Ord	anary mina	llese
State of Geo	orgia,		. •
I, John V	strey	A Ordinary of sai	d County
do certify that I am well	acquainted with	Malloce	
the applicant in the foreg	oing affidavit, and am well	satisfied that the statem	ents made
by him in his said affidavi	t are true, and I know he is	the individual he represen	ts himself
to be, and that he resides in		, —	to ministri
Given und	er my official signature and	seal, this_/	
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Affix your seal	· Ordinary_	Post	_
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

	ty.
Personally appears the No	allow of Cable
County, State of Georgia, who, being dul	y sworn, says on oath that he is a bona fide citizen
and resident of said County and State, a	nd has resided in said State continuously ever
since theday of	18 ; that he isyears old
and by occupation a,	that he enlisted in the military service of the Con-
federate States (or of the State of	during the war between the
States, and served for the term of	in Company of 2 th Regiment
of	that his physical condition is as
follows:	porch
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that his property consists of the followin	σ items:
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004	the benefits of the Act approved December 15th,
894, and the Acts amendatory thereof, and s entitled for the year 1907. I have here county, been allowed a persion for the we	d makes application for the pension to which he tofore, as a resident of
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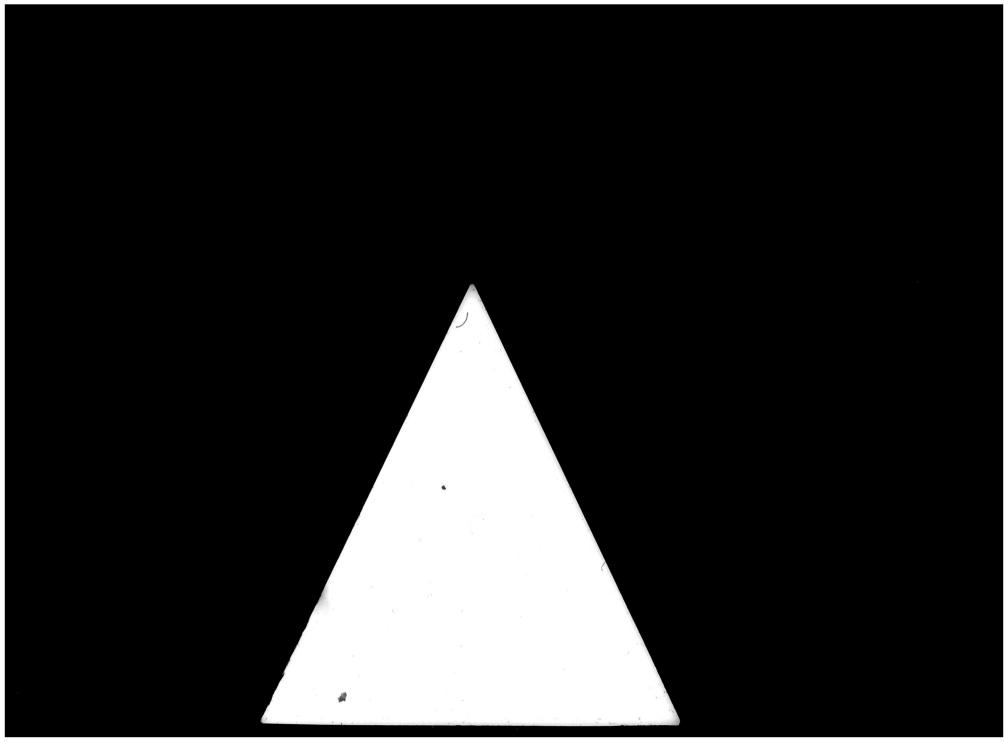
Nors.—Affidavit should not be attested before January 1st, 1907.

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STATE OF GEORGIA, LOGIC	County
1 XM. Jann	
that (personally know Many Stallace	Ordinary of said County, to certify
4. () ()	the applicant, and that she
the Pension Roll of said	a a a
a Pension from Colle	County, and was paid
of his death on the 25 day of Alexen	County for 19 2 and at the time
him and unpaid his Pension of Our Jou	1927, there was due to
of Georgia, and I know Lennie Arl	Dollars from the State
witness, and he is of a truthful and trustworthy charact	the within
Given under my hand and seal this 30 of	V 5
(SEAL.)	70 / 192
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o was duly enrolled as a		lyen		loner from the Co
	and was paid	Pension of	one h	undred
lars from	Bobb			22 and that the
my talle	died in	211 1	ulli	
25 day of LL	mul.			County
thoughter	9 /	and at the	time of his death	a Pension of \$10
due him from	C S S A	* /	Coun	y and unpaid for 1
licant further swears the			vy I	allen
5 day of h	/, 18	2′, in	Forsyl	County
e of A				age to his death as
ul wife and is now his	dominadant -13	The man from t	te date of marri	age to his death as
'ul wife, and is now his	dependent widow,	and she asks t	hat the Pension	so due and unpaid
to her.				
2.75			0 .	
Swern to and subscribed	before me this	30 day of	dely	
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	, Ordin	ary.	n - e 7	
POLL		1	range 1	rallale (L.
(SEAL.)	Cou	nty.	0	(4.
(SEAL.)				
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ist. This form can be used by guardian, or min NeTRUCTIONS:
18-18. The Ordinary must, in all cases, send certificate of manages schoded hereto, it marriage is not proven by witness.
18-20. Avoid the use of the snormously large form of marriage to the certificate in common vague throughout this state, suitness of snytes, golders who died after the common vague throughout this state, suitness of snytes, golders who died after the common vague throughout this state, suitness of snytes, golders who died after the common vague throughout this state, suitness of snytes, golders who died after the common vague throughout this state, suitness of snytes, golders who died after Cottober State, and for vidows and dependent children after the common vague that it is a special to the same after the common vague that the same common vague that it is approved in the Pension Office, and restored to you as your fifth that the common vague that the same vague that the sa

COBB COURT OF ORDINARY MARIETTA, GA. JOHN AWTREY, JUDGE PROBATE. Georgia Fersonally up france Coll County . 3 before me the mider agua J. M. Moore who being duly Sworn Payo on onthe That he is a Polyseician and line near George Wal-Lan and Kunor him well. Said Wallace is badly ruptured and is much to partoni heannal labor On Gester. day Said Wallace tried to pick Cotton on my place and today he had to be assisted to get in and but of a wagon. His wife is afflict. ed, and fuble and the only help be has to bear a living is a Brusle boy twelve years of age Said Wel la a had a grown daughter who is now married and does not reside with her father. Hy can not make ordinary affort. Sum to the oriher before in Jam nione



 7	00
i	Cabb Co
No.	

INDIGENT PENSION

1898.

Name Las M Wallas
County Doll
Commit Good
O. Philly
Approved 1898.
RICHARD JOHNSON,
Commissioner of Pensions,
WARRANT HANDED TO
GEO. W MARRISON, STATE PRINTER, ATLANTA

1/31.98

POWER OF ATTORNEY.
STATE OF GEORGIA.

at	day of	1898.
ted in presence of		-

POWER OF ATTORNEY. STATE OF GEORGIA,

STATE OF GEORGIA,		
COUNTY.		1
Ι,		hereby authorize
	of	, and the same of
to receive and receipt for the pension allowed and r	equest that he remit same to-	
at	by	
Witness my hand and seal this	by	1898.
Witness my hand and seal this Executed in presence of	by	1898.

Name At M. Walluce.
Conflix
Approved
Approved
Approved
Approved
Commissioner of Pension.
Commissioner of Pension.
WARRAMPHANDED TO
WARRAMPHANDED TO

INDIGENT PENSION

Questions for Applicant.

0.	ATE OF CHORDIA
	ATE OF GEORGIA,
	County.
	Jas, W. Wallace. of said State and County della
to a bein	rail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after g duly sworn true answers to make to the following questions, deposes and answers as follows: What is your name and where do you reside? (give State, County and post office.)
	Jan . M. Wallace Warietta Cobb Co Ga
2.	How long and since when have you been a resident of this State?
	Have fun witent 64 years
3.	When and where were you born? South Carolinar Scht 3 1811
4.	When and where and in what company and regiment did you enter the Challeful Legine on Cheron County
	in spring of 1862, Febry
5.	How long did you remain in such company and regiment? Until Surench May 1865 at attanta Ga
A.	B. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
7,	For how long a period did you discharge regular military duty? 3 4 Eurs \$5 Mins When, where and under what circumstances were you discharged from service?
• •	
8.	What is your present occupation? Jery mig to Farme
9,	How much can you earn (gross) per annum by your own exertions or labor?
w.	What has been your occupation since 1865? White able awary busines alleged
11.	Upon which of the following grounds do you base your application for pension, viz: first "age and ty," second "infirmity and poverty" or third "blindness and poverty"? Age mounty hove
apon (If upon the first ground, state how long you have been in such condition that you could not earn upport? If upon the second, give a full and complete history of the infirmity and its extent? If the third, state whether you are totally blind and when and where you lost your sight? Support in a year Lift in factory from a full for the first frame of the
any	What property, effects or income did you possess in 1894, 1895, 1896 and 1897 and what disposition, did you make of same? Multi Sole for Aust
	n what County did you reside during those years and what property did you then return for taxation?
Di	you were you supported during the years 1896 and 1897 to Mry tabur and a proceeds of my who taker
7. E	low much did your support cost for each of those years and what portion did you contribute thereto
9	That was your employment during 1896 and 1897? What pay did you receive in each year?
. H	lave you a family? If so, who composes such family? Give their
	stead? Wife and one child no Homestead with
nome	and I will a will
a	the to do so
a	off in farm to help make a living when
a	re you receiving any pension, if so, what amount and for what disability? We
a	Sworn to and substribed, before me this the
a	re you receiving any pension, if so, what amount and for what disability? We

OUESTIONS FOR WITNESS

COLOTIONS FOR WITNESS.
STATE OF GEORGIA,
County.
My DI James
of said State and County, having been presented
as a witness in support of the application of Jav Wallace for pension
under the Act approved December 16th, 1884, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:
1. What is your name and where do you reside? Marietta Cobb Co Ga
" what is your name and where do you reside? The way to the course of th
2. Are you acquainted with Jas. M. Wallace the will and it
the applicant, if so
2 de la
64 Jears lived in Cobb Witten & Guntt 2871 as
4. When, where and in what company and regiment did he enlist, and how do you know? I do
Me was a sucurbir Co C Philippin Segure
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty, and what do you know of his service as a Confed-
erate soldier, and the time and eiroumstances of his discharge from the service? Throng
(La (Jely) To the Gue of the Survey
allvar ready when colder was the was
V Saith full
7. What property, effects or income has the applicant? (Give your means of knowledge)
(2) rentral dans to
8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if
any, did he make of same?
he back and well and the
9. Has he conveyed away any of his property in the last three years, if so, what was it and to whom?
home that Know of
10. What is the applicant's occupation and physical condition? Hanner to Good of 1
Mand 64 years old in very Leble health
en half of the time he is not able to lund
11. Is the applicant unable to support himself by labor of any sort, if so, why? His left side
partially paralised Home feled on richt andil
while of duty and it has give him trouble sen
12. How was he supported during the years 1896 and 1897?
13. What portion of his support for these two years was derived from his own labor or income?
and the second
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
under the Act of December 15th, 1894? He is and old man 2000
eble highth 64 years old with his allestin
as statul above he is not able make a leven to labor
15. What interest have you in the recovery of a pension by this applicant? Then what were
Sworn to and subscribed before me, this
2D Man
day of Witness.
The Doke Ordinary. W. J. Delam
Cy Cycle Control of the Cycle

AFFIDAVIT OF PHYSICIANS

TOTTA TO SERVICE

MITIDAVIT OF PHISICIANS,	
STATE OF GEORGIA,	
_ Colle county.	
X 2/ 1 1 1 1 1	
S the X The I was a second of the second of	and
both known to me as reputable physic	ians
of said County who being severally sworn, say on oath that they have examined carefully	
and process applicant for pension under the Act of 1894, and a	fter
such personal examination say that his precise physical condition is as follows:	
in the state of partial	ly pa
alized on right ende . Is 6x years old and	7.1
infirm. Mad able to do but very little no	
labor Will never to after to make a pure	-
In himself by his own labor	rock
We further say on oath that the physical condition of applicant renders him goable to labor at a	
work or calling sufficient to earn a support for himself, and that we have no interest in said pension bei	ing
allowed.	ing
Sworn to and subscriped before me this the most subscriped and of fang 1898.	m R
20 day of Jan 1898 1 1 Sep. 21.1.	
MO 14 2	. 0
Ordinary.	
V	
ORDINARYS' CERTIFICATE.	
STATE OF GEORGIA.	
900	
Mh County	
I, Ordinary in and for said County, hereby certi	fy
at the applicant resides in said County, and h	as
a bona nde resident of this State since the	34
that the witnesses, vis.	ade
Me A Differen M. D. Test Eliza WA	1
e of trust worthy character and that their statements are entitled to full faith and credit.	
I further certify that before answering the forgoing questions, the applicant and each witness too	k
e oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness fore same was signed.	88
	1
I further certify that the tax digests of	nt
Dollar	rs . ·
property, and in 1897	7.
In my opinion the foregoing claim is ande in good faith.	
Witness my hand and seal of office, this day of day of 1898	3
Ordinary Ordinary	•
County	
NOTE.	
1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you	u .

POWER OF ATTORNEY. to receive and receipt for the pension allowed, and request that he remit same to Witness my hand and seal this... Executed in presence of

INDIGENT SOLDIER'S PENSION,	1899.	WARRANT ISSUED	RICHARD JOHNSON, Commissioner of Pensions.	WARRANT HANDED TO W. Charles Log IT & C Goo. W. Harrhow, Sweet French, Adulta.
30F	Name			Claus

			POW	ER	OF A	TT	OR	NE	Y.				7.7
1	E OF	GEOF	IGIA,	Count	y.}	1		20	nie	et	-1	horize	
to recei	ve and	receipt	for the	pensi	on allow	ed, an	d red		that I	ie rei	nit sa	me to	
by	M	n				_		1					
	Vitness :	ny hand	d and sea	al, this	/3	day o			7		190	00.	•
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PODE SEC. 125	8	DIGE	R'S	6	3	7 .	ARRANT ISSUED	in	` ₩	H TNA	in	State	las
10 1	NO	3	田	2	0		AR	77	HIN.	1		1	a

Wellare, J.m.

(For Those Aiready Enrolled.)

No. 1/48

SOLDIER'S PI

JOHN. W. LIND

WARRANT ISS

Name

For Applicants Heretofore Allowed Pensions.

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 time the gly of 1844; that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever time the gly occupation a county; that he enlisted in the military service of the Confed yo occupation a county; that he enlisted in the military service of the Confed rate States (or of the State of 2/2/100 in Company , on the States and States and States (or of the State of 2/2/100 in Company , on the States and States (or of the States of 2/2/100 in Company , on the States and States (or of the States of 2/2/100 in Company , on the States of the States of the following items ; that his physical condition is as a state of the value of politary that the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, and the acts amendatory thereof, and makes application for the pension towhich he centitled for the year 1839. I have herefolore as a resident of the pension towhich he centitled for the year 1839. I have herefolore as a resident of the pension towhich he centitled for the year 1839. I have herefolore as a resident of the pension towhich he centitled for the year 1839. I have herefolore as a resident of the pension towhich he centitled for the year 1839. I have herefolore as a resident of the pension towhich he centitled for the year 1839. I have herefolore as a resident of the pension towhich he centitled for the year 1839. I have herefolore as a resident of the pension towhich he centitled for the year 1839. I have herefolore as a resident of the pension towhich he centitled for the year 1839. I have herefolore as a resident of the pension towhich he centitled for the year 1839. I have herefolore as a resident of the pension towhich he centitled for the year 1839. I have herefolore as a resident of the pension towhich herefolore as a reside	
Personally appears County, State of Georgia who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever the case of the content of the state of t	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 County and State, and has resided in said State continuously ever the case of the content of the state of t	County.
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 the different of the confederate States (or of the State of during the war between the States, and the states (or of the State of during the war between the States, and subserved for the term of the confederate States (or of the State of during the war between the States, and subserved for the term of the confederate States (or of the States, and the state of the term of the confederate States (or of the States, and the state of the term of the confederate States (or of the States, and the states of the following items of the states of the states of the following items of the state of the states of the following items of the states of the sta	Sal la son.
and resident of said County and State, and has resided in said State continuously ever ince the	
ince the disposition of the State of 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 the State of the Company of the States of the Company that his physical condition is as sollows: The value of Dollars, that by reason of his physical and his property consists of the following items The value of Dollars, that by reason of his physical midition and poverty he is unable to support himself by his own exertion or labor, and hat he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, and the acts amendatory thereof, and makes application for the pension to which he entitled for the year 1889. I have hereofore as a resident of the pension to which he entitled for the year 1889. I have hereofore as a resident of the pension to which he entitled for the year 1889. I have hereofore as a resident of the pension to which he entitled for the year 1889. I have hereofore as a resident of the pension for the pension for the pension to which he entitled for the year 1889. I have hereofore as a resident of the pension to which he entitled for the year 1889. I have hereofore as a resident of the pension to which he entitled for the year 1889. I have hereofore as a resident of the pension to which he entitled for the year 1889. I have hereofore as a resident of the pension to which he entitled for the year 1889. I have hereofore as a resident of the pension to which he entitled for the year 1889. I have hereofore as a resident of the pension to which he entitled for the year 1889. I have hereofore as a resident of the pension to which he entitled for the year 1889. I have hereofore as a resident of the pension to which he entitled for the year 1889. I have hereofore as a resident of the pension to which he entitled for the year 1889. I have hereofore as a resident of the pension to which he entitled for the year 1889. I have hereofore as a residen	
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The value of	and served for the term of 3/2/10 in Company, of the degiment of
the value of Dollars, that by reason of his physical and this property consists of the following items of the value of Dollars, that by reason of his physical 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, 394, and the acts amendatory thereof, and makes application for the pension to which he entitled for the year 1899. I have heretofore as a resident of Double of the year 1899. I have heretofore as a resident of Double of the year 1899. I have heretofore as a resident of Double of the year 1899. Sworn to and subscripted before me, this, the Double of the year 1899. Ordinary. Ordinary. Ordinary of said County, Double of the year 1899. Ordinary of said County, Double of the year 1899. In the year 1899. Ordinary of said County, Double of the year 1899. Ordina	lquon fu Wal ; that his physical condition is as
Dollars, that by reason of his physical production and poverty he is unable to support himself by his own exertion or labor, and hat he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 394, and the acts amendatory thereof, and makes application for the pension to which he entitled for the year 1889. I have heretofore as a resident of sunty been allowed a pension for the year 1899. Sworn to and subscribed before me, this, the laborate of the year 1899. Ordinary. Ordinary of said County, ordinary of said County, the opplicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be add that he resides in this County. Given under my official signature and seal, this day of 1899.	follows: 1 on against of Disease
Dollars, that by reason of his physical production and poverty he is unable to support himself by his own exertion or labor, and hat he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 394, and the acts amendatory thereof, and makes application for the pension to which he entitled for the year 1889. I have heretofore as a resident of sunty been allowed a pension for the year 1899. Sworn to and subscribed before me, this, the laborate of the year 1899. Ordinary. Ordinary of said County, ordinary of said County, the opplicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be add that he resides in this County. Given under my official signature and seal, this day of 1899.	Intimute Borest val he is
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Dollars, that by reason of his physical production and poverty he is unable to support himself by his own exertion or labor, and hat he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 394, and the acts amendatory thereof, and makes application for the pension to which he entitled for the year 1889. I have heretofore as a resident of sunty been allowed a pension for the year 1899. Sworn to and subscribed before me, this, the laborate of the year 1899. Ordinary. Ordinary of said County, ordinary of said County, the opplicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be add that he resides in this County. Given under my official signature and seal, this day of 1899.	hat his property consists of the following items
State of Georgia, County Coertify that I am well acquainted with Displaced that I am well acquainted with Disp	and his property consists of the tonowing news
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Deponent desires to participate in the benefits of the Act, approved December 15th, 394, and the acts amendatory thereof, and makes application for the pension to which he entitled for the year 1899. I have heretofore as a resident of the year 1899. Sworn to and subscribed before me, this, the 1899. Sworn to and subscribed before me, this, the 1899. Ordinary. Ordinary of said County, the policiant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be add that he resides in this County. Given under my official signature and seal, this day of 1899.	ondition and poverty he is unable to support himself by his own exertion or labor, and
State of Georgia, County Cou	
sworn to and subscribed before me, this, the Sworn to and subscribed before me, this, the 1899. State of Georgia, County. Co	
Sworn to and subscribed before me, this, the Sworn to and subscribed before me, this, the 1899. Ordinary. Ordinary of said County, ocertify that I am well acquainted with Deplicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of AGRAPHICAL AND	
State of Georgia, County Cou	s entitled for the year 1899. I have heretofore as a resident of
State of Georgia, County, Coertify that I am well acquainted with Coplicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be ad that he resides in this County. Given under my official signature and seal, this day of Affiguration Affigura	ounty been allowed a pension for the year 180
Ordinary. Ordinary of said County, Ordinary o	Sworn to and subscribed before me, this, the
County. Cou	1899. 1
County. Cou	Mariatta
County. I, Ordinary of said County, occurrify that I am well acquainted with Oplicant in the foregoing affidavit, and am well satisfied that the statements made by him bis said affidavit are true, and I know 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 Affiguration	Ordinary.
County. I, Ordinary of said County, occurrify that I am well acquainted with Oplicant in the foregoing affidavit, and am well satisfied that the statements made by him bis said affidavit are true, and I know 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 Affiguration	
Ordinary of said County, or certify that I am well acquainted with well satisfied that the statements made by him bis said affidavit are true, and I know he is the individual he represents himself to be ad that he resides in this County. Given under my official signature and seal, this day of 1809.	State of Georgia,
o certify that I am well acquainted with	County
o certify that I am well acquainted with	I Ordinary of said Course
oplicant in the foregoing affidavit, and am well satisfied that the statements made by him bis said affidavit are true, and I know he is the individual he represents himself to be ad that he resides in this County. Given under my official signature and seal, this day of 1899.	
this said affidavit are true, and I know he is the individual he represents himself to be ad that he resides in this County. Given under my official signature and seal, this day of 1899.	the V
de that he resides in this County. Given under my official signature and seal, this day of 1899. Anna County 1899.	
Given under my official signature and seal, this day of 1899.	
day of Jany 1809. Jul Leone	120
and the second	(4-2)
Ang Proping	Cay of Agenty 1890,
nere.	Affix Four O
	here.
Norg.—The blank-spaces must be filled.	Ordinary County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.)
Dersonally appears J. W. Wallace 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 56 years old and
by occupation a fature ; that he enlisted in the military service of the Confed-
erate States (or of the State of) during the war between the States,
and served for the term of 13 /2 years in Company 6, of Pulseflerias
Legiou Sa. Vals, ; that his physical condition is as
follows: Our account of disease, infirmity
and proverty to he is mable to
suffort himself
that his property consists of the following items
Nothing
of the value ofDollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1900. I have heretofore as a resident of loob
county been allowed a pension for the year 1899
Sworn to and subscribed before me, this, the let clocking
15 day per agencary 1900.
Ordinary.
State of Georgia,
County.
I, J. W. Stoul Ordinary of said County,
the applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official agrature and seal, this 15 th
day of alleany 1900.
NOW.
Ordinary Cobb County.
Nors.—The blank spaces must be filled.

Nors.—The blank spaces must be filled.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,			/	
County.				
1 M Malla er				
I I was	hereby autho			···········
- pun sway	of Mar	ulla		
to receive and receipt for the pension	on allowed and re	equest that h	e remit sam	e to
			4	
. 600	at			
by Auna		0		
Witness my hand and seal, this	day of	Jun	1901	
	R	21/1/2	1/nAs	7 c l
	<u> </u>			
Executed in presence of				
Thos, J. Maneby				
1 1 1				

JOHN W. LINDSEY,

RANT HANDED TO

no date

WARRANT ISSUED

County / Name

SOLDIER'S PENSION.

1901.

INDIGENT

(For Those Already Enrolled.)

No. 255

220

Wallace & M.

	by	Vitnasa m	****	£1.	at _			he remit s	
			y hand an		3 g	dayof	alla	- 190 ee)2. _[r. s
			presence o					<i>?</i>	
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					3)		2	4
th	EMPOLLED.)	200	FINE		3	93		1 2	
Medit	CODE SECTION 224. (FOR THOSE ALREADY ENROLLED.)	5.76	INDIGENT	02.	Wale	Regiment	9///	WARRANT HANDED TO	Geo. W. Harrison, State Printer, Attac

POWER OF ATTORNEY.

STATE OF GEORGIA,

For Applicants Heretofore Allowed Pensions.

COLUMN OF CHARACT	
STATE OF GEORGIA,	
County.	
personally appears AM. Malla ei of C	Vish
Personally appears All Malla er of C	200
County, State of Georgia, who being duly sworn, says on oath t	hat he is a bona fide citizen
and resident of said County and State, and has resided in said	
	he is S years old and
	nilitary service of the Con-
federate States (or of the State of	luring the war between the
Light States, and served for the term of 3/2/Win Company	,
that h	is physical condition is as
Towning he is make is in	ese, Infimit
spourty he is mable with	Short hinself
	The state of the s
that his property consists of the following items Nothin	
the many perty common of the minowing items VIV Prove	7
	the second of
£1	
of the value ofDollars, that	by reason of his physical
condition and poverty he is unable to support himself by his	own exertion or labor, and
that he receives no pension but the one herein applied for.	
Deponent desires to participate in the benefits of the Act	, approved December 15th,
1894, and the Acts amendatory thereof, and makes application f	or the pension to which he
is entitled for the year 1901. I have heretofore as a resident of	Cobb
county been allowed a pension for the year 1900.	
Sworn to and subscribed before me, this the	
day of 1901.	
John Swhey Ordinary M	Molloce
	moure
STATE OF GEORGIA,	
County.	
1. John Iwhis	Ordinary of said County,
	ellace the
applicant in the foregoing affidavit, and am well satisfied that the	
in his said affidavit are true, and I know he is the individual he	
and that he resides in this County.	represents instinct to be
The state of the s	<i>B</i>
Given under my official signature and seal,	unis 🕶 .
day of facily 1901.	1 1
Affix your seal	hu twheel
Ordinary C	off County.
Ordinary - C.	County.

NOTE - Alidavit should not be attested before January 1st, 1901.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	E OF GEORGIA,
	County.
Person	nally appears AMPallace of Cob
County, St	ate of Geoogia who being duly sworn, says on oath that he is a bona fide citizen
and reside	nt of said County and State, and has resided in said State continuously ever
ince the_	day of 1844; that he is 58 years old and
y occupat	ion a that he enlisted in the military service of the Con-
federate St	ates (or of the State of) during the war between the
States, and	served for the term of 3/2 400 in Company 6, of
	hole ; that his physical condition is as.
follows:	on account of disease infirmity and howert he
miels	a to suffort himself
nat his pro	operty consists of the following items
	1.20
······································	STATE OF THE STATE
f the valu	e of Dollars, that by reason of his physical
ondition a	nd poverty he is unable to support himself by his own exertion or labor, and
	eives no pension but the one herein applied for.
	ent desires to participate in the benefits of the Act, approved December 15th
894, and th	ent desires to participate in the benefits of the Act, approved December 15th,
894, and th	he Acts amendatory thereof, and makes application for the pension to which he
894, and the sentitled	he Acts amendatory thereof, and makes application for the pension to which he for the year 1902. I have heretofore as a resident of
894, and the s entitled ounty beer	the Acts amendatory thereof, and makes application for the pension to which he for the year 1902. I have heretofore as a resident of
894, and the s entitled ounty beer	the Acts amendatory thereof, and makes application for the pension to which he for the year 1902. I have heretofore as a resident of
894, and the sentitled ounty beer	the Acts amendatory thereof, and makes application for the pension to which he for the year 1902. I have heretofore as a resident of
894, and the s entitled ounty beer	the Acts amendatory thereof, and makes application for the pension to which he for the year 1902. I have heretofore as a resident of
894, and the sentitled county been Sworn	to and subscribed before me, this the day of January. Ordinary.
894, and the sentitled county been Sworn	to and subscribed before me, this the day of Jerus 1902. Ordinary. OF GEORGIA,
894, and the sentitled county been Sworn	to and subscribed before me, this the day of January. Ordinary.
894, and the entitled county been Sworn	the Acts amendatory thereof, and makes application for the pension to which he for the year 1902. I have heretofore as a resident of the year 1902 to and subscribed before me, this the day of the year 1902. Ordinary. OF GEORGIA, County.
Sworn Sworn TATE	the Acts amendatory thereof, and makes application for the pension to which he for the year 1902. I have heretofore as a resident of the year 1902 of the year 1902 of the year 1902. January Ordinary. Ordinary of GEORGIA, County Ordinary of said County,
Sworn TATE I, certify t	to and subscribed before me, this the day of John Mallace Ordinary. Ordinary of said County, hat I am well acquainted with John Mallace
Syd, and the entitled sounty beer Sworn TATE I certify to e applicant	to and subscribed before me, this the day of January. Ordinary. Ordinary of said County, hat I am well acquainted with Mallace. It in the foregoing affidavit, and am well satisfied that the statements made by
Syd, and the sentitled sounty beer Sworn Syd	to and subscribed before me, this the day of Julius Ordinary. OF GEORGIA, County County The I am well acquainted with Mollace Ordinary of said County, the in the foregoing affidavit, and am well satisfied that the statements made by aid affidavit are true, and I know he is the individual he represents himself to
Syd, and the sentitled sounty beer Sworn Strate I. I. Decertify the applicant in his s	to and subscribed before me, this the day of Jerus 1902. Ordinary. OF GEORGIA, County And I am well acquainted with fact the statements made by aid affidavit are true, and I know he is the individual he represents himself to the resides in this County.
894, and the sentitled county beer Sworn Tare I	to and subscribed before me, this the day of feeting of the year 1902. Ordinary. OF GEORGIA, The well acquainted with feeting affidavit are true, and I know he is the individual he represents himself to he resides in this County. Given under my official signature and seal, this
894, and the sentitled county beer Sworn Tare I	to and subscribed before me, this the day of County. Ordinary of said County, hat I am well acquainted with a lamb well acquainted with a the foregoing affidavit, and am well satisfied that the statements made by said affidavit are true, and I know he is the individual he represents himself to he resides in this County. Given under my official signature and seal, this day of January of 1902.
STATE STATE Co certify the applicant in his se and that	to and subscribed before me, this the day of feeting of the year 1902. Ordinary. OF GEORGIA, The well acquainted with feeting affidavit are true, and I know he is the individual he represents himself to he resides in this County. Given under my official signature and seal, this
Syd, and the sentitled sounty beer Sworn Strate I. I. Decertify the applicant in his s	to and subscribed before me, this the day of County. Ordinary of said County, hat I am well acquainted with a lamb well acquainted with a the foregoing affidavit, and am well satisfied that the statements made by said affidavit are true, and I know he is the individual he represents himself to he resides in this County. Given under my official signature and seal, this day of January of 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA,	County.		
	hereby authorize_		
to receive and receipt for the	· ·	that he remit	same to
by `	0	4:	
Witness my hand and seal, th	is day of		[t. s.]
Executed in presence of	_ g ell	Walla	LER

INDIGENT	OLDIER'S PENSION 1903.	me All hally or Mry Cook	WARRANT ISSUED	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO	Geo. Harrison, State Printer, Atlanta.	No gets
	0	of the			1 1		

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)

POWER OF ATTORNEY.

to receiv	OF GEO	A Ska	COUNTY. S			hat be re	mit same
× 1		and and seal, the	is ZZ	day of	as Mills	Gaza.	[L. 8
YOLLED.)		NOISI	lad	le gon	1904,	of Pensions.	NI PER
CODE SECTION 1584. (FOR THOSE ALREADY ENROLLED.	No. 622 INDIGENT	LDER'S PEN	Name Any Hal	Co. Co.	WARRANT ISSUED	JOHN W. LINDSEY,	WARRANT HANDED TO

STATE OF GEORGIA.

108 APPLIEANTE HERETOFORE ALLOWED PEASIO

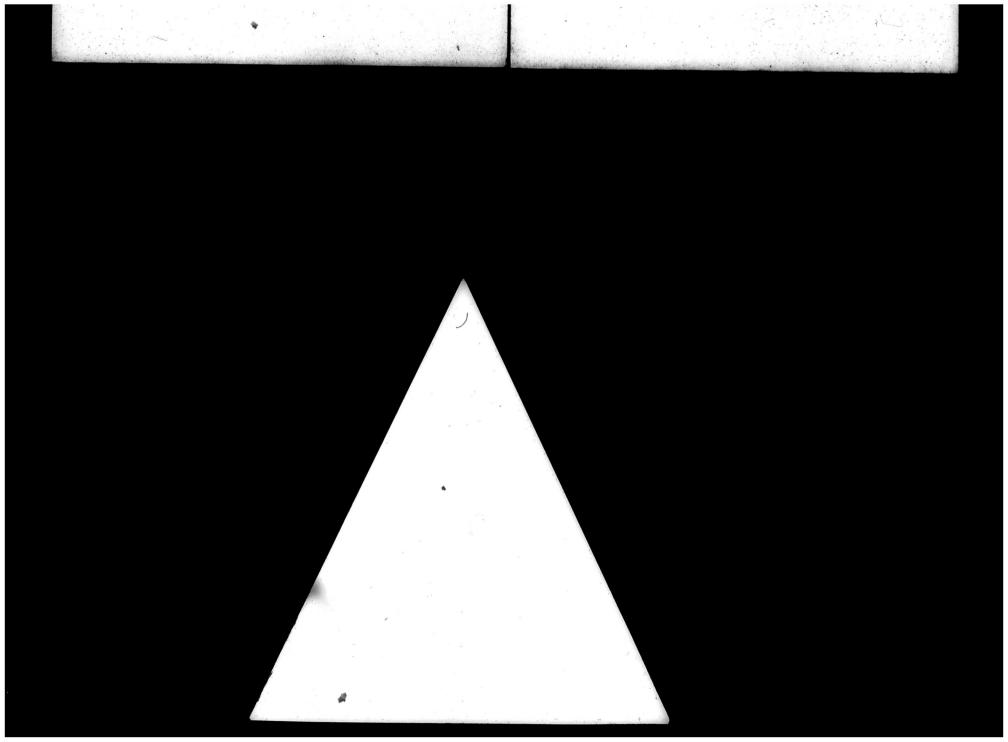
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
Coh	
Marine de	
Personally appears Mallace of Cour	
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen	
and resident of said County and State, and has resided in said State continuously ever	
since the day of 1844 that he is 5 9 years old and	
by occupation a famus, that he enlisted in the military service of the Con.	
federate States (or of the State of) during the war between the	0
States, and served for the term of 3/2 4/10 in Company 6, of the light	ye
of that his physical condition is as	10
follows: from Infirmity of porusty he cannot support themas	K
The state of the s	
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that his property consists of the following items:	
wolking	
And the second s)
of the value ofDollars, that by reason of his physical	
condition and poverty he is unable to support himself by his own exertion or labor, and	
that he receives no pension but the one herein applied for.	
Deponent desires to participate in the benefits of the Act, approved December 15th,	
1894, and the Acts amendatory thereof, and makes application for the pension to which he	
is entitled for the year 1903. I have heretofore as a resident of	
county been allowed a pension for the year 1 90 2	
Sworn to and subscribed before me, this the	
Sworn to and subscribed before me, this the day of and 1903.	•
Mulifuly Ordinary.	
STATE OF GEORGIA.	
County.	
County.)	
I, from July Jan Ordinary of said County,	
o certify that I am well acquainted with WW Wallace	
he applicant in the foregoing affidavit, and am well satisfied that the statements made by	
im in his said affidavit are true, and I know he is the individual he represents himself to e and that he resides in this County.	
· · · · · · · · · · · · · · · · · · ·	
Given under my official signature and seal, this	
day of Jan 1903.	
Mad here	
Ordinary Cook County.	
Note.—The blank spaces must be filled.	6

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE (, and and,	
aoo	County	
Damamatin	× 22	10/11/1 . 60
	appears.	ly sworn, says on oath that he is a bona fide citize
d souldent of	Georgia, who, being du	ly sworn, says on oath that he is a bona fide citize
no the	said County and State,	and has resided in said State continuously eve
		1844; that he is of years old an
		, that he enlisted in the military service of the Coi
derate States	or of the State of	during the war between th
		in Company o of the Register
f To		; that his physical condition is
llows:	-	folder the general
2000	ed The to	feet & support
nin	200	76
at his propert	y consists of the following	ng items:
25.	1-1 (A.) PAR	Mucha
7		
ndition and p at he receives Deponent 394, and the Ac	overty he is unable to so no pension but the one desires to participate in its amendatory thereof, a	the benefits of the Act, approved December 15th and makes application for the pension to which h
padition and p nat he receives Deponent 394, and the Ac entitled for th ounty been all Sworn to a	overty he is unable to so no pension but the one desires to participate in its amendatory thereof, a	upport himself by his own exertion or labor, an herein applied for. the benefits of the Act, approved December 15th and makes application for the pension to which heretofore as a resident of the pension to which here are 1203.
ondition and p nat he receives Deponent 394, and the Ac entitled for th ounty been all Sworn to a	overty he is unable to so no pension but the one desires to participate in its amendatory thereof, a le year 1904. I have he lowed a pension for the y and subscribed before me	upport himself by his own exertion or labor, an herein applied for. the benefits of the Act, approved December 15th and makes application for the pension to which heretofore as a resident of the pension to which here are 1203.
pondition and pondition and pondition and pondition between the pondition of the pondition	no pension but the one desires to participate in its amendatory thereof, a se year 1904. I have herowed a pension for the year subscribed before meny of	upport himself by his own exertion or labor, an herein applied for. the benefits of the Act, approved December 15th and makes application for the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which here to be pension to be pension to which here to be pension to
ondition and p nat he receives Deponent 694, and the Ac entitled for th ounty been all Sworn to a	no pension but the one desires to participate in its amendatory thereof, a se year 1904. I have her owed a pension for the year desired before meny of the pension for the year factory of	upport himself by his own exertion or labor, an herein applied for. the benefits of the Act, approved December 15th and makes application for the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which here to be a pension to be a pension to which here to be a pension to be a
ondition and plat he receives Deponent 1994, and the Acceptited for the county been all Sworn to a county been all CTATE (no pension but the one desires to participate in its amendatory thereof, a see year 1904. I have here owed a pension for the year subscribed before me by of the pension for the year to t	upport himself by his own exertion or labor, an herein applied for. the benefits of the Act, approved December 15th and makes application for the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which here to be pension to be pension to which here to be pension to
ndition and p at he receives Deponent 194, and the Ac entitled for th ounty been all Sworn to a	overty he is unable to so no pension but the one desires to participate in its amendatory thereof, a se year 1904. I have he sowed a pension for the yeard subscribed before me by of the county. OF GEORGIA, County.	upport himself by his own exertion or labor, an herein applied for. the benefits of the Act, approved December 15th and makes application for the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which here to be pension to be pension to which here to be pension to
ndition and p at he receives Deponent 1994, and the Ac entitled for th county been all Sworn to a A TATE (I, certify that I	overty he is unable to so no pension but the one desires to participate in its amendatory thereof, a se year 1904. I have he sowed a pension for the yeard subscribed before me by of the county. OF GEORGIA, County, and well acquainted wi	upport himself by his own exertion or labor, an herein applied for. the benefits of the Act, approved December 15th and makes application for the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which heretofore as a resident of the pension to which here to be pension to be pension to which here to be pension to
ndition and p at he receives Deponent 194, and the Ac entitled for th ounty been all Sworn to a TATE (I, certify that I e applicant in	overty he is unable to so no pension but the one desires to participate in its amendatory thereof, as the year 1904. I have he owed a pension for the yeard subscribed before me year of the year to the year and subscribed before me year of the yea	upport himself by his own exertion or labor, an herein applied for. the benefits of the Act, approved December 15th and makes application for the pension to which heretofore as a resident of the pension to the p
ndition and p at he receives Deponent 194, and the Ac entitled for th ounty been all Sworn to a TATE (I, certify that I e applicant in him in his sai	overty he is unable to so no pension but the one desires to participate in its amendatory thereof, a se year 1904. I have he owed a pension for the yeard subscribed before me by of the pension for the yeard subscribed before me by of the pension for the yeard subscribed before me by of the pension for the yeard subscribed before me by of the pension for the yeard subscribed before me by of the pension for the yeard subscribed before the yeard subscribed before the year with the foregoing affidavit, id affidavit are true, and	upport himself by his own exertion or labor, an herein applied for. the benefits of the Act, approved December 15th and makes application for the pension to which heretofore as a resident of the pension to the p
ndition and p at he receives Deponent 194, and the Ac entitled for th ounty been all Sworn to a TATE (I, certify that I e applicant in him in his sai be, and that h	overty he is unable to so no pension but the one desires to participate in its amendatory thereof, a se year 1904. I have he owed a pension for the y and subscribed before me by of the pension for the y county. OF GEORGIA, County. am well acquainted with the foregoing affidavit, and e resides in this County.	pupport himself by his own exertion or labor, an herein applied for. the benefits of the Act, approved December 15th and makes application for the pension to which heretofore as a resident of the pension to the
Deponent 894, and the Act entitled for the country been all Sworn to a day of the country been all sworn to a day of the country been all sworn to a day of the country been all sworn to a day of the country been all sworn to a day of the country been all sworn to a day of the country been all the count	overty he is unable to so no pension but the one desires to participate in its amendatory thereof, a se year 1904. I have he owed a pension for the y and subscribed before me by of the pension for the y and subscribed before me by of the pension for the y and subscribed before me by of the pension for the y and subscribed before me by of the pension for the y and subscribed before me by of the pension for the y and subscribed before me by of the pension for the y and the pension for the y and the pension for the y and the pension for the year of the pension for the year of the pension for the year of the year o	pupport himself by his own exertion or labor, an herein applied for. the benefits of the Act, approved December 15th and makes application for the pension to which heretofore as a resident of the pension to the
pondition and pondition and pondition and pondition and pondition between the secretary personal secretary p	overty he is unable to so no pension but the one desires to participate in its amendatory thereof, a se year 1904. I have he owed a pension for the y and subscribed before me by of the pension for the y county. OF GEORGIA, County. am well acquainted with the foregoing affidavit, and e resides in this County.	upport himself by his own exertion or labor, an herein applied for. the benefits of the Act, approved December 15th and makes application for the pension to which heretofore as a resident of the pension to the pen
pondition and pondition and pondition and pondition and pondition between the secretary personal secretary p	overty he is unable to so no pension but the one desires to participate in its amendatory thereof, a se year 1904. I have he owed a pension for the y and subscribed before me by of the pension for the y and subscribed before me by of the pension for the y and subscribed before me by of the pension for the y and subscribed before me by of the pension for the y and subscribed before me by of the pension for the y and subscribed before me by of the pension for the y and the pension for the pension for the y and the pension for the pension	pupport himself by his own exertion or labor, an herein applied for. the benefits of the Act, approved December 15th and makes application for the pension to which heretofore as a resident of the pension to the



Wallow, Johna		
INDIGENT PENSION, 19026 207	The second secon	STATE OF
Name Joseph Vallace - County W 5 Co. J 2 na la = Reg'm't	d and joul, this	POWER GEORGIL
JOHN W. LINDSEY, Commissioner of Pensions.		OF ATTORNEY OUNTY. and request that be remit same to
Ordinary will write Name of Applicant, Company and Regiment on back as indicated above. Geo. W. Harrison, State Printer, Atlanta,	1902 1902	Y. bereby authori
9/15/06	.	1.11

POWER OF ATTORNEY. STATE OF GEORGIA, to receive and receipt for the pension allowed, and request that he'remit same INDIGENT PENSION JOHN W. LINDSEY WARRANT HANDED TO Ordinary will write Name of Appl and Regiment on back as indicated ab

Questions for Applicant.	
TATE OF GEORGIA,	
lookly a	
County. S	
avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn ue answers to make to the following questions, deposes and answers as follows: What is your pome and where do you reside? (give State, County and post office)	5
goshua Wallace Sa- Tobb Co: Maniette	
How long and since when have you been a resident of this State? Ate my life:	
When and where were you born? 15th of Accessor 18th Cherokeels. When and where and in what company and regiment did you enlist or serve? Twelve Wruths the Trale troupe, from Cet 1865 mutel Oct 1864. Capt	Ta
Crousless lequely beaut Jan Ga Reat and from transferred Hostong and you remain in such company and regiment of the transferred (North 1) Months	4
George of the state of the stat	. 1
When and where was your company and regiment surrendered and discharged Ningston Sa	
A	
Were you present with your company and regiment when it was surrendered?	
by whose authority?	-
How much can you earn (gross) per annum by your own exertions or labor? Arthring South What has been your occupation since 1865? To phina	uli
How much can you earn (gross) per annum by your own exertions or labor? Journal out	ji.
Upon which of the following grounds do you base your application for pension, viz.: first, "age and powerty."	_
If upon the first ground state how love you have been in such a filing and porty	ly:
for the second, give a lan and complete history of the infirmity and its extent? If upon the third,	/
e whether you are totally blind and when and where you lost your sight?	ans
- Lute + with the think - lutilities	
	-,
What property, real or personal, or income, do you possess, and its gross value? 1010 020 02/05/2000 020 02/05/2000 020 02/05/2000 020 02/05/2000 020 02/05/2000 020 02/05/2000 020 02/05/2000 020 02/05/2000 020 02/05/2000 02/05/05/2000 02/05/2000 02/05/2000 02/05/2000 02/05/2000 02/05/2000 02/05/2000 02/05/2000 02/05/2000 02/05/05/2000 02/05/05/2000 02/05/05/05/05/05/05/05/05/05/05/05/05/05/	igo
what disposition, if any, by sale or gift, have you made of same? Nuc - Since 1902.	,,,-
molas money,	
Injurant County did you reside during those years, and what property did you then return for taxation?	1
How were you supported during the years 1899, 1900 and 1901? 1902 1907 1904-190	
How much did your support cost for each of those years, and what portion they you contribute thereto by own labor or income? Norm while : Cust Legiters Huckey Things well the while will be the work of the work	Jane 6
What was your employment during 1808, 1800 and 1901? What pay did you receive it each year? Demologous testept to feeld and with pay the part I work a to	the
Have you a family? If so, who composes such family? Give their means of support? Have they a	
estead? Wife they children: Ito Means oxcept labor	•
110 nomes he a 1100 meone.	
Are you receiving any pension? If so, what amount and for what disability?	
Have you ever made an application for pension before?	
How many applications have you ever made and under what class? Pue: tude que -	
Sworn to and subscribed before me this the Cyshine halice	
May of Je pt 1906) Applicant.	
John Andrey Ordinary,	
County.	

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,	1.1
616	
COUNTY.)	
Luige / allace , of said State and County, having	g been presented
a witness in support of the application of Joshua Wallace wider Section 1254, Code, and after being duly sworn true piswers to make to the following quesswers as follows:	for pension stions, deposes and
What to your name and where do you reside? Teorge Wallace	٠
Saller Make	
g have you known him? All My lefts Science 1946. Where does be reside, and now long and since when has he been a resident of this State?	licant; if so, how
(166 (1. Ba: Suine 1846,	
. When, where and in what company and regiment did he enlist, and how do you know?	2 da Stale J
Were you a member of the same company and regiment, of track of 18th,	Plo and
How long did he perform regular military duty? Alone 17 Mone Va	,
En and where was his command surrendered? An May 1865 at	Kangeton
Were you present when it surrendered? I loao ,	
Was applicant present? He Was,	
If he was not present, where was he?	-
en did he leave his command? May 1865, For what cause? Juriens	<u> </u>
what authority he left? Similar, How do you k	snow all of this?
But for verify	
What property, effects or income has the applicant? (Give your means of knowledge?) Tonc = Nilver lieu inliner tody = Third for your What property, effects or income did the applicant possess in 1808, 1911 1969 1960 1960	and 1900, and
t disposition, if any, did he make of same? Mile : Le supt Household	e function a
None except as above	
What is the applicant's occupation and physical condition? The flew fren a	Crops por
of hand all pertalio in a Small way.	
Is the applicant unable to support himself by labor of any sort, if so, why? He is	recuse
How was he supported during the years 1508, 1800, 1800 and 1901? (2.2. 1903.) The little he could waste What portion of his support for these four years was derived from his own ighor or income?	
CAN CARLE - NO CHILL STORY TARREST TOLEN OF	
Give a full and complate statement of the applicants physical condition that guittles him to on 1264, Code? Queer the the limit function with the conditions and the statement of the statement o	a pension under
rust who	The Marc
What interest have you in the recovery of a pension by this applicant?	
Sworn to and subscribed before me, this the surgery Walls	el .
I'm Hoony Ordinary.	Witness.
,	

STATE OF GEORGIA	
70000	UNTY.)
Personally came before me	Kemb
Chan. N.	The lad
f said County who heins sous lle	both known to me as reputable physicians
RAM II - III -	on oath that they have examined carefully
personal examination say that his precise ph	
Olhling 15	1. 1 hand and and
B. J.	of so paraly us of
serving use of	and also there
Ca hands sugar	also the eyes dight is
very and officer	its is mulfiring for
Canser of the for	
and that we have no interest in said pension bein	g allowed. Nova 14 1 &
Sworn to and subscribed before me, this	Will work in Oo
12 a day of South	L What fire The
John Werter	
	Ordinary.
OPPINARY	710 OFFICIAL
ORDINARY	'S CERTIFICATE.
STATE OF GEORGIA,)
Cash 1	
000	(INTY.)
I, John swell	Ordinary in and for said County, hereby certify
nat the applicant	Tillee gresides in said County, and has
sen a bona fide resident of this State since the	1st day of Jaman 1890
d that the witnesses, viz.: Kerge	- Wallacelt / 1917
e of trustworthy character, and that their statem	nents are entitled to full faith and credit,
I further certify that before answering the	foregoing questions the applicant and each witness took the ceth
reon prescribed, and that the full text of the affid	lavits was read to the applicant and witness before same was signed.
I further certify that the tax digest of	County show that applicant
turned for taxation in his name in	Dollars of
operty, and in 1906	
In my opinion the foregoing claim is	Dollars of property.
Witness my hand and seal of office, this	
, and sear of omce, this	190
	Ordinary,
(
(of County.

POWER OF ATTORNEY.

STATE OF G	EORGIA, Well	Wall	v.)			hēreby	authorize
o receive and	receipt for	the pension	allowed, and	d reques	that 1	e remit	same to
- 4	my hand and	seal, this	8 Jus	day	2	el de	1907.
Execu	laur			di	n		[L. s.]
	8	13		.2061	sions.		1
GOR THOSE ALREADY EMPOLLED No. 682	ENSI	: 3		03	EY, oner of Pen	55 GB	B, ATLASTA,
REGION ES	S PE	O C	& OI	WARRANT ISSUED JAN 21	JOHN W. LINDSEY, Commissioner of	T HAND	. State Pater
Cons 8 THOSE AL	DIERS	100 Kg	3 m	JAN 2	JOHN V	WARRANT HANDED TO	W. EASSESS
(FO		Name	County				8

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

	ellese of look	
County, State of Georgia, who, being duly sw	orn, says on oath that he is a bona fide citi	7811
and resident of said County and State, and 1	as resided in said State continuously	
since theday of	18 that he is	-14
and by occupation a that	he enlisted in the military service of the C.	
ederate States (or of the State of	\ dumba = 15	
States, and served for the term of	in Company	гņе
of	; that his physical condition is	ent
ollows: any then	, that his physical condition is	88
		-
hat his property consists of the following ite		
A series of the following the		
1.0		
f the value of		-
3.	Dollars. I am now earning Dollars per month. That by reason of h	ng
W4, and the Acts amendatory thereof and me	enefits of the Act approved December 15th	h,
so and the Acts amendatory thereof, and ma entitled for the year 1907. I have heretofor	tkes application for the pension to which he, as a resident of	h, he
syst, and the Acts amendatory thereof, and ma entitled for the year 1907. I have heretofor punty, been allowed a pension for the year 18 Sworn to and subscribed before me, this day of 1907	tkes application for the pension to which I e, as a resident of	ne
entitled for the year 1907. I have heretofor punty, been allowed a pension for the year 18 Sworn to and subscribed before me, this day of 1907	e, as a resident of the pension to which I e, as a resident of the look. the wash allowed.	ne
entitled for the year 1907. I have heretofor punty, been allowed a pension for the year 18 Sworn to and subscribed before me, this day of 1907.	e, as a resident of the pension to which I e, as a resident of the look. the wash allowed.	ne
entitled for the year 1907. I have heretofor punty, been allowed a pension for the year 18 Sworn to and subscribed before me, this day of 1907	e, as a resident of the pension to which I e, as a resident of the look. the wash allowed.	ne
entitled for the year 1907. I have heretofor punty, been allowed a pension for the year 18 Sworn to and subscribed before me, this day of 1907.	e, as a resident of the person to which I e, as a resident of this hallo of the post of the person of th	ne -
sea, and the Acts amendatory thereof, and magnetitled for the year 1907. I have heretofor punty, been allowed a pension for the year 16 Sworn to and subscribed before me, this day of 1907	e, as a resident of the passion to which I e, as a resident of the possion to which I e, as a resident of the possion to which I e, as a resident of the possion to which I e, as a resident of the passion to which I e, as a resident of the passion to which I e, as a resident of the passion to which I e, as a resident of the passion to which I e, as a resident of the passion to which I e, as a resident of the passion to which I e, as a resident of the passion to which I e, as a resident of the passion to which I e, as a resident of the passion to which I e, as a resident of the passion to which I e, as a resident of the passion to which I e, as a resident of the passion to which I e, as a resident of the passion to which I e, as a resident of the passion to which I e, as a resident of the passion to which I e, as a resident of the passion to which I e, as a resident of the passion to the passion	ne -
state of Georgia, County, Land William Willia	e, as a resident of the passion to which I e, as a resident of the possion to which I e, as a resident of the possion of the p	he e
state of Georgia, County, Land was a mendatory thereof, and may entitled for the year 1907. I have heretofor punty, been allowed a pension for the year 18 Sworn to and subscribed before me, this day of 1907 State of Georgia, County, I, certify that I am well acquainted with applicant in the foregoing affidavit, and am	ordinary of said County Ordinary of said County Ordinary satisfied that the statements much	he ·
state of Georgia, Certify that I am well acquainted with fapplicant in the foregoing affidavit, and am him in his said affidavit are true, and I know	ordinary of said County Ordinary of said County Ordinary satisfied that the statements much	he ·
sea, and the Acts amendatory thereof, and ma entitled for the year 1907. I have heretofor ounty, been allowed a pension for the year 16 Sworn to and subscribed before me, this day of 1907 State of Georgia, Certify that I am well acquainted with the applicant in the foregoing affidavit, and am him in his said affidavit are true, and I know be, and that he resides in this County.	ordinary. Ordinary of said County Ordinary satisfied that the statements himsel	he ·
soa, and the Acts amendatory thereof, and ma entitled for the year 1907. I have heretofor ounty, been allowed a pension for the year 16 Sworn to and subscribed before me, this day of 1907 State of Georgia, Certify that I am well acquainted with explicant in the foregoing affidavit, and am him in his said affidavit are true, and I know be, and that he resides in this County. Given under my official signature	ordinary. Ordinary of said County Ordinary satisfied that the statements himsel	he ·
sea, and the Acts amendatory thereof, and ma entitled for the year 1907. I have heretofor ounty, been allowed a pension for the year 16 Sworn to and subscribed before me, this day of 1907 State of Georgia, Certify that I am well acquainted with the applicant in the foregoing affidavit, and am him in his said affidavit are true, and I know be, and that he resides in this County.	ordinary. Ordinary of said County Ordinary satisfied that the statements himsel	he ·
set, and the Acts amendatory thereof, and ma entitled for the year 1907. I have heretofor punty, been allowed a pension for the year 18 Sworn to and subscribed before me, this day of 1907 State of Georgia, County, I, Certify that I am well acquainted with a applicant in the foregoing affidavit, and am him in his said affidavit are true, and I know be, and that he resides in this County. Given under my official signatured ay of	ordinary. Ordinary of said County Swell satisfied that the statements himselve and seal this 1907. Ordinary of said County Swell satisfied that the statements himselve and seal this Ordinary of said County Swell satisfied that the statements himselve and seal this Ordinary of said County Ordinary of said County Swell satisfied that the statements himselve and seal this	he ·
sea, and the Acts amendatory thereof, and ma entitled for the year 1907. I have heretofor ounty, been allowed a pension for the year 18 Sworn to and subscribed before me, this day of 1907 State of Georgia, Certify that I am well acquainted with e applicant in the foregoing affidavit, and am him in his said affidavit are true, and I know be, and that he resides in this County. Given under my official signatured as of the county of	ordinary. Ordinary of said County Ordinary satisfied that the statements himsel	he ·

I,	personally know	nollie	Stallese	ordinary of said County, do ser
is the	wful widow of	shua	Hallese	, the applicant, and that
the	ruid;	Pension Roll of sa	a Cala	County, and was p
	on from	- De		County for 1922, and at the t
*		day of	/ O o	1927, there was due
	unpaid his Pension of	M V	Marie	Dollars from the St
4.11	ria, and I know and he is of a truthfo	The state of the s	usce_	, the wit
	en under my hand and		character and mitte	ed to full credit.
(SEAL.)				Mam , 19
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				Country Country
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				the second second
	Jue dren)	73	12	send l be- turn g in
	Application for Pension Due Deceased Soldier (UNDER ACT 1891) (To be paid his Widow or Dependent Children)	3.8		J. W. LINDSELY, Commissioner of Pearion out above in full und a sion Office for approval the money, and then re- rolls for persaneal line
- m	Cation for Pension Deceased Soldier (UNDER ACT 1891) id his Widow or Dependent	3 3	Agrance Marked 18-	I. W. LINDSEY sioner of Possic ove in full and five for approve five for approve ey, and then r
=	tion for Pens ceased Sold (UNDER ACT 1891) is Widow or Depend	Kat o	S S BE	W. I
Coc. n+	P P C	# 3 9	2 B	J. J. Office I for I
0 =	DER Sidos	23 73 05	203	the officer
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9	. <u>5</u> 0 6	E and		2 1 1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	1	N	Old or New Date of Da	the blank
1 1	₹ €	Widow of	Old o	the was
	agent to the company of the company	V	lander of the	
The second secon				
The state of the s				
GEORGIA		County,		
I here	by authorize and con	stitute		
I here	by authorize and con	stitute	n my name, for the	Pension due me for 192
I here lawful att	by authorize and con	stitute	n my name, for the	Pension due me for 192, who was on

Application for Pension Due Deceased Soldier (To Be Paid to His Widow or Dependent Children) UNDER ACT APPROVED OCTOBER 9, 1891. STATE OF GEORGIA. Pensioner from the County County for 19.22 and that the said 1922 and at the time of his death a Pension of \$ 100 County and unpaid for 1921. Applicant further swears that she married the said ..., and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be AFFIDAVIT OF WITNESS STATE OF GEORGIA. applicant; that he knows that the said. and that they resided together

ist. This form can be used by guardian, or mine the property of the property o

as husband and wife from date of marriage to the day of his death on the

9th. The pension for only one year can be covered by one vonciner. Each year's pension is a separate and distinct two yellow applications—one for each year. Attack a separate must represent use the contract of the pension is a separate and distinct two yellow applications—one for each year. Attack a separate must make separate must make the pensions of the pensions, she must make

_ W	Por	War
WIDOW		ICATION
Husban	d Was on the	Own Right Who Pension Roll
County	Cobb	
Name mm	Mary	Stalloce
	George 9	Vallese
Company	onas ,	la Elale In
Date of Husb	and's Death/2	125- 1925
Date of Marr		18
Approved	1	
Date	of mean	riage no
stated by proven.	applica	74' ()
	MILE	Sec.

Ordinary's Certificate

STATE OF GEORGIA,

Given under my hand and official seal of office this 17 day of October 1923 (SEAL OF ORDINARY) nuary 1st, 1920; that I also know Little And acres to the witness as to arriage, and that both the foregoing were duly sworn by me before signing the respective affivity, and that they are truthful and trustworthy and their statements are entitled to full faith	Ordinary of said County, do certify that I was Mrs. Many Saldad, the applicant for pension; that she is the person represents herself to be, and that she is continuously a bona fide resident of said County since	
---	---	---

- Refere 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 eridence
 you shall give will be the truth. So you God.
 2. Additional affidavits may be attached it dain't space: are insufficient.
 3. All affidavits must be made before the first January of the County of residence.
 4. Only widows who are married prior to first January, 1881, are entitled.
 4. They widows who are married prior to first January, 1881, are entitled.
 4. County widows who are married prior to first January, 1881, are entitled.
 4. They prove marriage, by some person, or by general reputation.

 6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because Disabled Pensioners made no proof of service and were not required to do so.

C. E. McGREGOR, Commissioner of Pens To Be Put on Roll in Her Husband Was on the of Georgia WIDOWS Date of Marria

Ordinary's Certificate

STATE OF GEORGIA,
County.
Ordinary of said County, do certify that
kpow Mrs. Many Stallar, 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 sinc
January 1st, 1920; that I also know alluis Holann Le , the witness as t
marriage, and that both the foregoing were duly sworn by me before signing the respective aff
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 /7 day of Och Les 1923
(SEAL OF ORDINARY) Ordinary,
Count
Instructions

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. All affidavits must be a tisched if blank spaces are insufficient.

3. All affidavits must be married prior to first January, 1851, an entitled.

4. Only widows who are married prior to first January, 1851, an entitled.

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

6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because Disabled Pensioners made no proof of service and were not required to do so.

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be Used by the Widow of a Disabled Soldier Pensioner.)

	COUNTY.
Personally before me comes	711. Oh 00
	of Baid County,
	oun, says that she is the widow of Junya Walley
to whom, in the County of M	State of Su she was married on
the day of	18, and that she remained his wife, and resided with him to
	1922 and that she has not since his death remarried; at
	a resident ofCounty, in said State
of Georgia, and he was on the	Pension Roll of the State and paid a pension
of \$/CO in Pobl	County for 1922 (per annum), on account of being a soldier in
Company	Regiment to Slate Jour (Volunteers or State Militia).
That she is now a bona fide has, continuously, resided there	e resident citizen of said State of and she
Sworn to and subscribed	Confidence ones come come
day of Car	May , 1923
XM Dam	Ordinary Mary Wallow
of GA	County.
(SEAL OF THE ORD	OINARY)
(OBAB OF THE OILE	MARI.)
A OC 1 C TV! 4	
	Prove Marriage and Date of Death of Husband.
TATE OF GEORGIA,	
Cora	CQUNTY.
Personally before me comes	Burn 6/1-
Personally before me comes.	annu Halank known to be
responsible and truthful perso	on, residing in said County, who after having been duly sworn, says
responsible and truthful personal	on, residing in said County, who after having been duly sworn, says knowledge, Mrs. Many Malley, who made the foregoing
responsible and truthful perso at of deponent's own personal	on, residing in said County, who after having been duly sworn, says knowledge, Mrs. Many, who made the foregoing
responsible and truthful perso at of deponent's own personal lidavit, is the lawful widow of	on, residing in said County, who after having been duly sworn, says knowledge, Mrs. Many Malloy, who made the foregoing George Walloy who died in Aulton
responsible and truthful personal fidavit, is the lawful widow of bunty in said State of	known to be on, residing in said County, who after having been duly sworn, says knowledge, Mrs. Mary Marie, who made the foregoing who died in Aultra on the 25 day of Ora 1924, rried; that she became the wife of Henry Warley on
responsible and truthful personal fidavit, is the lawful widow of bunty in said State of that she has not since remark	known to be on, residing in said County, who after having been duly sworn, says knowledge, Mrs. Mary Marie, who made the foregoing who died in Aultra on the 25 day of Ora 1924, rried; that she became the wife of Henry Warley on
responsible and truthful personal state of deponent's own personal fidavit, is the lawful widow of the state	known to be on, residing in said County, who after having been duly sworn, says knowledge, Mrs. Mary Marie, who made the foregoing who died in Aultra on the 25 day of Ora 1924, rried; that she became the wife of Henry Warley on
responsible and truthful personal at of deponent's own personal fidavit, is the lawful widow of bunty in said State of d that she has not since remark day of d wife, continuously, since	known to be on, residing in said County, who after having been duly sworn, says knowledge, Mrs. Many Mallor, who made the foregoing who died in Rulling on the 25 day of Sun 19.22, pried; that she became the wife of Sun Mallor on the 18. It that she had resided together as husband
responsible and truthful personal at of deponent's own personal fidavit, is the lawful widow of ounty in said State of d that she has not since remare day of d wife, continuously, since as the same man who was on the same who was on the same who was on the same who was	known to be on, residing in said County, who after having been duly sworn, says knowledge, Mrs. Mary, who made the foregoing who died in Aullia on the 25 day of Ora, 1924, rried; that she became the wife of George Wallace on the 35 grant to the said he had resided together as husband day of 19, and that from Cold.
responsible and truthful personal nat of deponent's own personal fidavit, is the lawful widow of bunty in said State of ad that she has not since remarked as y of the definition of the wife, continuously, since I ad wife, continuously, since I	known to be on, residing in said County, who after having been duly sworn, says knowledge, Mrs. Mary Marie, who made the foregoing who died in Aulia on the 25 day of Ora 1924, rried; that she became the wife of Herry Warley on that she became the wife of Herry Warley on that she pension roll of said State from Colombia when he died.
responsible and truthful personal ridavit, is the lawful widow of punty in said State of that she has not since remarked wife, continuously, since as the same man who was on the unty	known to be on, residing in said County, who after having been duly sworn, says knowledge, Mrs. Many Malley, who made the foregoing who died in Malley on the Z5 day of Occ. 1924, rried; that she became the wife of Herry Malley on the county of the pension roll of said State from Cold when he died.
responsible and truthful personal fidavit, is the lawful widow of the punty in said State of the day of the da	known to be on, residing in said County, who after having been duly sworn, says knowledge, Mrs. Mary Marie, who made the foregoing who died in Aulia on the 25 day of Ora 1924, rried; that she became the wife of Herry Warley on that she became the wife of Herry Warley on that she pension roll of said State from Colombia when he died.

(SEAL OF ORDINARY)



This Certifies that in Frogs 12 wallis

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

On the standar of normal time the year of our Lord 1971 as appears of record in my office in Marriage Record, book page 160. This 15th day of Lish 1925

Wy, Tichurell Ordinary.

davits, and that they are truthful and trustworthy and their statements are entitled to full faith marriage, and that both the foregoing were duly sworn by me before signing the respective affi and credit. she represents herself to be, and that she is continuous).

January 1st, 1920; that I also know It I had being STATE OF (SEAL OF ORDINARY) Given under my hand and official seal of office WIDOW'S APPLICATION To Be Put on Roll in Her Own Right When Husband Was on the Pension Roll of Georgia. Name alline Ordinary's Company. COUNTY Regiment 25 Date of Husband's Death Ace the applicant for pension; that she is the person Certificate Date of Marriage... y a bona fide resident of said County since Approved Ordinary of said County, do certify that I one the witness as to Ordinary

10-31-1920

Instructions.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following you solemly swear that you will true answers make to each of the questions asked you and the eride 2. Additional affairstic may be attached if you God!

2. Additional affairstic may be attached if you God!

3. All affairstic must be made before the Ordinary of the County of residence.

4. Only widows who are married prior to first January, 1881, are entitled.

2. All only widows who are marriage license if Orbitables. If not, prove marriage, by some person, or least the province of
witness in the following words: asked you and the evidence

of hus-

1924

County

WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When Husband Was on the Pension Roll

County

Name, The Maringe And Company

Regiment A La

Date of Husband's Demy Ac. 11971

Date of Husband's Demy Ac. 11971

Approved TE MACKEDED.

Commissioner of Pensions.

Commissioner of Pensions.

Ordinary's Certificate

STATE OF GEORGIA,

COUNTY.
I. Ordinary of said County, do certify that I know Mrs. Mally Walkac, the applicant for pension; that she is the person
/ Person to Penson, 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 With Mutchell one of 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 28 day of June 1924.
· (SEAL OF ORDINARY) Quit 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 state if bank spaces are insufficient. 3. All affidavits must be made before to fordinary of the County of residence. 4. Only widows who are married prior to fordinary of the County of residence. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

eral reputation.

Wildows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because Disabled Pensioners made no proof of service and were not required to do so.

STATE OF GEORGIA
COUNTY OF

Deponents is 17 years old having been born on the 15 day of 20/ 1855.

Deponent knows Mrs. Mary Wallace, formely Miss Mary Hadder, and knew her husband Joshua Wallace during his life time and until his death which occured on the or about the 16 day of 9,0 1922 in Cobb County, Georgia. Deponent knew both Mr. And Mrs. Wallace before they were married and knows that they were married in Cherokee. County, near Ball Ground, Georgia, on or about the day of 185 He knows that at that time of said marriage and prior thereto the said Mrs. Mary Wallace was living with her mother, who after they death of her father, 18der, had married again, one Terrell with whom she and her daughter were then living. The said Mrs. Wallace was somethimes spoken of as Mary Terrell on as account of living with her stepfather, as a manner of his family.

Deponent further says that after the said marriage of Joshua Wallace and Mary Hander (sometimes called Mary Terrell) they lived stogether continously as man and wife until the death of Mr. Wallace Last year as indicted.

This affidavit is made by deponent, as he is one of the few witnesses now living who knows of the marriage as well as the continued living together thereafter until the husband'd death.

Deponent is not related to the parties and has no interest other than long time friendship for them.

Sworn to and subscribed before me this April 22 1923.

W. L. Mitchell.

aw Lidbellin

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be Used by the Widow of a Disabled Soldier Pensioner.)

STATE OF GEORGIA,		
COUNTY.	0/	
Personally before me comes Mccan	Hallier of	said County,
who, after having been duly sworm says that she is		allace
to whom, in the County of Mental	State of State wa	s married on
the day of 18 3, and the	at she remained his wife, and resided	with him to
the date of his death in Occ. 1922a	nd that she has not since his death r	emarried; at
the time of his death he was a resident of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
of Georgia, and he was on the ferrice		
of \$ 00 in E. County for 19.	23 (per annum), on account of being	g a soldier in
Company. Regiment		
That she is now a bona fide resident citizen of	/	and she
has, continuously, resided there since	day of July Roycumg	ayo -
Sworn to and subscribed before me, this the	he	*
day of 1924.	To gent	:)
Ordinary, Ordinary	Moling der Talla	ec)
of County.	, (Applicant)	
(SEAL OF THE ORDINARY.)		
Affidavit of Witness to Prove Marris	ige and Date of Death of 1	Husband.
STATE OF GEORGIA,		
COUNTY,	*	
Personally before me comes		
a responsible and truthful person, residing in said		
that of deponent's own personal knowledge, Mrs		
affidavit, is the lawful widow of		
County in said State of on the		
and that she has not since remarried; that she because		
	that she and he had resided together	
and wife, continuously, since day of day	19, and that	
was the same man who was on the pension roll of s	aid State from	
County when he died.		
Sworn to and subscribed before me, this the		v
day of , 19		
Ordinary		
of		

(SEAL OF ORDINARY)

STATE OF GEORGIA.

COUNTY OF BORTON

Before the undersigned attesting officer in person appeared Mrs. Ab Wright, who after being duly sworn deposes and says that she is a sister of Mrs. Mary Wallace, widow of Joshua Wallace, who recently died in Cobb County, Georgia.

Deponent says that she was present at the wedding between the said Joshua Wallace and Mary Hadder, which occurred at the home. of her mother and step-father Mr. Abler Terrell, near Ball Ground Georgia, in therewise County, on or about the 27 day of her 1870 Deponent was a very young girl at the time, but was present at the wedding.

Deponent further says that she has seen the said Mr. and Mrs. Wallace from time since and they continued to live together as man and wife, radsing a family, until the death of Mr. Wallace on or about the Mr. day of Dec 1982.

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