Must smal Port neonogi Widow's Pension

UNDER ACT 1910.

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Widow of HA Hantes

C'0" 10 Miningspi

J. W. LINDSEY,

Widow's Pension

Widow's Pension

UNDER ACT 1910.

Widow of WATATALE

WIDOW OF MULLINDSEY.
Communication of Pension.

for Applicant.

fter	rsonally being du	efore me com	es bau	she desires to app	ply for a pension		
				ny to make out t			
	uestions t			1			
1.	What is	your name, ar	d where do you	reside? LO ac	mella	Went	
2.	How lor	g and since w	hen have you	been a continuing	resident in th	State of Geo	rgia?
***	desis	Lung	in au 7	my life a	un 664	enof	700
3.				married Jac			
4.				and Regiment did			ier in Con-
ate A	Army or	Georgia Militia	? (State the	arms and class of	Service.)	4.27 786	-NOIS
K	When	d whom and		of your husband		ligaharga from	the ermy?
Э.	when a		e commands		surrenger or c	iischarge Iron	the army:
6.	Was you	ir husband per	sonally present	at the time of the	surrender or di	scharge of this	Command?
	no				0		<i>3</i>
7.	If he wa	s not present	state clearly wi	here he was?a.t.	La Gran	ge Ly	
8.				eft? Men		nies.	
				mand? Magas		+ alesto	duly
b.				Command?		and by	office
c.				of absence?		Lucker	linela
				en he left his Con	11 6	That wou	Kingle
f.		The state of the s		to his command?.		0	
1.		nort aid ne m	ake to return	to ms command.			••••••••••
	T	ba -	nation to d from	maine book to Co	mmand?		
g.	A COMMAND AND A STATE OF THE ST			going back to Co			······
h.	Was he	cantured by t	he enemy at a	ny time? Hus			at cause re-
g. h. i.	Was he If so, w	captured by then and where	the enemy at and captured and	where held as a p	risgner, and w	en and for wh	at cause re-
h. i. 17.	Was he If so, w	captured by then and where	the enemy at an acceptured and	where held as a p	risoner, and wi	nen and for wh	· · · ·
h. i. i?	Was he If so, w	captured by then and where	the enemy at and captured and when the captured and the captured and the captured are the captured at an area of the captured area of t	ny time? where held as a p	risgner, and when he we are a many a	and for when any sure	. Ez
h. i. d? j.	Was he If so, w	captured by then and where	your husband	where held as a p	risgner, and when the second on the second o	en and for wh	. Ez
i. d?	Was he If so, w When a Were ye If not,	captured by then and where had where did bu residing to how long had	your husband gether when he	where held as a p	rischer, and when the world on	en and for wh	4
j. k. 1. 9.	Was he If so, w When a Were ye If not, What p	captured by the and where did where did ou residing to how long had roperty of any	your husband gether when he you resided appropriately description discountered to the control of	die?	risener, and which are well as	Quality	cash value,
j. k. 1. 9.	Was he If so, w When a Were ye If not, What p	captured by the and where did where did ou residing to how long had roperty of any	your husband gether when he you resided appropriately description discountered to the control of	where held as a p	risener, and which are well as	Quality	cash value,
j. k. 1. 9.	Was he If so, w When a Were ye If not, What p	captured by the and where did where did ou residing to how long had roperty of any	your husband gether when he you resided appropriately description discountered to the control of	die?	risener, and which are well as	Quality	cash value,
j. k. 1. 9.	Was he If so, w M. When a Were you If not, What p 1908. (S	captured by then and where the control of the contr	the enemy at an experience of the control of the co	die?	rispher, and when the state of	Qualities	cash value,
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j. k. 1. 9. 4, 1 10. and	Was he If so, w M. When a Were you If not, What p 1908. (8)	captured by then and where did our residing to how long had roperty of any tate same by it would be the same by it would be th	your husband gether when he you realded app description distems.	die?	rispher, and when the second of the second o	our use and its	cash value,
j. k. 1. 9. 4, 1	Was he If so, w	captured by then and where did on where did on where did on where did on the whole of the whole	your husband gether when he you resided apr description dittems.	die?	rispher, and when the second of the second o	our use and its	cash value,
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j. k. 1. 9. 4, 1 10. and 11. list 12.	Was he If so, w When a Were you If not, What p 1908. (S) What p 1 what did What a Have y	captured by then and where did ou residing to how long had property of any you do with a coperty of any you have your annual coperty of any yellow.	your husband gether when he you resided apr description dittems.) kind have you the proceeds the description of the control of the proceeds the description of the control	where held as a p die? die? diy	recontrol for your since Nov. 4, ns and cash value?	Quelle and for who we will be a second of the second of th	cash value,
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j. k. 1. 9. 4, 1 10. c. and 11. list 12. 13. , wh	Was he If so, we when a Were you If not, what p 1908. (So What p 1 what did what a Have y en and for	captured by then and where did ou residing to the whole of the whole o	your husband gether when he you resided aprides when he you resided aprides when he you resided aprides when he you are sided aprides when he you are sided aprides when he were you struck the proceeds the description of the proceeds the proceed the proceeds the proceeds the proceeds the proceeds the proceed	where held as a p die? die? diversity diversity diversity diversity diversity diversity diversity sold or given awa ereof? (Give iter	rispher, and when the state of	Quarter and for whom the second secon	cash value,
j. k. 1. 9. 4, 1 10. c. and 11. list 12. 13. , wh	Was he If so, we when a Were you If not, what p 1908. (So What p 1 what did what a Have y en and for	captured by then and where did ou residing to the whore did not be to the whole of	your husband gether when he you resided apr description dittems.) kind have you the proceeds the description of the control of the proceeds the description of the control	where held as a p die? die? diversity diversity diversity diversity diversity diversity diversity sold or given awa ereof? (Give iter	recontrol for your since Nov. 4, ns and cash value?	Quarter and for whom the second secon	cash value,
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Widow's Application
To Be Pet an Roll in Her Own Right When Hashand Was on the Indigent Roll or Pet on Under Act of July 11, 1910.

The Beening Shall Shall and Shall

WAY SAFIBATI.
STATE OF GEORGIA,
Personally before me comes Cassilla Charles of said County, Y
who, after being duly sworn, on oath says, that she is the widow of Handan to whom
in the County of State of Stat
day of Mally 1964 and that she remained his wife, and resided with him to the date of his death in fellow 20 19/2 and that she has not since his death remarried. At the time of his death
he was a resident of County, in Gual ellesid State of Georgia, and be was on the Pension Roll of the State and paids pension of \$5.5
inCounty for 19/ 2per annum, on account of being a soldier in Company
Entitle Great Great and Segregation of State Militia)
At the death of
property hour Tlat & assess law stone lance that stoats is goods
What property of any kind and of any value have you in your use, control and possession now, and
the gash value. (State fully.) / house klat
The felal of Action for the Mules Consisting of
on the grant of the sound of 11/10 Menting and her well be morking left
I om makene her house Cash Mue of all property Toky \$ 1000 02
That she is now a bona fide resident citizen of said County of and she
has so continuously resided since
Sworn to and subscribed before me, this the 20 day of Oct 1913
Jonn Jours J. P Ordinary,
Tom Jorus J. P Ordinary, of Eath County.
Affidavit of Witnesses to Prove Marriage and to Whom-Date of
Death of Husband.
STATE OF GEORGIA,
tullow County.
Personally before me come Mus UE Cope known to be responsible
and truthful persons, residing in said County, who after having culy sworn on oath, say: that of their
own personal knowledge Mrs. Clausella Utarters who made the foregoing affidavit, is the lawful widow of W. H. Clausella Utarters who died in County in
said State of on day of 19/3 and that she
has not since remarried. That she became the wife of W. H. Winkerson the 28 day glace.
of 18 64and that she and he had resided together as man and wife continuously since
day of Jan 18 6 cf and that the WH. Was the was the
same man who was on the pension roll of said State
ALL A
Sworn to and subscribed before me, this the
John Wildings Ordinary,
of tellect County.

To all whom it may concern

The bearer hereof Wm H. Winters a Private, of Captain A. W. Fleming's Company, 10th Regt of Mips Vols aged 21 years, 5 feet 5 inches high, Fair complexion, Elue eyes, Dark hair, and by profession a farmer, born in the State of Georgia, and enlisted at Home Lake, in the County of DeSoto in the State of Mipsipippi, on the 27th day of Parch eighteen hundred and Sixty-one to serve for the period of three years, is hereby permitted to go to Home Lake, in the County of DeSoto, State of Mipsipsippi, he having received an indefinite furlough from the 6th day of June Subsistence has been furnished to said Private W. H. Winters, to the 6th day of June, and pay to the 28th day of Februoth inclusive

> A. W. Fleming Capt Co "A" 10th Wips Begt

Given under my hand, at Camp 10th Mips Regt mear Shelbyville Tenn this 1 day of 1863

I certify that I have carefully examined the said William Henry Winters, a private in Capt Fleming's Co ("A") 10th Miss Regiment, and find him incapable of performing the duties of a soldier, because of a gun shot wound received at the battle of Munfordsville My the ball passing through the left leg, fracturing both the Tibia and Fibula, four inches above the Tarsus. He is unfit for hospital service, or duty in the Quartermaster or Commissary departments, and is not able to make a competent support; in consequence of which I do recommend that he receive an indefinite furlough. He has not been exposed to the contagion of small Pox

> L. M. Wasson Surmeon 10th Miss Regt

County.
Personally before me comes 10 14 Teal & att on makeho after being sworn or
oath says, that they are freeholders of said County, and that they know/Ms. ettles.
said County and knew her said husband Myt Waiters at his death on the 25th
day of 1911 3 they she and he were in the use, possession and control of the following
property at his death to wit I house alole 3 acres Tasouthland Stone
house a lot Should M- chandise
of the value of \$ 2,8.00 C That she is now in the use, possession and control of the following
property to wit: Annual and the
of the value of \$ 1000 50
Sworn to and subscribed before me, this the Port Ven Q
20th day of Och 1913
You Joues J.P andinary
11 0.10
of County.
ORDINARY'S CERTIFICATE. STATE OF GEORGIA,
County.
Ordinary of said County, do certify, that
know Mrs. Oaccoulla Fruits the applicant for this pension and that she is the person
she represents herself to be, and that she is a bona fide continuing resident of said County and was on the
101
That I also know
BA Visi & A & June who I know to be a resident free holder of said Coun
that all of the foregoing were duly sworn by me before signing the respective affidavits and that they a truthful and trustworthy and their statements are entitled to full faith and credit.
That the tax Books of County shows thatreturned property to t
amount of for 1908 \$/485 for 1909 \$/940 for 1910 \$/80.
Sworn under my hand and official seal of office this 29 day of 00 191.3
(SEAL.) A The Continue ordinary.
Country Country
NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following won "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God." 2. Additional affidavits may be attached if blank spaces are insufficient. 3. All affidavits must be made before the Ordinary. 4. Only widows who married prior to first January 1870, are entitled. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or
4. Only widows who married prior to first January 1870, are entitled. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or

sptfy ford appd Patter Anderson Brig Geml Comdg Brigade mp 10th Mips Regt Shelbyville Tenn June 7th 1863 H. Winters Private
"A" 10th Mips Regt Indefinit
rlough on act Gun Shot
and of the Leg A. Kinchlor Semior Surgeon A. W. Fleming Capt Co "A" 10th Nips Regt 10 Report Kimloch Falcomer 195 By command of General Brass approved. Orost Narshall's Office Nchile W.C Omlvile C Cavenagh Ned Direct Polks Corps forwarded approved L. Hollis LtGeml Comdg Corps Chief Surgeon Witters Terry Wethers M Geml.

Transportation furnished in kind from Shelbyville Ten to Panola Mips June 21st 1863

J. M. Morgan Capt & A. Q. M.

Rations Commuted for S1 days \$40.50 F. R. Shackelford Maj &cs

Transpt from Grenada to Canton

J F Hill

Transpt Agent

Transported in kind to Dalton
E T Henry
Capt & A 0 M

Selma Ala Jan 3/65 Ratiomed for Three days R. H. Sommerville Capt &cs 1926

Application for Pension

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

M. Maryello Ordinary
For Small Maryello Date of Death Angust 13, 1926.

Amount 8.

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

Approved and ordered paid ?

Gune 27 Commissioner of Pensions

Received 1-14-29

OFFICE OF ORDINARY.

GEORGIA, COBB COUNTY.

I, J. M. GANN, Ordinary and ex-officio Clerk of the Court of Ordinary (I having no clerk) do hereby certify
that I have compared the foregoing copy of Organil papers in priming
of the Stanlers at The Time of his death and that There
pepers appear to be Jenning and bearing date more
Then 30 years ago
with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and
of the whole of such original record as found in book, records of
, folio
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Court of Ordinary,
this the 29 day of October 1915
I Hanne
ORDINARY AND EX-OFFICIO C. C. O.

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

(Under Act Approved August 15, 1904)

GEORGIA County.	
Personally before me, the Ordinary of said County, comes. Min Genel Stanley of said County, who, after being sworn,	on oatl
says that he knew Min Earniella Structure of said County, and that said Po	
was on the Pension Roll of said County at the time of death, which occurred in	
County, in this State, on the 13 day of augst 1926, a	and tha
a Pension of Out humbord (8/60) Dollars was due pensio	ner an
unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children survivi	ng, an
no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$2.20	, pe
sworn statements fully and completely ITEMIZED hereto attached.	
Sworn to and subscribed before me	
XM. Danis Ordinary Time Pearle Minters	>
Good County	•
(Seal of Ordinary)	Λ
CERTIFICATE OF ORDINARY	
CERTIFICATE OF GRADIUM.	
GEORGIA County.	
I Im Jann Ordinary of said County, do	ocerti
that I porsonally know Mus Pearl Harles , who is a	
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith an	
911	
was paid a Pension of One humbred (8/00)	nty, ar
in said County for 1924., and I now believe said pensioner to be dead; and that the instructions at	Dolla
in said County for 1924., and I now believe said pensioner to be dead; and that the instructions at the this voucher have been carefully observed in making up this voucher and the prints which are attached he	Dolla e foot
this voucher have been carefully observed in making up this voucher and the pills which are attached he	Dolla e foot
this voucher have been carefully observed in making up this voucher and the pills which are attached he Given under my hand and official seal, this	Dolla e foot ereto.
this voucher have been carefully observed in making up this voucher and the pills which are attached he Given under my hand and official seal, this day of the control of t	Dolla e foot ereto. 192
Given under my hand and official seal, this day of the control of	Dolla e foot ereto. 192
Given under my hand and official seal, this day of the control of	Dollar foot ereto. 192-7 Ordinar
Given under my hand and official seal, this day of the value of it. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each the value of it, and each date.	Dollar ereto. 192 Ordinar Count
Given under my hand and official seal, this day of the control of	Dollar foot ereto. 192 Ordinar Count
Given under my hand and official seal, this day of the which are attached he (Seal or Ordinary). INSTRUCTIONS: List. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each the value of it, and each date. 2nd. Each account must be sworn to before the Ordinary, and in the following form: Oo no suse the terms: "just, true, due, unput "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of	Dolla de foot

5th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
6th. Return this application, and attached bills, with your final settlement, to the Pension Department.
7th. Ordinary should see that the back of this blank, when folloded, is filled ordinary.



GEORGIA COBB COUNTY:

PERSONALLY APPEARED BEFORE THE UNDERSIGNED

CARMILLA WINTERS, ON OATH SAYS THAT SHE IS THE WIDOW OF W.H.WINTERS
LATE OF COBB COUNTY, DECEASED, THAT HER SAID HUSBAND ENLISTED IN THE
CONFEDERATE SERVICE ON MARCH THE2 27th, 1861, IN C9, "A", 10th,
REGIMENT OF MISSISSIPPI VOL. AND SERVED IN SAID CO. AND REGIMENT UNTIL
JUNE 1863, AT WHICH TIME HE WAS WOUNDED, AND FROM WHICH WOUND HE NEVER
RECOVERED, SO AS TO BE ABLE FOR DUTY, AND NEVER RECOVERED TO THE DATE OF
HIS DEATH, THIS AFFIANT DOES NOT KNOW ANY COMRADE WHO SERVED WITH HIM
AS HER HUSBAND NEVER RETURNED TO MISSISSIPPI, AFTER THE WAR WAS OVER
BUT MADE GEORGIA HIS HOME, HE HAVING BEEN RAISED HERE HE HAVING BEEN A
RESIDENT OF MISSISSIPPI A SHORT TIME BEFORE HIS ENLISTMENT, AFFIANT
THEREFORE PRESENTS CERTAIN PAPERS ISSUED TO HER LATE HUSBAND SHOWING
HIS SERVICE AND RELEASE FROM DUTY ON ACCOUNT OF WOUND RECEIVED AND
ASK THAT THEY BE ACCEPTED IN LIEU OF PERSONAL AFFIDAVITS, WHICH AFFIANT
IS UNABLE TO OBTAIN

SWORN TO BEFORE ME. /3/8/13.

Carmella Winters

Hon. J. M. Gann, Ordinary of Cobb County. Marietta, Georgia.

My dear Judge:

I have not been able to approve the claim for funeral expenses of Mrs. Cammilla Winters for the reason that Mrs. Winters left an estate.

With kind regards,

very truly yours,

Commissioner of Pensions.

August 13, 1926. ATLANTA, GA.

M Estate of Mrs. Cammilla Winter

Austell: Ga.

For- Funerar THE BARCLAY & BRANDON CO. Dr. expenses Mrs. Camilla Winter 6

Aug.13, 1926

Casket 325.00- Gloves 3.00-Steel vault 125.00-----453.00 Flowers 15.00-Hearse 20.00-express on vault 4.70--- 39.70 Paper notices 7.20----- 7.20 Total---- \$ 499.90

Personally appeared before me R.M. Brandon, of The Barclay & Brandon Co., who upon being duly sworn states that the above account is correct. H. M. W. January 1927

Hom. J. M. Gann, Ordinary of Gobb Gounty, Marietta, Georgia.

My dear Judge:

Will you kindly investigate the estate of the left any estate and in what amount.

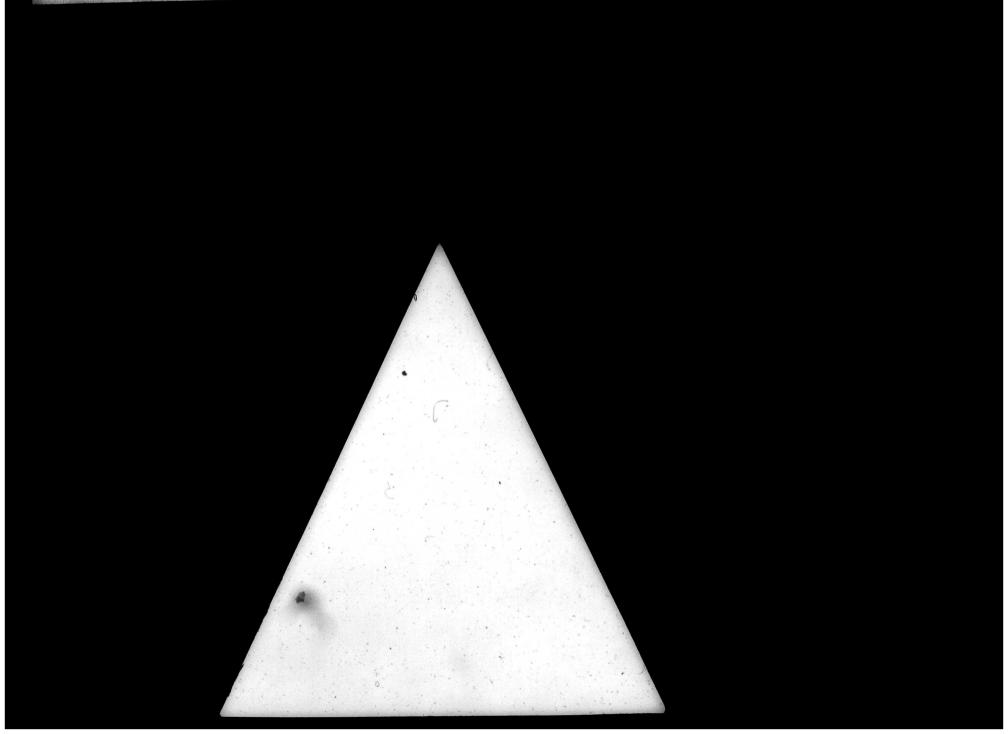
Tours prompt attention to this matter will be very much appreciated.

With kind regards,

Very truly yours,

Commissioner of Pensions

Show not been all



"and and I worken it it from it is to the stand of the st Winters W. Hary Ex Deph Actauta Ga Meh No. 981 The physiciaux Application for Allowance are respectfully asked Left Leg Derater to write out a full Statement of the Applicant Ir H Melers Mound and explain County Coff Amount 21. how it renders the leg rueless. Date of Warrant Line 16/88 Entered on Regord, To say that would bear Jule 16 1888 a diffley, and that the leg is there sub Secretary Executive Department. Stantially useless, is not salifochy. MA Harrisin Clerk

Personally appeared before H M Hamprett, Ord, of said County of book bo, D. N. Sofer and Dr. E. S. Sele who both being duly snow on Oath Day that the leg of the applicant is substantially of executially useless for the following maining the leg was that strough both tomes were one bone has new united, the leg is evoked, resimbling a rambon, the bone that pater mever united proludes from the flesh and the wound was coursely the leg to have to be amputated, There are the reasons why we made

the original affidavil. serounto and subscribed before me may 12, 1888.

Ordinary

16. M. Hanningtt

Efsetye- med.

STATE OF GEORGIA, looth

PERSONALLY appears 1. Hinlers of Coott counts State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said day of expect. State, and has been such since the " enlisted in the military service of the Confederate States (or of the State of

deft teg 2

during the war between the States, and served as a private in Company N, of
10 th Regiment of Missiphe Volunteers & haling & Brigade; that
whilst engaged in such military service, at the battle of Main for drille in on the Mit day of September 1862 , he was the State of unded as follows. He was Shot through the left leg, found How the Knee, both bones some broken. The king Has rendered slift, by mason of the mound the beg is rendered Substantially and sesentially weeless, deponent is per manently disabled and by maron of the rigued the said deforment is practically undthe to perform recental hat on

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

Sworn to and subscribed before me, this the

W. M. Wanter

COMMISSIONED OFFICER'S AFFIDAVIT

STATE OF GEORGIA. County.

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

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

STATE OF GEORGIA.
County \ County \
Phrsonally came of Sighthan
C.S., Pope J. No. Wowell
county, in said State,
who, being duly sworn, say that they are acquainted with
and know that he received the wounds (or contracted the
disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (65-
of this State, and resides in County, and we are well satisfied that all the state-
ments in his affidavit are true.
Sworn to and subscribed before me, this
31 day of January 1888 J. Mowell
Mr. B. Hamele S. St. Pope
STATE OF GEORGIA, County.
경기를 만든 경기를 만든 것이 되었다. 그는 그를 받는 것이 없는 것이 없다면 없다면 없다.
PRRSONALLY comes before me H. M. Hammett Ordinary of said county,
Dr. A. N. Goler and Dr. O. Silve , both known to
me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined M. H. Windles and after such examination say that the
applicant has been injured as follows: He was show hrough the
lett leg, took forces were troken the leg was
rendered Stiff, by marry the mount the left leg is her
on the him are will disasted and rendered
Sworp to and subscribed before me, this
31th day of Joshe Wise 1888
Vo. M. Vo munett

NOTE.—The physicians will state fully the extent of the wound and the disability resulting therefrom.

ORDINARY.

A. M. Hamir	Ordinary of said county
지수는 경우는 사람들이 하는 사람들이 살아가면 하면 하는 것이 없는 것이 되었다.	H. Winters the
plicant in the foregoing affidavit, and am well satis	sfied that the statements made by him in his said
idavit are true, and I know he is the individual	he represents himself to be, and that he resides in
is county. I also certify that the foregoing with	nesses are persons of respectability, and that their
atements are worthy of full credit and belief.	
I further certify that W. W. S. S. S.	before whom the foregoing
fidavits were made and power of attorney was sign	ned, is a Turtier of The Break
said county, and that the said affidavits and signat	tures thereto are genuine.
Given under my official signature and seal, this	29 day of 188 %
	Y6. W. V6 air win V6
	Ordinary County.
POWER OF	ATTORNEY
	ALLONNET.
	ATTORNET
TATE OF GEORGIA	ATTORNET.
TATE OF GEORGIA County.	\mathcal{L}
TATE OF GEORGIA	H. H. Winters
TATE OF GEORGIA County. Know all men by these presents, That I.	\mathcal{L}
TATE OF GEORGIA County. Know all men by these presents, That I Dounty, in said State, do hereby appoint	H. H. Winters R. C. Inin
TATE OF GEORGIA County. Know all men by these presents, That I Dunty, in said State, do hereby appoint	H. H. Winters R. O. Jruin my true and lawful attorney in fact, for
TATE OF GEORGIA County. Know all men by these presents, That I county, in said State, do hereby appoint f ae and in my name to receive and receipt for whate	my true and lawful attorney in fact, for
TATE OF GEORGIA County. Know all men by these presents, That I. County, in said State, do hereby appoint the and in my name to receive and receipt for whate tate of Georgia by reason of the injury received	my true and lawful attorney in fact, for ever amount of money I may be entitled to from the as aforesaid in the military service of the Confed-
TATE OF GEORGIA County. Know all men by these presents, That I county, in said State, do hereby appoint are and in my name to receive and receipt for whate state of Georgia by reason of the injury received rate States (or of this State), as stated in the	my true and lawful attorney in fact, for ever amount of money I may be entitled to from the as aforesaid in the military service of the Confed-foregoing affidavit. Hereby authorizing my said
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PPLICATION FOR ALLOWANG

STATE OF GEORGIA 6066 PERSONALLY appears W. H. Winlers State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the 3. 18#/; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a /www ate in Company # , of Volunteers & halmes 's Brigade; that whilst engaged in such military service, at the battle of Mumfor dville the ball broke both bones distroyed the mustles Large pieces of the bone came out the mound was a knowing som for a munter. les is substantially and us 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.

W. Il Winter Sworn to and subscribed before me, this the Note. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA, PERSONALLY comes before me how M. Slove Ordinary of said county, and A. St. Hoben me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined W. Ot. Winters examination say that the applicant has been injured as follows: He was shot Through the left leg, both bones were broken the muchi and leading infured the han buil a runn Sworn to and subscribed before me, this

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,	
I, for M. More M. M. M. Ordinary of said do certify that I am well acquainted with M. M. Windows applicant in the foregoing affidavit, and am well satisfied that the statements main his said affidavit are true, and that he is disabled to the extent he claims, and I to the individual he represents himself to be, and that he resides in this county. I a	de by him know he is
that the foregoing witnesses, to-wit:	
are persons of respectability, and that their statements are worthy of full credit at Light further certify that before whom the	
affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and signatures thereto are genuine.	7
Given under my official signature and seal, this / day of weh	1889
Orothory Coll	County.
POWER OF ATTORNEY.	
STATE OF GEORGIA,	
levol County.	
Know all Men by these Presents, That I, West, Winter	
county, in said State, do hereby appoint	•
of my true and lawful attorney me and in my name, to receive and receipt for whatever amount of money I may	
to from the State of Georgia by reason of the injury received as aforesaid in the m	ilitary ser-
vice of the Confederate States (or of this State), as stated in the foregoing affidave authorizing my said attorney to receipt in my name for any Warrant that may be	it; hereby
the Governor, or for any sum of money which may be coming to me for the reason	foresaid.
In witness whereof I have hereunto set my hand and seal, this	
day of Wick 1889. No Wanter	> • (L. S.)
Executed in the presence of us:	
Jell Home) Ording	
U comp	
DIRECTION:	Y
Send money to me as follows, by	D O
to County, Georgia.	P. O.

NOTES.

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

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

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or legal bind 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 amend-

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 7. Every application must be certified by the Ordinary of the county of the residence of the applicant.

The certificate of any other will not be received in any case.

STATE OF GEORGIA,

County,

I,

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

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 the day of Filly 189.

Ordinary

County.

1890.

No. 1642

No. 1643

No. 1643

No. 1663

No. 16

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STATE OF GEORGIA,		
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applicant in the foregoing affidavi		
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the individual he represents himself		
I further certify that		
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before whom the foregoing affida		
· · · · · · · · · · · · · · · · · · ·	of said	d County, and the said affidavits an
signatures thereto are genuine.		it mind
Given under my official signatu	re and seal, this	day of Mech, 189
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STATE OF GORDIA,

For Applicance Heretofore Alloned Pensions. .

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	STATE OF GEORGIA,
STATE OF GEORGIA,	CALL COME
COMMUNICOMATY. C CO CO	Personally appears Colonity of Colon
PERSONALLY appears M. H. Henter of County, county,	Personally appears (, Common of C)
	County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
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
resident of said State, and has been such continually since the day of	day of Aller 1860; that he enlisted in the military service of the Con
Hebruary 1865 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 STUNWEY of Company "A of 10 th Regiment	States, and served as a first was in Company A, of 10 th Regimen
States, and served as a striver in Company of 10 th Regiment of Mississippievolunteers Chalman 's Brigade; that whilst engaged	of Mississippolunteers ("halmer"'s Brigade; that whilst engage
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in such military service, at the battle of Mumfordville in the State	of Kentucky on the 111 day of VEDT. 1862, he was
of MeMy on the 14 day of Jag 1862 he was	wounded as follows: 1 12 Bullet Shiking lest l
wounded as follows! By minne Ball Spilling	19 ms Augus C Carlos Agents
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and bursting the bones of Saile les	
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welless,	avolection of lessi
	Deponent desires to participate in the benefits of the Act, approved October 24, 188
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 entitle for the year ending October 26, 1891. I have heretofore been allowed a pension of
and the acts amendatory thereof, and makes application for the allowance to which he is	for the year ending October 20, 1091. I have herecolore decir and wed a pension of
entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of of the year ending October 26, 1890.	dollars, for Vaid discoulity
Sworth to and subscribed before me, this the)	Sworn to and subscribed, before me, this, the
fitte diller	day of /(O 1891)
(day of (189 0)	1 All House Oxeny
XUU, OVONO	A subject of displication and explain particularly the extent
Norg.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.	Norz.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent the disability resulting from the wound or disease.
POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA	STATE OF GEORGIA,)
	Colo County.
County. County	- County.)
KNOW ALL MEN BY THESE PRESENTS, That I,	Know all Men by these Presents, That I, O, MC, Wentsa
of piloth	of County, State of Georgia, do hereby appoi
county, in said State, do hereby appoint Kill Smin	and the state of t
of Lever Co, Ju. my true and lawful attorney in fact, for	of Tool (ofenty) Ta my true and lawful attorney in fact, f
me and in my name, to receive and receipt for what ever amount of money I may be entitled	me and in my name, to receive and receipt for whatever amount of money I may be entitle 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	of the Confederate States (or of this State) as stated in the toregoing affidavit: hereby author
service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be	ing my said attorney to receipt in my name for any Warrant that may be issued by the Gove
issued by the Governor, or for any sum of money which may be coming to me for the reason	nor or for any sum of money which may be coming to medor the reason aloresalu.
aforesaid.	IN WITNESS WHEREOF, I have hereunto set my hand and seal, the
IN WITNESS WHEREOF, I have hereunto set my hand, and seal, this	day of 41 0 1891. 11
day of Heby 1890	The Handing [L.
It It It state [L. s.]	Executed in the presence of us:
Executed in the presence of us:	20 Thou Ording
LIL HOW	
A A A	
J.J. D. Power	DIRECTION
DIRECTION.	Send money to me as follows, by
Send money to me as follows, by	toP.
to P.O/	County County

County, Georgia.

STATE OF GEORGIA, Ordinary of said county, do certify that I am well acquainted with. applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he repesents himself to be, and that he resides in this county. Given under my official signature and seal, this 3 day of M. PENSION H. HARRISON, SOLDIER'S

Send money to me as follows, by TALE OF GEORGIA County, Georgia. the State tolly prive of wound or regracion of the new withing a feet and finding, and a plane product of the same to the special of the same to the s Sworn to and su States, and served as a resident of said State, and has resided therein continuously ever since the County, State of Georgia, who, being daly sworn, says on oath that he is a bona fide pitten and STATE OF GEORGIA, For Applicants Heretofore Allowed Pensions,

POWER OF ATTORNEY.

my true and lawful attorney in fact, for a second in the state of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the state of attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any true and lawful attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any true of money which may be coming to the for the reason aforesaid.

Executed in the foregoing anidavit, and am well sensined that the statements made by him in his

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

County, State of Georgia, do hereby appoint

STATE OF GEORGIA.

said affidavit are, true, and that he is disable

Know all Men by these Presents, That L

dividual he represents magas top be, and that he resides 30 this County

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,
COUNTY!
Personalar appears CC/CCC untag
of County, State of Georgia, who, being duly sworn, says
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously
since the 32 day of fune 18 44, that he enlisted
in the military service of the Confederate States (or of the State of
during the war between the States, and served as a Privates in Company
of / C th Regiment of Miss. Volunteers Chalmey's
Brigade: that whilst engaged in such military service at the battle of Military firstlill in the State of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
the State of the first 186/2 he was wounded as follows:
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Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and
the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October/26, 1892. I have heretofore been allowed a pension of
\$50, Dollars for Vaice lovered
Sworm to and subscribed before me this the
3 day of Mich 1892.
Ma Stone Ordinary.
Norse-State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
POWER OF ATTORNEY.
STATE OF GEORGIA.
County.
Know all Men by these Presents, That I, W. Jd. Winters
of Cobb
County, in said State, do hereby appoint R. Corvere
of Muncella Ger my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of
the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor,
or for any sum of money which may be coming to me for the reason aforesaid.
day of Musch 1802.
day of Much 1892. It, 94, Winles [L. s.]
Executed in the presence of us:
C. O. R. Marian
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Send money to me as follows, by
toP. O.

STATE OF GEORGIA,)
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Personally appears
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has resided therein continuously ever since the day of 1805; that he enlisted in the military service of the Con-
day of 18(2.2); that he enlisted in the military service of the Confederate States (or of the State of 18(2.2); that he enlisted in the military service of the Confederate States (or of the State of 18(2.2); that he enlisted in the military service of the Confederate States (or of the State of 18(2.2); that he enlisted in the military service of the Confederate States (or of the State of 18(2.2); that he enlisted in the military service of the Confederate States (or of the State of 18(2.2); that he enlisted in the military service of the Confederate States (or of the State of 18(2.2); that he enlisted in the military service of the Confederate States (or of the State of 18(2.2); that he enlisted in the military service of the Confederate States (or of the State of 18(2.2); that he enlisted in the military service of the Confederate States (or of the State of 18(2.2); that he enlisted in the military service of the Confederate States (or of the State of 18(2.2); that he enlisted in the military service of the Confederate States (or of the State of 18(2.2); that he enlisted in the military service of the Confederate States (or of the State of 18(2.2); that he enlisted in the military service of the Confederate States (or of the State of 18(2.2); that he enlisted in the military service of the Confederate States (or of the State of 18(2.2); that he enlisted in the military service of the Confederate States (or of the State of 18(2.2); that he enlisted in the military service of the Confederate States (or of the State of 18(2.2); that he enlisted in the military service of the Confederate States (or of the Confederate States (or of the State of 18(2.2); that he enlisted in the military service of the Confederate States (or of the Confederate States (
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Sworn to and subscribed before me, this, the
140 day of Med 1893.
and day of the state of the sta
The fall and any of several or character of diseases which causes the disability, and explain performer the extent of the
Nors—State fully nature of wound or character of disease which Gausse the disability, and emplain furtheristic the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA (
Co-Dollar County.
I, Ordinary of said County,
do certify that I am well acquainted with 120, Wintens 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.
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before whom the foregoing affidavits were made and power of attorney was signed, is a
the Confederate States (or or this State) as stated in of said County, and the said affidavits and
siduatries thereto are Geunuore and receipt for what wer amount of money I may be entitled to
Given under my official signature and seal, this / 4 day of Mch. 1893.
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Couply
STATE OF GEORGIA.)
POWER OF ATTORNEY.

POWER OF ATTORNEY. POWER OF ATTORNEY. STATE OF GEORGIA. STATE OF GEORGIA. Lobo County. Ho winters KNOW ALL MEN BY THESE PRESENTS, That Know all Men by these Presents. That I, County, State of Georgia, do hereby appoint. County, State of Burgia, de hereby appoint my true and lawful attorney in fact, formy 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 me and in my name, to receive and receipt for whatever amount of money 1 may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorin my name for any Warrrant that may be issued by the Governor, or for any sum of money which may ney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money be coming to me for the reason aforesaid. which may be coming to me for the reason aforesaid. IN WITNESS THEREOF, I have hereunto set my hand and seal, this IN WITNESS WHEDEOF, I have hereunto set my hand and seal, this 13 Much 4 H. Manters DIRECTIONS. Send money to me as follows, by. Send money to me as follows, by POO. County, Georgia. County, Georgia.

For Applicants Heretofore Allowed Pensions.

Tot rippirounts itorocororo mitoriou romoromo,	
STATE OF GEORGIA,	
Cool County.	
PERSONALLY appears 176 Winter Color	
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-	
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entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of	
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of the disability, resulting from the wound or disease.	
(1984) <u></u> 1866 - Harris Harris, de la companya del la companya de la companya	
STATE OF GEORGIA,	
County County	
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Ordinary of said County,	-
do certify that I am well acquainted with Winters the	
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be	
and that he resides in this County.	
Given propagation official signature and seal, this	
(PIM 1) A	
day of Cital 1894.	
(your man)	
0011	
Ordinary County.	

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cook County
personally appears 17.76 Winters of Cools
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 Hely 1865; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States pany served as a friends in Company , of th Regiment
of Wohnteers, Chulung 's Brigade; that whilst engaged in
such military service at the battle of Munifordity in the State
of day of day of 1862 he was
wounded on following of gunshing and the
left leg outryn the Mue and
Gille Grating the bones, protuning the
to that a karle amount of procling times
worked out. Argument is familia proch
colly encupated to payform the ording
mend overly of life
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of dollars, for the year 189
Sworn to and subscribed before me, this, the
ay of fine 1895.
The How Ording
None 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.
of the distributy, resulting from the would of disease.
STATE OF GEORGIA.
County.
I, Ordinary of said County,
do certify that I am well acquainted with Will Winks the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 april 1895.
The state of the s
I The Comment
10 11
Ordinary County.

POWER OF ATTORNEY. POWER OF ATTORNEY. STATE OF GEORGIA, STATE OF GEORGIA, County. A Wenks hereby authoria hereby authorize_ to receive and receipt for the pension paid hereon and requestrat he remit same to to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this... day of___ 94. H. Worders [L. S.] Executed in presence of Executed in presence of us SOLDIER'S PENSIO SOLDIER'S PENSION

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County. personally appears 1.76, Winters 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 18 (5); that he enlisted in the military service of the Conday of federate States (or of the State of States, and served as a of Mass Volunteer Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of county been allowed a pension of \$5 dollars, for the year 189 J. Sworn to and subscribed before me, this, the es the disability, and explain particularly the extent STATE OF GEORGIA. do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this.

Ordinary

For Applicants	Heretofore	Allowed	Pensions.
STATE OF GEORGIA,			。"杨二人"好好"。
	County.	1	
4	1 4/11/	· 0	11/2
personally appears	1 Winter	Jof	is a home fide citizen
County, State of Georgia, who and resident of said State, and	being duly sworn, say	ntinuously ever	since the
day ofday	18 ; that he enlist	ed in the militar	y service of the Con-
federate States (or of the State		duriye	the war between the
Ctatas and samed on a	AN NOW ;	n Company,	of D th Regiment
of Volume	teers, Www.	's Brigade	that whilst engaged
in such military service in the	State of,		the day
of 1867	, he was younded, in	THE AND AND	of Dhila
# 0.4	F. 11	ortuga in	noch 8
- the Cest	m) 18	ice I	to their
andly fe	not Ton	both	1-out
· Marie	- delas	ting	ne dere
In the	Men	betel	to Der_
Jones	fare	Lu 7	conte como
Deponent desires to parti	i i - she benefts o	the set approve	ed October 24th, 1887.
and the acts amendatory the	reof and makes app	lication for the r	ension to which he is
entitled for the year ending	October 26th, 1897.	I have heretofor	re under said law as a
resident of	OO COU	inty been allowed	an invalid pension of
\$50.	Dollars, for the		
Sworn to and subscribed			sufer 1
16 day of	1897.	POST OFFICE (AL	isnu ga
The A	Hone Arche		
Norz-State fully the nature of wound of the disability, resulting from the wound	or character of disease which o	auses the disability, and	explain particularly the extent
	PROPERTY OF THE PROPERTY OF TH		
STATE OF GEORGIA			100
1 book 1 c	ounty.		
I, / X	C Dong	1- 1/ 11/	inary of said County,
do certify that I am well acqu	nainted with	1. wi	the
applicant in the foregoing affi	davit, and am well sat	isfied that the sta	ntements made by him
in his said affidavit are true, s and that he resides in this Co		individual ne re	presents infiniser to be
and that he resides in this Co	under my official signs	ture and seal, th	is /6
day of	Mel 1	1897.	
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o Adix	-() *	1	0
( nerr. )	Ordinary	906	County.

POWER OF ATTORNEY.  STATE OF GEORGIA,  Gobb County.  I. M. H. Phinters hereby authorize of Own Stone  Waratta Ubst  to receive and receipt for the pension paid hereon and request that he remit same to  by Line  at A. Stell  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th  day of Meby 1898.  Executed in presence of  H. H. Hinters [L. 8]	POWER OF ATTORNEY.  STATE OF GEORGIA,  COUNTY.  I. The second of the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request that he remit same to the pension paid hereon and request the pension paid hereon p
TNO ALID  SOLDIER'S PENSION.  1898.  Amount, \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Winters M. H.  COURT SECTION 126.  No. 16 57  INVALID  SOLDIER'S PENSION.  ISSO.  Name THE Can  County Courty  Disability Eff Ca  Amount, \$ 22  RICHARD JOHNSON,  Ommissioner of Pensions.  WARRANT HANDED TO  My Effect  SEC. W. MAGRICH. STATE PINNTER. ALLANIA.

Minters M.H.

### For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County. Dersonally appears H. H. Wintersof - Gol County, State of Georgia, who being duly sworn, says on oath that he is a tona fide citizen and resident of said State, and has resided therein continuously ever since the day of Line 1864; that he enlisted in the military service of the Confederate States (or of the State of. ...) during the war between the States, and served as a Private in Company A, of /Oth Regiment of huss). Volunteers, Chaluers,'s Brigade; that whilst engaged in such military service in the State of Kritickey, on the 14 thday 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 county been allowed an invalid pension of 1898. POST-OFFICE Austell Ga Norr-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this

County.

STATE OF GEORGIA,			n 1	
personally appears	Itmi	-Eroof	000	
County, State of Georgia, who being d	uly sworn, say	s on oath tha		
and resident of said State, and has resi				
// // / /	that he enlis		litary service of	
federate States (or of the State of	*		ing the war be	
States and served as a	ACCOUNTY AND ADDRESS OF THE PARTY OF THE PAR		, of / 0 th	
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Deponent pakes application for the				
ing October 26th 1899 I have				
# 200	Dollars, for th		wed an invalid	pension of
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Date March				0.01
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Nort State fully the nature of wound or characterist of the disability resulting from the wound or	ter of disease which	h causes the disab	ility, and explain p	articularly the
	discuse.			
STATE OF GEORGIA,				Assistant.
COUP Count	у.			
m/-	Lon			
I, ///	M	1 10	ordinary of sa	
do certify that I an well acquainted			Wints	
applicant in the foregoing affidavit, and				
in his said affidavit are true, and I know and that he resides in this County.	ow ne is the	individual ne	represents in	nsen to be
			. /	ATT
Given under m	y official signs	ature and sea	l, this	and the state of t
day of	soy.	4 1899	0	7
Aftix your seal	1/1	X	don	<u>.</u>
(here	Ordinary	(1)	office	County.
	J		7007	

For Applicants Heretofore Allowed Pensions.

STATE OF DEORGIA,  County.  I, Will Winters hereby authorize ful flower  of Waritte Gue	POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  I, W. It. Wanters hereby authorize gohie fourters  of Manutta
at	to receive and receipt for the pension paid hereon and request that he remit same to
Executed in presence of	Executed in presence of  Jas M. Ganne
(For Those Already Enrolled.)  No. 13 II  INVALID  SOLDIER'S PENSION.  TOON. W. LINDSEY,  JOHN W. LINDSEY,  County  JOHN W. LINDSEY,  Commissioner of Praction.  WARRANT HANDED TO  SON. W. Enricon, Buss Pringer, Allener.  Occ. W. Enricon, Buss Pringer, Allener.  Occ. W. Enricon, Buss Pringer, Allener.	Cours Ection 129.  Cours Section 129.  No. LYA  DISABLED  SOLDIER'S PENSION.  1901.  Name W. H. William  County Loth  Disability Lunder  Amount, & U.C.  MARRANT HANDED TO  WARRANT HANDED TO  GOO. W. Berryen, state Printer, Amount.  Goo. W. Berryen, state Printer.  Open W. Berryen, state Printer.

## For Applicants Heretofore Allowed Pensions.

~ W G O	<i>J</i>	ounty.			1.
Personally	appears M.	St. The	uters .	of Cor	b
ounty, State of	Georgia, who be	ing duly sw	orn, says on o	ath that he is	a bona fide citizer
d resident of sa	aid State and Con	unty, and h	as resided the	rein continuo	isly ever since the
	Jany,	186	that he en	ilisted in the	military service o
e Confederate S	States (of of the	State of		) dı	iring the war be
een the States,	and served as a	fir	ivate.	in Compan	y 01, of 10 tl
egiment of	Miss	Volunteer	, Chale	ull 's Br	igade; that whils
gaged in such	military service	in the Sta	te of Keil	tuckey,	on the 14th
v of Sete	tember 1862	2, he was	wounded, inju	red or disease	d as follows:
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betiere	the state	and .	allele	brek	king and
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gracia	cruig, so	1.1.	l'a t'	Linet	1000/11
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avoc	aliaus	) ox	life		
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15				94 100	ustell, I
Sworn to m	y of	ore me, the	s, the 1900. POST	OFFICE A	
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Sworn to resident day the day	d subscribed belt of the subscribed by of the subsc	ore me, the	s, the 1900. POST	OFFICE A	nd explain particularly to
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Sworn to real factor of the disability of the di	d subscribed belt of the state of wound resulting from the wour GEORGIA,  am well acquait foregoing affiday	ore me, the	s, the 1900 1900 1900 1900 1900 1900 1900 190	OFFICE OF OFFICE OF OFFICE OF OFFICE OFFICE OF OFFICE OF OFFICE O	ary of said Count
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Sworn to any of the day of the da	d subscribed belty of the nature of wound resulting from the wourd arm well acquait foregoing affidavavit are true, and des in this Cound	County.  Cou	s, the 1900. POST of disease which cause well satisfied is the individual	Ording that the state dual he representations	ary of said Count  ments made by hisents himself to

# For Applicants Heretofore Allowed Pensions.

	JIA,	
loobb	County.	
	W. S. Winters of book	
Personally appears		e citizen
County, State of Georgia, who be	eing duly sworn, says on oath that he is a bona fid	Citizen
and resident of said State, and h	as resided therein continuously ever since the	L. Con
	864; that he erlisted in the military service of	ne Con-
ederate States or of the State	of during the war bety	
States, and served as a fee	wate in Company A, of 10th R	
of Wiss. Volunte	ers, Chaluer 's Brigade; that whilst	engaged
in such military service in the	State of Kentuckey, on the 14	day
of elefit. 186	32, he was wounded, injured or diseased as follows	ows:
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	of auble breaking and	
Ir acturius	both bours readering	
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and the second	ractically incompeter	0
to herforen	the additiony ecount	u _
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	nave neretorore under	ident o
Cabb	have heretofore under said law as a res  County been allowed an invalid p	ension of
\$50,	County been allowed an invalid p Dollars, for the year 1900.	ension o
\$50,	County been allowed an invalid p	ension of
\$50,	County been allowed an invalid p Dollars, for the year 1900.	ension of
Sworn to and subscribed be	County been allowed an invalid p  Dollars, for the year 1900.  efore me, this the W. W. Chanter  1901. Postoffice	ension of
Sworn to and subscribed be  / 4 day of Access  New State fells the pature of the	County been allowed an invalid p Dollars, for the year 1900.  efore me, this the W. W. Chantel  a wound or character of disease which causes the disability, and co	ension of
Sworn to and subscribed be	County been allowed an invalid p Dollars, for the year 1900.  efore me, this the W. W. Chantel  a wound or character of disease which causes the disability, and co	ension of
Sworn to and subscribed be  14 day of Access  Non-State falls the pature of the	County been allowed an invalid p Dollars, for the year 1900.  efore me, this the  1901. Postoffice  e wound or character of disease which causes the disability, and cong from the wound or disease.	ension of
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Sworn to and subscribed by day of access of the day of access of the disability resulting STATE OF GEORGIA, I, Jalua C.	County been allowed an invalid p  Dollars, for the year 1900.  efore me, this the W. W. Chanter  any 1901. Postoffice  e wound or character of disease which causes the disability, and cong from the wound or disease.  County.  Auttry  Ordinary of said	ension o
Sworn to and subscribed by day of day of day of subscribed by the nature of the disability resulting STATE OF GEORGIA, do certify that I am well acquired that I am well acqui	County been allowed an invalid p Dollars, for the year 1900.  efore me, this the W. W. Chanter  awy 1901. Postoffice  e wound or character of disease which causes the disability, and cong from the wound or disease.  County.  Awares  Ordinary of said	ension o
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Sworn to and subscribed by day of day	County been allowed an invalid property of the year 1900.  The care of disease which causes the disability, and congrounts wound or disease.  County.  Author  Ordinary of said and inted with Author  avit, and am well satisfied that the statements mand I know he is the individual he represents himsenty.  der my official signature and seal, this	ension of  eplain partie  1 County  the

# POWER OF ATTORNEY. hereby authorize to receive and receipt for the pension paid hereon and request that he remit same to IN WUNNESS WHEREOF, I have hereunto set my hand and seal this. 10 It At El anters Executed in presence of ( FOR THOSE ALREADY ENROLLED. ) SOLDIER'S PENSI JOHN W. LINDSEY, DISABLED WARRANT HANDED TO No. 353 1902 Ooka County

	POWER	OF AT	TORN	EY.	- (*) )	
STATE OF GEOR	Printers	hei		ize		
o receive and receip				uest that	he remit	same to
IN WITNESS V ay of Jacob Executed in pres	1903	4.4	94		4.4	
Executed in pres	ence or	<u></u>				
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MOLLED.)	NOISN	.2	Tio Pol	1908.	EY,	Lillante)
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FOR	OF	Name County	o. A	у шоопи		

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Coho County.
Personally annears If A Winters of Joseph
Personally appears / / / / / of County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 1864; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the
States, and served as a frivaly in Company N, of 10 th Regiment
of Hus whilst engaged
in such military service in the State of Kinhing, on the 14th day
of Sund 1862, he was wounded, injured or diseased as follows:
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I the time and autile
Graking and Inoturing both bones
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maring and the second
monipular a promise and
manda avantions of the
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1902. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1901,
Sworn to and subscribed before me, this the W H Wanters
10th day of San 1902. Post-office austill
Do land Mintres
Nora.—State fully the nature of the wound or character of disease which causes the disability, and explain purioudity the extent of the disability resulting from the wound or disease.
CTATE OF CHORCIA
STATE OF GEORGIA,
County. 1
I. John Mary Ordinary of said County,
do certify that I am well acquainted with WH Thisters
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know 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 1802.
Ann John Miley
Ordinary Coll County.
Nors.—Fill all blanks and of Company and Regiment. Nors.—All youchers and affidavits must bear date after January 1, 1902.
NOTE. All Youghers and amagnite must bear date after samuery 1, 1992.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Personally appears of the continuous of the citizen and possible of Georgia, who being duly sworn, says on oath that he is a bona fide citizen at resident of said State, and has resided therein continuously ever since the continuously ever since the content of the State of that he enlisted in the military service of the Contents States (or of the State of the Content of the Content of the State of the Content of t		GEORGIA,	
unty, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen of resident of said State, and has resided therein continuously ever since the yof	Cop	County.	
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Given under my official signature and seal, this day of John Surkey	him in his said	ffidavit are true, and I know he i	
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Note.—Fill all blanks and of Company and Regiment.

Note.—All vouchers and affidavits must bear date after January 1, 19

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SOLDIER'S PENSION

DISABLED

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### POWER OF ATTORNEY

STATE OF G	EORGIA,	COUNTY		as ) (Copposit	6	
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at	receipt for the		.b <b>y</b>		2	
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(MULLED.)	NOISN	lus	10.	1905	. LINDSEY, .mmissioner of Pensions.	a Co., Attueta
S ISO	PE	2	Fd _	83	LINDSEY, mmissioner of P	and Putt. (SHIFT)

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### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
( ) ( ) ( ) ( ) ( )
County County
Personally appears / De Minilia of Cook
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 1864; 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 Annaly in Company a, of 10 th Regiment
of Purs Volunteers Chalmer 's Brigade; that whilst engaged
in such military service in the State of Tentuckey, on the 14 day
of September 1862, he was wounded, injured or diseased as follows:
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Sworn to and subscribed before me, this the day of
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Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
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STATE OF GEORGIA,
County.
I Solm Anthey of Said County,
do certify that I am well acquainted with AM Mullion
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
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and resident of said State, and has resided therein continuously ever since the 1864 that he enlisted in the military service of the Con-...) during the war between the federate States (or of the State of Privale in Company , of 10 th Regiment States, and served as a miss Volunteers Chalmers 's Brigade; that whilst engaged in such military service in the State of Stenlus to, on the 14 day 186 2, he was wounded, injured or diseased as follows:

Gunshot Striking left by

Kuce and inkle breaker, Deponent makes application for the pension to which he is entitled for the year ending October 26th) 1905. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1904. Post-office... Nory State fully the nature of the found 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 16 Monles Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this day of Janes Ordinary Note.—Fill all blanks and of Company and Regiment.

Note.—All vouchers and affidavits must bear date after January 1, 1905. Note.-All vouchers and affidavits must bear date after January 1, 1904.

STATE OF GEORGIA,

COUNTY

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen

Personally appears / Muleus

# POWER OF ATTORNEY. STATE OF GEORGIA, _hereby authorize to receive and receipt for the pension paid hereon, and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this y W. H. Winters out in the presence of CODE SECTION 1250. (FOR THOSE ALREADY ENROLLED.) JIER'S PENS WARRANT HANDED TO JOHN W. LINDSEY.

### POWER OF ATTORNEY.

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receive and receipt for the pension		and request that	ne remit same
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SOLDIER'S PENSION

Name M. F. D. in. La.

County C. R.

Disability Commissioner of Pension.

WARRANT HANDED TO

WARRANT HANDED

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### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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nd resident	of said State, and	l has resided therein	continuously ever	r since the
ay of				y service of the Con
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North	State fully the nature of extent of the disability of Georgian that I am well acut in the foregoinhis said affidavit a hat he resides in Given under day of	d before me, this the look of the wound or character resulting from the wound or character resulting from the wound equainted with ng affidavit, and amore true, and I know this County.	Post-Office of disease which cause or disease.  well satisfied that he is the individue and seal this party	an invalid pension of 1905.  Wanters  Quatters  as the disability, and explanation of said Country  of the statements may

State of	Georgia,		
Cosh	. County.		
Personally	appears MAMinle	of management	
County, State of	Georgia, who, being duly av	worn, says on oath that he is a bona fide citize	n
and resident of s	aid State, and has resided th	herein continuously ever since the	
lav of		e enlisted in the military service of the Con	n-
Sederate States (	or of the State of	during the war between th	he
States, and serv	ed as a	in Company Kin , of 10 White Regime	ņt
of <u>*</u>	Volunteers	's Brigade; that whilst engage	ed
	service in the State of	, on thed	ay
of	186, he	was wounded, injured or diseased as follow	s:
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· · · · · · · · · · · · · · · · · · ·			
	• • • • • • • • • • • • • • • • • • • •		
	and subscribed before me,		
- At de	ly of Jacob	.801.	
Must	when	Postoffice	_
New !		A Marrie milet source the disability and ex-	nlain
Note.—State	e fully the nature of the wound or on nt of the disability resulting from the	character of disease which causes the disability, and exp ne wound or disease.	
part .	of Georgia,	1	٠.
7	Lucko my	7.	
1,	withomy	Ordinary of said Com	nty
do certify that	I am well acquainted with	119 Minles	
the applicant is	n the foregoing affidavit, an	d am well satisfied that the statements in	iade
by him in his	said affidavit are true, and I	know he is the individual he represents him	isel
to be, and that	he resides in this County.	12	
	Given under my official sig	mature and seal this	
Rock world	day of	1000	
	/ /-	XV MONTHLY	
Affix your west	. LOMERION	Brdinary Count	у.
here	Nors.—Fill all blanks and	of Company and Regiment. affidavits must bear date after January 1st, 1937.	1.
	NOTE All vouchers and i	amanine man dedi mase arrest camanis arrivers	

Coll Coll Maimed Soldiers. Maimed Soldiers. Audited april 23 Voucher No. 2027 . Voucher No. 1542 Um & mg lik Amount, \$ 50. Amount \$ 50 Paid to MH. Wenters Paid to MAX Winters For Left leg diables For Leg desabled · April . 20, 1889. Hely 20 1890 Included in Warrant No. Included in warrant No. issued to Treasurer. issued to Treasurer. WARRANT CLERK W. J. Campbell, State Printer, Constitution Job Office, RO Jemin Redomin

Winters; W. H. 1891. Maimed Soldiers. Voucher No. 9 1/26 Paid to MA Millons For Log diso Mcarel 17 1891. Included in warrant No. issued to Treasurer,

Mc Simin

WARRANT-CLERK

No. 20	an
310.000	1

STATE OF GEORGIA, Atlanta, Ga all. 20 1889. EXECUTIVE DEPARTMENT. Mr. It St Winters of the County having filed his application in the Executive Cobb Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec. 24, 1883, and the same having been allowed for Left leg anabled He is entitled to receive the sum of

for such disability, the same being the allowance due for the year ending October 24, 1889.

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

Executive Department for warrant.

By the Governor

In A Hausen

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this gr of april

Wot Wenters

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Sa., Hely no

Mr. At Huiters of Coll 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 Lea disables He is entitled to receive the sum of . Tuft Dollars

for such disability, the same being the the same for the year ending October 24, 18 90.

The Treasurer will pay the same and hold his receipt on this voucher, and return same

to Executive Department for warrant HAMON YOTHOU

By the Governor,

aux Hamou

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this 20 of Rely 1890

W. W. Wonder

raise Gobb County: n Deroge appears that he has being Equainted with him for the Said With Winters as, a dipabled Confedent boldier ras been, drawing a Densin for the Gast three, Dairy Winters was entitled to the Densing as grawn & him and that he is as much or myor desabled - than the was when The was first enrolled as Swam to + Subscubid before men this april 27989 Al. Here Whatgaring efe

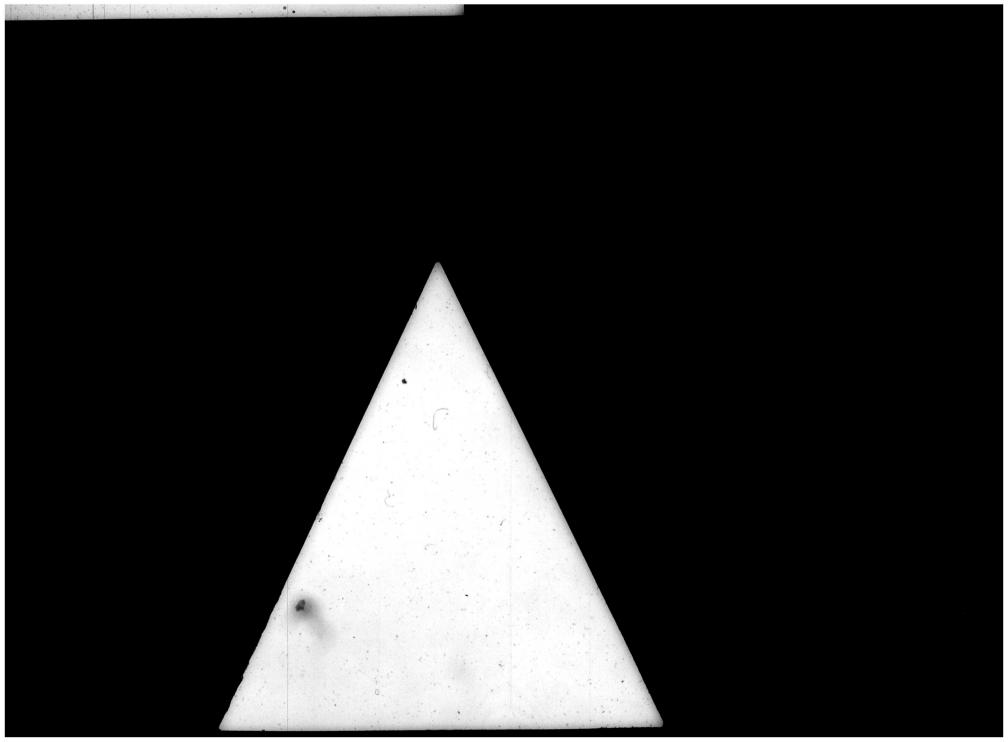
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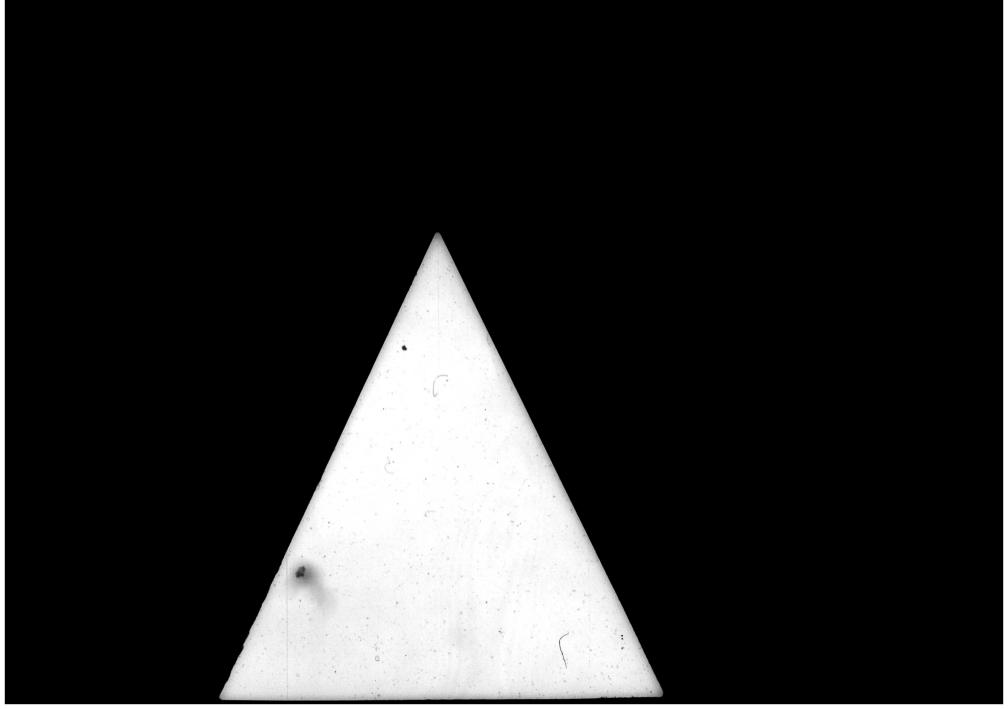
STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ba. March 17 1891.

· · · W. W.	having filed his application in the Exc	Country
Mr.	of the C	County
of (000)	having filed his application in the Exe	ecutive
게 되는 화면에 가는 사람이 하셨다면서 나를 하는 것이 되었다면 맛이 되었다.	Act approved October 24, 1887, as amended b	
	and the same having been examined and allow	
Jeg die		12.
He is entitled to receive the sum of	flex or	Dollars
	ince due for the year ending October 24, 1891	
The Treasurer will pay the same and h	old his receipt on this voucher and return sa	me to
Executive Department for warrant.	A James	Ru
By the Governor,	Gover	NOR.
MA Harres	in	
	SEC'Y EXECUTIVE DEPARTMENT.	
,50		
RECEIVED OF R. U. HARDEMAN, Treasure	r of the State of Georgia.	
Skifly of of of or	D	ollars,
July and this 17 of	march 1801	
per above voucher, this	W Od. Winter	
L.	· · · · · · · · · · · · · · · · · · ·	





(For Those Already Enrolled.)  (3r. Henry 1903)  Soldier's Pension.		Send money to me as	Executed in the	day of MITNESS WHE	State of Georgia by reason States (or of this State), ney to receipt in my name which may be coming to m		34	P( STATE OF GE
Nume A Wolf County Color County Color Disability Disab arian Amount, \$ 3/2 1894. W. H. HARRISON, Secretary Executive Department. WARRANT HANDED TO	County, Georgia.	follows, by	areachage of the	REOF, I have hereunto set my hand and seal, this.  1894.  [L. S.	of an injury received as aforesaid in the military service of the Confident as stated in the foregoing affidavit; hereby authorizing my said Atto for any Warrant that may be issued by the Governor, or for any sum of most of the reason aforesaid.	do hereby appoint H. M Horne un.  my true and lawful attorney in fact, if white and receipt for whatever amount of money I may be entitled to from the	COUNTY, AMARY	POWER OF ATTORNEY.
ne la Ca		<b>7</b> 1		<b>-</b> , ,				

POWER OF ATTORNEY.  STATE OF GEORGIA,  County, State of Georgia, do hereby appoint.  Of The County of County of County of County of County, State of Georgia, do hereby appoint.  Of The County of Georgia of the Confederate of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of-this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this.  A Mac L.  Executed in the presence of us  DIRECTIONS.  Send money to me as follows, by  to	POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  KNOW ALL MEN BY THESE PRESENTS, That I,  The county of the control of the cont
Soldier's Pepsion.  Soldier's Pepsion.  ISBA.  Amount, S.  Amount, S.  Secretary Executive Department.  The HARRISON.  Secretary Executive Department.  The HARRISON.  Secretary Executive Department.  The HARRISON.  Secretary Executive Department.	SOLDIER'S PENSION.  Solding County  Co
	ATENOMORIES HOLOLOLORS ALLOWED FEDSIALS COUNTY.  County.  Personally hypores.

# For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 18 78 that he enlisted in the military service of the Confederate States (or of the Stat ) during the war between the in Company , of 14th Regiment and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of

STATE OF GEORGIA,

I,

do certify that I am an acquainted with A.A. World and the statements made by him in his said affidavit are true, and I have been and that he resides in this County.

Given mader my official signature as I seal, this day of 1894.

### For Applicants Heretofore Allowed Pensions.

<u> </u>	County.
personally appears	
unty, State of Georgia, wi	ho being duly sworn, says on oath that he is a bona fide citizen
resident Asaid State, ar	nd has resided therein continuously ever since the
of please	18 78, that he enlisted in the military service of the Con-
erate States (or of the St	
ates, and served as a	in Company, of 14th Regiment
Cla. Volt	
ch military service at the l	battle of Same Alle in the State
·12.	of the day of 1867, he was
ounded as follows:	By Diga Combi Sheel
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and Operis	to that deformet,
is grand	ind, procticoly incompe
to Destorm	the onling monual avo
tuns of	life;
Deponent desires to par	ticipate in the benefits of the Act, approved October 24th, 1887,
d the acts amendatory the	ereof, and makes application for the allowance to which he is
	October 26th, 1895. I have heretofore been allowed a pension
	dollars, for the year 189
	ed before me, this, the
Sworn to and subscribe	
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Sworn to find subscribe	1895. \
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day of Nore-State ully the nature of wor	1895. \
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day of  Norz-Sata fully the nature of worth the disability, resulting from the manual control of the contr	1895. ) und or character of disease high causes the disability, and explain particularly the extent
day of  Norz-Sata fully the nature of worth the disability, resulting from the manual control of the contr	1895.  und or character of disasse wich causes the disability, and explain particularly the extent disasse.  ORGIA, a  County.
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NOTE—State tilly the nature of worked in a billing, resulting from the control of	ORGIA.  County.  Ordinary of said County, cquainted with A. Wolf the
NOTE—State cally the nature of worked disability, resulting from the manner of the disability, resulting from the manner of the disability, resulting from the manner of the disability, resulting from the disability, resulting from the disability, resulting from the disability, resulting from the disability of the dis	ORGIA,  County.  Ordinary of said County, the affidavit, and am well satisfied that the statements made by him
NOTE—State fully the nature of worked disability, resulting from the manner of the disability, resulting from the disability of t	ORGIA.  County.  Ordinary of said County, cquainted with A. Wolf the
NOTE—State cally the nature of worthe disability, resulting from the manner of the disability, resulting from the disability, resulting from the disability, resulting from the disability of the disabil	ORGIA,  County.  Ordinary of said County, the affidavit, and am well satisfied that the statements made by him lee, and I know he is the individual he represents himself to be County.
NOTE—State cally the nature of worther disability, resulting from the manner of the disability, resulting from the disability of the disability, resulting from the disability from the disabili	ORGIA,  County.  Ordinary of said County, the affidavit, and am well satisfied that the statements made by him he, and I know he is the individual he represents himself to be
Nore—Sate cally the nature of worthe disability, resulting from the association of the disability, resulting from the association of the disability resulting from the association of the disability resulting from the association of the disability resulting from the disability of the	ORGIA,  County.  Ordinary of said County, the affidavit, and am well satisfied that the statements made by him lee, and I know he is the individual he represents himself to be County.
Nore—Sate cally the nature of worthe disability, resulting from the association of the disability, resulting from the association of the disability resulting from the association of the disability resulting from the association of the disability resulting from the disability of the	ORGIA,  County.  Ordinary of said County, the affidavit, and am well satisfied that the statements made by him lee, and I know he is the individual he represents himself to be County.
NOTE—State cally the nature of worthe disability, resulting from the season of the disability resulting from the season of the disability resulting from the season of the	ORGIA,  County.  Ordinary of said County, the affidavit, and am well satisfied that the statements made by him lee, and I know he is the individual he represents himself to be County.

POWER OF ATTORNEY.	FUWER OF ATTURNET.
STATE OF GEORGIA,	STATE OF GEORGIA,
Golfy County.	Cool gounty.
I, A Wolf hereby authorize tichur Johnson	I, A. Mol hereby authorize M. Divie
of attents Hu	of Wanethe Yu.
to receive and receipt for the pension paid hereon and request that he remit same to	to receive and receipt for the pension paid hereon and request that he remit same to
The by A. C. Amin	me by Frim
AT	WITNESS WHEREOF, I have hereunto set my hand and seal, this
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	W = 6 ( 1907
day of 711 0 1 1898,	day of Mall [L. s.]
A. A. Nolf [1. st]	
Executed in presence of us	Executed in presence of
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For Those Already Enrolled.  No. 24/2  No. 24/2  ISSOG.  **A World.  **A Wallant Rocutive Dep.  **RICHARD JOHNSON,  Senten; Escutive Dep.  **A Wallant Rocutive Dep.	For Those Arresty Enville  No. 37/1  INVALID  IN
SOLDI Name Name Name Ranount, S. R. R. R.	30 O
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STATE OF GEORGIA, 1	
DEVELOPEDING.	
Her Applicants Herefore Allowed Pensions	
11 1.00 11	

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# For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County. personally appears. County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 18/8; that he enlisted in the military service of the Conday of federate States (or of the State of _) during the war between the in Company, of /4th Regiment States, and served as a 's Brigade; that whilst engaged

of the 186 %, he was wounded, injured of diseased as follows;
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There Striking the right arm
between the Ellow and dorist
This location and destroying the
Joints Andering defount broce
tigally incompeted to perform
the olding more avocation of life
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1896. I have heretofore as a resident of
county been allowed a pension of 1830
dollars, for the year 189 G.
Sworn to and subscribed before me, this, the
day of 1896.
M Some Orig
Norz-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
County. In Stone
I, Ordinary of said County,
do certify that I am well acquainted with thee
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 1896
uay oi
Affir Storie
L hersi
Ordinary County.
A STATE OF THE SECOND ASSESSMENT

### For Applicants Heretofore Allowed Pensions. STATE-OF GEORGIA. County. Dersonally appears ( WWo County, State of Georgia, who being duly sworn says on oath that he is a bona fide citizen and resident Asaid State, and has resided therein continuously ever since the 18 that he enlisted in the military service of the Con-) during the war between the wounded, injured or diseased of follows 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 entitled October 26th, 1897. I have heretofore under said law as a county been allowed an invalid pension of the disability, and explain particularly the extent STATE OF GEORGIA County. Ordinary of said County, do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, thi

Ordinary

POWER OF ATTORNEY.  STATE OF GEORGIA,  Cobb County.  I. A. Holf hereby authorize J. W. Stare  of war that he remit same to  by him  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  day of warch 1898.  Executed in presence of  Harry,  Executed in presence of  Harry,	POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  I. A. A. Wolf hereby authorize  J. Low, Stare of Quarietta  to receive and receipt for the pension paid hereon and request that he remit same to  by live  at Quarietta  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2  day of Liver 1899.  Executed in presence of
(For Those Aiready Enrolled.)  No. 33575  INVALID  SOLDIER'S PENSION.  1889.  Name X. M. Mrth  Disability Mount, 8  Amount, 8  Sylv 3  1898.  RICHARD JOHNSON,  Commissioner of Fersion.  WARBANT HANDED TO  RECASTOR.  The Commissioner of Fersion.  WARBANT HANDED TO  RECASTOR.  WARBANT HANDED TO  RECASTOR.  WARBANT HANDED TO  RECASTOR.  WARBANT HANDED TO  RECASTOR.  WARBANT HANDED TO  RECASTOR.	COLL CO. CONTROL CO. CONTROL CONTROL CO. CONTROL CO. SOLUTION.  INVALLE SENSION.  ISSOS.  Name A.A. Maray Hander of Problems.  Solution A. Commissioner of Problems.  RICHARD JOHNSON,  RICHARD JOHNSON,  RICHARD JOHNSON,  RICHARD JOHNSON,  A.A. MARRISON, STATE PRINTER, ATLANTA.

Wed, A.A.

### For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, Bobb County. Personally appears A. A. Wolf 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 1878; that he enlisted in the military service of the Confederate States (or of the State of. ...) during the war between the Private in Company 9, of 14 th Regiment Volunteers, Priers 's Brigade; that whilst engaged in such military service in the State of (ba, 1862, he was wounded, injured or diseased as follows: 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 county been allowed an invalid pension of \$ 50. Dollars, for the year 189 7 Sworn to and subscribed before me, this, the

STATE OF GEORGIA,

County.

I,

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

Given under my official signature of description.

des in this County.

Given under my official signature old seal, this day of warch, 1898.



Ordinary County.

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
21 11 1 1 1
personally appears A. A. Wolf of bobb
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 Sect). 1878; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a ferivate in Company , of 14th Regiment
of Ala. Volunteers, Cryor 's Brigade; that whilst engaged
in such military service in the State of Wa. , on the 37 day
of fine 1862, he was wounded, injured or diseased as follows:
While engaged in the battle of Some
farm applicant was wounded by fice
of Illell striking in lower fourts
of right arew thereby rendering him
firadically incompetent to Juston
the ordinary manual.
avocations of life.
Deponent makes application for the pension to which he is entitled for the year end-
ing October 26th, 1899. I have heretofore under said law as a resident of County been allowed an invalid pension of
Dollars, for the year 1898.
Sworn to and subscribed before me, this, the
15 th ay of Fifty, 1899. POST OFFICE Ufesicale.
MI A POST ORFICE COLLEGE.
Mu Done
Nory-State tally the nature of wound or charging and the disability, and explain particularly the extended the disability, resulting from the wound of chases.
STATE OF GEORGIA,
Gobb County.
. 10 -0.
I, J. Ow. Stone Ordinary of said County,
do certify that I am well acquainted with A. A. Wolf the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this 15th
day of Heby, 1899.
Affix your plans
(here)

POWER OF ATTORNEY.  STATE OF GEORGIA,  Loob County.  I. A. M. Wolf hereby authorize f. W. State  of Marietta, Sa.  to receive and receipt for the pension paid hereon and request that he remit same to  by Linu  at Marietta  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 334  day of Medicary 1900.  A. A. Wolf, [L. 8]	POWER OF ATTORNEY.  STATE OF GEORGIA.  Coll  County.  In Moly  hereby authorize for the County.  to receive and receipt for the pension paid hereon and request that he remit same to by  at Marietla  IN WITNESS WHEREOF, I have hereunto set my hand and seal this of day of formary 1901.  Executed in presence of
For Those Already Enrolled.)  No	Note, C. C.  Color action is action in the Airash Enrolled.)  No. 176.  October Of Mall ED  Disability Of Actual  Amount, \$ 50.  October Of Mall ED  October Of Mall E

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
Cobb o	County.
personally appears A.	A. Wolf or bobs
County State of Georgia who he	eing duly sworn, says on oath that he is a bona fide citizen
	ounty, and has resided therein continuously ever since the
	1878; that he enlisted in the military service of
he Confederate States (or of the	
ween the States, and served as a	firivate in Company 9, of 14th
Regiment of Ala.	Volunteers, Oryov 's Brigade, that whilst
ngaged in such military service	in the State of Www. , on the 27
lay of Jule 186	2, he was wounded, injured or diseased as follows:
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farme apple	cout was wounded by
diece of Al	sell striking in lower
Shireta at re	ght arm thereby rendering
ablilianit to	ractically incompetent
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avocations a	
	on for the pension to which he is entitled for the year
	I have heretofore under said law as a resident of
651	County been allowed an invalid pension of
and the second of the second o	Dollars, for the year 1892.
Sworn to and subscribed bet	
23 day of Theore	yary 1900, POST OFFICE afishaw, &
in In Z	Jones 1
Norg State fully the nature of wound	l or character of disease which causes the disability, and explain particularly the
Nors. State fully the nature of wound tent of the disability resulting from the wound	nd or disease,
STATE OF GEORGIA,	
bobb (	County (
	The state of the s
I, J. W. Si	tout Ordinary of said County,
lo certify that I am well acquain	nted with W. W. Wolf the
pplicant in the foregoing affidav	rit, and am well satisfied that the statements made by him
n his said affidavit are true, and	I know he is the individual he represents himself to be
and that he resides in this Count	ty.
Given t	under my official signature and seal, this 23 ad
	Rebruary 1900
your day or	1 21
here.	- John John
	Ordinary 600 County.
1	

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORG		}		
Cobb	County.	)		
Personally appears	A.A Yro	41	of Robb	
County, State of Georgia, who b				tizen
and resident of said State, and I	eing duly sword	i, says on oath to	over since the	
and resident of said State, and I	as resided there	antioted in the	nilitary service of the	Con-
ederate States (or of the State				
States, and served as a			g of /4th Regi	
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n such military service in the			on the 2.7	day
			or diseased as follows	
14.1.		2	or diseased as follows	
While eng.	aged in		un Dain	<b>?</b>
four applie	ent wa	s wow	moted b	7
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of right an	in the	by se	uderiles	<u> </u>
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a payour	u o fr	my	A Market	
avering	of up	<b>4</b>		
Deponent makes application	on for the pens	ion to which h	e is entitled for year	end-
ing October 26th, 1901. I	have heretofo	re under said	law as a reside	nt of
· Auston		County been all	owed an invalid pens	ion of
P58 Fig	Ly Dollars	s, for the year 1	900,	
Sworn to and subscribed be	efore me, this t	he)	a.a.	Vold
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day of my	1	or. ) Postomee		
from sport	y, maina	1		
Norm State fully the nature of the	e wound or character	of disease which cau	ses the disability, and explai	n partic-
STATE OF GEORGIA,	<b>,</b>			
Ex 66	County.			
· hotel	Juney		Ordinary of said C	
A VIAN W				ounty.
1,	L	A DOV	II	
do certify that I am well acqu		A A Wo	y	the
do certify that I am well acquapplicant in the foregoing affide	avit, and am wel	A Stoffed that t	he statements made b	the by him
do certify that I am well acquapplicant in the foregoing affide in his said affidavit are true, ar	avit, and am wel	A Stoffed that t	he statements made b	the by him
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do certify that I am well acqua applicant in the foregoing affidi in his said affidavit are true, at and that he resides in this Cou	avit, and am wel	A A Wo	he statements made the represents himself	the by him
do certify that I am well acquapplicant in the foregoing affidin his said affidavit are true, and that he resides in this Cou	avit, and am wel ad I know he is nty. der my official s	A Moll satisfied that the individual )	he statements made the represents himself	the by him
do certify that I am well acquapplicant in the foregoing affidin his said affidavit are true, and that he resides in this Cou	avit, and am wel ad I know he is nty.	A A Wo	he statements made the represents himself	the by him
do certify that I am well acquapplicant in the foregoing affidin his said affidavit are true, and that he resides in this Cou	avit, and am wel ad I know he is nty. der my official s	A Moll satisfied that the individual )	he statements made the represents himself	the by him

# POWER OF ATTORNEY. STATE OF GEORGIA, Cobb County. I, Jehn A Molf hereby authorize folia Unitary of to receive and receipt for the pension paid hereon and request that he remit same to by at IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of January 1902. Executed in presence of

Coff County Court (FOR THOSE ALREADY ENROLLED.)	DISABLED SOLDIER'S PENSION 1902.	Name A A Wolf County Colo Regiment 14 Disability See	JOHN W. LINDSEY, Commission of Protein. WARRAST HANDED TO A day any Con T. Heriem Sine Prison from
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STATE OF GEORGIA.

FOR APPLIGANTS HERETOFORE ALLOWED PENSIONS.

	POWE	R OF ATT	ORNEY.	**	
STATE OF	GEORGIA,	• • • • • • • • • • • • • • • • • • • •			digat d
John	Awhy	of care	y authorize		
	receipt of the per			it ne remit s	ame to
- ( )	NESS WHEREOF,		et my hand and	seal this	<u></u>
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Executed	A presence of				
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CONTRIBER'S PENSION

No. 300

DISABLED

SOLDIER'S PENSION

LDOS

Name Amount, E. S.W.

JOHN W. L.INDSER,

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE O	F GEORGIA, ( )
(	vol County
	1 1 (1).
Personally	appears XX Walf of Cabb
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 Due	18 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 serv	
of Mu	Volunteers, Gryons 's Brigade; that whilst engaged
in such military	service in the State of , on the 27 day
of John	186 2, he was wounded, injured or diseased as follows:
0	o While engaged in the hall of
Sauls of	om appliant was wounded
ley pile	of shell Shitzing in lower wints
of digh	Mann thereby Hendering
Tapplian	on braglicelly impombetent
Il be al	me the ordina mornage and
Olivan	of ly.
D	nakes application for the pension to which he is entitled for the year
	26th, 1902. I have heretofore, under said law, as a resident of
\$ 1510	County, been allowed an invalid pension of Dollars, for the year 1901.
- //	
1 ml	d subscribed before me, this the
	ay of January 1902. Post-office (Weshaw) 40
//	John awtrey
NOTE.—State / in particularly the extent	lly the nature of the wound or haracter of disease which causes the disability, and explain of the disability resulting from the wound or disease.
STATE OF	GEORGIA,
Co	County
I. X	The Chi her Ordinary of said County,
do certify that I	am well acquainted with / a Wald
- 7/	the foregoing affidavit, and am well satisfied that the statements made by
	fidavit are true, and I know he is the individual he represents himself to
4.4	sides in this County.
	Given under my official signature and seal, this 3 ml
	day of January 1902,
Amx	al at
seal here	and the second second
	Ordinary County.
NATE OF GA	Norz.—Fill all blanks and of Company and Regiment. Norz.—All vouchers and affidavits must bear date after January 1, 1902.
	POWER OF ATTORNEY
	POWER OF ATTORNEY

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	CTA	
STATE OF GEOR		
0000	County.	311
Personally appears	A Stalf	of Coh
		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		alisted in the military service of the Con-
ederate States (or of the State		during the war between the
		Company 5, of 14th Regiment
f Ya Volum	teers,	's Brigade; that whilst engaged
n such military service in the		
		ded, injured or diseased as follows:
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Farm applica	ant was	wounded by fine
of Shell Ship	in mel	over Jours lot right
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many b. T. It h	Furtal	At outing a made
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nding October 26th, 1903,		n to which he is entitled for the year re, under said law, as a resident of
nding October 36th, 1903,	Con	
Sworn to and subscribed	CoDollar	nuty, been allowed an invalid pension of s, for the year 1902.
Sworn to and subscribed l	CoDollar	ne, under said law, as a resident of unity, been allowed an invalid pension of s, for the year 1902.  A. Wolf
850	CoDollar	nuty, been allowed an invalid pension of s, for the year 1902.
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Sworn to and subscribed I day of Manual Manu	Dollar before me, this the 1903.	re, under said law, as a resident of unty, been allowed an invalid pension of s, for the year 1902.  Post-office  Post-office  or of disease which causes the disability, and explain
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Sworn to and subscribed of day of the state of the disability STATE OF GEOI I, do certify that I am well acquired the applicant in the foregoing him in his said affidavit are true and that he resides in this	Dollar before me, this the 1903.  of the wound or characteresulting from the wound RGIA, County.  County.  affidavit, and am we, and I know he County.  er my official signal	re, under said law, as a resident of unty, been allowed an invalid pension of s, for the year 1902.  Post-office  Post-office  Ordinary of said County of sa
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### POWER OF ATTORNEY. POWER OF ATTORNEY. STATE OF GEORGIA, COUNTY. to receive and receipt for the pension paid hereon, and request that he remit same to to receive and receipt for the pension paid hereon, and request that he remit IN WIPSESS WHEREOF, I have hereunto set my hand and seal, this Executed in presence of Executed in the presence of IM ham SOLDIER'S PENSION (FOR THOSE ALREADY ENROLLED.) RRANT HANDED TO DIER'S PENS JOHN W. LINDSEY, 1904. JOHN W. LINDSEY, DISABLED DISABLED 1905. JAN 25 Disability

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Personally appears of County.  Personally appears of County, State of Georgia, who being duly swope, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the lay of County, States (or of the States of States, and served as a formal in Company of Meth Regiment of County, and the County of the States of States, and served as a formal in Company of Method Regiment of County, and the County of Method Regiment of County, been allowed an invalid pension of County.  Symon to and subscribed before me, this the day of range of the County of the wound or character of disease which causes the disability, and caplain to the wound or character of disease which causes the disability, and caplain the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 County.  Ordinary County.  Ordinary County.  Ordinary County.		RGIA,
Personally appears of County, State of Georgia, who being duly swope, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the lay of the State, and has resided therein continuously ever since the lay of the State of lay of the State of lay of the States, and served as a formal in Company of the the Resident of States, and served as a formal in Company of the the Resident of States, and served as a formal in Company of the the Resident of lay on the day lased in such military service in the State of lay on the day lased in such military service in the State of lay on the day lased in such military service in the State of lased in lay of law of the last law of the wound or the last law as a resident of County, been allowed an invalid pension of Dollars, for the year 1903.  Sworn to and subscribed before me, this the day of farmal 1904.  State of Georgia, law of the wound or character of disease which causes the disability, and explain purchased by the process of the statements of the disability resulting from the wound or disease.  STATE OF GEORGIA, County.  I, John Character of the disability resulting from the wound or disease.  STATE of Georgia afficiati, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 lay	Cable C	ounty
County, State of Georgia, who being duly swops, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the lay of lay it has the enlisted in the military service of the Concederate States (or of the State of lay in Company of the Regiment in Company of the Regiment of All Will Volunteers in Company of the Regiment of All Will Volunteers in Company of the Weighten of States, and served as a follows:    1862	1	All Ch
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any of Olice States (or of the State of during the war between the States, and served as a Chinal in Company of the the Registrent of the Volunteers of States, and served as a Chinal in Company of the the Registrent of the Volunteers of the State of the Was wounded, injured or diseased as follows:  1862, he was wounded, injured or diseased as follows:  1862, he was wounded, injured or diseased as follows:  1862, he was wounded, injured or diseased as follows:  1863, he was wounded, injured or diseased as follows:  1864, he was wounded, injured or diseased as follows:  1865, he was wounded, injured or diseased as follows:  1866, he was wounded, injured or diseased as follows:  1866, he was wounded, injured or diseased as follows:  1867, he was wounded, injured or diseased as follows:  1868, he was wounded, injured or diseased as follows:  1869, he was wounded, injured or diseased as follows:  1860, he was wounded, injured or diseased as follows:  1861, he was wounded, injured or diseased as follows:  1862, he was wounded, injured or diseased as follows:  1863, he was wounded, injured or diseased as follows:  1864, he was wounded, injured or diseased; he wounded injured or diseased as follows:  1864, he was wounded, injured or diseased as follows:  1865, he was wounded, injured or diseased; he wounded injured or diseased as follows:  1866, he was wounded, injured or diseased; he wounded injured or diseased; he wounded injured or diseased; he wounded injured or diseased; he was a resident of County, and captain and was a resident of County, and captain and was a resident of the wounder or character of disease which causes the disability, and captain was a resident of the wounder or character of disease which causes the disability, and captain was a resident of the wounder or character of disease.  1870, he was wounded, injured or disease which causes the disability, and captain and was a resident of the wounded or character of disease which causes the disability, and captain and was a resident of the wounded or ch		
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Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of Dollars, for the year 1903.  Sysporn to and subscribed before me, this the day of fargurary 1904.  Norz.—State fully the natural of the wound or character of disease which causes the disability, and explain the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 fargurary of ficial signature and seal, this day of fargurary of ficial signature and seal, this day of fargurary of ficial signature and seal, this day of fargurary of ficial signature and seal, this day of fargurary of ficial signature and seal, this day of fargurary of ficial signature and seal, this day of fargurary of ficial signature and seal, this day of fargurary of ficial signature and seal, this day of fargurary of ficial signature and seal, this day of fargurary of ficial signature and seal, this day of fargurary of ficial signature and seal, this day of fargurary of ficial signature and seal, this day of fargurary of ficial signature and seal, this day of fargurary of ficial signature and seal, this day of fargurary of ficial signature and seal, this day of fargurary of fargura		1일 하시아 그런 경에 바를 보이면 되었다. 선생님들이 되고 하시아 보호를 사용하는 것이 되었다. 그리고 하는 것이 없는 것이 없는데 얼마나 없는데 그리고 하는데 없다.
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904 I have heretofore, under said law, as a resident of Dollars, for the year 1903.  Sworn to and subscribed before me, this the day of Jacquary 1904.  STATE OF GEORGIA, County.  I, John County.  I, John County.  I, John County.  I, John County.  Count		
Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1903.  Sworn to and subscribed before me, this the day of farmary 1904.  Norn.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County.  I, John Character of the wound or disease.  Ordinary of said County, do certify that I am well acquainted with Ca Wolf the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this 2  day of annan 1904.	of Who Volunte	eers 's Brigade; that whilst engaged
Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1903.  Sworn to and subscribed before me, this the day of facurary 1904.  Nore.—State fully the nature of the wound or character of disease which causes the disability, and explain the applicant of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County.  I, John Guta,  County.  I, John Grand affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this  day of 1904.		(2) [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2
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Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1903.  Sworn to and subscribed before me, this the day of Jayreny 1904.  Nore—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA, County.  I, John Gway Ordinary of said County, do certify that I am well acquainted with Gallow Holls, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this day of January 1904.	, Myle	maged in the ballle
Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1903.  Sworn to and subscribed before me, this the day of Jayreny 1904.  Nore—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA, County.  I, John Gway Ordinary of said County, do certify that I am well acquainted with Gallow Holls, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this day of January 1904.	Lauro Jam	replacent was wounded
Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1903.  Sworn to and subscribed before me, this the day of facturery 1904.  Nore.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA, County.  I, John Good County.  I, John Good County.  Good County of said County, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this day of lawn and the lawn and lawn an	on pued of the	
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Sworn to and subscribed before me, this the day of factoring 1904.  Sworn to and subscribed before me, this the day of factoring 1904.  Nore.—State fully the nature of the wound or character of disease which causes the disability, and explain to the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA, County.  I, John Gurting Ordinary of said County, do certify that I am well acquainted with Grand Word of the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this day of 1904.	(en lineary)	menugum Hayama
Sworn to and subscribed before me, this the day of factoring 1904.  Sworn to and subscribed before me, this the day of factoring 1904.  Nore.—State fully the nature of the wound or character of disease which causes the disability, and explain to the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA, County.  I, John Gurting Ordinary of said County, do certify that I am well acquainted with Grand Word of the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this day of 1904.	onenny wo	a comment of the comm
Sworn to and subscribed before me, this the day of factoring 1904.  Sworn to and subscribed before me, this the day of factoring 1904.  Nore.—State fully the nature of the wound or character of disease which causes the disability, and explain to the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA, County.  I, John Gurting Ordinary of said County, do certify that I am well acquainted with Grand Word of the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this day of 1904.		
Anna goar factor of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA, County.  I, John Worter Ordinary of said County, do certify that I am well acquainted with Worter 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 signature and seal, this day of January 1904.	5000	
day of factory 1904.  Post-office  Nore.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County.  I, John Good or office or of the wound or disease.  Ordinary of said County, do certify that I am well acquainted with Good office or of	Sworn to and subscribed l	before me, this the
Norm.—State fully the nature of the wound or character of disease which causes the disability, and explain purishilarly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County.  I, John Gwara  County.  Ordinary of said County, do certify that I am well acquainted with Ga Worf the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this day of January 1904.	lot day of fargue	ary 1904.
STATE OF GEORGIA,  County.  I, John Chry County.  Ordinary of said County,  do certify that I am well acquainted with Cl Chry the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Lannary  John Hawking  Amn  Types  Ann  Types  Ann  Types  Ann  Types  Ann  Types  Ann  Types  Ann  Types  Type	Hun Aully	Post-office
I, John Chotag Ordinary of said County, do certify that I am well acquainted with Cl A Note the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this day of 1904.	Norg.—State fully the nature of particularly the extent of the disability re	the wound or character of disease which causes the disability, and explain esulting from the wound or disease.
I, John Chotag Ordinary of said County, do certify that I am well acquainted with Cl A Note the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this day of 1904.	STATE OF CEOF	RGIA )
I, John Clarks Ordinary of said County, do certify that I am well acquainted with Clarks Wolf the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this day of 1904.		
the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this		Country
the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this day of 1904.	Cobb.	
by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this day of 1904.  Ann 1904.	I, John aw	Ordinary of said County,
day of land 1904.  Ann your	I, John Clw, do certify that I am well acqu	Trag Ordinary of said County, nainted with a Worf
Given under my official signature and seal, this 2 day of 1904.  Ann 1904.	I, John Cho, do certify that I am well acquire the applicant in the foregoing	anited with a well satisfied that the statements made
day of January 1904.	I, John Chro, do certify that I am well acque the applicant in the foregoing by him in his said affidavit are	affidavit, and am well satisfied that the statements made true, and I know he is the individual he represents himself
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your Seal	I, John Clw, do certify that I am well acque the applicant in the foregoing by him in his said affidavit are to be, and that he resides in the Given under my	ordinary of said County, nainted with a Wolf affidavit, and am well satisfied that the statements made true, and I know he is the individual he represents himself is County.
bere. Ordinary County.	I, John Clw, do certify that I am well acque the applicant in the foregoing by him in his said affidavit are to be, and that he resides in the Given under my	Ordinary of said County, nainted with Cl Cl Wolf affidavit, and am well satisfied that the statements made true, and I know he is the individual he represents himself is County.  y official signature and seal, this 2  1904.
	I, John Clw, do certify that I am well acque the applicant in the foregoing by him in his said affidavit are to be, and that he resides in the Given under my	Ordinary of said County, nainted with Cl Cl Wolf affidavit, and am well satisfied that the statements made true, and I know he is the individual he represents himself is County.  y official signature and seal, this 2  1904.

STATE OF GEORGIA, COUNTY. Personally appears. AA3 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 1878; that he enlisted in the military service of the Conday of. during the war between the federate States (or of the State of. States, and served as a ... in Company & , of 14 th Regiment of Caly W. Volw Volunteers Syrva 's Brigade; that whilst engaged in such military service in the State of wy 186 2 , he was wounded, injured or diseased as follows: Deponent makes application for the pension to which he is entitled for the year ending October, 26th, 1905. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of \$ 50 Dollars, for the year 1904. Sworn to and subscribed before me, this the 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 County. Ordinary Nors. — Fill all blanks and of Company and Regiment.

Nors. — All youchers and affidavits must bear date after January 1, 1805

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

(1)	OF GEORGI	. }			
Cas	Coun	ity.			
Personali	y appears A	Wals	of	Cito	
	f Georgia, who being	duly sword, say	s on oath that	he is a bona fide	citizen
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of Alg	Vole Volunteers	ans.	's Briga	de; that whilst	engaged
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some	7/1 1 186_2	he was wo	unded, injured	or diseased as	
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ending Octob	t makes application for 29th, 1904 I h	have heretofore County Doll	. under said	law, as a resi	dent of
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STATE OF GEORGIA, COUNTY. Personally appears. AA 2/ 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 1878; that he enlisted in the military service of the Conday of_ during the war between the federate States (or of the State of... States, and served as a .... in Company 2 , of 14 th Regiment of Caly W. Volw Volunteers Dry 's Brigade; that whilst engaged in such military service in the State of way 186 2 , he was wounded, injured or diseased as follows: Deponent makes application for the pension to which he is entitled for the year ending October, 26th, 1905. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of \$ 00 Dollars, for the year 1904. Sworn to and subscribed before me, this the 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.

County. Ordinary

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

Nors. — All youchers and affidavits must bear date after January 1, 1805

# POWER OF ATTORNEY. STATE OF GEORGIA, hereby authorize to receive and receipt for the pension paid hereon, and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this Executed in the presence of DISABLED DIER'S PENSI WARRANT HANDED TO JOHN W. LINDSEY,

### POWER OF ATTORNEY

TATE OF GE	ORGIA,  Mald	COUNTY.	, i		hereby authorise
Selustro	Trey	of			> -
receive and r	eceipt for the	pension paid		request tha	the remit same to
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IN WITNESS	WHEREOF, I	have hereunto 1907.	set my hand		
			و	A.A.	Wood [L. 8.]
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JOHN W.

State of Goor ste.

FOR APPLICANTS REBEIGFORE ALLOWED PRISIONS

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia, County.	
Personally appears A A M	of ash
County, State of Georgia, who, being duly sworn	
nd resident of said State, and has resided then	
ay of; that he en	alisted in the military service of the Con
ederate States, (or of the State of	during the war between the
States, and served as a	in Company 7 , by Beach Regimen
f Volunteers	
n such military service in the State of	
of	wounded, injured or diseased as follows
Right	an infuner
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ending October 26th, 1906. I have hereto	fore, under said law, as a resident county, been allowed an invalid pension o
ending October 26th, 1906. I have hereto	fore, under said law, as a resident county, been allowed an invalid pension of Dollars, for the year 1905.
ending October 26th, 1906. I have hereto	fore, under said law, as a resident county, been allowed an invalid pension county, for the year 1905.
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ending October 26th, 1906. I have hereto	fore, under said law, as a resident county, been allowed an invalid pension county, for the year 1905.
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Sworn to and subscribed before me, this	fore, under said law, as a resident ounty, been allowed an invalid pension of Dollars, for the year 1905.  the Post-Office
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State of Georgia. County. Personally appears a. a. Wals 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 18 ; that he enlisted in the military service of the Con-_) during the war between the federate States (or of the State of____ in Company 7 of /4 th Regiment States, and served as a_ 's Brigade; that whilst engaged Volunteers_ in such military service in the State of___ 186 he was wounded, injured or diseased as follows: Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of 3000 Dollars, for the year 1906. Sworn to and subscribed before me, this the day of Jany Postoffice Mustrom Note.—State fully the nature of the wound or character of disease which causes particularly the extent of the disability resulting from the wound or disease. State of Georgia, County. Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jane Ordinary. Nors.—Fill all blanks and of Company and Regiment.
Nors.—All vouchers and affidavits must bear date after January 1st, 1937.

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

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Application for Pension Due		of a	is Pensi		know.
Deceased Soldier		nd and	Of C	P	
To be paid his Widow or Dependent Children			g.	asion R	
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ofCounty		- E			
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Approved and paid 1914.			Dollars	count	the applicant,
	County.		from the St	y, and and at	cant, and
	Application for Pension Due Deceased Soldier UNDER ACT 1891 To be paid his Widow or Dependent Children  BY  Mrs. A A Malf Widow of A A Stalf of County Co. Regt. Vols.	Application for Pension Due  Deceased Soldier  UNDER ACT 1891  To be paid his Widow or Dependent Children  BY  Mrs. A A Mold  Widow of A A Wolf  of	Application for Pension Due  Deceased Soldier  UNDER ACT 1891  To be paid his Widow or Dependent Children  BY  Mrs. A A Mold  Widow of A A Walf  Of County  Co. Regt. Vols.  Approved and paid	him and unpaid his Pension of Georgia, and I know  1914  Application for Pension Due  Deceased Soldier  UNDER ACT 1891  To be paid his Widow or Dependent Children  BY  Mrs. A A Mald  Widow of A Mald  Co. Rogt. Vols.  Approved and paid  1914.	Application for Pension Due  Deceased Soldier  UNDER ACT 1891  To be paid his Widow of Dependent Children  BY  Mrs. A Holf  Widow of A Walf  Widow of A Walf  Of County  Co. Rogt  Vols.

Attested before me:

# Application for Pension Due Deceased Soldier To be paid to his widow or dependent children.

### UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIACounty.
Personally before me comes Mrs en e Malf
after being duly sworn, on oath says that she is the widow of
who was duly enrolled as an
of
Dollars from
A A Made in Cold county on
theday ofday of
was due him from
Applicant further swears that she married the said
the 15 day of august 1875 in Jury county and
State of, and resided with him from the date of marriage to his death
as his lawful wife, and is now his dapendent widow, and she asks that the Pension so due and unpaid be
paid to her.
Sworn to and subscribed before me this day of day of day
dingly ballanced for Moss of Molins
County.
AFFIDAVIT OF WITNESS.
hold -
GEORGIA County.
Personally before me comes. All Alevense who
Personally before me comes. The Horence who
Personally before me comes. At there were who on oath says that he knew. At the there were while in life
Personally before me comes. All therease who on oath says that he knew. All the sand that he knows. Mrs. All the sand that he knows.
Personally before me comes. A final who on oath says that he knew. While in life and that he knows. When the above applicant; that he knows that the said.
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Personally before me comes. A first the knows while in life and that he knows.  the above applicant; that he knows that the said.  and first fir
Personally before me comes. A who on oath says that he knew. While in life and that he knows. While in life and that he knows that the said. The warried in the county of the said of the said on the said. The said of the said on the said of the sa
Personally before me comes. Who on oath says that he knew. While in life and that he knows. Wrs. While in life and that he knows that the said. Who were in due form of law married in the county of the day of the law of t
Personally before me comes. Who on oath says that he knew. While in life and that he knows. Wrs. The shows applicant; that he knows that the said. The shows applicant; that he knows that the said. The shows of law married in the county of the shows in the State of the shows of the shows applicant; that he shows that the said. The shows of law married in the county of the shows applicant; that he shows that they resided together as husband and wife from date of marriage to the day of his death on the day of shows applicant the shows that they resided together as husband and wife from date of marriage to the day of his death on the day of shows applicant.

Powder Springs County Sa March 19th 1884 Jo J M Stone ordinary of Land county Dear Lin is a citizen of our district and lives near our town has been living here all This year your &C Usiah Mathew SD Mr Lowder Springo Marig-94 buar Tys I herely Certify that Know the braguer of this letter to be Wer A. A. Half, an honorable apright grutterlan, He lives on my place, and dising to be Make aggranted with you -Very Touly James H. Init I John B Bermett

Useal Mathew SD & Engl Mr Lowder Springs Marig-94 buar Tyr I herely Certify that Know the bearer of this letter to be Wer A. A. Walf, an honorable whighh quetterlan, He lives on my place, and dising to be make acquainted with you -Muy Fruly James H. Smith I John B Bernett

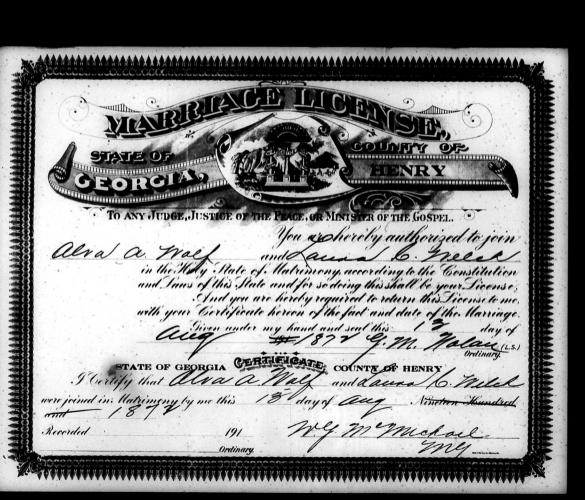
John B Bernett

TO ANY JUDGE, JUSTICE OF THE PLACE, OR MINISTER OF THE GOSPEL. You we hereby authorized to join alra a walf in the Hay State of Matrimony, according to the Constitution and Jans of this State and for so doing this shall be your Sicense. And you are hereby required to return this License to me. with your Cortificate hereon of the fact and date of the Marriage.

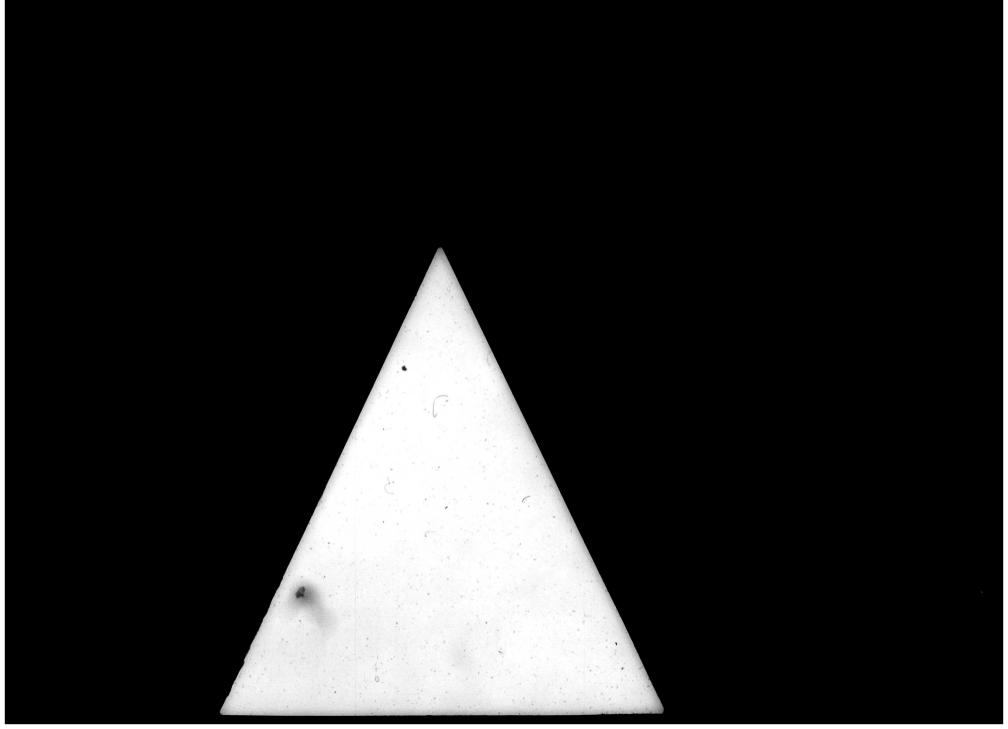
Coliver under my hand and sent this day of

187 9.71. Holace (1.5)

Ordinary. State of Georgia Centilicate country that alla a Walf unddawn 6 Milel were joined in Matringry by me this 19 day of any my menachael Recorded



Jergis Henry went; I hereby costy that the winter is a truck copy of marriage records of all may a laura @ Milk as appears on marriage records in the office of badury page 10-Ols Howard theury Con Jegr. 24-1914



Walf Caura 8	<b>8</b> i	we we		83
Widow's Pension Under Act 1910—as Amended by Act of 1919.	NOTES: 1. Before any vote of a set of the control o	were duly sworn by me before signing the foregoing affidavits worthy, and their statements are entitled to full faith and credit Sworn under my hand and official seal of office this office (SEAL).	that I know A the person she represents herself to be and she is a bona fit and was on the 4th November 1908; that I also know the witness who swears to the service of husband; that both of	STATE OF GEORGIA
County Cobb Namo Mrs Cause (, Walk	quecions are answer quecions are that y or will be the truth. S of fiderite may be at the mate be made befor ty a mate the made befor ty a copies of marria.	me before signing tements are entitle and and official s	resents herself to l Vovember 1908; th	and the second
Company G  Regiment 14 Ala 2nd	wered the Ordinary shall you will the answers mu you will true answers mu So help you God."  To January 1st, 1881, 1891, 1891, 1891, 1891, 1891, 1891, 1891, 1891, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991, 1991,	the foregoing affi ed to full faith an eal of office this	be and she is a bo ast I also know husband; that bo	county:
Approved	swear the to the ing are entire resident.	A REFE	de continuing	oruncate Ord
	applicant and the witness in the followin such of the questions saked you and the fficient. Hird. Hence of the person to be sworn and on the prove marriage, by some person, or b	that they both are to	the applicant for p resident citizen of residents of said	Ordinary of said County, do e
J. W. LINDSEY, Commissioner of Pensions.	following word and the evident	truthful, true 19 Ordinary. Count	of said Count	

10-30-1919

STATE OF GEORGIA COUNTY. Ordinary of said County, do certify the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know _____ the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit. Sworn under my hand and official seal of office t (SEAL) --- County. NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:

"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."

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

3. Only widows who married prior to January 1st, 1881, are entitled.

4. All affoliavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.

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

### As Amended by Act of 1919

### Questions for Applicant

STATE OF GEORGIA, COUNTY.
Personally before me comes Leura C. Walf of said State and County,
and, after being duly sworn, says that she desires to apply for a pension allowed under the Act
of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to
the following questions to wit:
1. What is your name, and where do you reside! Leura C Walf
2. How long and since when have you been a continuing resident of the State of Georgia !
and so years
3. When, where and to whom were you married? august 1872 Henry B. Sa.
a. Have you married since the death of first and soldier husband!
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
tederate Army or Georgia Militia 1 (State the arms and class of Service.) July 24 1861.
5. When and where did the commands of your husband surrender or discharge from the army!
Cout Bery
6. Was your husband personally present at the time of the surrender or discharge of this command?
was wounded in from 1863, and was dis chones in august 1863
7. If he was not present state clearly where he was 1
8. Where was his command when he left! In Virginial a. For what cause did he leave his command! Dis ablue for duly on account of the
b. By whose authority did he leave his command!
c. For how long was he granted leave of absence
e. What was his physical condition when he left his command?
f. What effort did he make to return to his command?
g. In what way was he prevented from going back to Command
h. Was he captured by the enemy at any time!
i If so, when and where captured and where held as a prisoner, and when and for what cause released?
i When and where did your first husband die Lorsman 6 1914 Both County
k. Were you residing together when he died!
I If not, how long had you resided apart? were living by the
m. Are you now a widow?
9. Have you or your husband heretofore been paid a pension by the State!
If so, when and for what cause were you or your husband placed on the roll! They the burner
allock francism on and I worm received was will his death
Sworn to and subscribed before me this the Faura 10 May
day of fills bev 1919)
County.
(I/GRATA

Georgia Cobb County:

Personally appeared before the undersigned, Ordinary of said
County, Mrs. Laura C. Wolf who being duly sworn, on oath says, that she
is the widow of A. A. Wolf, late of said County, deceased, that the said
A. Wolf was an ex-confederated oldier, enlisting in the service of
the Confederated States in the State of Alabama. She further swears
that she is unable to find living witnesses as to his sergice, that she
herewith attaches his service record as furnished by the War Department,
asks that the same be allowed as evidence in preof of her late husband's
service.

Laura & Wolf.

to IdA vd-beb an Asal

Obsertions for Applicant

Ordinary, Cobb County, Ga.

Georgia, Cobb County .

Personally appeared before the undersigned, a Notary Public in and for said State and County, J. S. Vaughan, who, being duly sworn on oath sayd that he has known Mrs. Laura C. Wolf and Mr. Alva A. Wolf, late of said County, deceased, for the past twenty five years; that they lived together as man and wife continually up to time of his death which occurred Jany. £. 1914.

Sworn to and subscribed before me

AN Ming MP Esty P

STATE OF GEORGIA, COUNTY.	
Personally before me comes Illia Laura & Italy	who, after
being duly sworn, true answers to make to the following questions, answers as follows:	
Vonder Staney Ka.	
2. How long and since when have you known	applicant?
3. How long and since when has she continuously resided in this State? (Give date.)	L
4. When and to whom was she married fHow do you h	
5. How long and since when did you know	her
husbandf	•
6. When and where did	
the husband of applicant, dief	
7. Were the applicant and her husband living together as husband and wife at the da	
8. If not, how long did they live apart before his death?	
Were they divorced?	
9. When, where and in what Company and Regiment did	
o. Trion, where day in what company and regulation and	
10. Were you a member of the same Company!  11. How long within your personal knowledge did he perform actual military service wand Regiment?	rith his Company
12. When and where did his Command surrender, and was discharged?	
13. Were you personally present when it was surrendered?	
were youand how came you theref	
14. Was the husband of applicant personally present at surrender?	
where was hefWhen, wh	
cause did he leave Command (Give date.)	
authority did he leave his Command !	
long was he granted leavef	A STATE OF THE PARTY OF THE PARTY OF THE PARTY.
long was ne granted leave i	
15. For what cause, if you know of your own knowledge, was he prevented from return	ning to his Com-
mandf	
.16. What effort did he make to return to his Command and how do you know this	Of your own
knowledge or how?	
Sworn to and subscribed before me this the	
day of	
Ordinary )	
ofCounty. \	

To bate of Death Nov. of Information of Pensioner of Pensioner of Pensioner of Pensioner of Pensioner (INC) Pensioner (INC) Pensioner (INC) Pensioner (INC) Pensioner (INC) Pensioner (INC) Pensioner of Pensioner of Pensions (INC) Pension Department for approval this blank to Pension Department for sproval Dank in your andors pring you authority to do so. Send back to the Pension Department of the pension of pension Department of the pension of the pension Department of the pension D

State of Georgia

Pension Department Atlanta Ga.

May 24, 1927.

To the Ordinary:

JOHN W. CLARK

Please have account attached to this funeral claim certified in accordance with instruction number 2 at the bottom of the blank.

Kindly return the papers as soon as possible, as we are now working on these claims and hope to pay several hundred of them as soon as they can be got in shape for payment.

with kind regards,

very truly yours,

Commissioner of Pensions.

Office Phone 269

Sold

Residence Phone 388

# L. W. Engelhardt Funeral Director and Embalmer

For Myers, Florida Nov, 6th; 1926.

16	E.C.Wolf	For Lau	ra C.Wolf	(Deceased)
	II/6th;-26	Removal Charges Bathing & Dressing Embalming Casket Comp,		15.00 5.00 35.00 125.00
		Shipping Case Personal Services		\$235.00

This above account is is a true account of the above (Deceased) named person, furnished by me.

Witnes C. M. Hamiel

Note: Public State of Florida at Large My Commission supres July 18th, 1834

Ordinary, Cobb County, Georgia.

My Commiss in expires July Abin, 1900.

THE ABOVE, AND FOREGOING ACCOUNT IS
RENDERED FOR FUNERAL EXPENSES OF MRS. LAURA C. WOLF.,
WHO DIED WITHOUT OWNING SUFFICIENT PROPERTY TO PAY THIS BILL.

Signed & We

SUGRE TO, AND SUBSCRIBED BEFORE ME THIS, 2 DAY OF JUNE 1927.

41

×



# Swift & Company Pertitiser Works

Blood - Bone - Tankage High Grade Fertilizers

Grant Building

Grant Building

Marietta, Ga. Nov. 8, 1927.

Principal Packing Plants

Chicago, Ill. Kansas City, Kans So. Omaha, Nebr. E. St. Louis, Ill. So. St. Joseph. Mo. So. St. Paul, Minn. St. Louis, Mo. Denver, Colo. New York, N. Y. Newark, N. J. Cleveland, Ohio Harrisburg, Pa. Sioux City, Ia. Moultrie, Ga. Andalusia Ala Fort Worth, Texas North Portland Ore

# Factories Atlanta, Ga

Albany, Ga. Baltimore, Md. Chicago, Ill. Chester, S. C. Cleveland, Ohio Columbia, S. C. E. St. Louis, Ill. Kansas City, Kans Moultrie. Ga. Harvey, La. Savannah, Ga. Shreveport, La. So. St. Joseph, M. So. Omaha, Nebr. So. St. Paul, Minn West Hammond, Ill Wilmington, N. C. La Grange, Ga. Greensboro, N. C. Fort Worth, Texas Toccos, Ga. North Portland, Ore Mr. John W. Clark, State Pension Commissioner, Atlanta, GA.

RE: Mrs.L.C.Wolfe, Cobb County.

Dear Sir:-

Mother died nov. 5th. 1926 at the home of her daugnter in Fort Myers, Fla. Jdg. J. M. Gann, Ordinary of Cobb County, advised me a few days after she was buried that he would have to return a pension check of \$50.00 he had just received for her, but on account of her financial circumstances, the state was due us \$100.00 on burial expenses, and had me fill out the proper application for him to forward to your office.

As I expected this \$100.00 to Be forwarded from your office within a short time, I deducted \$100.00 from mother's burial expenses, I had paid, before allowing the rest of the children to share the expense with me.

Sometime in May, 1927, Jdg. Gann adtised me that it would be necessary for me to make affidevit that mother owned no property before the claim could be approved, this was promptly done and forwarded to you. Several weeks later I walled by your office and inquired about the claim. One of y your lady clerks readily located the application and assured me it was properly filed and approved for payment of \$100.00, which would be forwarded to the Cobb County Ordinary within a short time.

About a month later Jdg. Gann informed me he had received your check for only \$50.00 on our application. I called by your officedimmediately, and you explained your books were recently audited, and auditor informed you that you could only pay the unpeid portion due a pensioner the current year of their death, toward burial expenses. However, you suggested I leave the application with you until you could consult the Atty. General, or Governor, and advise me within a day or two. To date have not had the pleasure of nearing from you.



# Swift & Company Pertiliser Works

Blood - Bone - Tankage

### **High Grade Fertilizers**

Grant Building

#2.

Principal Packing Plants

Chicago, Ill.
Kanasa City, Kana.
Kanasa City, Kana.
Raba, Nebr.
E. St. Louis, Ill.
So. St. Joseph, Mo.
So. St. Joseph, Mo.
So. St. Joseph, Mo.
So. St. Joseph, Mo.
New York, N. Y.
Claveland, Ohlo
Harrisburg, Pa.
Slour City, Ia.
Moultrie, Ga.
Andalusia, Ala.
Fort Worth, Tran.
North Portland, Che.

Fertilizer

Factories

Atlanta, Ga

Albany, Ga.

Chicago, Ill.

Chester, S. C.

Cleveland, Ohio

Columbia, S. C.

E. St. Louis, Ill.

Moultrie, Ga.

Harvey, La.

Savannah, Ga.

Shreveport, La.

So. St. Joseph, Mo.

So. St. Paul. Minn.

West Hammond, Ill

Wilmington, N. C.

La Grange, Ga.

Fort Worth, Texas

Toccoa, Ga. North Portland, Ore.

So. Omaha, Nebr.

Kansas City, Kans.

ECW/W.

I appreciate your position fully, and realize you are endeavoring to track the law, but if this claim is unjust or illegal, then there has been a lot of illegal claims paid out of the pension fund.

rrusting I may have the pleasure of hearing from you at an early date, I am

very respectfully yours,

Ecwaldo

Georgia Herry County Starris ordinay of said county- certify that the within is a full, true + comple copy of marriage Leaves of persons named thering, as the same appears of need and file in this offer. witness my hand useal of daid court Ince 14/919, Along of Welch A. G. Harris

DOTE & DAVIES CO.

MARRIAGE LICENSE

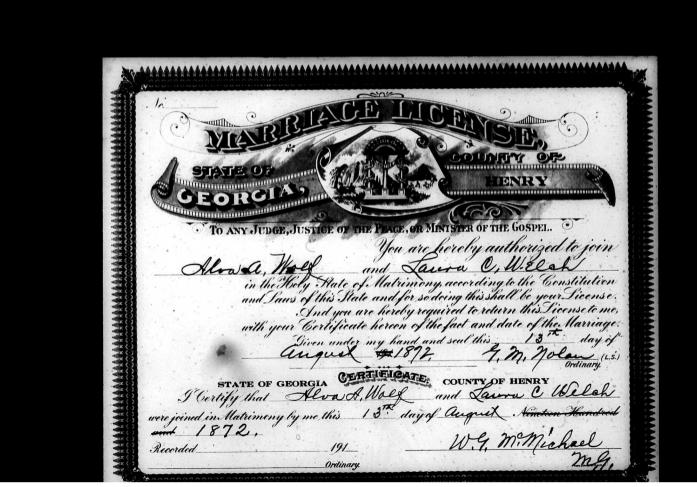
MARRIAGE LICENSE

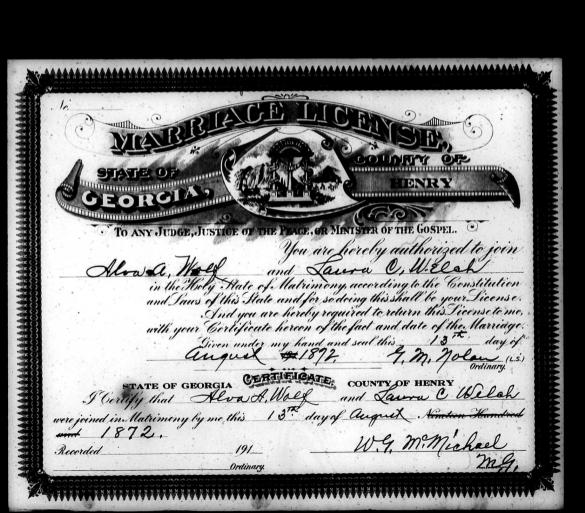
Maring & West

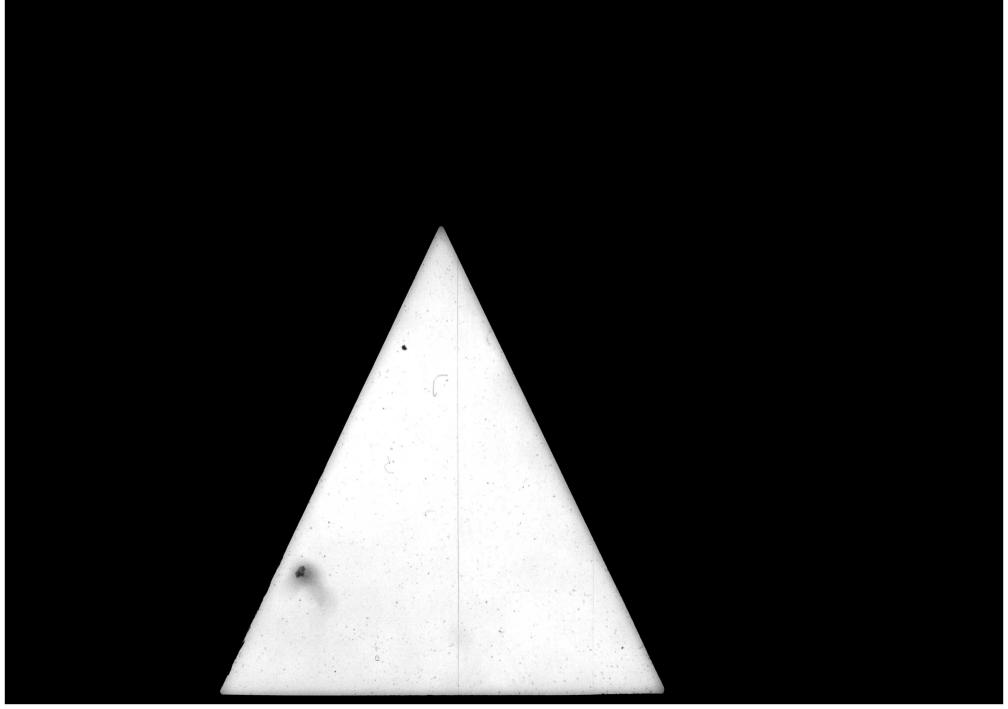
Maring 18 10 Box

Of Marings License

Of Marings Licens







INDIGENT PENSION.

190

Name Phood
County Co. Phood
Co. Phood
Approved 190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

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

7/28/06

100	M	44	rF6	7
5	10	لهر	thn	wir

POWER OF ATTORNEY.

	recei		6
Witness my hand and seal, this	receive and receipt for the pension allowed and request that he remit same to.		
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and a	ot for		
3	F X		
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		hereby authori	
[F. 8	3	auti	

POWER OF ALLOKINEY. STATE OF GEORGIA STATE OF GEORGIA, of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to take to the following questions, deposes and answers as follows:

1. What is your name and phere do you reside? (Give, State, County and Pestoffice.) COUNTY. hereby authorize Thow long and since when have you been a resident of this State? to receive and receipt for the pension allowed and request that he remit same to 3. When and where were you born? Guy 111835 - Jully Co En 4. When and where and in what company and regiment did you enlist or serve? Last March 4th 16th - Attachs ea, Co 9 42 20 20 Witness my hand and seal, this [L. S.] How long did you remain in such company and regiment? Till lux Executed in presence of 6. When and where was your company and regiment surrendered and discharged? My 1604 - in Mil Caroling -7. Were you present with your company and regiment when it was surrendered? 600 8. If not present, state specifically and clearly where you were, when you left your symmand, for what cause and by whose authority; a pursoner of Court Chase ohio, came How much can you earn (gross) per annum by your own exertions or labor What has been your occupation since 1865? - January 11. Upon which of the following grounds do you base your application for pension, vizyfirst, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? 12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a fall 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?... 13. What property, real and persons or income, do you possess, and its gross value?... 14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same? 15. In what County did you reside during those years, and what properly did you then return for taxation? 16. How were you supported thirting the years 1901, 1902, 1903, 1904 and 1905? My ounlabor 17. How much did your support for for each of these years, and what portion did you contribute thereto by your own labor or income? .18. What was your employment during 1001, 1902, 1903, 1904 and 1905? What pay did you receive in each year? 19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? stead, or other property? Their ages and how employed? 20. 'Are you recoving any pension? If so, what amount and for what disability?... W. LINDSEY 21. Have you ever made an application for pension before 22. How many applications have you ever made and under what class? Swarn to and subscribed before me this the Applicant.

wifen of	County				
Le Thomas	2 VIM	There ale	aid State and County,	having been presented	
a witness in support of the app	lication of	To To	aid State and County,	for pention	
ler section 1254, Code, and af	ter being duly swo	orn true answers to	make to the following	questions, deposes and	
wers as follows: What is your name and wh	ere do vou reside?	-4.0	Thomas >	1m Armu	ilett
	2.0				
Are you acquainted with	11 2	rook		the applicant: if so how	
	nee s	mee /	862		.015
Where does he reside, and h	w long and since	when has he been	a resident of this State	? - oming	
2001.201 1 12	mul. 1	11 -	-7/	years =	
When ,where and in what co			8-1 - Ca	· d 42 -	20 1
ch 4 4 1862		aur	of m		
Were you a member of the			have to	H a car	-
How long did he pefrorm r			ich PX_	many	
When and where was his co			you !		
number		770	ma	· · · · · · · · · · · · · · · · · · ·	
Were you present when it	Surrender d	mes	not-		
Was applicant present? If he was not present, where		/ /	et at	camp	2
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	7	1/86	<i>u</i> -	do you know all of this?	
what authority he left?		o and	110W	2	
ras cu oa	ence				
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FATE OF GEORGIA,	
Personally came before me & Thirt	ond 9
albert Tennent.	, both known to me as reputable physicians
said County, who, being severally sworn, say on oath that the	
b. Want applicant	t for pension under Section 1254, Code, and after
h personal examination say that his precise physical condition	
Right hand swollen as re	// )
	the furn some ause.
He is wroth to use ?	The arm to any
Te in what to labor	yes array in
ma marine area	
d that we have no interest in said pension being allowed.	e J. Kolan ma
	1
Sworn to and subscribed before me, this the	Gilber Dennin
John 190 Ordina	
January Ordina	iry.
ORDINARY'S CE	RTIFICATE
ORDININI B CL	
1920년 전 12 12 12 12 12 12 12 12 12 12 12 12 12	
TATE OF GEORGIA.	
TATE OF GEORGIA.	
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I John Awtry	COrdinary, in and for said County, hereby certify
Coff County.	resides in said County, and has
I. Shu Swing at the applican Lervis Movel	7
I, COUNTY.  It the applican Leves Moved en a bona fide resident of this State since the	resides in said County, and has
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county.  I.  I.  County.  I.  I.  I.  I.  I.  I.  I.  I.  I.	resides in said County, and has day of
county.  I. County	resides in said County, and has day of

the whole truth, so help you God."

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

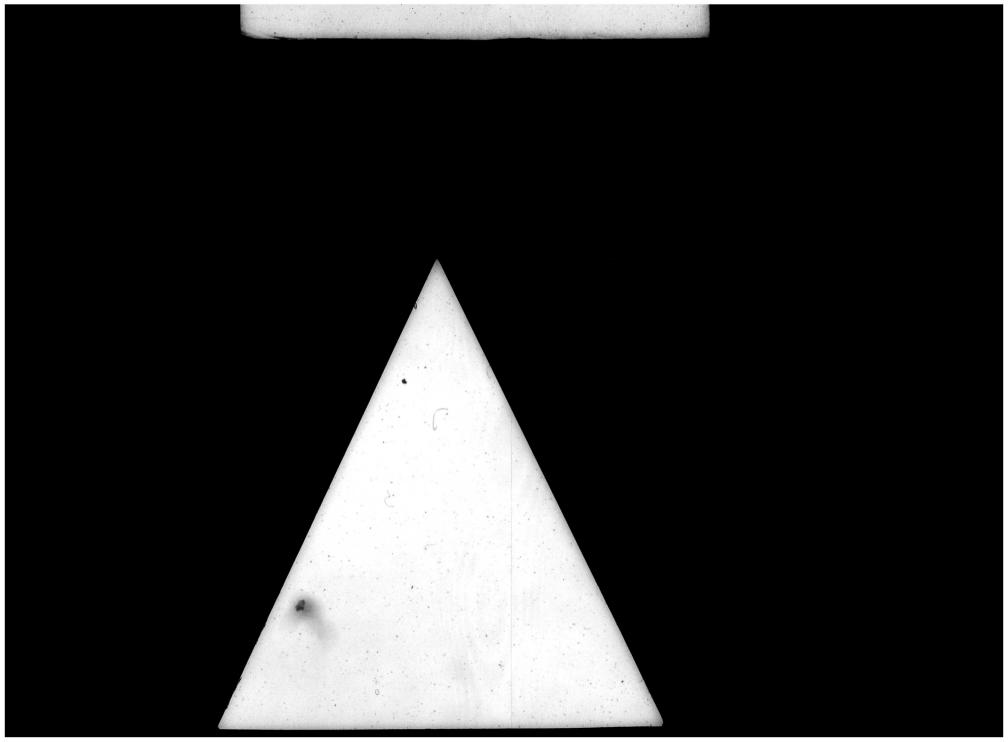
3. In every case the ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

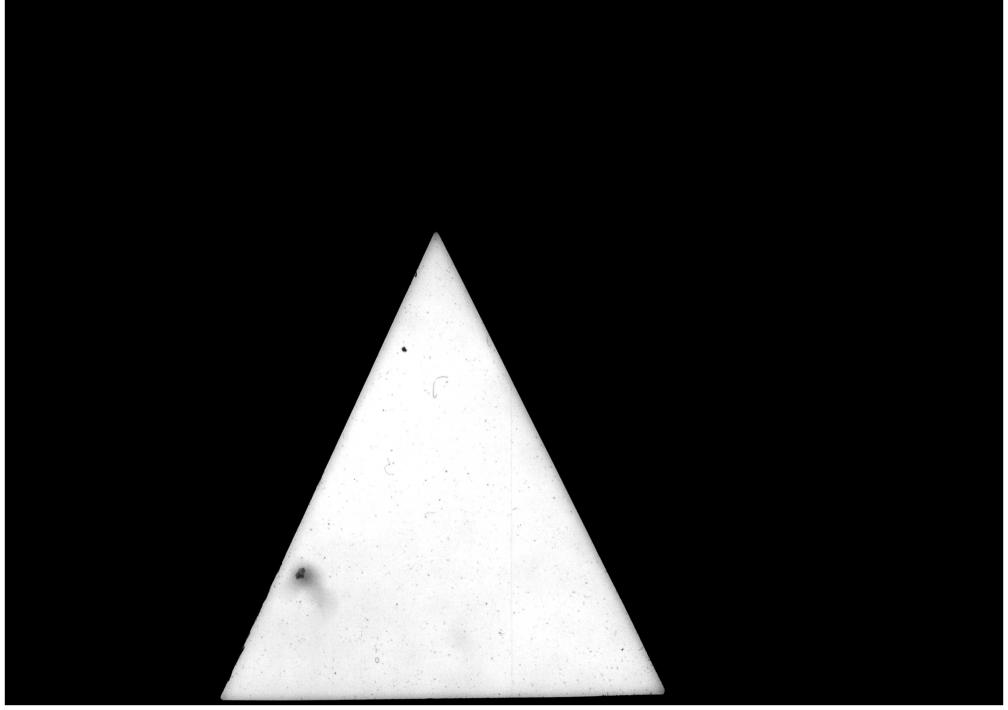
#### POWER OF ATTORNEY.

STATE OF GEO	May co	of		, hereby authorize
by	eccipt for the pens	at	day of Wood	1907. [L. S.]
Execute	ed in presence of	(1916)		
6	<b>X</b> 0		1907,	, particular statements
FOR THOSE ALREADY EMPOLLED NO. 680	SOLDIER'S PENSI	Name & Mount County Co BA Cop 42 54 Regiment	JAN 21 JOHN W. LINDSEY,	WARRANT HANDED TO  GOW, W. HAMMON, STATE PASTER, ATLASTA.

State	of Georgi	}			
Person	ally appears	Than	rd.	or 600	pr
County, State	of Georgia, who,	ling duly sworn,	says on oath the	t he is a bona f	ide citizen
and resident o	f said County and	State, and has r	esided in said	State continuo	usly ever
since the	day of	my_	189 K; that 1	he is 7/	years old
and by occupa	tion a fame	that he e	nlisted in the n	ilitary service	f the Con-
federate State	(or of the State o	f	) dų	ring the war be	tween the
States, and set	ved for the term of	, i	Company	, of 42m	Regimen
of	Ta. vu	6	; that his	physical condi	tion is a
follows:	,	M.			
	uses	Nover	_		0.5
7.	/ /	*			11.4
that his prope	rty consists of the	following items:	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14
	Sol	his			11200
of the value of	11	7	. Dél	lars. I am no	w earning
ov my Rabor,	1 hand	Del	lars per month	That he res	dow of his
abor, and that	tion and powerty he he receives no per	e is upable to sup using but the one	port himself herein applied	by his own ex for.	ertion o
abor, and that Depone 1894, and the	he receives no pen nt desires to partic Acts amendatory th	e is upable to sup asion but the one cipate in the bene aereof, and makes	port himself herein applied fits of the Act a application for	for.  pproved Decement the pension to	ertion o ber 15th
Depone 1894, and the is entitled for	the receives no per nt desires to partic Acts amendatory th the year 1907. It	e is unable to sup asion but the one cipate in the bene aereof, and makes have heretofore, a	poort himself herein applied fits of the Act a application for s a resident of	for.  pproved Decement the pension to	ertion o ber 15th
Depone 1894, and the is entitled for County, been Sworn	the receives no pen nt desires to partic Acts amendatory the the year 1907. It allowed a pension to and subscribed belay of	e is mable to supside but the one interest in the bene nereof, and makes have heretofore, a for the year 1905 perfore me, this the 1907.	poort himself herein applied fits of the Act a application for s a resident of	for.  pproved Decement the pension to	ertion o ber 15th
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state  I, x do certify that the applicant is by him in his	the receives no pennt desires to partice Acts amendatory the the year 1907. It hallowed a pension to and substribed by the year 1907 of George I am well acquain the foregoing affisial affidavit are true to he resides in this	e is unable to suppose the property of the year 1906 of the year 1906 of the year 1907.  12,  12,  141,  150,  160,  17,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,	herein applied fits of the Act a application for s a resident of Ordinary.  Ordinary.	by his own exfor.  pproved Decement the pension to the statement of said the statement of the stateme	d County
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state  I, x do certify that the applicant is by him in his	the receives no pennt desires to partice Acts amendatory the the year 1907. It is allowed a pension to and substribed belay of George I am well acquain the foregoing affisaid affidavit are tree the resides in this Given under my	e is unable to suppose the property of the year 1906 of the year 1906 of the year 1907.  12,  12,  141,  150,  160,  17,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,  181,	poort himself herein applied fits of the Act a application for a resident of a resident of Ordinary.  Ordinary.  Ordinary.	by his own exfor.  pproved Decement the pension to the statement the statement the statement the statement the statement the pension to the p	ber 15th which he
state  I, x do certify that the applicant is by him in his	the receives no pennt desires to partice Acts amendatory the the year 1907. It is allowed a pension to and substribed belay of George I am well acquain the foregoing affisaid affidavit are treet he resides in this Given under my	e is unable to supside but the one cipate in the bene nereof, and makes have heretofore, a for the year 1905 before me, this the 1907.  1907.  1907.  County.	poort himself herein applied fits of the Act a application for s a resident of ordinary.  Ordinary.  Ordinary.  Ordinary.  Ordinary.	by his own exfor.  pproved Decement the pension to the statement of said the statement of the stateme	ber 15th which he

Nors.—Affidish spaces must be filled. Nors.—Affidavit should not be attested before January 1st, 1907.





# E OF GEORGIA, Company of Manute of Manute of Manute of Manute of Manute of Manute to the pension allowed and request that he remit same to the hy if in presence of the same to th

POWER OF ATTORNEY.

met 77 1/196	Words & D.
martin?	No. 3894
3	Widow's Pension,
	Mrs. & D Woodness
	Widow of H.J. Wood suff Warrant issued \$\figure{4} 6 189 6
	and handed to Jime Richard Johnson,

108,40 WIDOW'S AFFIDAVIT. STATE OF GEORGIA, Personally came Mrs. ID Moodsiff widow of WT Woodruff to whom, in the County of LOOK State of 95 , she was married on the 10 day of Mch 1864, that she remained his wife up to the 21 day of August 1894, at which time he died, and that she has not since married. At the time of his death he was a resident of County, in said State of Georgia, and was on the invalid pension roll of the State of Georgia, having been allowed a pension of per armum on account of (here state the grounds of his disability) He was shot in The left hip and The ball went through coming out at his night hip bracking the bones He suffered from that lime till his drack with the moved. It was a runing don - Comphir often come from the mide the engred constant, with the wound and suffered interely, and dud from the effect of the mound Deponent further says that she is now a resident of CV 66 tinuously resided in the State of Georgia since the 20 day of Jane 1846 She applies for the pension provided by Act of the General Assembly, approved December 16th, 1895. Sworn to and subscribed before me this 13 day of flan, 1806 His D. W. Allooduff MI Stone Note—All blank spaces must be filled before signing.

AFFIDAVIT FOR THREE WITNESSES.
STATE OF GEORGIA, Personally came H13 Wrodust
COUNTY OF ASSISTANCE and Mas Man.
Ma aller known to me to be reputable and truthful persons who severally say on oath that from
their own personal knowledge Mrs. 8 D Wording , who made
the foregoing affidavit is the widow of WI Wordingto , who died in County and State of Georgia on the 25
day of Ang 1894, and that she has not since married, that she became his wife
on the W day of Mch 1864, and so remained up to the time of his death,
and that she has resided in this State continuously since the 20 day of lay
Deponents further say that the cause of his death was as follows (here set out fully the facts connected with and causing death, giving your opportunities for knowing such facts):
the cappe ansart of A labore trem
shot things his kip any and don
starte with the Mond & County and
Caracher by July hope to fine of
Landon don for the course - the soft horse
We have no personal interest in the pension asked for
Sworn to and subscribed before me this 130 day of 1896
M. Ston
Ordinary County, Georgia.
Physicians' Affidavit.
Physicians' Affidavit.
PHYSICIANS' AFFIDAVIT.  STATE OF GEORGIA. Personally came before me Dr. J. M. Morre  COUNTY OF and.  both of whom are known to me to be reputable physicians, who say on oath that they personally knew
PHYSICIANS' AFFIDAVIT.  STATE OF GEORGIA, Personally came before me Dr. J. M. Morre  COUNTY OF COST and  both of whom are known to me to be reputable physicians, who say on oath that they personally knew  MT Word Muff  mentioned in the foregoing affidavit, that he
PHYSICIANS' AFFIDAVIT.  STATE OF GEORGIA, Personally came before me Dr. J. M. Morre  COUNTY OF and  both of whom are known to me to be reputable physicians, who say on oath that they personally knew  mentioned in the foregoing affidavit, that he  died on the 2J day of Hoff 1854, and that the cause of his death was as
PHYSICIANS' AFFIDAVIT.  STATE OF GEORGIA, Personally came before me Dr. J. M. Morre  COUNTY OF and  both of whom are known to me to be reputable physicians, who say on oath that they personally knew  mentioned in the foregoing affidavit, that he  died on the 2J day of 1854, and that the cause of his death was as  follows (state disease, time of treatment, etc.):
PHYSICIANS' AFFIDAVIT.  STATE OF GEORGIA, Personally came before me Dr. J. M. Morre  COUNTY OF and  both of whom are known to me to be reputable physicians, who say on oath that they personally knew  mentioned in the foregoing affidavit, that he  died on the 2J day of Hoff 1854, and that the cause of his death was as
PHYSICIANS' AFFIDAVIT.  STATE OF GEORGIA, Personally came before me Dr. J. M. Morre  COUNTY OF COSTON And  both of whom are known to me to be reputable physicians, who say on oath that they personally knew  mentioned in the foregoing affidavit, that he  died on the 25 day of her 1894, and that the cause of his death was as  follows state disease, time of treatment, etc.):  Mas his family physicians.
PHYSICIANS' AFFIDAVIT.  STATE OF GEORGIA, Personally came before me Dr. J. M. More  COUNTY OF A D. J. M. More  both of whom are known to me to be reputable physicians, who say on oath that they personally knew  mentioned in the foregoing affidavit, that he  died on the 2J day of A 1854, and that the cause of his death was as  follows (state disease, time of treatment, etc.):  Mas his family physicians, the cause of his death was as  little years Haila physicians.
PHYSICIANS' AFFIDAVIT.  STATE OF GEORGIA, Personally came before me Dr. In More  COUNTY OF Cold and  both of whom are known to me to be reputable physicians, who say on oath that they personally knew  MI Word Muff mentioned in the foregoing affidavit, that he  died on the 21 day of Aug 1894, and that the cause of his death was as  follows estate disease, time of treatment, etc.):  And his family physicians, who say on oath that they personally knew  mentioned in the foregoing affidavit, that he  alied on the 21 day of Aug 1894, and that the cause of his death was as  follows estate disease, time of treatment, etc.):  And his family physicians, who say on oath that they personally knew  mentioned in the foregoing affidavit, that he  alied on the 21 day of Aug 1894, and that the cause of his death was as  follows estate disease, time of treatment, etc.):  And his family physicians, who say on oath that they personally knew  mentioned in the foregoing affidavit, that he  alied on the 21 day of Aug 1894, and that the cause of his death was as  follows estate disease, time of treatment, etc.):  And his family physicians, who say on oath that they personally knew  mentioned in the foregoing affidavit, that he  alied on the 21 day of Aug 1894, and that the cause of his death was as  follows estate disease, time of treatment, etc.):  And his family physicians, who say on oath that they personally knew  mentioned in the foregoing affidavit, that he  alied on the 21 day of Aug 1894, and that the cause of his death was as  follows estate disease, time of treatment, etc.):  And his family physicians, who say on oath that they personally knew  mentioned in the foregoing affidavit, that he  alied on the 21 day of Aug 1894, and that the cause of his death was as  follows estate disease, time of treatment, etc.):  And his family physicians, who say on oath that they personally knew  and his family physicians, who say on oath that they personally knew  And his family physicians, who say on oath that they personally knew  And hi
PHYSICIANS' AFFIDAVIT.  STATE OF GEORGIA, Personally came before me Dr. J. M. More  COUNTY OF A D. J. M. More  both of whom are known to me to be reputable physicians, who say on oath that they personally knew  mentioned in the foregoing affidavit, that he  died on the 2J day of A 1854, and that the cause of his death was as  follows (state disease, time of treatment, etc.):  Mas his family physicians, the cause of his death was as  little years Haila physicians.
PHYSICIANS' AFFIDAVIT.  STATE OF GEORGIA, Personally came before me Dr. In More  COUNTY OF Cold and  both of whom are known to me to be reputable physicians, who say on oath that they personally knew  MI Word Muff mentioned in the foregoing affidavit, that he  died on the 21 day of Aug 1894, and that the cause of his death was as  follows estate disease, time of treatment, etc.):  And his family physicians, who say on oath that they personally knew  mentioned in the foregoing affidavit, that he  alied on the 21 day of Aug 1894, and that the cause of his death was as  follows estate disease, time of treatment, etc.):  And his family physicians, who say on oath that they personally knew  mentioned in the foregoing affidavit, that he  alied on the 21 day of Aug 1894, and that the cause of his death was as  follows estate disease, time of treatment, etc.):  And his family physicians, who say on oath that they personally knew  mentioned in the foregoing affidavit, that he  alied on the 21 day of Aug 1894, and that the cause of his death was as  follows estate disease, time of treatment, etc.):  And his family physicians, who say on oath that they personally knew  mentioned in the foregoing affidavit, that he  alied on the 21 day of Aug 1894, and that the cause of his death was as  follows estate disease, time of treatment, etc.):  And his family physicians, who say on oath that they personally knew  mentioned in the foregoing affidavit, that he  alied on the 21 day of Aug 1894, and that the cause of his death was as  follows estate disease, time of treatment, etc.):  And his family physicians, who say on oath that they personally knew  mentioned in the foregoing affidavit, that he  alied on the 21 day of Aug 1894, and that the cause of his death was as  follows estate disease, time of treatment, etc.):  And his family physicians, who say on oath that they personally knew  and his family physicians, who say on oath that they personally knew  And his family physicians, who say on oath that they personally knew  And hi

STATE OF GEORGIA. I, M. Jones Ordinary

COUNTY OF State of Georgia, hereby certify that I am acquainted with Mrs. S. Wood. ruff
the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses) that she resides in this County, and that she has resided in the State
of Georgia continuously since the S. Johnston and has not lived out
of the State since that date. I also certify that the witnesses, to wit S. Barbara Moor has
sents to sustain her claim, are known to me to be truthful witnesses, entitled to full faith and credit as such,
and that the full text of the affidavit was read to and understood by them before same was signed. I am
fully satisfied that this claim is made in good faith, and I have caused the applicant and the witnesses
to read or hear read the proofs they sign.

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

Certificate of Urainary of the County of Applicant's

T day of Arrivery 1896 h

SEAL.

Al Stone

Ordinary.

#### NOTES.

The pension is only payable to those widows whose husbands were on the Invalid Pension Roll (Act of 1887 and Amendments) at the time of death, and who died from the injuries or diseases for which they were pensioned. The marriage must have existed at the time the injury was received or disease contracted for which the pension was granted, and the widow must have remained unmarried since the death of such husband.

Proofs by less than three witnesses and two physicians will be accepted when it is shown that the same can not be furnished, but in all cases the best proof accessible will be required and it is incumbent on the applicant to make out a clear case covering the above points.

Affidavits must be made in presence of the Ordinary.

POWER OF ATTORNEY. State of Georgia Coble STATE OF GORGIA, County of___ Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. Solve of the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesse.) that she IN WITNESS WHEREOF, I have hereunto set my hand and 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 U Jan, Woo Executed in the presence 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 POWER OF ATTORNEY. to receive and receipt for the pension RICHARD JOHNSON IN WITNESS WHEREOF, I have hereunto set my Z'WOQID Widowof 1897

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally Comes Mrs.
County of Ook A to be to be file a bound of said county of
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 sings all her life 18 That she is the Widow of
1. No Moral who was a Soldier in Company
of the The Regiment of Ha
Volunteers, that he enlisted in said regiment on or about the month of
186 and served in the Army up to Ochor 1864. That he lost his
life on the day of 1874 (State here
full particulars of the husband's death, when, where and from what cause.)
Hust Mariani on Detrote 15 1864
The ball Shitting
and entring the left hip and
Hassing through juto the right
hip from which wound he there
Reverted and died on account of it august
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18
I have been allowed a pension as a resident of Cook County for the year ending
February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.
Swarn to and subscribed before me, this
day of Hely 1898.  Put Store Ordinary.  Post-Office Fring may a
State of Courses
State of Georgia,  County. Ordinary of sawCounty, certify that I am well acquainted
with Mrs. & A Woodsuff who made the above affidavit and am satis-
fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the fundational all hor left
Given under my official signature and scal this the day of 1898.
Mysone
Scal. Ordinary of County.

#### FOR WIGOWS Heretoiore Allowed reusious.

STATE OF GEORGIA	Dersonally Comes Mrs.
County of 4	& D. Wooduff
	on oath, that she is a bona fide resident of said county of
4000	State of Georgia, and that she has RESIDED in said State
continuously ever since	18 46 That she is the Widow of who was a Soldier in Company
of the 7	Regiment of The
Volunteers, that collisted in said regiment on or	지어가 이렇게 사용하게 되었다면 가장 아니는 아니는 아니는 이 사람들이 되었다면 하는데 하는데 하는데 하는데 하는데 하는데 되었다면 하는데
	y of august 1894 (State here
full particulars of the basand's death, when, when	
The was for	
Aptitur 1864.	bension File his
death - The	died of Said
leound on t	he so of thegred
, - , .	
	eceased soldier, during his service in the army as a soldier,
	in this State 23d day of December, 1890, and has not
이 보고 있는 것이 한 시간에, 생겨를 가면 무슨 것이 되었다면 하는 것이 없는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하	at date. I have been allowed a pension as a resident of
	r the year ending February 15th, 1896, and now apply for
the pension provided by law for the year ending	g February 15th, 1897.
Sworn to and subscribed before me, this	Ins & D. XIV TO COMP
Mi Glimordinary	Post-office Amymathe

POWER OF ATTORNEY.	POWER OF ATTORNEY.
Sino of Georgia,  Wash Woodensfhereby authorize Al Sone of Warretta ya	STATE OF GEORGIA,  Bobb County.  I. S. Woodruff hereby authorize f. M. S. tour  of Marietta, Sa,
to receive and receipt for the pension paid hereon and request mathe remit same to	to receive and receipt for the pension paid hereon and request that he remit same to  the last by live and seal, this seal is the seal is
day of Jely 1899. So In Woodsuffs.	day of Teby. 1900. S. S. washoodruff [L. S.]
Executed in presence of	T.J. Namby
Much with the second of the se	1890   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   1800   18
	S.B. (O. O. O
ISOS. PENSIO.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1809.  1	190W'S PENSI NO. 2011  NO. 2011  NO. 2011  NO. 4011  S. A.
Moddy For Those Midow of Man. RICHA	WIDOW NO. NO. J. S. J.
	PRIVER OF GROSCIES
	The second the second s

### For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs. S. S. Woodruff
County of Bobb	.) D. Woodrug
	oath, that she is a bona fide resident of said county of te of Georgia, and that she has RESIDED in said State
continuously ever since all her life	That she is the Widow of
gr. J. Groodruff	who was a soldier in Company
Sto of the 7th	Regiment of Glorgia
Volunteers, that he enlisted in said regiment on or about the	
1861 and served in the Army up to Octo	Sugust 1894 (State here
life on the 25 th day of	
full particulars of the husband's feath, when, where and	to of stort (Samson
he was wo	unter in the
Dight bich	on Oct 15
1864. Som	which wouse
he died an	exist 2+ 1894
6	
Deponent swears that she was the wife of said deceased sold	lier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she	became his wife in the year 1864.
I have been allowed a pension as a resident of	County for the year ending
February 15th, 1898, and now apply for the pension provides to and subscribed before me, this	ded by law for the Sear ending February 15th, 1899.
1 shop of Theby 1899.	2 Le foodmiss
Hope Ordinary.	Post-Office Dayman
	10.00
State of Georgia,	1 J. W. Stock
20001.1.1	ordinary of said County, certify that I am well acquainted who made the above affidavit and am satis-
fied that the facts therein stated are true, and I know she	
has continuously resided in this State since the	le fale life 18
Given under my official signature and seal this the	1 st de of Theby 1899.
	XII Tome
(Official) Ordin	nary of County.
Seal.	

## For Widows Heretofore Allowed Pensions.

STATE OF	GEORGIA,	} _ @	ONAL	druff
·	abb who, being sworn,	WALL CONTROL OF THE SECOND STREET, STR		dent of said county of RESIDED in said State
continuously was since	all her e	life		at she is the Widow of a soldier in Company
of the	1 7 ct		iment of Me	orgia
Volunteers, that he enli	isted in said regiment on or the Army up to	ctober	4 4 1864	That he lost his
life on the 2.5	day of da	and from what car	use)	94 (State here
OAX the	e battle of	1 Juan	- CHOST	Starrissu hije ou
1st day	of October	U 1864	and fr	ou ioliele
would	Su diea	wag	<u></u>	
1				
she has never married sin	ne was the wife of said deces	that she became hi	s wife in the year 18	ny as a soldier, and that
I have been allo February 15th, 189	wed a pension as a resident ,, and now apply for the p	V1	law for the year endi	ng February 15th, 1900.
Sworn to and	subscribed before me, this	Post	Mood Suu	druff yrua, Ga.
State of Ge	obb County	11		that I am well acquainted
with Mrs. W.				ve affidavit and am satis-
	in stated are true, and I kn			
	d in this State since the		day of	18. 1900.
Official Beal.		Ordinaty of	Cob	6 County.

POWER OF ATTORNEY.	FOWER OF ALTOHILE
STATE OF GEORGIA,  When driefy hereby authorize  for his Anthroy of Marielly  to receive and receipt for the pension paid hereon and request that he remit same to  Me at Marcella  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 8  day of January 1901.  Executed in presence of  Jan M. Ganne	STATE OF GEORGIA,  County.  I. Sold of the County.  In Witness Whereof, I have hereunto set my hand and seal, this day of the presence of the
To Those Heretofore Paid.  1901.  WIDOW'S PENSION, For year ending February 18th, 1901.  Thus. A. S. Wrendardfy Widow of M. J. Wrendardfy  JOHN W. LINDSEY,  JOHN W. LINDSEY,	WIDOW'S PENSION,  For year ending Dec. 31, 1902.  No. ACA?  No. ACA?  No. ACA?  No. ACA?  No. ACA?  For year ending Dec. 31, 1902.  Nidow of.  Co. Regiment  Commissioner of Pensions.  WARRANT ISSUED  WARRANT ISSUED  OGEN WARRANT ISSUED

#### For Widows Heretoiore Allowed Pensions.

STATE	or abouting	Wordouff
County		
	M. J. Moodruff "	t she has RESIDED in said State  That she is the Widow of the was a soldier in Company
	of the Regiment of	
Volunteers, that	t he enlisted in said regiment on or about the month of	larah .
186 and serv	erved in the Army up to. I alober 41th	186 4 That he lost his
life on the	2 day of august	18. 4 (State here
particulars of the	the husband's death, when, where and from what cause).  Harrison he was town if the y of October 18611	at battle of
Fort	Nassison he evas vous	well in right
hip or	1 1d day of October 1864	and from
wheat	he was well he died a	ugust 25 1894
Danabant swears	s that she was the wife of said deceased soldier, during his service	in the army as a soldier, and that
	arried since his death aforesaid, and that she became his wife in	
	seen allowed a pension as a resident of Lobb	County for the year ending
	geen anowed a pension as a resident of	
	1 200, and now apply for the pension provided by law for the	year ending reordary 19th, 1991.
Sworn to	to and subscribed before me, this	lowdruff
0 /1 0		Goodruff
John	wellwhy Ordinary. Post Office	adama tama tama tama a sa
	0.1	111 1
State of	f Georgia,	in awby
		y, certify that I am well acquainted
with Mrs.	1 D Woodniff , who made the	ne above affidavit and am satisfied
that the facts the	herein stated are true, and I know she is the individual she repr	resents herself to be, and that she
	y resided in this State since the day of	18
		of Jonnary 1901.
Given un	John V	
Official     Seal.	Ordinary of	County.
2		

#### for widows heretoiore allowed rensions.

STATE OF GEORGIA,	1801
County of Lobb	1 & D Woodonfg .
who, being sworn, says on oa	th, that she is a bona fide resident of said County of
State	of Georgia, and that she has RESIDED in said State
outhouse y eyer since all her t	That she is the Widow of
St. I Hood out	who was a soldier in Company
of the THO	Regiment of Livrain
olunteers, that he enlisted in said regiment on	7.00
	eluful 4 1804. That he lost his
	of August 1894 (State here
	//-
articulars of the husband's death, when, where and	I falle of Fort Him
he was wounde	I in right, his on
1st day of October	1864 and from whe
wound the died an	ignat 25-AD 1894
Deponent swears that she was the wife of said of	leceased soldier, during his service in the Army as a
soldier, and that she has never married since	his death aforesaid, and that she became his wife in
he year 18 64.	
I have been paid a pension as a residen-	tof Cook County for the
year ending December 31, 1901, and now apply	for the pension provided by law for the year ending
December 31, 1902.	
	149.01
Sworn to and subscribed before me,	S. Sky toodruff
this day of Jan 1902.	in in the second
John Whey, Ordinary.	Post-Office Junyma by 9
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
State of Georgia,	1. John Antary
State of Georgia, Conney.	ordinary of said County, certify that I am well
Course.	Ordinary of said County, certify that I am well
nequainted with Mrs. I D Woo	Nouff , who made the above attidavit and
acquainted with Mrs. So How am satisfied that the facts therein stated are	true, and I know she is the individual she represent
acquainted with Mrs. So Hoo am satisfied that the facts therein stated are thereself to be, and that she has continuously r	true, and I know she is the individual she represent
acquainted with Mrs. So How hum satisfied that the facts therein stated are thereself to be, and that she has continuously reday of	true, and I know she is the individual she represent resided in this State since the
acquainted with Mrs. So Hoo am satisfied that the facts therein stated are thereself to be, and that she has continuously r	true, and I know she is the individual she represent resided in this State since the
acquainted with Mrs. So How hum satisfied that the facts therein stated are thereself to be, and that she has continuously reday of	true, and I know she is the individual she represent resided in this State since the

NOTE.—All blank spaces must be filled.

Voucher and affidavit must bear date after January 1st, 1902.

POWER OF ATTORNEY. STATE OF GEORGIA, STATE OF GEORGIA, odsuf hereby authorize receipt for the pension paid hereon, and request that he remit same to to receive and receipt for the pension paid hereon, and request that he remit same to In Witness Whereof, I have bereunto set my hand and seal, this 5 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this tannan 3 D produces S.D. Woodup Executed in presence of Executed in presence of M Gann WIDOW'S PENSION, WIDOW'S PENSIO TO THOSE HERETOPORE PAID. YEAR ENDING DECEMBER 31, 1904 To Those Heretofore Paid WARRANT ISSUED IOHN W. LINDSEY, 1904. JOHN W. LINDSEY, 1903. WARRANT ISSUED AND HANDED TO 281 No. 2 8/ 23

#### For Widows Heretofore Allowed Pensions.

STATE OF	GEORGIA	<b>,</b> )	PERSON	LLY COMES MRS.	
County of	600	( · · · · ·	2011	ordouff	
	who, being sworn	n says on oath,	that she is a bona	fide resident of said Cou	inty of
	86	State of	Georgia, and that	she has resided in said	State
continuously over	sincoll to	er life		That she is the Wi	dow of
1/10 - 1/16	refull		w	no was a soldier in Co	mnanv
JE 081	100-		Regiment	//	, -
V Name and Advantage of the Average			about the month of	41 11	
186/ , and serve				186# That he	
3				611	
life on the		day of	- /	18.74 (St	ate here
particulars of the hu	sband's death, when	111 1	attle Ho	- thousand	
The in	, ,,,,,		in Sio	t Lib	ou.
on 181	- day o	Dato	Len 1864	and to	m
which.	whend	d his	hier aus	mit 26-189	4
***************************************		17			W
***************************************					
Deponent swears t	that she was the w	ife of said dec	eased soldier, durin	ng his service in the Ar	my as
soldier, and that s	he has never marr	ied since his	death aforesaid, an	d that she became his	wife in
the year 1864			1 10		
I have been	paid a pension as	ı resident of	Cook	County	for the
				ded by law for the year	ending
December III, 1908					
	and subscribed	before me. 1	G 911	.1 11-	
this & da	Jus	1908.	Sow	ovoruff.	
Total.	Oh the	. (		Lancina La	
2 mi		., Ordinary.	Post-Office	my orea or	<b></b>
	0			N.t	
State of Geo	rgia	}	I, XVIII	Awny	
- 0	on,	County.	Ordinary of said	County, certify that I	am wel
acquainted with M	Irs. 4N	Muy	,w	ho made the above affide	avit and
am satisfied that t	he facts therein st	tated are true,	and I know she is	the individual she rep	resent
			d in this State sine		
day of			-	- 1	
day of	18		his the	day of Jayer,	1908
			his the	day of Jayry	1908
	18		his the	day on Jazzy	1908

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

#### FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

TATE OF GEORGIA,	PERSONALLY COMES MRS.
County of Cobb	1 I Doodougs
who, being sworn says on	n oath, that she is a bona fide resident of said County ofState of Georgia, and that she has RESIDED in said State
ontinuously ever singe all his	life . That she is the Widow of
K of the	who was a soldier in Company Regiment of Company
olunteers, that he collisted in said regin	ment on or about the month of
and served in the Army up	보기 위한 경우 이번 경우 이번 경우 아니는 이 이 사람들이 아름다면 하는데
fe on the 25 day o	f August 1844 (State here
articulars of the husband's death, when, w	here and from what cause.) - Hort Was wound
in sight his an	I day of October 1864 and from
	of said deceased soldier, during his service in the Army as a ed since his death aforesaid, and that she became his wife in
oldier, and that she has never marrie	ed since his death aforesaid, and that she became his wife in
oldier, and that she has never marrie he year 18————————————————————————————————————	ed since his death aforesaid, and that she became his wife in sident ofCounty for the
oldier, and that she has never marrie he year 18————————————————————————————————————	ed since his death aforesaid, and that she became his wife in
oldier, and that she has never marrie he year 18————————————————————————————————————	ed since his death aforesaid, and that she became his wife in esident of
oldier, and that she has never marrie he year 18	ed since his death aforesaid, and that she became his wife in esident ofCounty for the pension provided by law for the year ending
oldier, and that she has never marrie the year 18	ed since his death aforesaid, and that she became his wife in esident of
oldier, and that she has never marrie the year 18	ed since his death aforesaid, and that she became his wife in esident of
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I have been paid a pension as a rever ending December 81, 1908, and not becomber 81, 1904.  Nower to and subscribed before the day ofO	county. County
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I have been paid a pension as a recent ending December 31, 1903, and not becomber 31, 1904.  Newern to and subscribed before the better of Georgia,	ed since his death aforesaid, and that she became his wife in esident of
I have been paid a pension as a rever ending December 31, 1903, and no December 31, 1904.  Nowen to and subscribed before the day of October 31, 1904.  State of Georgia,  acquainted with Mrs.  am satisfied that the facts therein states.	county for the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the pension provided by law for the year ending the
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I have been paid a pension as a recover ending December 81, 1908, and not becomber 81, 1908, and not becomber 81, 1904.  Nowern to and subscribed before the better of Georgia,  Compared to the facts therein states thereof to be, and that she has continued as of the continued of	sident of County for the pension provided by law for the year ending Post Office County. Ordinary of said County, certify that I am well who made the above affidavit and outly resided in this State since the

NOTE.—All blank spaces must be filled.

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

POWER OF ALLORNEY. STATE OF GEORGIA, STATE OF GEORGIA, COUNTY. , hereby authorize to receive and receipt for the pension paid hereon, and request that he remit same to to receive and receipt for the pension paid hereon, and request that he remit same to In Winess Whereof, I have hereunto set my hand and seal, this In Witness Whereof, I have hereunto set my hand and seal, this ..... Executed in presence of WIDOW'S PENSION To Those Heretofore Paid JOHN W. LINDSEY, WARRANT ISSUED JOHN W. LINDSEY, 1905. WARRANT ISSUED No. 270 AND HANDED TO Regiment

hereby authorise

AND HANDED TO

NOTE.—All blank spaces must be filled. Youcher and Affidavit must bear date after January 1st, 1905. County.

#### ror widows nerecolore Allowed reasions.

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	, says on oath that she is a		
	State of Georgia, and		1
continuously ever since	me.u	That al	e is the Widow
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Volunteers, that he enlisted in said r			
186, and served in the Army up	p to	186	. That he lost h
ife on the	day of		8 (State her
particulars of the husband's death, wh	ien, where and from what cau	(se.)	12.5
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	12 minus	<b></b>	
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			4
oldier, and that she has never marr	ried since his death aforesai		ecame his wife
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the year 18	as a resident of	d, and that she b	ecame his wife i
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oldier, and that she has never marriage the year 18	as a resident of now apply for the pension efore me 1906. Ordinary. Ordinary. Ordinary.	provided by law for the law fo	County, for the year ending
oldier, and that she has never marriage the year 18  I have been paid a pension of ear ending December 31, 1905, and December 31, 1906.  Sworn to and subscribed be his day of the da	as a resident of now apply for the pension efore me 1906. Ordinary. Ordinary. Ordinary. Ordinary.	provided by law for the land County, cer, who made the at	County, for the year ending
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I have been paid a pension of the year 18	as a resident of now apply for the pension  sfore me 1900. Drdinary. Ordinary. Ordinary of ated are true, and I know sinuously resided in this State	provided by law for the law of th	County, for the reference of the year ending of the year end of the ye
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Sworn to and subscribed be this day of State of Georgia, acquainted with Mrs. am satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein states of the same satisfied that the facts therein satisfied that the facts therein satisfied the same satisfied that the facts therein satisfied the same satisfied that the facts therein satisfied the same satisfied t	as a resident of now apply for the pension  sfore me 1900. Drdinary. Ordinary. Ordinary of the pension  ated are true, and I know sinuously resided in this State	provided by law for the said County, cer, who made the at the is the individual te since the	County, for the year ending the year end at she represent the year end at the year end

NOTE.—All blank spaces must be filled.

Voucher and Affdavits must bear date after January 1st, 1906.

LOWER OF ALLORNEY

STATE OF GEOR		. }	_		onu.
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John.	butter				
preceive and receip	for the prusion			hat he reput san	
//	reo/, I have heren		id and seal, th	is	
ay of MMULL		_1907. _S /	× Mon	eruff [	L. S.
Executed	in presence of		were	\ P	
					of the
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02/ 1907.

WIDOW'S PENSION

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

#### For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA	Personally comes Mrs.
who, being sworn s	says on oath, that she is a bons fide resident of said County of
war	State of Georgia, and that she has RESIDED in said State
continuously ever since	
It I Dood my	who was a soldier in Company
of the	Regiment of
Volounteers, that he enlisted in said res	
186, and served in the Army up	to186 That he lost his
life on the	day of
particulars of the husband's death, when,	where and from what cause)  Normal Juny 1896
The state of the s	
I have been paid a pension as a year ending December 31, 1906, and n	resident ofCounty, for the now apply for the pension provided by law for the year ending
December 31, 1907.	
	and made of the A
Cal ditte	1907. District Post Office
	A I A
State of Georgia,	) John Mutung
acquainted with Mrs. &	ounty. Ordinary of said County, certify that IAm well hordruff, who made the above affidavit, and
am satisfied that the facts therein state	ed are true, and I know she is the individual she represents
	iously resided in this State since the
(/a.	
	o la
Given under my official signatur	re and seal, this the day of fling 1907.
(Official)	John Milly .
Seal }	Ordinary of County.
	James John Strategy

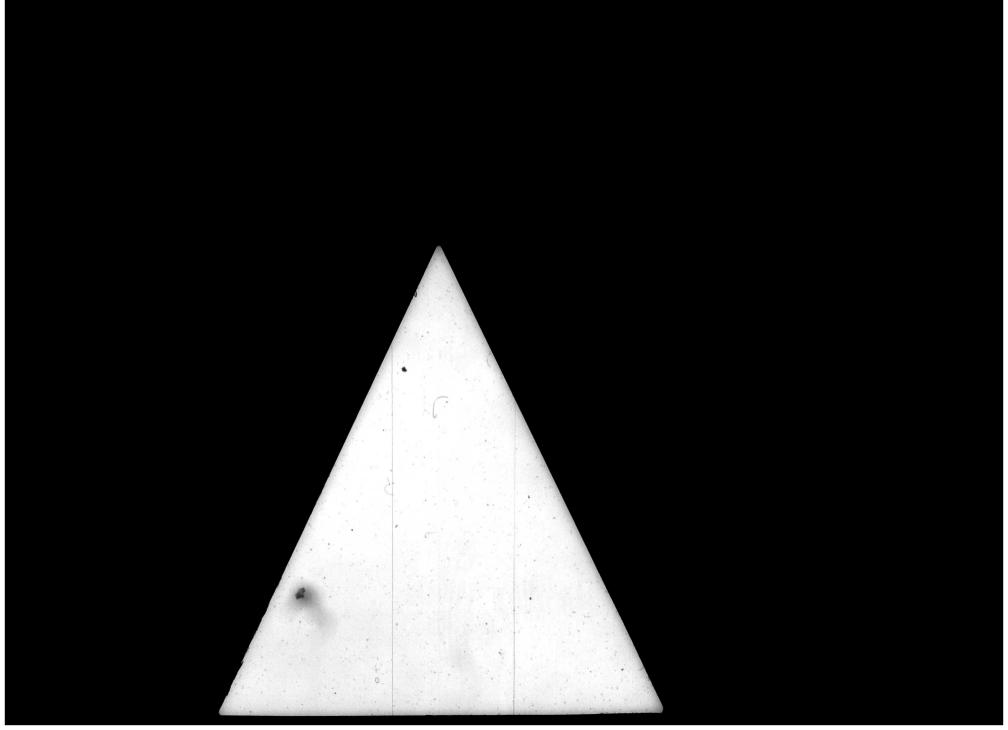
NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1907.

From fin , loob County Dialock AB Wood-wiff and Mis. Me & Allen who on oath deposeth and Loy to as follows; that Hundelye as follows: is the widow of H. I. Hovelyng an, Ex Confedent Coldier - That The said Ho Wood suff is dead - that the Has not morned fine his death - that he dosw a penfrom of \$50. Each year as a mondes Confederate Soldier. That he has Finown for the Just goyears that said decens complained of a sworned in Tis hips, - that he senew him be confined to his worn and bed Deveral times, on account Sount has seen the wounce of decesed soveral Times in the past few years, and that

med - that he sow decenses during his last illness and it deemed cuflames and he Amplained of his hips that at different times singe and the lower coart of the the gracios the wound or for plained of something like a rising of him. from the recture -, that The Complained of the wounds from the wounds in the hips Continually, and beened to during this blast illness. Saffonent believes from AB. Woodness Days he the Thurledge he has of hus been intimately against the deceased and this comwith the decepsed alux a neighplainings that he died from the efficies of the wounds. bor to him for poplano of more - That he Knows that decases Continuously Complain Mers. M. A. Allen Days of the wounds, in Lips - that The hos been, intimately acat times up to his death for 8 or 10 years and that he was wounded as dehe was unable to work or get sout, vine Confined Hears, bones thour justing out Scribed and Continually Com-Plained of the Wounds that partal times he was of the pround - That he has Confined to his bad, and Deer the found and that of quently remable to do any. thing or secrety get about on

That in the fast 8 or 10 years, the has fung pieces of bones Taken from the prounds - that at the busines who to his death he busines Georgia County. Semonally appeared before 3 Mrs M. A. Allen who being pus and bloody matter from duly Swom Say that they the victum - That the is aw the brother and Sister of W. D. Woodings the distar of the decension deceased - Afrants Day that they Main W. D. Wood. light in the house with ruff all of their lives the former being forty two him and waited on him Offers old and the latter having haven him all when he was diek, Whis life to wit, Since 1833. Deponent Syrano that the Afficient San that they believes that the Said wounds Stated in their affidavite of January 13th 1896 that Were the direct Cause of this they had Nevel Said W. I. Woodsuff for twenty Ofean they being informed that it was runedessay D & xind Slalock to go fulther back than twenty years. A B & Woodness they were fresent when Said W. Woodruff and My W. Woodruff (the applicant) were married That Mrs. Ml. Ax Allen Said Maniago occurred March 10# 1864 Shat Dais W. J. Woodpuff was wounded as Stated in the Said application on the 1st day of October 1864. being Chearly Swen Months after Said Marriago. Swon to and Subscribed ( of groadruff before sufficie March 27#1896 Mino M. Axiollen Ording .



Wooding H.13, No. 800 Application for Allowance Sept leg diables
Applicant & Moodruft
County Coth Amount 21 Date of Warrant Mekioss
Entered on Record, Entered on Record,

Mello 188-8

Mello 188-8

Secretary Executive Department.

Modelly W. J. M. J

both county PERSONALLY appears M. J. Hoodruff of 696h State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the 15 day of Many enlisted in the military service of the Confederate States (or of the State of during the war between the States, and served as a Mirale in Company K, of 7th Regiment of Georgia Volunteers Anderson 's Brigade; that whilst engaged in such military service, at the battle of First Harris on the State of Virginia, on the 30 day of Sept 1864, he was wounded as follows: He was shot through hip - the bone was broken the ball remained in the hip for the some years, pregneth hier of fore came nit, blood passes Through the frique I hant use cente constantly my left heg is tiff and exceedingly weak by noron of the stound this leg is subline tially and countrally weller - I lost sween years application for the allowance to which he is entitled thereunder. Sworn to and subscribed before me, this the 10 day of March 1888 No W. Bannett Gray Nork. State fully nature of wound or character of disease which causes the disability, and explain particularly extent of the disability.

STATE OF GEORGIA.

STATE OF GEORGIA.

#### COMMISSIONED OFFICER'S AFFIDAVIT

PERSONALLY came before me

State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company K, of

Volunteers, and that deponent knows M. J. Hoodbuff, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said M. J. Hoodbuff, as stated by him in said affidavit. Deponent further states that said M. J. Hoodbuff is a bona fide citizen of this State, and resides in

Sworn to and subscribed before me, this

W. J. Hoodbuff

County.

Sworn to and subscribed before me, this

Volunteers, and that deponent knows M. J. Hoodbuff

is a bona fide citizen of this State, and resides in

County.

Sworn to and subscribed before me, this

Volunteers, and that deponent knows M. J. Hoodbuff

Application of the county of the county

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:

County.

disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this State, and resides in County, and we are well satisfied that all the state-

ments in his affidavit are true.

Sworn to and subscribed before me, this

day of

100

STATE OF GEORGIA,

PRRSONALLY comes before me H. M. Hannett Ordinary of said county, Dro. A. N. Jober and Dewell Gann, both known to

me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined W-J. Hordruff and after such examination say that the applicant has been injured as follows: He was knight that Thrugh

hip, came very mor dying from the mund. The fall remained in the hip for a number of pears,

the mount being a running for the light words and stiff and is un grantion of sentially of mostant all willer

Sworn to and subscribed before me, this

10 day of Mearch 1888.

Drivels Your mis

B. M. Wan wett

ORDINARY

NOTE.—The physicians will state fully the extent of the wound and the disability resulting therefrom.

STATE OF GEO	RGIA,
6000	County.

1. HM. Hausvell	RS # : 2000 [1982] - 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T. Nordruff the
applicant in the foregoing affidavit, and am well satisfied	that the statements made by him in 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 witnessestatements are worthy of full credit and belief.	es are persons of respectability, and that their
I further certify that I am Chair	before whom the foregoing
affidavits were made and power of attorney was signed,	is a
of said county, and that the said affidavits and signatures	s thereto are genuine.
Given under my official signature and seal, this	10 day of 16 cucl 1888
	6 M bannett
	Ordinary Cotto County.
	医耳门性 沙州南 医神经
POWER OF AT	TORNEY.
STATE OF GEORGIA	
County.)	My troduff
Know all men by these presents, That I	N. J. of Francis
	A STREET OF THE PROPERTY AND ADDRESS OF THE PARTY OF THE PROPERTY OF THE PROPE
in an	The state of the s
county, in said State, do hereby appoint $\mathcal{R}$ .	A STREET OF THE PROPERTY AND ADDRESS OF THE PARTY OF THE PROPERTY OF THE PROPE
la sul	A STREET OF THE PROPERTY AND ADDRESS OF THE PARTY OF THE PROPERTY OF THE PROPE
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of Loob	my true and lawful attorney in fact, for amount of money I may be entitled to from the
of Loob .  me and in my name to receive and receipt for whatever  State of Georgia by reason of the injury received as a	my true and lawful attorney in fact, for amount of money I may be entitled to from the aforesaid in the military service of the Confed-
me and in my name to receive and receipt for whatever State of Georgia by reason of the injury received as a erate States (or of this State), as stated in the foreg	my true and lawful attorney in fact, for amount of money I may be entitled to from the aforesaid in the military service of the Confedgoing affidavit. Hereby authorizing my said
me and in my name to receive and receipt for whatever State of Georgia by reason of the injury received as a erate States (or of this State), as stated in the foreg	my true and lawful attorney in fact, for amount of money I may be entitled to from the aforesaid in the military service of the Confedgoing affidavit. Hereby authorizing my said
of me and in my name to receive and receipt for whatever State of Georgia by reason of the injury received as a erate States (or of this State), as stated in the foregattorney to receipt in my name for any Warrant that ma	my true and lawful attorney in fact, for amount of money I may be entitled to from the aforesaid in the military service of the Confedgoing affidavit. Hereby authorizing my said y be issued by the Governor, or for any sum of
of me and in my name to receive and receipt for whatever State of Georgia by reason of the injury received as a erate States (or of this State), as stated in the foregattorney to receipt in my name for any Warrant that ma	my true and lawful attorney in fact, for amount of money I may be entitled to from the aforesaid in the military service of the Confedgoing affidavit. Hereby authorizing my said y be issued by the Governor, or for any sum of esaid.
me and in my name to receive and receipt for whatever State of Georgia by reason of the injury received as a erate States (or of this State), as stated in the foreg attorney to receipt in my name for any Warrant that ma money which may be coming to me for the reason afore In witness whereof I have hereunto set my hand an	my true and lawful attorney in fact, for amount of money I may be entitled to from the aforesaid in the military service of the Confedgoing affidavit. Hereby authorizing my said y be issued by the Governor, or for any sum of esaid.
of  me and in my name to receive and receipt for whatever  State of Georgia by reason of the injury received as a  erate States (or of this State), as stated in the fore attorney to receipt in my name for any Warrant that ma money which may be coming to me for the reason afore  In witness whereof I have hereunto set my hand an	my true and lawful attorney in fact, for amount of money I may be entitled to from the aforesaid in the military service of the Confedgoing affidavit. Hereby authorizing my said y be issued by the Governor, or for any sum of esaid.
me and in my name to receive and receipt for whatever State of Georgia by reason of the injury received as a erate States (or of this State), as stated in the foregattorney to receipt in my name for any Warrant that ma money which may be coming to me for the reason afore In witness whereof I have hereunto set my hand an day of March. 1885.	my true and lawful attorney in fact, for amount of money I may be entitled to from the aforesaid in the military service of the Confedgoing affidavit. Hereby authorizing my said y be issued by the Governor, or for any sum of esaid.
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ne and in my name to receive and receipt for whatever tate of Georgia by reason of the injury received as a rate States (or of this State), as stated in the forest torney to receipt in my name for any Warrant that ma noney which may be coming to me for the reason afore.  In witness whereof I have hereunto set my hand an any of MacCh.	my true and lawful attorney in fact, for amount of money I may be entitled to from the aforesaid in the military service of the Confedgoing affidavit. Hereby authorizing my said y be issued by the Governor, or for any sum of esaid.

County.

TERSONALLI CAMC	
citizens of	county, in said State,
who, being duly sworn, say that they	are acquainted with
	and know that he received the wounds (or contracted the
disease) in the military service, as	stated by him in the foregoing affidavit; that said wounds (or
disease) permanently disables applic	ant, as stated by him; that said applicant is a bona fide citizen
for Section and model on in	County and we are well satisfied that all the state

Sworn to and subscribed before me, this

day

ments in his affidavit are true.

18

STATE OF GEORGIA,

PRESONALLY comes before me H. M. Hammell Ordinary of said county,

Dr. F. N. Jober and Bewell, Bann, both known to

me as reputable physicians of said County, who, being severally sworn, say on oath that they have
carefully examined H. T. Hood suff and after such examination say that the
applicant has been injured as follows: He was knimbly Ohot Hongh

Life, Cume very wordyne, from the sound. The
fall remained in the hip for a number of pions,
the normal being a puring for the light work and is unsquarted soft usually
Sworn to and subscribed before me, this

10 day of Mearch 1888.

B. M. Wannett

NOTE.—The physicians will state fully the extent of the wound and the disability resulting therefrom.

STATE OF GEORGIA,

I H M Haunell Ordinary of said county,
I, W. Haussell Ordinary of said county, do certify that I am well acquainted with M. T. Nordeuff the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said
affidavit are true, and I know he is the individual he represents himself to be, and that he resides in
this county. I also certify that the foregoing witnesses are persons of respectability, and that their
statements are worthy of full credit and belief.
I further certify that I am Chair any before whom the foregoing
affidavits were made and power of attorney was signed, is a
of said county, and that the said affidavits and signatures thereto are genuine.
Given under my official signature and seal, this day of the careful 1888
Ordinary Color County.
Ordinary County.
医动物 医多性乳管 医乳管神经病 经未产品
POWER OF ATTORNEY.
STATE OF GEORGIA
County.
Know all men by these presents, That I. W. J. Wordenff
Day goth
county, in said State, do hereby appoint R. C. Frein
of my true and lawful attorney in fact, for
me and in my name to receive and receipt for whatever amount of money I may be entitled to from the
State of Georgia by reason of the injury received as aforesaid in the military service of the Confed-
erate States (or of this State), as stated in the foregoing affidavit. Hereby authorizing my said
attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of
money which may be coming to me for the reason aforesaid.  In witness whereof I have hereunto set my hand and seal, this
day of Macche 1888
W.J. Woodrugo [L.S.]
Executed in the presence of us:
16 he bounded
Orainay .

who, being duly sworn, say that they are acquainted with and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen County, and we are well satisfied that all the stateof this State, and resides in ments in his affidavit are true. Sworn to and subscribed before me, this STATE OF GEORGIA, 6016 County. PERSONALLY comes before me H. M. Hammett Ordinary of said county, Dro. A. N. Gober and Dewell Gann , both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined W-J. Hordruff and after such examination say that the applicant has been injured as follows: He was Reviewely What Though hip, came very mor dying from the mound. The tall remained in the hip for a number of pears, the mount being a puring for the light weak and slift and is ungreation of secultally austrantially wellers Sworn to and subscribed before me, this Drivels Hour mr 10 day of Mearch 1888. B 46. Vo am matt

NOTE.—The physicians will state fully the extent of the wound and the disability resulting therefrom.

this county. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that I am Charing before whom the foregoing affidavits were made and power of attorney was signed, is a. of said county, and that the said affidavits and signatures thereto are genuine. day of March 1888 Given under my official signature and seal, this & Me Samuett Ordinary County. POWER OF ATTORNEY. STATE OF GEORGIA county, in said State, do hereby appoint R. G. Liei 1000 my true and lawful attorney in fact, for me and in my name to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit. Hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this. Macch

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

Executed in the presence of us:

Volumbammett.

Woodney Wm. 3. APPLICATION FOR ALLOWANGE

STATE OF GEORGIA,
Welch County.
PERSONALLY appears Im Thordriff of Colo county,
State of Georgia, who, being duly sworn, says on eath that he is a bona fide citizen and
resident of said State, and has been such continually since the day of
1916 nearly 1833 that he enlisted in the military service of the Con-
federate States (or of the State of ) during the war between the
. States, and served as a hours in Company , T, of 1/ th Regiment
of Variation Volunteers (May on 's Brigade; that whilst engaged
in such military service, at the battle of Fort Hampon in the State
of the not day of Colotic , 1864, he was
wounded as follows: In funshot intrine left fich to clin
(1) fraunch of Boni y Passing call the chilly is
bottock, for mount how neis entirely
helled in and that dische to fleedif
· Dow, The depriment County Set din crity in an
this the heard Butter him frecholly whempefor
h perform the ordinary mental wereather of like.
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
16 day of 13 ( ) 188 ( ) 188 ( )
Norge.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
the extent of the disability.
STATE OF GEORGIA.
Collo County, 10
an II W
PERSONALLY comes before me O. M. Ordinary of said county,
A. A. Breen and C. J. Elg. , both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined MT I. Woodruff and after such
entering left his fractioning left hounch bone ,
wound has never entirely healed, + a till discharges
bloods had The applicant- almost sit down only
on one fide, Said wound under him unable
to lessorue manual labor + makes left hip
substantially + essentially upelif -
Sworn to and subscribed before me, this) A. A. Sober h. de
8. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
day of 291 11 188 ) — of early will.
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.

Woodruff Wm. 3. APPLICATION FOR ALLOWANGE

States, and served as a ////// in Company , l, of / th Regiment
of Variation Volunteers Undigition 's Brigade; that whilst engaged
n such military service, at the battle of John Homfor in the State
of on the first day of Cololor, 1864 he was
wounded as follows: In function into the left his will
Got Hand & Bone & Hispine Cal Throle for in
by Hock, for nound no netter lything
helled the and thill discher thed
Dis, the definint Count det de rig only and
Dorden the british and manhal are cations of 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
he allowance to which he is entitled for the year ending October 26, 1889.
Sworn to and subscribed before me, this the
11 the things of
day of 14(1) 188.4) mult
XM Honinten
Norz.—State fully nature of wound or character of disease which causes the disability, and explain particularly he extent of the disability.
STATE OF GEORGIA
}
County, 11 41
PERSONALLY comes before me O. M. Ordinary of said county,
M. M. Sten and E. J. Olg 2, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined Min I Woodruff and after such
examination say that the applicant has been injured as follows: By gunshat entering left hip, fracturing left haunch bone,
+ papery out through night buttools, your The
wound has never entirely healed, + atill discharges
blood hug. The applicant-cannot sit down only
on one fide, Said wound under him unable
to ferform manual lator to makes left hip
substantially + essentially upliff
Sworn to and subscribed before me, this
day of Mily, 188 S of Sely Mist.
HII Main
ORDINARY.
DEAD NOTE The physicians will state fully the extent of the wound, and then give facts to show the extent of

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.

do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit:  are persons of respectability, and that their statements are worthy of full credit and belief.  I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a ot said county, and the said affidavits and signatures thereto are genuine.  Given under my official signature and seal, this day of 1999, 188	STATE OF GEORGIA,	
do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit:  are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and signatures thereto are genuine, Given under my official signature and seal, this day of 188 Ordinary County.  FOWER OF ATTORNEY.  STATE OF GEORGIA,  County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this day of 188  Executed in the presence of us:  DIRECTION:  Send money to me as follows, by	Con	A THE A
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit:  are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that a before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this day of the county.  POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  FOWER OF ATTORNEY.  Ordinary  County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the Gregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this day of  Executed in the presence of us:  DIRECTION:  Send money to me as follows, by		Ordinary of said county,
are persons of respectability, and that their statements are worthy of full credit and belief.  I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and signatures thereto are genuine.  Given under my official signature and seal, this day of County.  POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  Know all Men by these Presents, That I, of county, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this day of  DIRECTION:  Send money to me as follows, by	applicant in the foregoing affidavit in his said affidavit are true, and to the individual he represents himsel	t, and am well satisfied that the statements made by him that he is disabled to the extent he claims, and I know he is lf to be, and that he resides in this county. I also certify
I further certify that 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 day of 188  Ordinary County.  POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  Know all Men by these Presents, That I, of county, in said State, do hereby appoint of me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  In witness whereof I have hereunto set my hand and seal, this day of  Executed in the presence of us:  DIRECTION:  Send money to me as follows, by	that the foregoing witnesses, to-wi	.t:
I further certify that 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 day of 188  Ordinary County.  POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  Know all Men by these Presents, That I, of county, in said State, do hereby appoint of me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  In witness whereof I have hereunto set my hand and seal, this day of  Executed in the presence of us:  DIRECTION:  Send money to me as follows, by		*
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 day of 188  Ordinary County.  POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  Know all Men by these Presents, That I, of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this day of 188  Executed in the presence of us:  DIRECTION:  Send money to me as follows, by	are persons of respectability, and t	
Ordinary  POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  Know all Men by these Presents, That I,  of  county, in said State, do hereby appoint  of  me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid In witness whereof I have hereunto set my hand and seal, this  day of  DIRECTION:  Send money to me as follows, by  DIRECTION:  Send money to me as follows, by		
Ordinary County.  POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  Know all Men by these Presents, That I, of county, in said State, do hereby appoint of me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  In witness whereof I have hereunto set my hand and seal, this day of  DIRECTION:  Send money to me as follows, by  DIRECTION:	affidavits were made and power of	attorney was signed, is a
POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  Know all Men by these Presents, That I, of county, in said State, do hereby appoint of		
STATE OF GEORGIA,  County.  Know all Men by these Presents, That I,  of  county, in said State, do hereby appoint  of  my true and lawful attorney in fact, for  me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  In witness whereof I have hereunto set my hand and seal, this day of  Executed in the presence of us:  DIRECTION:  Send money to me as follows, by		Ordinary Colo County.
STATE OF GEORGIA,  County.  Know all Men by these Presents, That I,  of  county, in said State, do hereby appoint  of  my true and lawful attorney in fact, for  me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  In witness whereof I have hereunto set my hand and seal, this day of  Executed in the presence of us:  DIRECTION:  Send money to me as follows, by	1	
County.  Know all Men by these Presents, That I,  of  county, in said State, do hereby appoint  of  my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military ser- vice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  In witness whereof I have hereunto set my hand and seal, this day of  Executed in the presence of us:  DIRECTION:  Send money to me as follows, by	POW	VER OF ATTORNEY.
County.  Know all Men by these Presents, That I,  of  county, in said State, do hereby appoint  of  my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military ser- vice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  In witness whereof I have hereunto set my hand and seal, this day of  Executed in the presence of us:  DIRECTION:  Send money to me as follows, by		
county, in said State, do hereby appoint  of		unty.
of	Know all Men by these Presen	ets, That I,
my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this day of  [188]  [L. S.)  Executed in the presence of us:		
my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this day of  [L. S.]  Executed in the presence of us:  DIRECTION:  Send money to me as follows, by	county, in said State, do hereby a	ppoint
day of	me and in my name, to receive and to from the State of Georgia by re vice of the Confederate States (or authorizing my said attorney to re the Governor, or for any sum of m	d receipt for whatever amount of money I may be entitled cason of the injury received as aforesaid in the military ser- of this State), as stated in the foregoing affidavit; hereby ceipt in my name for any Warrant that may be issued by noney which may be coming to me for the reason aforesaid.
Executed in the presence of us:  DIRECTION:  Send money to me as follows, by		
Executed in the presence of us:    DIRECTION:   Send money to me as follows, by	day of	
Send money to me as follows, by	Executed in the presence of u	나는 그는 유민들은 전에 되었다면서 그 그 그리고 있는 것 같아요.
Send money to me as follows, by		
Send money to me as follows, by		
Send money to me as follows, by		
Send money to me as follows, by		1
2018 19 19 19 19 19 19 19 19 19 19 19 19 19		DIRECTION:
2018 19 19 19 19 19 19 19 19 19 19 19 19 19	Send money to me as follows,	by

#### NOTES.

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

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

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 of said County, do certify that I am well acquainted with Ordinary of said county, do certify that I am well acquainted with 10,01-1000000 applicant in the foregoing affidavit, and am well satisfied that the statements made by him 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 in his said affidavit are true, and that he is disabled, to the extent he claims, and I know the individual he represents himself to be, and that he resides in this County. he is the individual he represents himself to be, and that he resides in this county. I further certify that I further certify that. before whom the foregoing affidavits were made and power of attorney was signed, is a whom the foregoing affidavits were made and power of attorney was signed, is a of said County, and the said affidavits and of said county, and the said affidavits and signatures thereto are genuine. signatures thereto are genuine. Given under my official signature and seal, this & day of Febry

Ordinary Level Given under my official signature and seal, this 17 day of Hely 1891.

Ordinary Ool (County.

STATE OF DEORGIA

for Applicants dereto are Allowed Pensions

For Applicants Heretofore Allowed Pensions.	ror applicants neretolore allowed rensions.
STATE OF GEORGIA,	STATE OF GEORGIA,
10 10 19 Courses	COOCHE COUNTY )
PERSONALLY appears M. Hood mys Cool county,	Personally appears 1. U. Woodonff of Colu
State of Georgia, who, being duly sworn, says on that that he is a bona see citizen and	County, State of Georgia, who, being duly sworn, says on eath that he is a bona fide citizen and
resident of said State, and has been such continually since the day of	resident of said State, and has resided therein continuously ever since the
Hely, 1833 that he enlisted in the military service of the Con-	day of 4104 18.3.3 that he enlisted in the military service of the Con-
federate States (or of the State of	federate States (or of the State of) during the war between the States, and served as a
States, and served as a Month in Company 14, of th Regiment	States, and served as a William in Company A for the Regiment of Volunteers (Linguistra) Brigade; that whilst engaged
of Nolunteers Mallowy's Brigade; that whilst engaged	in such military service at the battle of Ah, Mannson in the State
in such military service, at the battle of the day of Carneter 1864 he was	of a on the St day of October 186 4 he was
wounded as follows: By Minnie Gall Shirting	wounded as follows: 4 hay bullet entiring the fel
the lest his and vanging through the	This ogssing through base tip for
aghar hip traching the lest hip	through the come our jos for synt mis
bone and Clausing Veces to not out	the bones - Said him is so damaged the
musely deponent is ornary frontically	deponents is Compelled to use a stack all
incompletent to perform you graman	time & Practically in competing to performe
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,	and the acts an endatory thereof, and makes application for the allowance to which he is intitled
and the acts amendatory thereof, and makes application for the allowance to which he is	for the year ending October 26, 1891. I have heretoforg been allowed a pension of
entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of Apply deliant of the second of the se	\$50, dollars, for Para disability
Sworn to and subscribed before me, this the	Sworn to and subscribed before me, this, the Wathout dout
8 Judgy of fly 1890 most	day of Heby 1891.) niork
Nors-State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of	NOTE. April fully nature of wound or character of disease which causes the disability, and explain particularly the extent of
Nort State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.	the disability, resulting from the wound or disease,
POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA	STATE OF GEORGIA,
County	County.
KNOW ALL MEN BY THESE PRESENTS, That I,	Know all Men by these Presents, That I,
of minutes and the second seco	of County, State of Georgia, do hereby appoint
county, in said State, do hereby appoint	manifestation of a control of the co
of	of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit;	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-
hereby authorizing my said attorney to receipt in my name for any Warrant that may be laked by the Governor, or for any sum of money which may be coming to me for the reason	ing 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.
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
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	day of1891.
day of 189	[L. S.]
Executed in the presence of us:	Executed in the presence of us;
	· · · · · · · · · · · · · · · · · · ·
	manufacture and the second sec
DIRECTION.	Send money to me as follows, by
Send money to me as follows, by	toP. Q.
P.O.	County, Georgia,
County, Georgia.	

do certify that I am well acquainted with.... applicant in the foregoing affidavit, and am well satisfied that the statements/made by him in his said affidavit are true, and 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 / Sday of New 189 2 SOLDIER'S PENSION

Heretofore Allowed Pensions.

STATE OF GEORGIA,

# For Applicants Heretofore Allowed Pensions.

.) during the war between the 18 1 that he enlisted in the military service of the Connt of said State, and has resided therein continuously ever since the tte of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and STATE OF GEORGIA,

Civen ander my office	a signature and scal	tyre A - and of a	
or and in my bone. to:	seive and receipt for	whatever amount of money	I may be entitled to
		ury received as aforesaid in tated in the foregoing affidavi	
my said attorney to recei	t in my name for an	Warrant that may be issued the for the reason abression	by the Governor, o
		we hereunto set my ha	STATE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE
Hvidual he represents thing		学的人。 (1995年 1995年	
			fr e
Executed in the pres	ence of us:	the actual be derine, and I	THE RESERVE TO SERVE THE S
applicant in the foregoing	affidavit, and am well	satisfied that the statements	made by him in his
do certify that I am well a	quainted with	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	y to the

POWER OF ATTORNEY.

For Applicants Heretofore Allowed Pensions.	LOI Whillouten troposogo mingray i opposite.
	STATE OF GEORGIA,
STATE OF GEORGIA, County.	0100 gents 1 11 0 11
	PROGNALLY Appears / Wood Out
Bhothal	County State of Georgia, who, being duly sworn, says on oath that he is a bone fide citizen and
	resident of sad State, and has resided therein continuously ever since the
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously	day of Hilly 18.3.3 that he enlisted in the military service of the Con-
since the day of 4/18/4, 1833, that he enlisted	federate States for if the State of ) during the war between the
in the military service of the Confederate States (or of the State of	States add served as a the Article in Company of the Regiment
during the war between the States, and served as a grant in Company of	Nalustrary (MA) Dame/s Brigade : that whilst engaged in
of th Regiment of Ca 1791 a Nolunteers Ullus dans 's	such military service at the battle of CHA FRO COMAS In the State
Brigade: that whilst engaged in such military service at the battle of	of Oa on the day of Oats 1864 he was
in the State of 10 1/2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	wounded actollows: 1 say grunghet stry yether
(90 lo 13) 186 the was wounded as follows:	let his toppetion the france
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ind Dassing through and not of the	Dais long Kindyo depresent
Dight hill - Digens of frether I knus	anctically freempetent to Destor
frolled but of leon of Seprent is our	the Ordinary manuel avactions
disil prodically incompetentto Perfirm the Ording	Life
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for	Deponent desires to praticipate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1885. I have heretofore been allowed a pension of
the year ending October 26, 1892. I have heretofore been allowed a pension of	the acts amendatory thereof, and makes application for the allowance to which he is children to the acts amendatory thereof, and makes application for the allowance to which he is a children to the acts amendatory thereof, and makes application for the allowance to which he is a children to the acts amendatory thereof, and makes application for the allowance to which he is a children to the acts amendatory thereof, and makes application for the allowance to which he is a children to the acts amendatory thereof, and makes application for the allowance to which he is a children to the acts amendatory thereof, and makes application for the allowance to which he is a children to the acts and the acts are a children to the acts and the acts are a children to the acts and the acts are a children to the acts and the acts are a children to the acts and the acts are a children to the acts are a children to the acts are a children to the acts and the acts are a children to the acts are a
Dollars for Vaigt America	dollars, for Days dipabelity
Swarm to and subscribed before me this the	Sworn to and subscribed before me, this, the
day of 7/10 W 1892.) Mals	(AST day of Mel 1802) and mark
THE STATE OF THE S	All Ha Bub
Note: State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.	A fill a stand or character of disease which causes the disability, and explain particularly the extent of the
	Norm—Side fully nature of wound or character of disease which causes the onegonity, and explain any resulting from the wound or disease.  CORUIA' (COURT)
POWER OF ATTORNEY.	STATE OF GEORGIA, ) 10
STATE OF GEORGIA,	LO WOOD COMMENTS
County.	Ordinary of said County,
Know all Men by these Presents, That I,	11.
of	do certify that I am well acquainted with the
County, in said State, do hereby appoint	applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
of my true and lawful attorney in fact, for	said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-
me and in my name, to receive and receipt for whatever amount of money I may be entitled to	dividual he represents himself to be, and that he resides in this County.
from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing	I further could that HANKEROK I have been been sure your song search the
my said attorney to receipt in my name for any Warrant that may be issued by the Governor,	I further certify that the last of the total participated by the signed is a
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	before whom the foregoing affidiavits were made and power of attorney was signed, is a
day of	the Contestance States for of this States) we state of in of said County, and the said affidavits and the Contestance States for of this States of the State
,	the Contestrate States for of this States of the States and the States of Georgia by reason of the Light's referred as alore and in the Contestrate States for of this States of the Contestrate States for of this States of the Contestrate States for of this States of the States of t
Executed in the presence of us:	Given under my official signature and seal, this day of day of 1893.
	Allie Store acpi abboin
	Know all Men by these Presents, 10 10 Off Country
DIRECTION.	County.)
Send money to me as follows, by	
to P. O.	STATE OF GEORGIA.
County, Georgia,	POWER OF ATTORNEY,
AND THE PROPERTY OF THE PROPER	

STATE OF GE	COUNTY,	
Know all Men by the	ese Presents, That I, of	
County State of Georgia.	do hereby appoint	
ne and in my name, to rec State of Georgia by reason States (or of this State) ney to receipt in my name	my true and lawful attorney in fac- secive and receipt for whatever amount of money I may be entitled to from on of an injury received as aforesaid in the military service of the Confed ), as stated in the foregoing affidavit; hereby authorizing my said A e for any Warrant that may be issued by the Governor, or for any sum of m me for the reason aforesaid. EREOF, I have hereunto set my hand and seal, this.	ttor one
	1894.	
	· · · · · · · · · · · · · · · · · · ·	
1	DIRECTIONS.	
Send money to me	as follows, by to County, Georgia.	P. (

Maimed Soldiers. Audited Feb. 19 1889. Voucher No. 722. Amount \$ 50.

Paid to M m.J. Moodruft

For Left ley anables

Etily 19 1889. Included in Warrant No. issued to Treasurer.

applicant

Heretofore Allowed Pensions

### For Applicants Heretofore Allowed Pensions.

AND DESCRIPTION OF THE PARTY OF				
TATE OF	GEORGIA.			
100	County.	will will be set the spirit of the	.0	
PERSONALLY	innears Holly	eveneff of	1000	le
PERSONALLY	Georgia, who, being d	luly sworn, says on o		a fide citizen
ity, State of Co	id State, and has resi	ded therein continu	ously ever since th	e //-
of Figh	1833	that he enlisted in t	he military service	of the Con-
	of the State of	(2)	during the war	
tes, and served		vata in Con	npany , of 7	th Regiment
Henryi	a Volunteers	udgeson 's I	rigade; that whils	t engaged in
h militar serv	ice at the battle of	Charge of	Fet Harrison	in the State
Va	on the	day of	chory	86. he was
unded as follow	NSD Jan 6	zunshot	- orin	My Th
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WH	Hipp, as	pas.	sing ca	wys
the (	right ?	rif.		
	0	and the same and t		2 10
	L			
-		the hanafite of the A	at annuound Oatal	er 24th. 1887.
Deponent des	ires to participate in	the benefits of the 11	ct, approved Octor	
d the acts amer	adatory thereof, and	makes application	ct, approved Octob or the allowance	to which he is
d the acts amer	ndatory thereof, and ending October 2	makes application in 6, 1894. I have her	or the allowance etofore been allowe	to which he is
d the acts amer	endatory thereof, and ending October 2	makes application of the same dollars, for the same dollars, for the same dollars.	or the allowance etofore been allowe	to which he is
d the acts amer	adatory thereof, and	makes application of the same dollars, for the same dollars, for the same dollars.	or the allowance etofore been allowe	to which he is
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d the acts amer	adatory thereof, and ending October 2 d subscribed before m	makes application of 1894. I have her dollars, for the yee, this, the	or the allowance etofore been allowe	to which he is
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d the acts amer	adatory thereof, and ending October 2 d subscribed before m	makes application of 6, 1894. I have her dollars, for the te, this, the 1 1894.	ear 189	to which he is d a pension of
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Sworn than da	d subscribed before my of Market wound or character from the wound or disease.	makes application of 6, 1894. I have her dollars, for the te, this, the 1 1894.	ear 189	to which he is d a pension of
Sworn than da	d subscribed before my of. When the nature of wound or disease.	makes application of 6, 1894. I have her dollars, for the te, this, the 1 1894.	ear 189	to which he is d a pension of
d the acts amerititled for the y Sworn train da Norz train fully to the disability, resultin	d subscribed before my of Market wound or character from the wound or disease.	makes application of 6, 1894. I have her dollars, for the te, this, the 1 1894.	ear 189 Line of the disability, and explain pa	to which he is d a pension of
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Sworn than da  Norz Sale fully the disability, resulting the certify that I	d subscribed before my of Whomas of wound or character from the wound or disease.  GEORGIA,  County  am well acquainted	makes application of the second of the secon	or the allowance etofore been allowed ear 189 with the second of the sec	to which he is d a pension of other war of the country of said County the
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d the acts amerititled for the y Sworn than Ada Norze-cate fully ti the disability, resulting TATE I, o certify that I pplicant in the n his said affida	d subscribed before my of Whomas of wound or character from the wound or disease.  GEORGIA,  County,  am you acquainted foregoing affidavit, a vit are true, and I know the in this County.	makes application of the second of the secon	or the allowance etofore been allowed ear 189 de disability, and explain par or disability, and explain par disability disability.	f said County, the s made by him
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No. 722	
STATE OF GEORGIA, EXECUTIVE DEPARTMENT. & Manta, Ga. Hory	119 1889
Mm7 m	
of Cost. having filed his application	on in the Executive
Department for an allowance under the Act approved October 24, 1887, a	
Dec. 24, 1888, and the same having been allowed for	
left leg desables	• •
He is entitled to receive the sum of Heffy	_Dollars
for such disability, the same being the allowance due for the year ending (	October 24, 1889.
The Treasurer will say the same and lade his receipt on this you her.  Executive Department for warrant.	and return same to
OF GEORGIA	Governor.
By the Governor.	
CLERK EXECUTIVE DEPARTM	ENT.
4	
RECEIVED OF STATE TREASURER, R. U. HARDEMAN.	
9. It Soot I'M	
sign in the of	Dollars,
per above voucher, this 19th of Hely.	1880.
File Til	uff
mozsla.	

Maimed Soldiers. Voucher No. 706 Audited Feb. 10 Audited Amount \$ 50 Um Amalik Paid M.J. Hoodrigh For Ley disablet 1890 Included in warrant No. issued to Treasurer. WARRANT CLERK.

applicant)

Woodrup, W.S.

Maimed Soldiers.

Voucher No. 1095

Amount \$ 50

1891.

COMPTROLLER-GENERAL.

For Leg dis

Jehj 18 1841.

Included in warrant No.

issued to Treasurer,

1891.

WARRANT-CLERK.

applicant

Allanta, Sa., Dety 10 1090

Mr. M. J. Woodruff of 60066 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

Log desables

He is entitled to receive the sum of Hufty 100

for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

MA Hamson

\$150

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Allanta, Ba Hebry 10

Mr. W. D. Wordruff Cook

Department for an allowance under the Act approved October 24, 1887, as amended by Acts

approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

He is crititled to receive the sum of for such disability, the same being the allowance due for wear ending October 24, 1891.

The Treasurer will pay the same and hold his receipt of this voucher and return same to

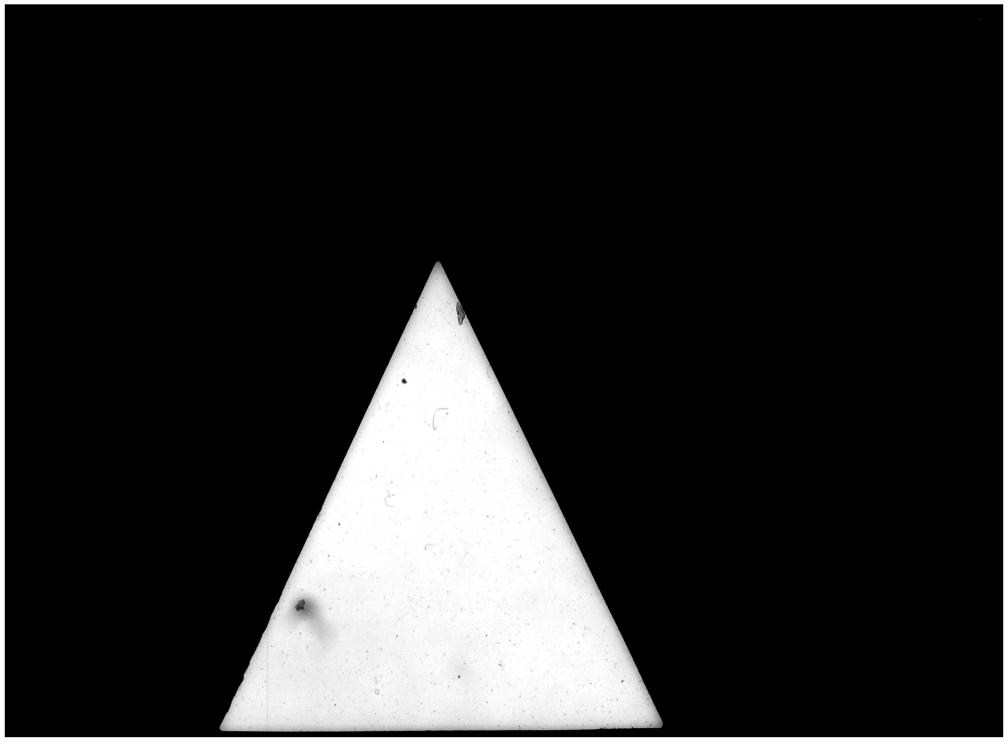
Executive Department for warrant.

By the Governor,

150

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

above voucher, this_____



Wooten HM/8 Coff-Co	Person of fine 6/1-1900 Affleyed in mit an aguste molining almee Very his affent.	
INDICENT PENSION	Comment of the	
Name H. W. Worten County Coll	This frame	
JOHN W. LINDSEY,		
- WARRANT HANDRO TO		

# POWER OF ATTORNEY. County.

STATE OF GEORGIA,

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

- by

Witness my hand and seal this

Executed in presence of

STATE	OF GEOR	RGIA.	)			. 1 % in 1		
31A1L			inty.	•				1.00
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10 de 1	STATE OF GEORGIA, County.) Co. C. 127 Killing of Mulity
	of said State and Coupty, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:  1. What is your name and where do you peale? (give State County and post office).
. 1	2. How long and since when have you been a resident of this State? All My life Teffer  3. When and where were you born? Afant 15th 1845 in Music Co, Ca,
in the	4. When and where and in what company and regiment did you enlist or serve? Trackaur buttablion. Quilibled in Co C. Bebruary 1864
성	5. How long did you remain in such company and regiment? Mull May 1865 at was parroled with my Command at Mayorta Va
BWei	6. For how long a period did you discharge regular military-duty? About the works. 7. When, where and under what circumstances were you discharged from service? Two paroless with my command at Mungalon be May 1865.
A	8. What is your present occupation? Craftur 9. How much can you earn (gross) per annum by your own exertions or labor? Way with a labor? What has been your occupation since 1865? Craftur
ST Be	11. Upon which of the following grounds do you base your application for pension, yis: first, "ge and poverty," second, "infirmity and poverty," or third, "blindness and poverty," second, "infirmity and poverty," or third, "blindness and poverty," second, "infirmity and poverty," If upon the first ground, state how long you have been in such condition that you solld not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If
þ	whom the third, state whether you are totally blind and when and where you lost your sight? My sufficiently, Beach disease to Richard that I have been knearly to later for about two years
uestion M	13. What property, effects or income do you possess, and its gross value? IT we reap to will have bounded furnitum worth \$25.  14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and
Otte	what disposition if any, did you make of same? The Jame as Unationed his
ery	15. In what County did you reside during those years, and what property did you then return for taxation?  Leably County: Treturned the fore hard, above mentioned  16. How were you supported during the years 1898 and 1899? Reg. What what little of
A	17. How much did your support gost for each of those years, and what portion did you contribute thereto, by your own labor or income? V. Cut Var. 20 What has a contribute the result of the way your employment during 1898 and 1999? What pay did you receive in each year?
	18. What was your employment during 1880 and 1880 to a Must le arope and received 19. Have you stemily It so, who composes such family? Give their means of support? Have they
	Ox wast as Geringe through Our Combined Suffer
	20. Are you receiving any pension? If so, what amount, and for what disability?
	day of Mch. 1900. Applicant.
	of County.

#### QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
GU, COUNTY.
A. M. Chadwick , of said State and County, having been presented
as a witness in support of the application of Many W. Woother for pension
under Section 1254, Code, and after being duly sworn true answers to make to the following questions,
1. What is your name and where do you reside? June hy Chadusely
A reache in Colf County Woodfree the applicants it as
2. Are you acquainted with Stuff 100 to the the applicant; if so how long have you known him? All the last the the the the the the the the the th
3. Where does he reside, and how long and since when has he beep a resident of this State?
of 25 il in Coll County - and has lind in Sa all
1. When where and in what company, and regiment did be enther, and how do you know ?
5/ Were you a member of the same company and regiment? I have the bullest a leg and
6. How long did he perform fegular military duty, and what do you know of his service as a Confederate
soldier, and the time and circumstances of his discharge from the service? About Ilinition
his proof Much lines.
7. What property, effects or income has the applicant? (Give your means of knowledge.)
have lived here him all his life.
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? I tout 1 techt as above Solar
The puly weome being what little he end quete as
9. Has been veyed away any of his property in the last four years, if so, what was it, and to whom?
10. What is the applicant's occupation and physical condition g this occupation is
High by A by Blow to 10 74 ha Vallers Bone heart
11. Is the applicant unable to support himself by labor of any sort, if so, why?
IN Unpfort Munself by later on account of las
district 13 2/2 latt
12. How was he supported during the years 1898 and 1899? They What wille he
13. What portion of his support for these two years was derived from his own labor or income?
Muy little prograng from his withmuly ned actual berooting
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? The the from the han been a
Vieffens for the albai mentioned diseases - and
is Obrica publi of Supporting himself by later pre that account
15. What interest have you in the recovery of a pension by this applicant?
Sworn to and subscribed before me, this the lady of May of May 1900.
Ordinary.

#### AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Gerapally came before me the Hole Street and both known to me as reputable physicians
of said Sunty, who, being overally sworn, say on oath that they have examined carefully.  **Record of the section 1254, Code, and after the se
such personal examination say that his precise physical condition is as follows:
Has Bright Disease with very weak heart
Has look weight stindely for took sold gives &
LOCAL GOVERNMENT MAN PROPERTY AND ASSESSMENT OF THE PROPERTY O
They further say on oath that the physical condition of applicant renders him unable to labor at
any work or calling sufficient to earn a support for himself, and that we have no interest in said pension
being allowed.
Sworn to and subscribed before me this the from Simpson and,  Stay of Mch 1900. 6 f slip in 5.  Me Ecomordinary.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
Copor gounty.
in i
I, Ordinary in and for said County, hereby certify
that the applicant / Lenny W Worther resides in said County, and has
been a bona fide resident of this state singe the day of 1894 3
and that the witnesses, viz A Bladmid malk
Simportal 2 8 8 detre Her and
are of true worthy character, and that their statements are entitled to sal faith and credit. WR www
I further certify that before answering the foregoing questions the applicant and each witness took
the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness
before same was signed.
I further certify that the tax digests of County show that applicant
returned for taxation in his name in 1898 R 3 12-5. Personally 25 Dollars
of property, and in 1899 R & \$ 125 - Property, \$ 180. Dollars of property.
In my opinion the foregoing claim is made in good faith,
to an I
Witness my hand and seal of office, this day of the 1900.
of Orbit County.
NOTE.

thall true answer make to each of the questions asked of you, and the evidence, you shall give will be the whole truth, so help you Ged."

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

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

STATE OF GEORGIA,

Cone section not (For Those Already Enrolled.)

INDIGENT

West million

Cour	nty. J	
i,	hereby author	ize
	of.	
to receive and receipt for the	pension allowed and req	uest that he remit same to
by		
Witness my hand and seal,	this day of	1901.
Approximately the second		
Executed in presence of		
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SULLDIER S PENSION.	Name Topker & M.	SSUED	LINDSEY,	WARRANT HANDED TO
10	1350	WARRANT ISSUED	JOHN W. LINDSEY,	WARRANT HAN

I,	C.ff	EORGIA,  W Woole  eccipt for the		of		authorize	0	u Un	
by		Irnuly ny hand and s	eal thi	at	day of	Som	ou	1902.	<u> </u>
Exc	ecuted in	presence of		7.					
LED.)		<b>S</b>			12/3		THEORY.		7
CODE SECTION 124. U CODE SECTION 124. U FOR THOSE ALREADY ENROLLED.	2.62.8	IER'S PENS	025.	Molen	Registration Property	WARRANT ISSUED	JOHN W. LINDSEY,	Hy Tond	n, State Printer, Atlanta.
OS THOSE A	No.	LOIER	100	Name H W	9	WARR	JOHN V	L ON WARRA	Geo. W. Harrison, State Pr

Name 16

#### For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. Dersonally appears to 1 Vivilen 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 1845: that he is 58 years old and since the day of Chraif by occupation a that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served for the term of 1.3 The Hain Company C, of the Regiment (34 Mw) of San Hegiment (18 6 10 6 6 5 6 0 00; that his physical condition is as follows: Or allowet of infirmity and that his property consists of the following items Dollars, that by reason of his physical of the value of condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of county been allowed a pension for the year 190/ Sworn to and subscribed before me, this the - day of farmery du Jutrey Ordinary. STATE OF GEORGIA. County. Ordinary of said County, do certify that I am well acquinted with Ho W Woolen applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be

Given under my official signature and seal, this

day of Januar

Note. - Affidavit should not be attested before January 1st, 1901.

and that he resides in this County:

N OTE -The blank spaces must be filled

FOR APPLICANTS HERETOFORE ALLOWED STATE OF GEORGIA. County Personally appears 10 W Wooten 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 1841; that he is 60 years old and since the____ that he enlisted in the military service of the Conby occupation a Kanney federate States (or of the State of ______) during the war between the States, and served for the term of 13 worths in Company 6, of 13 th Regiment 4. Todo Militin Colvary that his physical condition is as follows: Age Indinnely lund spoorte, Deponent is unable to Support himsely that his property consists of the following items. Dollars, that by reason of his physical of the value of___ condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act; approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of county been allowed a pension for the year 1 901 TH. W. Woother Sworn to and subscribed before me, this the day of January John Wirten Ordinary STATE OF GEORGIA. Ordinary of said County, do certify that I am well acquainted with Ho W Wooding the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this

County.

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

IN WITN	ess where	OR IN	by		hand and	seal thin	611
of G	n presence of	1903.	74		ottu		[L, 8.]
	<b>.</b>	1130					Service Service
OLLED.)	NOIS		14	1	1903.	Y, or of Penaloge.	
No. (37)	DISABLED IER'S PEN	03	Moode	Regiment /	2.3	JOHN W. LINDSEY	WARRANT HANDED TO
HOSE ALR	ER'	ā	Mo	β.		M NE	ARBANT

J. B. GLOVER,
CLERK SUPERIOR COURT & COUNTY TREASURER,
COBB COUNTY H

mid

Marietta, Sa.,

Clerk Superior Court, Cobb County, Ga.

1904

Clerks Office Cold Superior Court

I B. Hover Clerk of Cold Superior Court

the that the following extract from the
report of the Grand fung for the Lecous work

of Nounder Verm 1901 of Cold Superior Court,

appears of record, to wit.

"How in regard to the pression of w. H.

" wooten who was dropped from the

"Tolks by a firmer Grand fung,

" We recommend that his pression

" the resterna to the lift of fourioners,

This Hebruary 3 - 1902,

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

both	RGIA,			1
	County	They	6	April
Personally appears	VIIIV	vuu 1	_ofo	
ounty, State of Georgia, wh nd resident of said State, ar		7		######################################
	1842; that he			
ederate States (or of the S		/		ar between the
tates, and served as a	wat			
Ha. Metas				
such military service in the	e State of		, on the	day
1	he was wo	unded injured		
you age by	firmit of	frout	nis	emetel
Suffert M	miself !			
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				0
Name of the state	S. 1			
Deponent makes applic				
	3. I have hereto	ofore, under s County, been a	aid law, as	a resident of
nding October 28th, 190	3. I have hereto	ofore, under s County, been a lars, for the ye	aid law, as	a resident of
	3. I have hereto Doll	ofore, under s County, been a lars, for the yea	laid law, as lowed an ar 1902.	a resident of ad pensions of Wwo Ne
nding October 28th, 190	3. I have hereto	ofore, under s County, been a lars, for the yea	aid law, as	a resident of ad pensions of Wwo Ne
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Sworn to and subscribe	Dollar before me, this to	ofore, under a County, been a lars, for the year he Post-office	aid law, as allowed an 1902.	a resident of depensions of whom the
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Sworn to and subscribe	Dollar Do	ofore, under a County, been a lars, for the year he Post-office	aid law, as allowed an 1902.	a resident of dependent of who the
Sworn to and subscribe day of Jay of Norn.—State fully, the nature particularly the extent of the disability of the Control of	Doi: d before me, this ti	ofore, under a County, been a lars, for the year he Post-office	aid law, as allowed an 1902.	a resident of dependent of who the
Sworn to and subscribe day of Jay of Norn-State fully, the nature particularly the extent of the disability of the Control of	Dollar Do	ofore, under a County, been a lars, for the year he Post-office	alid law, as allowed and ar 1902.  He Muan hich causes the discourage of the discour	a resident of depensions of whom the
Sworn to and subscribe day of the Norz.—State fully, the natural cultarly the extent of the disability of the Control of the C	Dollad before me, this to the wound of characteristic from the wound of the word of the wo	ofore, under s County, been a lars, for the yea he Post-office racter of disease w and or disease.	and law, as allowed and ar 1902.  He Muan hich causes the discourage ordinary	a resident of depending of said County,
Sworn to and subscribe day of the state of the disabilist STATE OF GEO	Doll d before me, this to the wound of character when wound of character with me affidavit, and are affidavit.	core, under second of county, been a lars, for the year lars, lars	ar 1902.  Mar 1902.  M	a resident of depending of said County,
Sworn to and subscribe day of the state of the disabilist STATE OF GEO	Doll d before me, this to the wound of character when wound of character with me affidavit, and are affidavit.	core, under second of county, been a lars, for the year lars, lars	ar 1902.  Mar 1902.  M	a resident of depending of said County,
Sworn to and subscribe day of Jay of	Dollad before me, this to the wound of characteristic from the wound of characteristic from the wood of the country.  DRGIA, Country.  Country bequainted with me affidavit, and an true, and I know I is Country.	core, under second of county, been a clars, for the year and are second or disease where the country of the cou	ar 1902.  Mar 1902.  M	a resident of depending of said County,
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Sworn to and subscribe day of Jay of	Dollad before me, this to the wound of characteristic from the wound of characteristic from the wood of the country.  DRGIA, Country.  Country bequainted with me affidavit, and an true, and I know I is Country.	core, under second of county, been a clars, for the year and are second or disease where the country of the cou	ar 1902.  Cordinary  Cordinary  that the state dual he representations	a resident of depending of said County, ements made by
Sworn to and subscribe day of Jay of	Dollad before me, this to the wound of the w	core, under second of county, been a clars, for the year and are second or disease where the country of the cou	ar 1902.  Cordinary  Cordinary  that the state dual he representations	a resident of depending of said County, ements made by

Note.—All vouchers and affidavits must bear date after January 1, 1903.

Georgia County, Swort all new by these possents that I thing W. Wooten lurchy constitute That I have afterney in fact for me and in my name to represent The in any citation or other proceeding issuese by the Honorable John W. Lindsey in or in any way concerning My poursion claim und act in my name concerning Laid claim as fully as if I were personally prosent at the doing thereof of My of Wanther

byWITNESS	4/	at	owed, and rec	Jan	hereby authorized he remit sa	4
(FOR THOSE ALREADY ENROLLED.) No. (-2-3	SOLDIER'S PENSION 1904	Name H. M. Boten	Co. 7 Regiment  A. J. & S. S.  WARRANT ISSUED	136-1904.	JOHN W. LINDSEX, Commissioner of Presions. Comissioner of Presions. WARRANT HANDED TO	Geo, W. Harrison, State Printer, Albath.

Wootenti.W.

#### POWER OF ATTORNEY.

TATE OF GEORGIA,	COUNTY,	Gas .	hereby au	thorize
John Awhrey o receive and receipt for the p	ofof.ension allowed	, and request th	41.	
WITNESS my hand and seal,	/	day of Ju	1	
Executed in the presence of	71 91	Woother	•	[L. S.

SOLDIER'S PENSION

1005

County

Count

(FOR THOSE ALREADY ENROLLED.)

no Noth

LAN ALLPIOANTS HERETALORE APPOMED LENSIONS
STATE OF GEORGIA,
County.
Personally appears AM Mooter of Coll
UIUI
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
years old and
by occupation a famule, that he enlisted in the military service of the Confederate States (or of the State of
The state of the s
of Ma hata militia Call Unaham's
follows: On age mirriety of
winself
that his property consists of the following items:
1/2 Thing
Ul d spirite
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1904. I have heretofore as a resident of
County been allowed a pension for the year 1803
Swern to and subscribed before me, this the
6 th Bay of January 1904. Quark
Shill white
Ordinary.
STATE OF GEORGIA,
Cold Round
I, Jehn While of a Ordinary of said County,
do certify that I am well acquainted with All booken
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this 0
day of farmany 1904.
James John Shoul
your Beat Delta De
Ordinary County.

Norg.-The blank spaces must be filled.

Norm.—Affidavit should not be attested before Jamesry 1st, 1904.

FUK APPLICANTO HEKETUPUKE ALLUMEU PENDIUND. STATE OF GEORGIA. County. Personally appears 10 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 1842; that he is 6 e years old and that he enlisted in the military service of the Conby occupation a .... federate States for of the State of _______) during the war between the States and served for the term of ________, of 12 th Regiment of ________, that his physical condition is as that his property consists of the following items: Dollars. I am now earning, of the value of ... Dollars per month. That by reason of his by my labor, physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of. H W Wootlen County been allowed a pension for the year 1904. Sworn to and subscribed before me, this the day of farry 1905. Ordinary. STATE OF GEORGIA, County. Ordinary of said County, do certify that I am well acquainted with WW Worker the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this

> Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January 1st, 1905.

Ordinary

County.

John Mi	CORGIA,  CON  Con  Con  Con  Con  Con  Con  Con  Co	Men of ension allow	ed, and requ		hereby authorize
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		at.		0	
WITNESS	my hand and seal,	this 15	W. Woo	then	1906. [L. s.]
Executed	in the presence of				
SIVVE	Jann		***		
					0
ED.)	NO			1906.	1
COR SECTION 1234.  FOR THOSE ALREADY ENROLLED.  No. 793.	S PENS	13	SUED SUED	N. LINDSEY.	ABRANT HANDED TO
CODE SECTION 1234. SE ALREADY EI Vo. 793	IER'S PE	hoa	Tellagenen 18 WARRANT ISSUED	JOHN W. LINDSEY.	THAN STATE OF STATE O
U -   -		a k	ARR.	HN	<b>2</b>

#### POWER OF ATTORNEY.

I, 26 M Novle	. COUNTY.		, hereby	authorize
receive and receipt for the p	ofof	and request t	hat he rem	t same to
	at		0	
WITNESS my hand and seal,	this # 9	J Worth	tur	1907. [L. s.]
Executed in presence of				
Jivo Vario	<del>- 1</del>			
				10
				ni ana ana ana ana ana ana ana ana ana a
<u> </u>	1115	706	#	
. 5	1 3	22	1	
ROLLED	les long		fX, ner of Pensi D TO	s, Arrians.
Coar Better 156.  E ALREADY ENFOLLER)  G > 4  VDIGENT  SR'S PENSION  DOZ.	Morlen Ser. Ball	60	JOHN W. LINDSEY, Commissioner of Pensi ARRANT HANDED TO	ATPHOTOL, ATLANTA,

#### FUR APPLICANTS HERETURURE ALLUMED PENSIONS State of Georgia, Coft County. Personally appears Blo M Wooler 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____ , that he enlisted in the military service of the Conby occupation a during the war between the federate States (or of the State of____ in Company of of make course States, and served for the term of ____ of Ha- militing Town Hicking that his physical condition is as that his property consists of the following items: Dollars. I am now earning of the value of____ __Dollars per month. That by reason of his by my labor, physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of County, been allowed a pension for the year 1905. Sworn to and subset before me, this the State of Georgia, County. Ordinary of said County, do certify that I am well acquainted with_ the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this_

Ordinary.

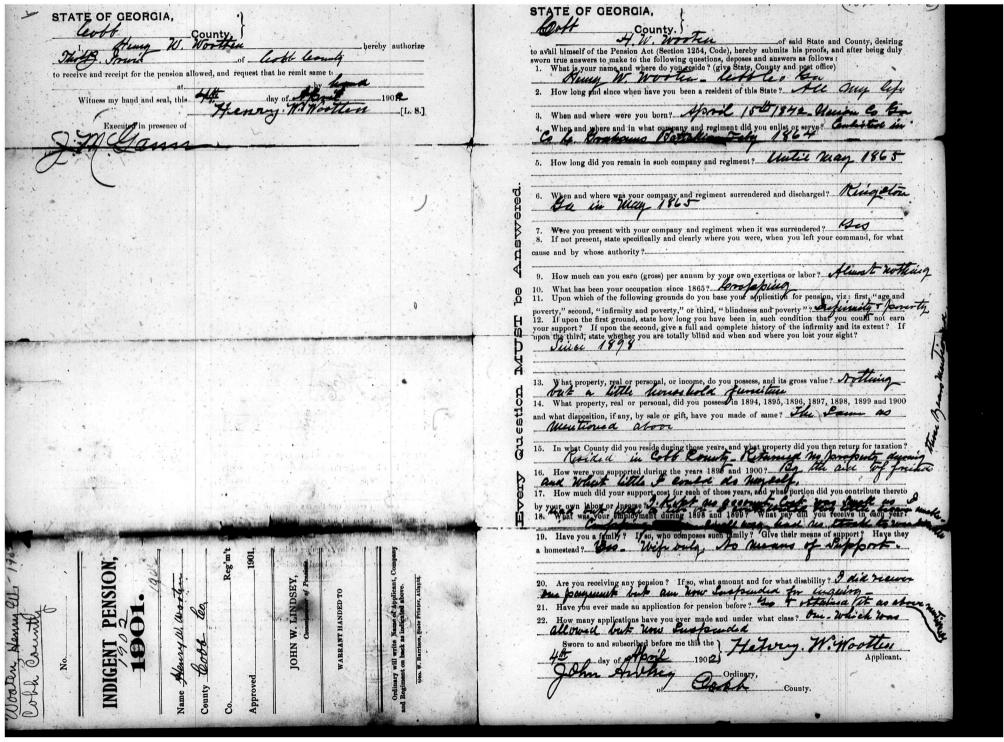
Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1906.

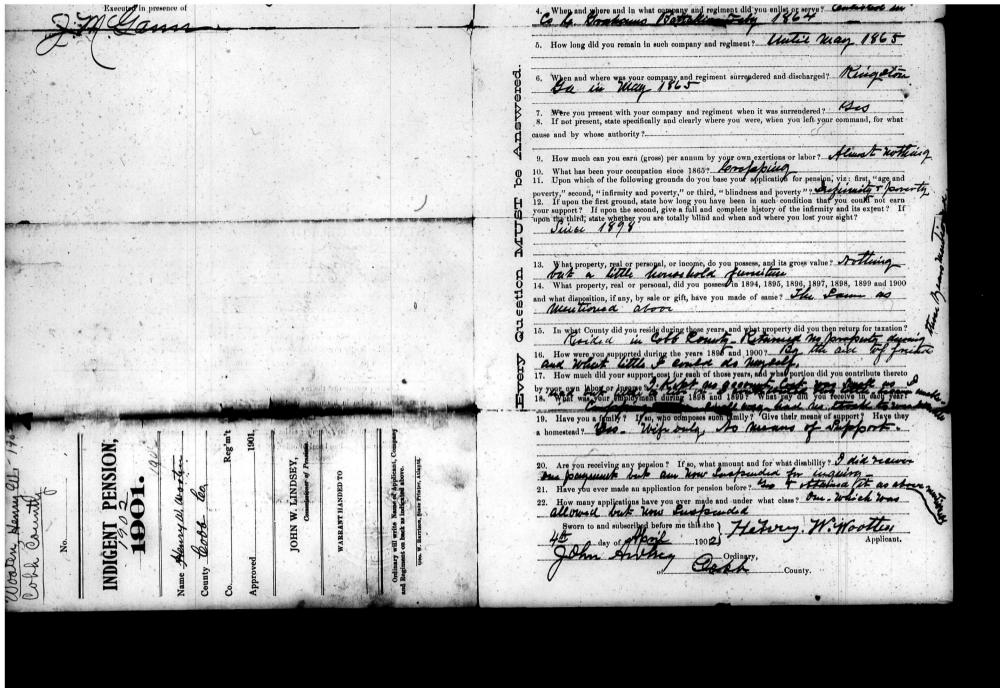
day of__

Affix your seal here

State of Georgia. County. Personally appears 20 / Waler County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the ____day of____ 18 ; that he is _____years old and by occupation a that he enlisted in the military service of the Con-___) during the war between the federate States (or of the State of____ in Company o , of The Regiment States, and served for the term of of 127h Batton, Gamilita Cather his physical condition is as that his property consists of the following items: Dollars. I am now earning of the value of Dollars per month. That by reason of his by my labor,... physical condition and precepty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of_ County, been allowed a pension for the year 1906. Sworn to and subscribed before me, this the H W Worther day of Justwhin Ordinary State of Georgia, County. Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal this____ County.

County.





QUESTIONS FOR WITNESS.	
STATE OF GEORGIA,  Leoft county.	
as a witness in support of the application of Hung W. Workful for under Section 1254, Code, and after being duly sworn true answers to make to the following que deposes and answers as follows:  1. What is your name, and where do you reside?  1. What is your name, and where do you reside?	pension estions,
how long have you known him? Thinks five in thinks feet yours.  3. Where closs he reside, and how long and since when has he been a resident of this State?	``
4. When, where and in what company and regignent did he enlist, and how do you know?  At culistic in to be Trahams Battallion we	les it was
5. Were you a member of the same company and regiment?  6. How long did he perform regular military duty? Multip he Surrendered?  7. When and where was his command surrendered? At Kingette in Magnetic and Magnetic	it Way 1865
8. Were you present when it surrendered? I was 9. Was applicant present? He was	
When did he leave his command? May 1865 For what cause? Surrender  By what authority he left? Farel. How do you know all  Was at Kingsty a at the time and was f	
11. What property, effects or income has the applicant? (Give your means of knowledge.)  12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899 and 1	ibl Condition
what disposition, if any, did he make of same?	whom?
14. What is the applicant's occupation and physical condition?  Level 14. What is the applicant's occupation and physical condition?	mestale &
15. Is the applicant unable to support himself by labor of any sort, if so, why? He to	***
16. How was he supported during the years 1898, 1899 and 1800? But his frame	
17. What portion of his support for these three years was derived from his own labor or income the first of the condition.  18. Give full and complete statement of the applicant's physical condition that entitles him to a nucler Section 1254. Code?	
fuble and Suffers from brust disease -	
	Tiem.
Ordinary.	5.

#### AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,	ÇY. }
Personally came before me	in Ho Feld and
6 F Henry	, both known to me as reputable physicians
f said County, who, being severally sworn, say of	n oath that they have examined carefully
•	applicant for pension under Section 1254, Code, and after
uch personal examination say that his precise ph	ysical condition is as follows:
At has Whenner	alicing and rigarice.
he as + a incare with	ich randons line mobe
a do and way	carrial Cabor, Age
They further say on oath that the physica	al condition of applicant renders him unable to labor at
any work or calling sufficient to earn a support	for himself, and that we have no interest in said pension
being allowed.	Cha Hould Me
Sworn to and subscribed before me, this	the) CALL VIN
3-2 day of Abrail 19	ALL OF BUILDING
Q. 4.6.	Ordinary.
y and wanty	- Ordinary.
ORDINARY"	S CERTIFICATE.
STATE OF GEORGIA.	TY.
1 John Shop	Ordinary in and for said County, hereby certify
that the applicant Henry It I	resides in said County, and has
been a bona fide resident of this State since the	189 4 189 4
and that the witnesses, viz:	Mealchin Chas. H. File
UN LEH Neard MA	
are of trustworthy character, and that their state	ements are entitled to full faith and oredit.
I further certify that before answering th	he foregoing questions the applicant and each witness took
the oath hereon prescribed, and that the full tex	ct of the affidavits was read to the applicant and witness
before same was signed.  I further certify that the tax digests of	Coffic County show that applicant
returned for taxation in his name inclased	1 Dollars
of property, and in 1900	War de properent
In my opinion the oregoing claim is	made in good faith.
Witness my hand and seal of office, this	5 day of Arrait 1902
Witness my naud and sear of omoe, this	John Swhen Ordinary,
	of County
The state of the s	NOTE.
1 Refere any questions are answered, the Or	rdinary shall swear applicant and the witnesses in the following

words: "You shall brue answer make to each of the questions asked of you, and the evidence yet asked of 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.

JOHN AWTREY, Model Marietta Ga Mariella, Da., April 744 190 2 Hon John W. Linday Hear Judge Endond Colonal clingen Dear e Sir you have ask more of than i am alle to rectorn as i am not I Send you the papers in the Worken able to travel to hunt Case, You will fine, I think, wany up deliness i think in Thing down that you specifications have maid as mileh required - except the Statement of the 1900 as una wilder and all the can required Freman, which I hope made wing me to mane to it effect to obtain, but, as before states, wood with it is need to he lives in a remote portion of the much more root thouse County and it is seldow that he comes and one will it might in , I have written him there time ? with Hourd and will i am demitte hear bulg no an auswer this morning brouble and rhenmatism Laging, that he would come here in i Would have to Walf 35 a few days and attend to it. Not miles to get a Witiniss buring any Compulsory process to Compel this attention to the wester it lives Mi at my row's and And de

Is all the G and i am not able to make the trip i am Grand Gury in to get up my old japers March Was opposed you to notice that land The Grand Gury one man Has mad legislator So i Hant because i did not you to tell me What agon think about it after Tote his, Way another i have made all the because he Killed a fine Coll for me and proof ned sary ident fee host in will aplication Would made thim your for do any lotter it Was all it that Was all done 21 years ago agon fee, malices that drop my Just by the Sprimber how things Horks to do haril I man Said thank gound Mury The crongale Was no Sigleh a thing grand fliery Jaid the as a balation in the mulices there fore Considerate armong that

lay Mr wooten in his right. I hope therefore that you will not much shoot shoot find form obtaining the recessary widence to re-instate him on the role.

With vay fail regard.

This of Journ

consider the matter over i have sent all you have ask ne to Send and When a man Lends all the Front you ask him to Lend think that is all that is nelsary not linney takening ever lo Con Deleration a thint as a old Edite in House my Will Close yours verry truly 1. W. Woollen

Cott County, Shith who boung doth Byon Says that he is will acquainted right Shory M. Woodan, is will acquainted right Shory M. Woodan, and works to the fact dother with front donase and works to properly of some of a perfect by account of his Physical and specific by account of his Physical appoints by account of his Physical appoints by account of his Physical accounts to the second standard and the solution of the second standard and the solution of the second standard and the solution of the second standard standard solutions of the second standard standard solutions of the second standard solution of the second standard solution of the second standard solution of the second solution of the second solution of the second solution of the second solutions, so the second solution of the second solution of the second solution, so the second solution of the second solution of the second solution of the second solution, so the second solution of the seco

J. B. GLOVER,

CLERK SUPERIOR COURT and COUNTY TREASURER.

G. L. LEMON, DEPUTY.

COBB COUNTY.

MARIETTA GA Oct. 19. 1901. 190

Georgia, Cobb County.

I, J.B.Glover, Clerk Superior Court, of said County, certify that at the March 1901 Term of said Court, the Grand Jury for the first week in its presentments duly published and entered on record, recommended that H. W. Wooten be dropped from the indigent pension roll.

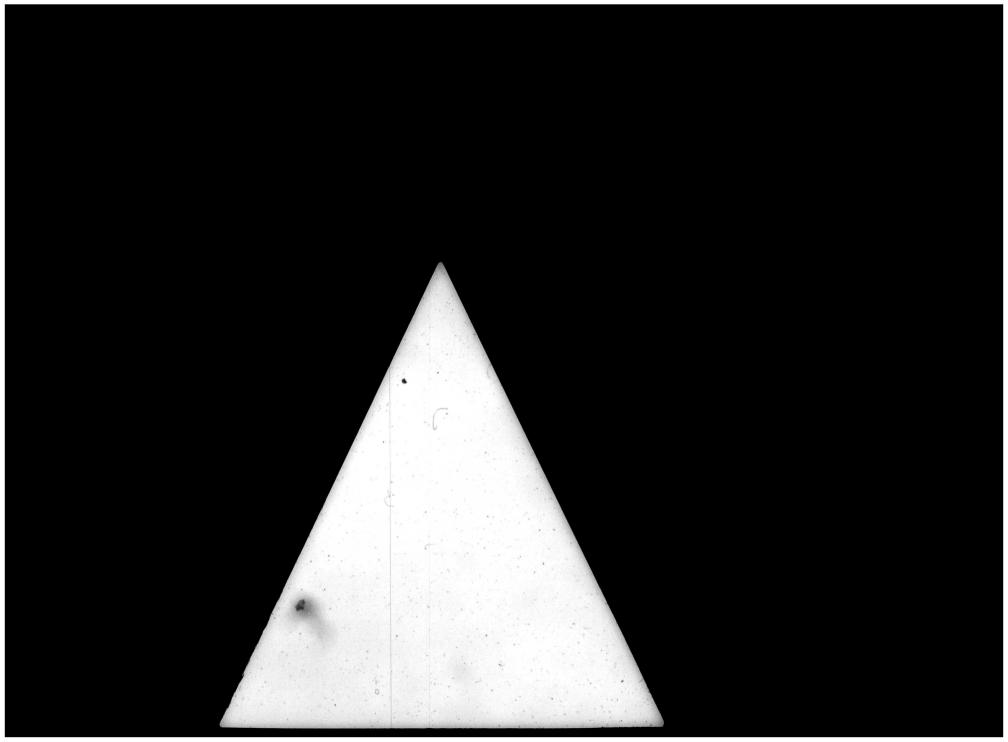
Olerk Superior Court.

->OFFICE OF-J. B. GLOVER. Sta ou Muse Johns Clerk Superior Court and County Treasurer, COBB COUNTY. Marietta, Ja., her 16 190/ 9 Mendrey Pennin ags Your Vastal received, On the 19 Ook last I went que a certified cefy of the proceedings of the excend duy (re far as concerns Denriens) for march rom 1901-Osor herefuler term eiter meet nach If you ded not receive the refort Hón monon lem flear infom mo and I will rend a cery - only one ( It It Wroten) evas driffed 1 Hallings

me dala Trongin Oole County: M. R. montgomen who on onthe suip he to acquainted with to 24. Worken This applicant for opension and says that the 40 acres of land as returned by fail Worken for taxes owned by him but is and hus been to owned - that the said of we. Worken owns no Jupely, but voly gats as agent That I the Daid montgomery au the class of Supe. for court of said County and thros these facts to be true. WR Montgoing fe know to and Subscribe & before me dio 6 day of Mych 1900. on stone only

State of Georgia & Personally appeared Durgice Cersonally appeared Fulton County. before me the under-Aloga County, before Un the anderseignes Signed - Codinary - in Ordinary in and for Suid County - Joshua Fouler Who being and for Suid Courty Livis Howell who being Lover, duly Swown, Lago on oath. That he is Says, that he was a Muchon of Co well acquainted with Henry W. Worken Shut C Grahemes Sattallion Georges Volen affiant Exclisited at the Laure time and in teers - Confederale away - Steak Hours the Pauce Company and battallion that Said Worten did, to with February 1864 Wy Wooten was a runder of said Ceoupacy and that Said Worten in Company C. Tralecour Battallier enlisted in Said Company in February Short afficient Derend and Messed with 1864 and Lived, will Said Battal. Said Bootine until Jaid Battallion Sumud. ered at Kingston Da in May 1865. Afficient lion was paroled at Knigston Ja in May 1865 Deponent was present Swears positivly of his oun Knowledge as and Was Presended and paroled to the enlistment and Lovier of Said Wooken at the Same liver that said Worken and of Surrender and parole as above Stated - That he was paroled at the Same was Depount further Sugo that Said Wooten was a good and Time With Said Wooten and States these Faithful Toldier From an subinale fuck from distinct personal Nuroledan acquaintence with Said Wooten he is breaux of his which association with Satisfied that he is physically make Vaid Wroter as a wess wate during his to labor Sufficiently to make a bing live of Dirore , and from the fact that Sworn to & Subscribed & & Kowell they lived as neighbors and both whiches before this Oct 1st 1900 at the Same line from the Country of Fireyth before De Sifet 1900. Goshia forler manya

nidetrathis fage I conly that the witness read this forting worthy and that his statement are worthy of fall faith and bridet and that he took was sever to it and is and collectmoney of the affidavit was read to him. Jackin bola Sworn to before my this
18 day of Sefst P The aut 15/900



Wastan William S.		
(O.K. No		STATE (  I,  to receive and  Witness
INDIGENT PENSION, 1900.		E OF GEORGIA, and receipt for the pension tness my hand and seal, th Executed in presence of
Name WS Morling County Leath		County. County. Allowed, and request that he remit as at at at a day of a
JOHN W. LINDSEY,  Commissioner of Pensions.		ttorney.  the remit same to  by  day of
WARRANT HANDED TO		hereby authorize
12/10-190 D 7/25-1907		<u></u>

1991 Coaalo O.K. No. 14				Win	I,	STATE
INDIGENT PENSION,	720			ess my h	and receipt for the	OF .
1900.			processor of	nd seal, this		Por GEORGIA,
Name MS Morling County Leasth					County. )	ower of Attorney.
JOHN W. LINDSEY,				day of		torney.
Commissioner of Pensions.	0	,		<b>4</b>		
WARRANT HANDED TO	•			1900. [L. 8.]	hereby authorize	
12/10-1900	Committee of the commit					· +

to receive and receipt for the pension allowed	of	hereby authorize	to avail himself of the Pension Act (Section 1264, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:  1. What is your name and where do you reside? (give State, County and post office)  Military & Modan (Leasign (Moth Avenity)) Alogacie Past of
Witness my hand and scal, this  Executed in presence of	day of	1900. [L. S.]	2. How long and since when have you been a resident of this State?  3. When and where were you born? It was a back as the state of the
			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? 94.  13. What property, real or personal, or income, do you possess, and its gross value?  14. What property, real or personal, did you possess in 1894, 1896, 1897, 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same?  15. In what County did you reside during those years, and what property did you then return for taxation?  16. How were you supported during the years 1898 and 1899?  17. How much did your support cost for each of those years, and what project did you contribute thereto by your own labor or income? Lecture of the years, and what portion did you contribute thereto the your own labor or income? Lecture of the years, and what portion did you contribute thereto the your own labor or income? Lecture of the years, and what portion did you contribute thereto the your own labor or income? Lecture of the years, and what portion did you receive in each year?
INDIGENT PENSION, 1900.	muty leaff.  JOHN W. LINDSEY,  Commissioner of Pensions.	Ges. E. Rerriese, State Printes, Atlasta.    14   10 -   90 D    14 5- 19 07	19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?  20. Are you receiving any pension? If so, what amount and for what disability?  21. Have you ever made an application for pension before?  22. How many applications have you ever made and under what class?  Swyrn to and subscribed before me this the disability?  Ordinary,  Ordinary,  Ordinary,  County.

STATE OF GEORGIA,	
Hulton COUNTY.	
William & Triffing, of said State and County, having been presented	
as a witness in support of the application of William & Woolon 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? William & Hriffin	
in Fullow County, "Allunta Ha"	
2. Are you acquainted with Wallian A. Woolbu , the applicant; if so,	
how long have you known him? Harry Tews	
3. Where does he reside, and how long and since when has he been a resident of this State?	
4. When, where and in what company and regiment did he enlist, and how do you know? In Upril	
Were you a member of the same company and regiment?	
6. How long did he perform regular military duty? Antile The Close of the ware  7. When and where was his command surrendered? Long where we remembers the	
or between there and briggin the 1864.	
8. Were you present when it surrendered? I was not	
9 Was applicant present? Te was act	
10. It be was not present, where was he? in Carry Duylos Alla Prisoner	
When did he leave his command? / 864 For what cause? Was Taken Prices.  By what authority he left?  How do you know all of this?	
I what without his there was last were any the mere &	
Every to Carry Duglas Ill. any Cept there let the	
11. What property, effects or income has the applicant? (Give your means of knowledge.) norm	
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what	
disposition, if any, did he make of same? He had notice	
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?	
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disposition, if any, did he make of same? It had the state of the same of the	

STATE OF GEORGIA,	
COUNTY.	. '5
Personally came before me and	
T. L. Moas d, both known to me as reputable physicians	
of said County, who, being severally sworn, say on oath that they have examined carefully A	
Overtan , applicant for pension under Section 1254, Code, and after	
uch personal examination say that his precise physical condition is as follows:	
age 6 G.	
He suffer with Caterrahal influention of	
The Bladder and Sumbago or Back ache to	
such extent as to render him muchle to do	
a days work, wifind This promenent and such as to see	Lin
They further say on oath that the physical condition of applicant renders him unable to labor at	
ny work or calling sufficient to earn a support for himself, and that we have no interest in said pension	
It a showed	
Sworn to and subscribed before me, this the	2
	A
10 day ( Corr. 1900.)	de
Ordinary.	
ORDINARY'S CERTIFICATE.	
STATE OF GEORGIA,  I, COUNTY. Ordinary in and for said County, hereby certify that the applicant W. Worther resides in said County, and have	
oven a bona fide resident of this State since theday of Aref. 189 #	
and that the witnesses, viz:	
are of trustworthy character, and that their statements are entitled to full faith and credit.	
I further certify that before auswering the foregoing questions the applicant and each witness tool	
the oath hereon prescribed, and that the full text of the affidavits was redd to the applicant and witness	18
before same was signed.	
I further certify that the tax digests of County show that applican	it
returned for taxation in his name in 1898 Nothing Dollar	18
of property, and in 1899 Nothing Dollars of property.	
In my opinion the foregoing claim is made in good faith.	
Witness my hand and seal of office, this O day of Wir 1900	0.
	179
of Ordinary,	
A STATE OF THE STA	,
1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "Yes	ou
shall true answer make to each of the questions asked of you, and the evidence you shall give will the whole truth, so he	
<ol> <li>Additional affidavite may be attached if blank spaces are insufficient.</li> <li>In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as about</li> </ol>	vo .
aet out.	

POWER OF ATTORNEY.  State of Georgia,  Lifty County.  In the County of t	POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  I, Whereby authorize  of  to receive and receipt for the pension allowed and request that he remit same to
at  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  day of  Executed in presence of  Mulfillum	by Witness my hand and seal, this // day of ranning 1902.  W. Worken [L. S.]
SOLDIER'S PENSION,  Name WARRANT ISSUED  WARRANT HANDED TO  OUT OF 12 DEC. 1944.  Solldier'S PENSION,  LEED R.  Ommissions of Posicion.  WARRANT HANDED TO  OUT	No for the section is

### For Applicants Heretolore Allowed Pensions.

STATE OF GEORGIA,
Cobb County la
W & Martin Och
Personally appears of Orone of
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 1814; that he is years old an
by occupation a famer; that he enlisted in the military service of the Confect
erate States (or of the State of ) during the war between the States
and served for the term of J from in Company ( , of ) th Regiment of
; that his physical condition is a
follows: I sleggy type frequency and
foreign of found is unboly to
Duffort Chinal
that his property consists of the following items
1 hothing
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th
1894, and the acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1898. I have heretofore as a resident of
county been allowed a pension for the year 1901
a den l'O l'odan
day of flaw 1860
John Mother Ordinary.
State of Georgia,
Lobb County.
Sol Mules
I, John County,
do certify (Nat I am well acquainted with the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of Jan 1968
Ans Jour Mother
boro.
Ordinary County.

#### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County. County
Personally appears It & Woolan of Color
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 68 years old and
by occupation a that he enlisted in the military service of the Con-
federate States for of the State of
States, and served for the term of 3 4 in Company &, of 56 th Regiment
of that his physical condition is as
follows:
Owns to dufinity and bouty he
is mobile de Support houself
that his property consists of the following items
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of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1902. I have heretofore as a resident of
County been allowed a pension for the year 1 9 6 2
Sween to and subscribed before me, this the
day 9 103.)
Thirthing Ordinary.
STATE OF GEORGIA,
Cobb a 1 County.
do cortify that I am well accounted with I Strates
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this 19
day of 1900 1900 1900 1900 1900 1900 1900 190
CAME CONTRACTOR OF THE PARTY OF
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Note.—The blank spaces must be filled.

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

· I,		<u> </u>	ereby aut	horiz
receive and receipt for the pension	, and requ	iest that he	remit sa	ıme (
Witness my hand and seal, this	 day of			190
				_[r.
Executed in the presence of				

Regiment 56

Name

WARRANT ISSUED

SOLDIER'S PENSION

INDIGENT

1904.

Wooten, W. S.

(FOR THOSE ALREADY ENROLLED.)

No. WY

## no data

Commissioner of Pensions.

JOHN W. LINDSEY,

WARRANT HANDED TO

(FOR THOSE ALREADY ENROLLED.)

2.56 No. 636

INDIGENT

#### POWER OF ATTORNEY.

	Ί,	OUNTY. J		her	eby authorize
to receive and rec	ceipt for the per	nsion allowed,	and request	that he re	emit same to
WITNESS my	hand and seal,	this	day of		1905.

SOLDIER'S PENSION

1905.

Name JESOS.

County Cobb Regiment & B

Co. & Regiment & B

Application issued

nodata

VARRANT HANDED TO

JOHN W. LINDSEY,

#### TUR APPLICANTS HERETUFORE ALLOWED STATE OF GEORGIA, County. Personally appears / // Orles 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 18; that he is 69 years old and by occupation a Yerrier, that he enlisted in the military service of the Confederate States for of the State of during the war between the States, and served for the term of 3 55 in Company 6, of 66 th Regiment that his property consists of the following items: of the value of. Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15. 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of_ County been allowed a pension for the year 1 903 Sworn to and subscribed before me, this the ) day of any Ordinary. W. S Woolan Ordinary of said County. do certify that I am well acquainted with Movie the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Janua County. Ordinar

Norg.-The blank spaces must be filled.

Norn.-Affidavit should not be attested before January 1st, 1904.

STATE OF GEORGIA. County Personally appears County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the ____day of____ 18 that he is 20 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of .....) during the war between the States, and served for the term of Fried in Company & of 6 th Regiment Ma. Vale that his physical condition is as that his property consists of the following items: Dollars. I am now earning, of the value of ... Dollars per month. That by reason of his by my labor,... physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of County been allowed a pension for the year 1904. Sworm to and subscribed before me, this the day of Jany morning Ordinary. Ordinary of said County, do certify that I am well acquainted with. the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this. day of County. Nors.—The blank space paust be filled.
Nors.—Affidavit should not be attested before January 1st, 1905

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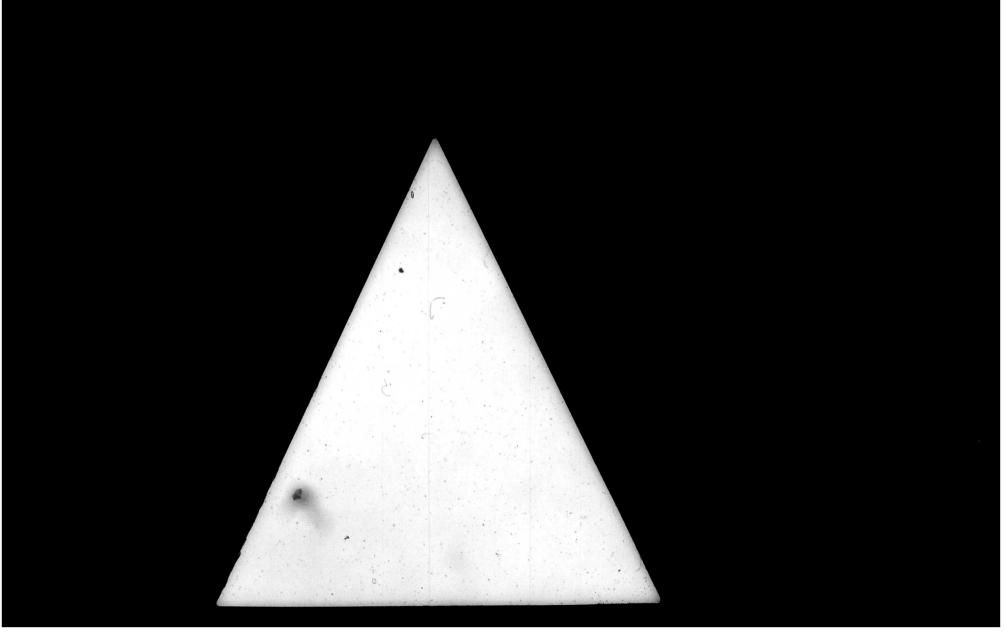
#### POWER OF ATTORNEY.

The state of the s				_, hereby authorize
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receive an	l receipt for t		ed, and request that	the remit same to
		at	<del>*                                    </del>	
WITNES	s my hand and	seal, this	day of	1907.
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Cons Serrior 124. Con THOSE ALREADY EMPOLLED	PENSIO	37.	WARRANT ISSUED.	WARRANT HANDED TO  WELLEN, W. ELEMON, WASHINGTON, W. ELEMON, W. S. M. S. M. ELEMON, W. S. M. S.

TOIL THE VIII ON HILL TO TOKE IN THE VIII ON THE VIII	State of Georgia,
State of Georgia,	Colle County.
Coll County.	Personally appears N & Norlew of Cook
Personally appears 1 8 Moolen of Cote	County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
Personally appears // 6 // of of of	and resident of said County and State, and has resided in said State continuously ever
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen	
and resident of said County and State, and has resided in said State continuously ever	since theday of 18 ; that he isyears old
since the day of 18; that he is years old and	and by occupation a, that he enlisted in the military service of the Con-
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
federate States (or of the State of) during the war between the	States, and served for the term of
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	that his property consists of the following items;
that his property consists of the following items:	1
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Pollers I am now serving	by my labor, Dollars per mouth. That by reason of his
of the value of	physical condition and poverty he is unable to support himself by his own exertion or
by my labor, Dollars per month. That by reason of his	labor, and that he receives no pension but the one herein applied for.
physical condition and poverty he is unable to support himself by his own exertion or	Deponent desires to participate in the benefits of the Act approved December 15th,
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 peasion to which he
Deponent desires to participate in the benefits of the Act approved Becember 10th,  1894, and the Acts amendatory thereof, and makes application for the pension to which he	is entitled for the year 1907. I have heretofore, as a resident of
is entitled for the year 1906. I have heretofore, as a resident of	County been allowed a passion for the year 1906
C 1 11 11 - 1 1005	Sworn to and subscribed before me, this the
Sworn to and subscribed before me, this the	19 day of 3001 1907.
Sworn to and subscribed before me, this the	John Tho Pray Ordinary.
Day of 1906.	The state of the s
Ordinary.	State of Georgia,
State of Georgia,	County.
County.)	ordinary of said County,
I Som while A M Ordinary of said County,	The Walloolen
do cortify that I am well acquainted with 11 & Woolen	do certify that I am well acquainted with I would be the applicant in the foregoing affidavit, and am well satisfied that the statements made
	by him in his said affidavit are true, and I know he is the individual he represents himself
the applicant in the foregoing affidavit, and am well satisfied that the statements made	
by him in his said affidavit are true, and I know he is the individual he represents himself	to be, and that he resides in this County.  Given under my official signature and seal this
to be, and that he resides in this County.	day of 1907.
Given under my official signature and seal, this	latin dishe
day of Annay 1908	1 / WW Charles
1 MADTIN MEY	Affix Four Seal Ordinary County.
Affix Four County.	Nove. — The blank whose must be filled.  Nove. — Affidavit should not be attested before January 1st, 1907.
here the country.	Nors.—Affidavit should not be attested before January 1st, 1907.

FOR OPLICANTS HERETOKORK ALLOWED PENSIONS

TAIL STOLET Clayton County. Z. T. MANSON, Ordinary. Jonesboro, Ga., Georgin Clerghin Country Phromally Came before one to / Mountain Oledinaly in and ful lund County & Dodown Who miller Oath buy's that he of his own knowledge knows That William & Howlan hous a member of Co & 56. Regt Su bulimters. Flown the fuest that he winter the Co & Reyt while encamped at Wallan Springs in the City of Attento in the spring of 1862 preparation to entering active service That while curiting said Co + Regt he sur Suis Worlan herofulming military duty of I hut he lines. a reighbut to sain Worton at the Time southern So Dourson his dec 19900 3 Manson Ordinay of Clay len C &a Clayton County of & Marison Ordinay on and for and county do hereby artif hat &D. Dolom is a must with Of you of said anuty withers my hund read of office his des fred



Wright OS. Pensin Ofice of 1117. Infirmity is not well Oast County 10, 3085 from Su mitmer X STATE OF GEORGIA 11 + physicians -INDIGENT PENSION Com Dousing 1897. applicant must such infraity as support of any know Richtohum WARRANT HANDED TO R. C. Som Juny 14 1897

STATE OF GEORGIA. STATE OF GEORGIA. County. of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: hereby authorize What is your name and where do you reside? (give State, County and post office) 6 J. Hargher Murutta Cook Comey ye Where did you reside on January 1st, 1894, and how long have you been a resident of this State? to receive and receipt for the pension allowed and request that he remit same to... Marieta Cotto Come &a: 63 years When and where were you born? Desalt & 4a ang 24 1 1834 When and where and in what company and regiment did you enlist or serve 22 arch. 1862 Dreach Co. 44. Co 4. 36 4a Witness my hand and seal this .... How long did you remain in such company and regiment? Mutte "interel 8600 Executed in presence of Day welled from Brelow For how long a period did you discharge regular military duty? When, where and under what circumstances where you discharged from service ?... Pay rolled at Premone Ta Course from on Fustow and mas at home when we seeme What is your present occupation? & agt Manuag match Co How much can you earn (gross) per annum by your own exertions or labor? Juffer Dalla. 10. What has been your occupation since 1865? Jammy with 1893 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"? Qqu. Infunte of portion 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? beaut is 63 years and saddly reflered husymable to nock since 13. What property, effects or income do you possess and its gross value? 14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? 15. In what County did you reside during those years and what property did you then return for taxation? 16. How were you supported during the years 1895 and 1896 ? by my Claughter 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? Truty Five voels 18. What was your employment during 1895 and 1896? What pay did you receive in each year? selling mable on commence! Commenced 19. Have you a family? If so, who composes such family? Give their means of support? Have they Wife & daughter, Keeping boorders have no trouvale all 20. Are you receiving any pension, if so what amount and for what disability? L. J. wigh Applicant.

(2) 회사 회사 전문
County.
O Diceres of said State and County having been presented
10-111-14
as a witness in support of the application of
following questions, deposes and answers as follows:
1. What is your name and where do you regide?
Munetta yas bob vyu.
2. Are you acquainted with to Manght Jane, the applicant, is of
how long have you known him? Thirty Three years
3. Where does he reside, and how long has he been a resident of this State?
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you
know this? 134 being with him in the Same
It defined with him. The 36 Su.
didigional and the district of
5. When, where and in what company and regiment did he enlist? Co. f. 36 Sa.
I di Tresed March 1862 in Decalle Co. Sa
6. Were you a member of the same company and regiment? Same Reclaiment Co. R. 7. How long did he perform regular military duty, and what do you know of his service as a Confed-
erate soldier, and the time and circumstances of his discharge from the service? about (3) years.
and the state of t
8. What property, effects or income has the applicant? (Give your means of knowledge.)
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if
any did he make of same? Acre That I know of.
10. What is the applicant's occupation and physicial condition? Marble agents
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10. What is the applicant's occupation and physicial condition? Marble agents
10. What is the applicant's occupation and physicial condition? Marble agent to the last real and feature the is not cable.  11. Is the applicant unable to support himself by labor of any sort, if so, why? The is refoliced and has the remaining the support himself by labor of any sort, if so, why?
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STATE OF GEORGIAN
Le Company A A C
Personally copie before me John It Mulifur and
both known to me as reputable physicians
of said county, who being severally sworn, say on oath that they have examined carefully
, applicant for pension under the Act of 1894, and after
such personal examination say that his precise physical condition is as follows:
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of night wine
Is old + cufum + hoving had
So old + infirm + hoving had Rhumalism for several years is unoble to do manual labor
보고 있는데 하는데 살아보고 있는데 그렇게 되었다. 그는 그는 사람들은 그는 그들은 그들은 그들은 그들은 그들은 그들은 그들은 그를 가는 것을 하는데 살아보고 있다.
We further say on oath that the physical condition of applicant renders him unable to labor at any
work or calling sufficient to earn a support for himself, and that we have no interest in said pension being
allowed.
Sworn to and subscribed before me, this the Holy of the 1897.
the day of 1897. S of Selye
Ordinary.
HONO HONO HONO HONO HONO HONO HONO HONO
ODDINA DE CERTIFICATE
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
STATE OF GEORGIA,
STATE OF GEORGIA,  County.  I,  Ordinary in and for said County, hereby certify that
STATE OF GEORGIA,  I,  Ordinary in and for said County, hereby certify that the applicant resides in said County, arrowas a bona
STATE OF GEORGIA,  I,  Orderary in and for said County, hereby certify that  the applicant resides in said County, arrawas a bona  fidd esident of this State on the first day of vanuary, 1894, and that the witnesses viz:
STATE OF GEORGIA,  I,  County.  Orderry in and for said County, hereby certify that the applicant.  The applicant resides in said County, and was a bona for s
STATE OF GEORGIA,  I, County.  I, County.  Orderry in and for said County, hereby certify that the applicant.  Tesides in said County, and was a bona for said
STATE OF GEORGIA,  I, County.  I, County.  The applicant resides in said County, hereby certify that resides in said County, and was a gona are of trustworthy character and that their statements are entitled to full faith and credit.  I further certify that before answering the foregoing questions, the applicant and each witness took
STATE OF GEORGIA,  I, County.  I, County.  Orderry in and for said County, hereby certify that the applicant.  resides in said County, arrows a bona are of trustworthy character and that their statements are entitled to full faith and credit.  I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses
STATE OF GEORGIA,  I,  County,  I,  County,  Ordinary in and for said County, hereby certify that  the applicant  resides in said County, and was a bona  that esident of this State on the first day of January, 1894, and that the witnesses viz :  If further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.
STATE of GEORGIA,  I,  County.  Orderery in and for said County, hereby certify that  the applicant.  Tesides in said County, and was a bona  field esident of this State but the first day of annualy, 1894, and that the witnesses viz:  are of trustworthy character and that their statements are entitled to full faith and credit.  I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.  County show that applicant
STATE OF GEORGIA,  I,  County.  I,  County.  Ordeany in and for said County, hereby certify that the applicant.  Tesides in said County, and was a bona resident of this State on the first day of anualy, 1894 and that the witnesses viz is are of trustworthy character and that their statements are entitled to full faith and credit.  I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.  I further certify that the tax digests of the county show that applicant returned for taxation in his name in 1895.  dollars
STATE OF GEORGIA,  I,  County.  I,  County.  Ordinary in and for said County, hereby certify that  resides in said County, arrows a bona  and for said county, arrows a bona  are of trustworthy character and that their statements are entitled to full faith and credit.  I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.  I further certify that the tax digests of  County show that applicant  returned for taxation in his name in 1895.  dollars  of property, and in 1896,
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Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions saked of you, and the evidence you shall give will be the whole truth, so help you God."
Additional affidavits may be attached if blank spaces are insufficient.

SINIE OF GEORGIA
County.
Of Secres of said State and County having been presented
as a witness in support of the application of Wagnet for pension
under the Act approved December 15th, 1894, and after being duly soon true answers to make to the
following questions, deposes and answers as follows:
1. What is your name and where do you reside? The bold of the
2. Are you acquainted with C. J. Maght. I am, the applicant, is of
how long have you known him? Thirty Three years
3. Where does he reside, and how long has he been a resident of this State? County
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you
know this? Ity the routh trim in the Sauce
redginent with him. The 36 Sa.
5. When, where and in what company and regiment did he enlist? Co. F. 36 Sa.
6. Were you a member of the same company and regiment? Same Redgiment, but Co. K.
7. How long did he perform regular military duty, and what do you know of his service as a Confed-
erate soldier, and the time and circumstances of his discharge from the service? alout (3) years.
I Krien him to be a good Soldier
8. What property, effects or income has the applicant? (Give your means of knowledge.)
None That I know of
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? I hat I know of.
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STATE OF GEORGIAA
Cool Sounty A A/O
Cerebally of the before me All La Multiple and
both known to me as reputable physicians
of said county, who being severally sworn, say on oath that they have examined carefully
Wright , applicant for pension under the Act of 1894, and after
such personal examination say that his precise physical condition is as follows:
Much side  Is old + infirm + hoving had  Rheumalism for soveral years is unable to do manual labor  We further say on oath that the physical condition of applicant renders him unable to labor at any
Is old + infum + hoving had
Khowmatism for several years is unoo
We do manuel en de la desire dela desire de la desire del desire de la desire del desire dela dela dela dela dela dela dela del
work or calling sufficient to earn a support for himself, and that we have no interest in said pension being
allowed.
Sworn to and subscribed before me, this the Aday of Hong 1897.
the Horse Ordinary,
Ordinary.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
STATE OF GEORGIA,
STATE OF GEORGIA,  County.  I,  Ordinary in and for said County, hereby certify that
STATE OF GEORGIA,  I,  Ordinary in and for said County, hereby certify that the applicant resides in said County, and was a bona
STATE OF GEORGIA,  I,  County.  I,  County.  Ordinary in and for said County, hereby certify that the applicant.  It is applicant.  The applicant of this State on the fire day of January, 1894, and that the witnesses viz:
STATE OF GEORGIA,  I,  County.  I,  County.  Ordinary in and for said County, hereby certify that the applicant.  It is applicant.  It is applicant.  It is applicant.  Ordinary in and for said County, hereby certify that resides in said County, and was a bona hiddesident of this State on the fire day of January, 1894, and that the witnesses viz. If  A state of trustworthy character and that their statements are entitled to full faith and credit.
STATE OF GEORGA,  I, County.  I, County.  Ordinary in and for said County, hereby certify that the applicant resides in said County, arrivas a bona hiddesident of this State on the fire day of January, 1894, and that the witnesses viz of are of trustworthy obseracter and that their statements are entitled to full faith and credit.  I further certify that before answering the foregoing questions, the applicant and each witness took
STATE OF GEORGIA,  I,  County.  I,  County.  Ordinary in and for said County, hereby certify that the applicant.  It is applicant.  It is applicant.  It is applicant.  Ordinary in and for said County, hereby certify that resides in said County, and was a bona hiddesident of this State on the fire day of January, 1894, and that the witnesses viz. If  A state of trustworthy character and that their statements are entitled to full faith and credit.
STATE OF GEORGIA,  I, County.  Ordinary in and for said County, hereby certify that the applicant resides in said County, hereby certify that the applicant of this State on the first day of rangely, 1894 and that the witnesses viz of trustworthy observed and that their statements are entitled to full faith and credit.  I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses
STATE OF GEORGIA,  I,  Ordinary in and for said County, hereby certify that  the applicant  resides in said County, and was a bona  fide instance of trustworthy observed and that their statements are entitled to full faith and credit.  I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.
STATE OF GEORGA,  I,  County.  Ordinary in and for said County, hereby certify that  resides in said County, and was a bona  hiddesident of this State on the first day of January, 1894, and that the witnesses viz:  are of trustworthy obseracter and that their statements are entitled to full faith and credit.  I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.  County show that applicant
STATE OF GEORGIA,  I, County.  Ordinary in and for said County, hereby certify that the applicant resides in said County, hereby certify that the applicant are of trustworthy character and that their statements are entitled to full faith and credit.  I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.  I further certify that the tax digests of County show that applicant returned for taxation in his name in 1895.  dollars
STATE OF GEORGIA,  I,  Ordinary in and for said County, hereby certify that the applicant  resides in said County, arrows a bona fide instance of trustworthy character and that their statements are entitled to full faith and credit.  I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.  I further certify that the tax digests of the affidavits was read to the applicant and witnesses before same was signed.  County show that applicant returned for taxation in his name in 1895,  dollars of property, and in 1896,
STATE OF GEORGIA,  I, County.  I, County.  Ordinary in and for said County, hereby certify that resides in said County, hereby certify that resides in said County, and was a bona are of trustworthy obseracter and that their statements are entitled to full faith and credit.  I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.  I further certify that the tax digests of County show that applicant returned for taxation in his name in 1895.  Odollars of property, and in 1896, dollars of property.  In my opinion the foregoing clain is made in good faith.
STATE OF GEORGIA,  I, County.  I, County.  Ordinary in and for said County, hereby certify that the applicant resides in said County, arrivas a bona hiddesident of this State on the fire day of January, 1894 and that the witnesses viz of trustworthy character and that their statements are entitled to full faith and credit.  I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.  I further certify that the tax digests of the affidavits was read to the applicant and witnesses dollars of property, and in 1896, dollars of property.  In my opinion the foregoing clain is made in good faith.  Witness my hand and seal of office, this day in the said County, hereby certify that the tax donates are entitled to full faith and credit.  County show that applicant returned for taxation in his name in 1895, dollars of property.  In my opinion the foregoing clain is made in good faith.  Witness my hand and seal of office, this

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions saked of you, and the evidence you shall give will be the whole truth, so help you God." Additional affidavits may be attached if blank spaces are insufficient.

State of Reorgia,  County I. Coll Wight hereby authorize R. Ammoratory  of Marietta Ya.  to receive and receipt for the pension paid hereon and request that he remit same to  by Third  at  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  day of 1898.  Executed if presence of  M. John  Day  Day  Day  Day  Executed if presence of	POWER OF ATTORNEY.  STATE OF GEORGIA,  County,  Light, hereby authorize  to receive and receipt for the pension allowed, and request that he remit same to  By Binn  Witness my hand and seal this day of fany 1899.  Executed in presence of  L. J. Whight. (L. S.)
INDIGENT  SOLDIER'S PENSION,  TSSPS.  County C. L. Conty  WARRANT ISSUED  WARRANT HAMED TO PRINTER, ALLANTA  TO THOSE ALLANTA  WARRANT HAMED TO PRINTER, ALLANTA  WARRANT HAMED TO THE PRINTER, ALLANTANTA  WARRANT HAMED TO THE PRINTER HAMED TO THE PRINTER HAMED TO THE PRINTER HAMED TO THE PRI	Which C. J. Controlled  No. //So  INDIGENT  SoldDIER'S PENSION, 1899  RICHARD JOHNSON, Comitty Commission of Perions.  WARRANT ISSUED  WARRANT HANDED TO  Com W. BUTCHARD  Con W

montow.

### ror applicants heretolore allowed rensions.

STATE OF GEORGIA,
County.
Personally appears C. Wright of Colol
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 A flay of August 184; that he is 63 years old and
by occupation a firmus (that he enlisted in the military service of the Confed-
erate States (of of the State of ) during the war between the States,
and served for the ferm of fine in Company , of 36 th Regiment of
; that his physical condition is as
follows: On aschof age infimity
Messas to me to unable to
Support himself by labor of any port
that his property consists of the following items
that his property consists of the following items
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1898. I have heretofore as a resident of
county been allowed a pension for the year 189
Sworn to and subscribed before me, this, the
3 day of AMM 1898
1000,
Ordinary.
State of Georgia,
County.
AND THE
Ordinary of said County,
do certify that I am well acquainted with
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of 1898.
AMX
here.
Ordinary Ordinary

# For Applicants Heretofore Allowed Pensions.

STATE C	F GEORGIA				
SIAITY	A TOTAL				
	DUV	County.	T. 01	0	11
	ally appears	LO W	ngitos	Col	et .
	of Georgia, who be				
	f said County and				
	7	rigus	, that he	is 64 years	
by occupation	a farmet	; that he enlist	ed in the militar	ry service of the	Confed-
erate States (d	r of the State of_		) during the	war between the	e States,
and served for	the term of	The in (	Company,	of 36th Reg	iment of
M	a. Vola	1.		physical condit	
follows:	On	acc		da	00
Sux	inity &	Avera	To	of the	- 1
Jen	able to	the out	but %	unisell	
that his prope	erty consists of the	following tems			•
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- C 41 - 1			- X		1.0
of the value of		-	Dollars, that h	y reason of his	physical
	poverty he is unab			vn exertion or la	bor, and
	s no pension but th				
Depone	nt desires to partici	pate in the bene	fits of the Act,	approved Decemb	er 15th
1894, and the	acts amendatory the	ereof, and make	s application for	the persion to	which he
is entitled for	the year 1899. Ih	ave heretofore a	s a resident of	Cope	
county been al	lowed a pension for	the year 189.	<b>)</b>	•	
Sworn	p and subscribed be	fore me, this, the	1 0 4.11	sin 1 t	
109	day of	mf 1899		219/2	
X X	NI	1099	.,		
1	XIV. De	one Ordi	nary.		
0	y		S. 14. 4. 1		
State of	Georgia, /	. )		· · · · · · · · · · · · · · · · · · ·	1.4
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	I am well acquain		4.0	Wingshi	the
	e foregoing affidav				
	lavit are true, and		e individual he	represents hims	elf to be
and that he re	sides in this County				in
	Given w	ider my official	//	al, this / C	
	day of	any	_1899.	0	
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here.	7		(/ [	5	ae_
	Walter St. See		Ordinary C	olela	County

# POWER OF ATTORNEY. STATE OF GEORGIA, County. hereby authorize to receive and receipt for the pension allowed, and request that he remit same to Witness my hand and seal, this _____day of_ _[L. S.]/ Executed in presence of JOHN. W. LINDSEY, INDIGENT SOLDIER'S PE

POWER OF ATTORNEY. STATE OF GEORGIA, G06 County. hereby authorize John antry 1, CJ Wought to receive and receipt for the pension allowed and request that he remit same to manella Witness my hand and seal, this 4 day of Joseph L. Y. Wrangh Executed in presence of SOLDIER'S PENSIO JOHN W. LINDSEY, (For Those Aiready Enro INDIGENT

# For Applicants Heretofore Allowed Pensions.

STATE OF	GEORGIA,
6	obb County.
	p appears b. J. Wright of Loob
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
aines the 2	4 day of August 1834; that he is 65 years old and
by securation of	faruer; that he enlisted in the military service of the Confed-
	of the State of) during the war between the States,
erate States (or	the term of 31/2 years in Company F, of 36 th Regiment of
	(1/ a / 4/ C . that the physical condition is as
	is account of age, infirmite
follows:	proverty he is unable to
auca	
	Suffert Sunsely
that his prope	rty consists of the following items
•	. Woung
of the value of	
	poverty he is unable to support himself by his own exertion or labor, and
	s no pension but the one herein applied for.
	desires to participate in the benefits of the Act, approved December 15th
	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
	lowed a pension for the year 1899
Sworn to	7) 7
13 cm	ay of Laugary 1900.)
	Ordinary.
State of	Georgia,
e	County.
	1, Iw. Stone Ordinary of said County
I,	
	Vam well acquainted with the foregoing affidavit, and am well satisfied that the statements made by him
applicant in th	davit are true, and I know he is the individual he represents himself to b
	sides in this County.
and that he re	Given, under my official signature and seal, this 15 th
~~	a la
Amx }	day of data and 1900
here.	
	Ordinary Coals County

For Applicants Heretofore Allowed Pensions.

				, s. 4.70
STATEOF	GEORGIA,	} .		
Copi	A W In	ounty.	. 10	//
personally app	pears C. J. M	right	of Co	4
County, State of	Georgia, who being duly	y sworn, says	on oath that he	is a bona fide citizen
and resident of s	aid County and State, a			
since the 24	day of Clug.			67 years old and
by occupation a_	famer	that he enliste		y service of the Con-
federate States (	or of the State of		during	the war between the
States, and serve	of of the State of	lears in	Company #	, of 36th Regiment
of Ma.	noto		; that his ph	ysical condition is as
follows: 92	2 go com	of a	per in	firmity,
hoverty	ete ke is	luna	ble wo	apport
mises	4			
that his propert	y consists of the following	or items V	Whins	
that his propert	y consists of the followin	is items.	/	
production of the second contract of				J. 18 18 1 1 18 18
Deponent of 1894, and the A is entitled for the county been allo	no pension but the one desires to participate in ets amendatory thereof, ne year 1901. I have he weed a pension for the year that he is the pension for the year.	the benefits and makes ap retofore as a ear 1900.	ed for. of the Act, app plication for the	roved December 15th
A-	nd subscribed before me	, this the		
4 da	y of formany.	1901.		
	John von	hey Ord	inary.	
STATE OF	GEORGIA.	1		
STATE OF	of County,			
	John A	when	/ Ordi	pary of said County
I,	7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PY	(1 /	Z th
do certify that	I am well acquinted wi foregoing affidavit, and	th C ( V)	fied that the sta	
applicant in the	avit are true, and I kno	ha is the in	dividual he rep	resents himself to be
in his said amd	avit are true, and I kno	w he is the in	dividual ne rep	
and that he res	ides in this County.	01-1-1-1-1-1	en and saal still	. 4
	Given under my o		re and seal, thi	Number 7 on the
	day of Jan	y	1901	011
Anix }	U		John	Man my
Liero .		Ordinary	Col	Count

NOTE -The Llank spaces must be filled. NOTE -Affidavit should not be attested before January 1st, 1901

STATE OF GEORGIA,  County.  I, John Awhy hereby authorize	STATE OF GEORGIA,  County. Shirt hereby authorize from Authorize of Mulita Za.
by	by Manual  Witness my hand and seal, this day of Jay 1903.  Executed in presence of
SOLDIER'S PENSION  TODIGENT  SOLDIER'S PENSION  TODIGENT  County  WARRANT ISSUED  WARRANT ISSUED  WARRANT HANDED TO  ON M. LINDSEY,  Commission of Ponton.  WARRANT HANDED TO  ON M.  WARRANT HANDED TO  ON M.  Commission of Ponton.  WARRANT HANDED TO  ON M.  WARRANT HANDED TO  ON M.  Commission of Ponton.  WARRANT HANDED TO  ON M.  WARRANT HANDED TO  ON M.	SOLDIER'S PENSION  No. 47  INDIGENT  SOLDIER'S PENSION  TOOSE SECTION (24.  INDIGENT  County  MARRANT ISSUED  JOHN W. LINDSEY,  Commissioner of Pension.  WARRANT HANDED TO  WARRANT HAN

enight 6. T.

#### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS STATE OF GEORGIA. County. Personally appears 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 18; that he is 66 years old and 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 & years in Company #, of 86 th Regiment that his property consists of the following items Dollars, that by reason of his physical of the value of 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 persion to which he is entitled for the year 1902. 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 STATE OF GEORGIA County. Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this.

Ordinary

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

County.

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF	GEORGIA,				
6-16					
gorn	Cou	nty.)	/_	/	11
Personally appe	ears C. J. W	might	<i>[</i>	Dos	4
ounty. State of Geo	orgia, who, being duly	sworn, save	on oath that	he is a bona	fide citizen
	County and State, a				
			34; that he		
	armer.			4.	
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derate States ( or o	f the State of		duri	ng the war l	between the
ates, and served fo	or the term of #	un in	Company_/	, of <b>06</b> th	Regiment
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at his property con	nsists of the following	The se		774	
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ondition and pover	rty he is unable to supersion but the one h	pport himse ierein applie	d for.	exertion or	labor, and
ondition and pover nat he receives no p Deponent desir 394, and the Acts a entitled for the ye	pension but the one hes to participate in to mendatory thereof, an ear 1903. I have he	pport himse nerein applie the benefits and makes ap retofore as	lf by his own d for. of the Act, a plication for	exertion or opproved Dece	labor, and ember 15th,
Deponent desir 894, and the Acts a centitled for the year	pension but the one hes to participate in t mendatory thereof, an	pport himse nerein applie the benefits and makes ap retofore as	lf by his own d for. of the Act, a plication for	exertion or opproved Dece	labor, and ember 15th,
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ondition and pover nat he receives no p Deponent desir 894, and the Acts a entitled for the yo muty been allowed	pension but the one has to participate in tomendatory thereof, an ear 1903. I have he a pension for the years before me, the state of the pension for the years before me, the state of the pension for the years.	pport himse nerein applie the benefits and makes ap pretofore as ear 1902	If by his own d for. of the Act, application for a resident of	exertion or opproved Dece	labor, and ember 15th, to which he
ondition and pover lat he receives no p Deponent desir lost, and the Acts a centitled for the younty been allowed Sworn to and sudden of the control of the	pension but the one has to participate in tomendatory thereof, an ear 1903. I have he a pension for the years before me, the state of the pension for the years before me, the state of the pension for the years.	pport himse nerein applie the benefits and makes appreteofore as the state of the s	If by his own d for. of the Act, application for a resident of	pproved Dece	labor, and
ndition and pover at he receives no p Deponent desir 94, and the Acts a entitled for the younty been allowed Sworn to and su day of	pension but the one has to participate in to mendatory thereof, an ear 1903. I have he a pension for the year abscribed before me, the control of the contro	pport himse nerein applie the benefits and makes appreteofore as the state of the s	If by his own do for.  of the Act, application for a resident of	pproved Dece	labor, and
ndition and pover at he receives no p Deponent desir 194, and the Acts a entitled for the younty been allowed Sworn to and suday of the control of the contr	pension but the one has to participate in the mendatory thereof, at ear 1903. I have he a pension for the year a pension for the year abscribed before me, the state of the form of the fo	pport himse perein applie the benefits and makes appreteofore as perein applie that the perein applies the perein applies the	of the Act, application for a resident of	proved Decithe persion  Other persio	labor, and
ndition and pover at he receives no p Deponent desir 194, and the Acts a entitled for the younty been allowed Sworn to and suday of the control of the contr	pension but the one has to participate in the mendatory thereof, at ear 1903. I have he a pension for the year a pension for the year abscribed before me, the state of the form of the fo	pport himse perein applie the benefits and makes appreteofore as perein applie that the perein applies the perein applies the	of the Act, application for a resident of	proved Decithe persion  Other persio	labor, and
Deponent desir 394, and the Acts a entitled for the younty been allowed Sworn to and suday of TATE OF	pension but the one has to participate in the mendatory thereof, at ear 1903. I have he a pension for the year abscribed before me, the state of the pension of the year abscribed before me, the state of the pension of the year will be the pension of the year abscribed before me, the state of the pension of the year and the pension of the year abscribed before me, the pension of the year abscribed before the year and year abscribed by the year and ye	pport himse agree and am wakes appreted for as a car 1 90 2.  Ordinate the land am well and am well	of the Act, application for a resident of larry.	proved Decithe persion  National  Ordinary of sections	labor, and ember 15th, to which he
Deponent desir B94, and the Acts a centitled for the younty been allowed  Sworn to and suday of the Carlot of the	pension but the one has to participate in the mendatory thereof, at ear 1903. I have he a pension for the year a pension for the year abscribed before me, the state of the form of the fo	pport himse agree and am wakes appreted for as a car 1 90 2.  Ordinate the land am well and am well	of the Act, application for a resident of larry.	proved Decithe persion  National  Ordinary of sections	labor, and ember 15th, to which he
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nather receives no population and pover nather receives no population of the populat	gension but the one has to participate in the mendatory thereof, at ear 1903. I have he a pension for the year abscribed before me, the state of the	pport himse perein applie the benefits and makes apperetofore as pear 1 40 2 his the 1903. Ordinate the land am well know he is the	of the Act, application for a resident of larry.	proved Decithe position of some statement of som	labor, and ember 15th, to which he
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Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1903

### POWER OF ATTORNEY.

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		of		
receive and rece	pt for the pens	at	request that he	remit same
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Witness my hand	l and seal, this	day of		190
				[L.

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FOR THOSE ALBEADY EN

INDIGENT

SOLDIER'S PE

#### POWER OF ATTORNEY.

	1,	òf	hereby au
to receive an	d receipt for the pension a	llowed, and request the	the remit sa
by		. at	
	s my hand and seal, this	day of	1
	· · · · · · · · · · · · · · · · · · ·		
Execut	d in the presence of		
		*	

Name (6)

County -

1904.
Regiment 36

Regiment 36

WARRANT ISSUED

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

SOLDIER'S PENSION

1904.

Name Official County County

(FOR THOSE ALREADY ENROLLED.)

SNB.

No.

INDIGENT

Might 6. "

nodate

JOHN W. LINDSEY

WARRANT HANDED

WARRANT ISSUED

#### TUN AFFLICANTO DENETUTURE ALLUMED PENOTUNO. STATE OF GEORGIA, County. Personally appears ON Manh County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the 24 day of Classia 1834, that he is 8 years old and by occupation a fance , that he enlisted in the military service of the Confederate States for of the State of ) during the war between the States, and served for the termore 2 90 a 20 in Company 7,0836 th Regiment of La Vilo ; that his physical condition is as On assomet of age infimil follows: that his property consists of the following items: of the value of. Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of.... County been allowed a pension for the year 190 8 Sworn to and subscribed before me, this the C. y. shight day of Jaw Ordinary. STATE OF GEORGIA, County. Ordinary of said County, do certify that I am well acquainted with 6 y hor the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself

Given under my official signature and seal, this

Note.-The blank spaces must be filled.

Norg.-Affidavit should not be attested before January 1st, 1904

County.

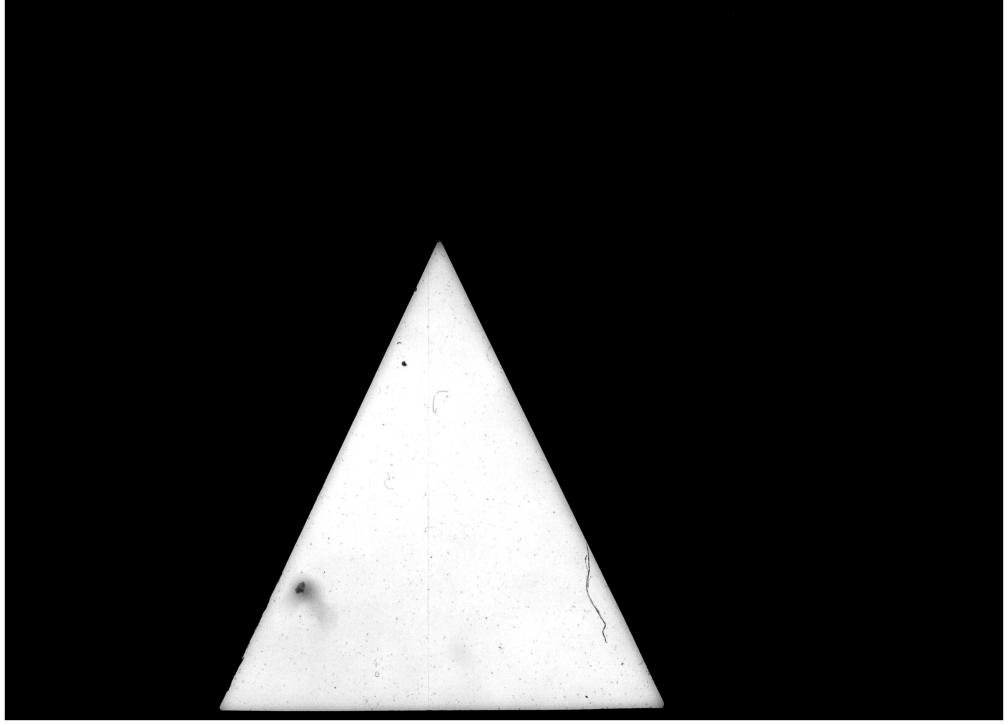
to be, and that he resides in this County.

Personally appears & J	Wright of Cobb
18. H. H. H. W. L. W. H.	ng duly sworn, says on oath that he is a bona fide citizen
County, State of Georgia, who, beth	State, and has resided in said State continuously ever
and resident of said County and	State, and has resided in said State continuously ever
since the day of	1834; that he is 70 years old and
by occupation a	that he enlisted in the military service of the Con-
federate States (or of the State of	during the war between the
States, and served for the term of	3 4 in Company H, of 36 th Regiment
of Ga balo	that his physical condition is as
follows: Gy	Infirmat and proces
that his property consists of the fo	llowing items:
	noshing
• •	· ·
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 pens	sion but the one herein applied for.
Deponent desires to participa	ate in the benefits of the Act approved December 15th,
1894 and the Acts amendatory the	ereof, and makes application for the pension to which he
is entitled for the year 1905. I ha	ve heretofore as a resident of
County been allowed a pension for	the year 1904.
Sworn to and subscribed before	
16 day of Jan	
John two Frey	Ordinary.
STATE OF GEORG	iIA, )
Coph 1 go	ounty.
- ( Shark of	Ordinary of said County
-)	1 6 1 1/2 25
do certify that I am well acquaint	CC WICH
the applicant in the foregoing affi	davit, and am well satisfied that the statements made
	e, and I know he is the individual he represents himself
to be, and that he resides in this	County.
Given under my o	fficial signature and seal, this 16
day of Janus	my (1905.
	1 smywey
Affix your	Ordinary Collin County.
Sent here	
Nore.—The bla	ank spaces must be filled.

STATE OF GEORGIA,

additional from State of Georgean person appeared Cobb Courtly Jogog the moderary ned J. D. Bruce who on wach says what he is mel acquainted with 6 T might who recently applied for period under the Irrdigent pursois cect and Knows his anation ax present afficient says that The said 67 might is at funt unable to do enough of any Ama of work to make a support nor man he at the time of feling daid application adde to do as thing . affair says funter that dais Mright has a sive Kernia of the right side and has themalism ; which last Boublis render time made to do any soit of tabel Afrant was a member of applicant regiment and threw him are during the mar us a soldier and Buil The man as a citizen afficient has no where in the recom and manes this affect volutions more & before me & XX Bruce Je. Stone Oney mile

Hengin Gobb Contact That and as a witness the fath and andit of fue July 13/9) Jel Sterry Upon examination of C.J. Hight we find him suffering from Rheunalisma Contract -ed during civil war. Has right inquiral Herria and with his age & enfunty is is totally unfer for hord Cabre of any sort -Inoth fring son mo. from to and fulsaites of July 1897. Stone only. before me this 12" day



e is the individual he represents his I further certify that the foregoing affidavits aid affidavit are true, and No. 1552 official si APPLICATION FOR ALLOWANCE. Applicant, J. O. Wight County, Mount, 50 C. Thome Ooth of said county, and the said affidavits and Date of warrant, July 20 7890 14 day of Heby, 189 0 Antered on record

Ale 20 189

ANTERIOR SERVICION DEPARTMENT

WARRANT HANDED TO

CONTROL OF THE CONTROL

WARRANT HANDED TO

CONTROL OF THE CONTROL

WARRANT HANDED TO County.

the second second second second	The State of the S	was signed, is a said affidavits and
signature and seal, the	is 14 day of co	Helry, 1890
/ Ordinary	Cor	County.
rik oit v	MORNI	0
3 *	West By	H
Pright Com	180	
E 103	De of	X L
	2000	636
- 10 mm	19 1	a d
	Modella For Michael Committee and seal, the Michael Committee	Signature and seal, this Andrew Committee on second Angree of Second Angre

Maimed Soldiers.

Voucher No. 1553

Amount \$ 50

COMPTROLLER-GENERAL.

Audited

Paid to I b Might
For Disability from
Screen 20, 1890

Included in warrant No. issued to Treasurer.

WARRANT CLERK.

R.O. Imin

STATE OF GEORGIA,	•
PERSONALLY appears Q. C. Mright of County,	
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and	
resident of said State, and has been such continually since the day of	
182/; that he enlisted in the military service of the Con-	* STATE OF GEORGIA,
federate States (or of the State of) during the war between the States, and served as a STWARD, in Sompany 10, of 66 th Regiment	EXECUTIVE DEPARTMEN
of Wolunteers Whhlew's Brigade; that whilst engaged	
in such military service, at the battle of in the State	0.0
of on the wounded as follows: Was allacked milhty should ferry	Mr. 2. 6.
and oheumation which Continues for a	6.11
Drace of Deveral months - from the Espets	of COON
Traich fever & rheungtism, be is & habberen	Department for an allowance
to afflicts that he is unable to go about	approved, Dec. 24, 1888, and
Grithet Critch & thick thinly deponent is anders	Desabled
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, 7 44 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	He is entitled to receive the s
of dollars.	for such disability, the same
Sworn to and subscribed before me, this the Lawis 6 Word ht	The Treasurer will pay
M. Stowbrany	to Executive Department for
Nove.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.	
POWER OF ATTORNEY.	By the Governor,
STATE OF GEORGIA	111 11.24
KNOW ALL MEN BY THESE PRESENTS, That I, & G. Wright	-00 HOV a
KNOW ALL MEN BY THESE PRESENTS, That I,	
county, in said State, do hereby appoint, R.C. Smin	
of Colo County Ja, my true and lawful attorney in fact, for	,50
me and in my name, to receive and receipt for what ever amount of money I may be entitled	\$ 0 0
to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit;	
hereby authorizing my said attorney to receipt in my name for any Warrant that may be	RECEIVED OF STATE TREA
issued by the Governor, or tor any sum of money which may be coming to me for the reason aforesaid.	Skit
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	Jufy -
day of Hely, 1890	per above voucher, this
Lavis & Whight [1. 8.]	
Executed in the presence of us:	
M. Stow	
J Drawer	
DIRECTION.	
C1	

County, Georgia.

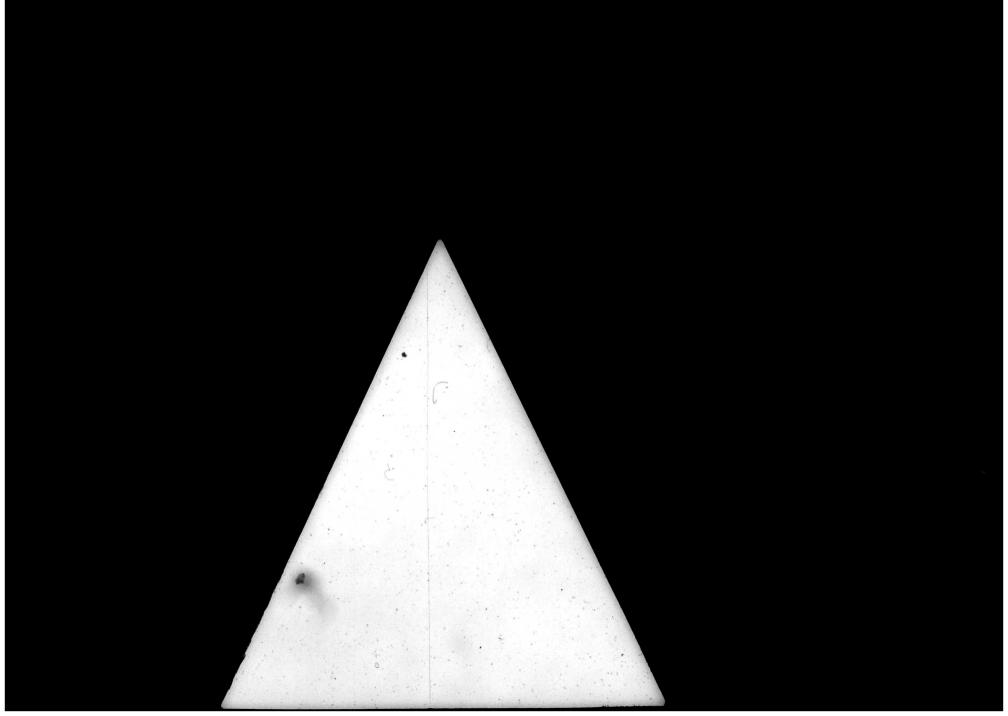
P.O:

For Applicants Heretolore Allowed Pensions

No. 1552 Stlanta, Ba., Hely 20 of the County having filed his application in the Executive under the Act approved October 24, 1887, as amended by Act, the same having been examined and allowed for by Disease Dollars being the allowance one for the year ending October 24, 1890 same Individe his receipt on this von GOVERNOR. esson CLERK EXECUTIVE DEPARTMENT. SURER, R. U. HARDEMAN, Dollars, 20 of Het 1890 L. C. Hnight hu. R.C. Livin

Wright, Lewis . C.
Cobb Corinty

See 664 Regt Sa. Sy.
10.13.



			Jule	
POWER OF ALIOHNEY.		1	12 6 11	171
- Al I(		1	of Cot	1 7 1
FK O	ORGIA,	County.	Presents, That	tei Cocco and Cocco
POW LOW	STATE OF GEORGIA.	LO OF County.	Know all Men by these Presents, That 1, Junyan Collection	Swater is said State do bought grander grander

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

hereunto set my hand and seal, this 189/ WHEREOF, day of in the presence of us: WITNESS IN

If allowed, send amount by

and oblige,



# Widows' Pension

motimpa & wright



Warrant Issued

1891

AND HANDED TO

### POWER OF ATTORNEY.

STATE OF GEO	ORGIA.
looth	Count

County.

Know all Men by these Presents, That I, Innha & Mightof Goods
County, in said State, do hereby appoint D. J. Pright

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Anil 189/

Executed in the presence of us:

If allowed, send amount by

and oblige.





#### Affidavit to be Made by the Widow.

STATE OF GEORGIA	In person came before me, the undersigned Ordinary
County of Golf	in and for the County of Gold
	, who being sworn according to law, says under
	있는 그 경기에 가는 것이 없는 것 않는데 다른데 나를 보고 있는데 그리고 있는데 하는데 없었다. 그리고 있는데 하는데 하는데 하는데 하는데 하는데 없는데 하는데 없었다. 그리고 있는데 하는데 없다.
th that she is the widow of Huna	Line J. Hunghi, who was a soldier in
e service of the Confederate States, an	d served as a member of Company , of the
S Regiment of	Gracia Volunteers; that he enlisted in said
	day of Africk 186 2, and was in the
land to	to Dec 13 186 4 That while in the
army up	to No 20 180 7 That while in the
	day of 186.4, (See Note No. 1)
the died of Typho	rid fever at Roddies Noightel a
	ile his adail adaine
(A)	
	raman banda meta manga manananan manan manan manan santaga sari seriasa seriasansa (s
	<u> </u>
Deponent further swears that she was th	he wife of said deceased soldier during his term of service in
	ed since his death; that she became his wife on the
ay of Suplember 184	6, and that she has resided in Georgia continuously since the
13 day of Decem	18 6 4; that Georgia is her home, and was such
- AL	since said date she has not lived in any other State or locality.

Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

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

#### Affidavit for Three Witnesses.

County of both in and for said County, w	itnesses.
	Attesting Officer as truthful
able and reputable citizens), who severally say under oath, that, from the	heir own personal knowledge
s. Tempy & Thight , of the County of the Georgia, is the widow of Thomas I Magho	0000
npany 5 of the 56 Regiment of	Wolunteers
at said soldier enlisted in the service of the Confederate States (or the	Georgia State Troops) on o
ut the 14 day of Upul 1862 The	
son of said service in the Army, he lost his life as follows: 184	
Rodding Hospital in Tageumbia	
4 of Deunder 1864, while in this con	efederal server
	0
	endamente en
Para talah dari dari dari dari dari dari dari dari	
	·

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

STATE OF GEORGIA,

in and for said County of Oolf

State of Georgia, hereby certify that I am acquainted with Mrs. Thunha. To Us ight

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

J. W. Stone

Form No. 4.

#### NOTES

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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 /nll 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.

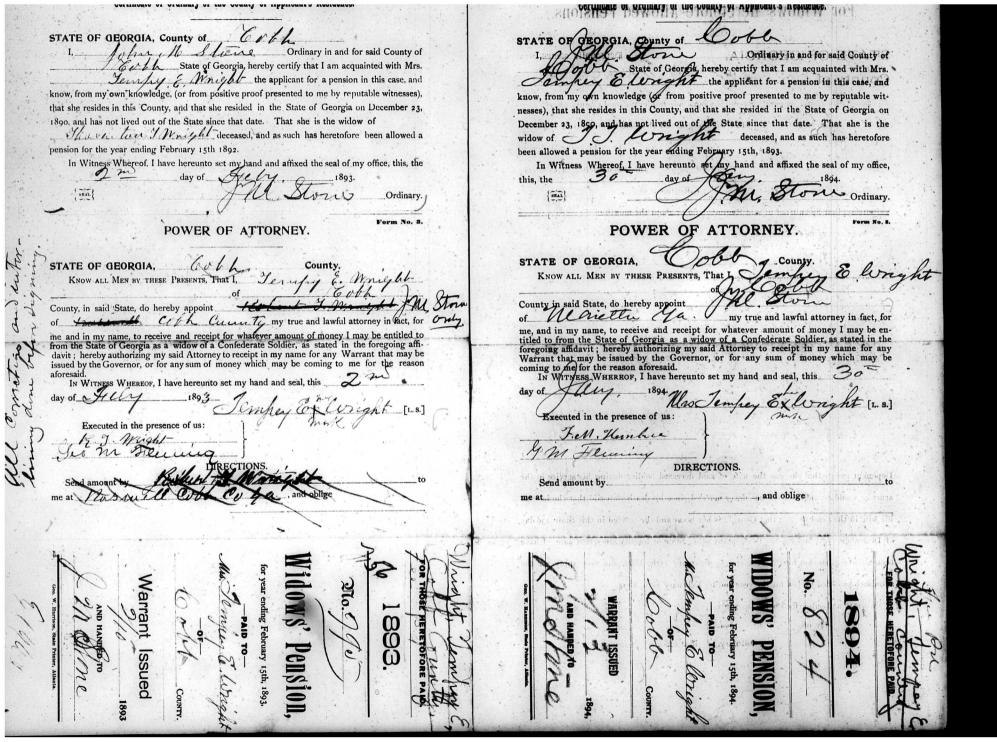
Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.

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.



#### For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, Dersonally comes Mrs.
Country of Coth Tempy Mright
who being sworn, says on oath, that she is a bona fide resident of said County of
6 of h State of Georgia, and that she has resided in said State
continuously ever since fram South Car. 1850 That she is the Widow of
The victore y. Wright who was a Soldier in Company
If of the 5-6 the Regiment of Gent gent
Volunteers, that he enlisted in said Regiment on or about the month of Africa an may
1862 and served in the Army up to Decluber 17 1864 That he lost his
life on the 14 th day of Securities 1864 (State here
full particulars of the husband's death, when, where and from what cause.) ( Deficiani
- swears that her husband died in
Tus curry Ala in Hais, tal from
Typhoid fever her knowledge of
The above fuets is from what
told hir his husburids Carifami
She fulter Sures & that her hushand
never returned after the war
Deponent swears that she was the wife of said deceased soldier during his service in the army
as a soldier, and that she has never married since his death aforesaid, that she became his wife
in the year 18 47; 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 day of Hely 1893. Templey to Coright

STATE OF GEORGIA. 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 1850 That she is the Widow of who was a Soldier in Company full particulars of the husband's death, when, where and from what cause.)

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

Sworn to and subscribed before me, this day of 1894.

Mrs Temper Exloright

STATE OF GEORGIA, County of OF GEORGIA, County of ....Ordinary in and for said County of Ordinary in and for said County of William williamours State of Georgian hereby Art THE Fam and Contact VIA TO State of Georgia, hereby certify that I am acquainted with Mrs. Jambey & liment the applicant for a pension in this case, and the applicant for a pension in this case, and know from my own knowledge (as from positive proof presented to me by reputable with know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she nesses), that she resides in this County, and that she resided in the State of Georgia on resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not the December 23, 1890 sand has not lived out of the State since that date . That she is the O Lunght deceased, and as such has heretofore out of the State since that date. That she is the widow of been allowed a pension for the year ending February 15th, 1854. 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, In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this this the MELL Ordinary HEAT, POWER OF ATTORNEY at it beyes but Saute her STATE OF GEORGIA, POWER OF ATTORNEY. KNOW ALL MEN BY THESE PRESENTS, That I, Com County in said State, do hereby appoint my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any to receive and receipt for the pension pot hereon and reques 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 WITHER WHEREOF, I have hereunto set my hand and seal this IN WITNESS WHEREOF, I have hereunto set my hand and seal day of Executed in the presence of us: Deponent swears that she was the wife of soid erganged soldier, during his service in the cotny as a soldier, and that she has never married since his death aforesyditatromarbined ame his wife in the year 18 gildo that Georgia is her home and she resided in this State 23d and 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 prov HERETOFORE PAID.

# For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA.  County of Color Jemps & Wright
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 eyer since 1830 That she is the Widow of
I who was a Soldier in Company
continuously ever since 1830 That she is the Widow of who was a Soldier in Company who fit are the widow of the Regiment of the Regiment of
Volunteers, that he enlisted in said Regiment on or about the month of
186 and served in the Army up to 2 2 1 186 That he lost his
life on the 19 day of DE 1, 18 Gof (State here
full particulars of the husband's death, when, where and from what cause.) (
I that while you the Con-
Gedrote any he contrates
By shord gever, and died
Bith Daid disease on
of Jan day of Dear 186est
at the hospital at Juscumbia
al a

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 I that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality, since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

January of Hely 1895.

Post-office Rosence Ya

#### kol Midoms uslicitaine viinmen lengians

STATE OF GEORGIA, Country of Country of Country of Country of Country of Country & wight
who being sworn, says on eath, that she is a bona fide resident of said county of  State of Georgia, and that she has assemble in said State
continuously ever since 2 Longht who was a Soldier in Company
of the To Regiment of Wolunteers, that he collisted in said regiment on or about the month of Tolonie
180 and served in the Army up to 180 4 That he lost his life on the 180 4 That he lost his
full particulars of the hypograph death, when, where and from what cause.)
typhoge for and dies
Eunitia da on the
17 day of Was, 18lay
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,
and that she has never married since his death aforesaid, that she became his wife in the year 18 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not
lived in any other State or locality since that date. I have been allowed a pension as a resident of
the pension provided by law for the year ending February 15th, 1896.
Sworn to and subscribed before me, this Jampsey & X Wright My of Haly 1896.  We Stow Ordinary.  Post-office Roomer Ja

Certificate of Ordinary of the County of Applicant's Residence. POWER OF ATTORNEY. State of Georgia, STATE OF GEORGIA, County of Gold County. I, Samley & Wash Chereby authorize State of Georgia, hereby certify that I am acquainted with Mrs. of Rowell book work, in of all Kembree employ & Wright the applicant for a pension in this case, and to receive and receipt for the pension paid hereon and request that he remit same to know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she at Boswell woll wind ge of i Hugh resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has no IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2? lived out of the State since that date. That she is the widow of C. Wright day of January deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896. Olinge ix lougal [L. S.] In Witness Whereof I have hereunto set my hand and affixed the seal of my office, this Executed in presence of ice Cocherace POWER OF ATTORNEY. STATE OF GEORGIA. 1 Jamper & Wright werely authorize & M. Nember UIDOW'S PENSIO RICHARD JOHNSON IN WITNESS WILEREOF, I have bereanto set my hand and seat, this NO. 2662 RICHARD JOHNSON 1887 2482

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of South Sampay & Wrs.
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 13. Wright who was a Soldier in Company  He of the 36 Regiment of 44
Volunteers, that enlisted in said regiment on or about the month of 186 Wand served in the Army up to 186 That he lost his life on the 1864 (State here
full particulars of the husband's death, when, where and from what cause.) It will  I'll a crining, attention the Jangaran force
and cheet in the Hospital at Sweumby
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,
and that she has never married since his death aforesaid, that she became his wife in the year 18
that Georgia is her home and she resided in this State 23d day of December, 1890, and has not
lived in any other State or locality since that date. I have been allowed a pension as a resident of
the pension provided by law for the year ending February 15th, 1897.
Sworn to and subcribed before me, this Semply & Stright X Milder Ordinary. Post-office Roomer Ha.
124

# For Widows Heretofore Allowed Pensions.

STATE OF County of	GEORGIA,	6	Pers	Conally Comes Mrs.
1	Who being s			e resident of said county of
continuously ever since		a de la companya del companya de la companya del companya de la co		That she is the Widow of
Hoof	the	ght	ment ofwho	was a Soldier in Company
Volunteers, that he en	listed in said regiment of	n or about the month	of Ce	ane :
186 Mand served in	the Army up to	Ster	170	186 That he lost his
life on the	17	lay of J	er.	18 64 (State here
full particulars of the	husband's death, when	n, where and from u	that cause.) Li	mc and
	an and de p			
du ample	ala Dice	mile chi	12 169	Confirme and the common super
<del>, , , , , , , , , , , , , , , , , , , </del>		•		
				•
1 1				
				army as a soldier, and that
	since his death aforesaid,	//		) - /
	owed a pension as a resident and now apply for the pe	1.		County or the year ending February 15th, 1898.
	and subscribed before me			
290 day	of Stary 1	898.   elens	by Et	Mright
Mu	Ordin	nary. Post	Office hour	ill ga
51 1 50			XII	4
State of Ge	orgia,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Chart	whe
	zenhen &	1 DL		fy that I am well acquainted ove affidavit and am satis-
with Mrs				s herself to be, and that she
	d in this State since the	_		
	y official signature and se	, A .	day of	1898.
Orten under my	, omeiar signature and se	in this the	110 9	10000
(Official)		Ordinary of	the state of the s	1-1x
Seal.	* * * * * * * * * * * * * * * * * * * *	Ordinary of		County.

POWER OF ATTORNEY.	POWER OF ATTORNEY.
State of Coordia,  1 J.E. Wright hereby authoring H. Wembrese of Tronsell Yeu	STATE OF GEORGIA,  OBC County.  I, JE Wright hereby authorize  J. M. Kember of Roserle Lee
to receive and receipt for the pension paid hereon and request that he remit same to	to receive and receipt for the pension paid hereon and request that he remit same to
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of Hely 1899. an Wright [L. S.]	day of Hely 1900. Tehn Wright [L. S.]
Precited in Province Control of the	Executed in presence of
Amerida Mright	Mot Kright
For Those Heretofore Paid.  1899.  Wo. 2634  Thu. 2634  For year ending February 15th, 1899.  For year ending February 15th, 1899.  Widow of J. O. Waright  WARRANT ISSUED  T. M. J. A.  EEU. W. HARRISON, STATE FAMILER, ALLANTA	WIDOW'S PENSION.  No. LET.  No. W. LINDSEX,  Commission of Passion.  WARRANT ISSUED  TH. S. 1900,  AND HARDED TO  NARRANT ISSUED  TH. S. 1900,  AND HARDED TO  NARRANT SERVED  TH. S. 1900,  AND HARDED TO  NARRANT SERVED TO  NARRANT SERVE
	A SOC . In Section of this of the requirement of the
	Country of Control of the Control of
	STATE OF GEORGIA, Personally Comes Ales
	The manage protocologic product a michage
	19 TOP WICHOUS HERELOIGES ANOWED PORSIORS.

(Madm)

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of County o
The 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 size. J. Wright who was a soldier in Company
Volunteers, that he enlisted in said regiment on or about the month of
186 Mand served in the Army up to 186 Mand served in the Army up to 186 Mand served in the lost his life on the 186 4 (State here
That while in the Confedate armer in the State of alakama alow the
first of Occembe 1844 was allacked
hospitial at Turklousia ala andi Shio on the 17 day of December 1864
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his yife in the year 18
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.
Sport to and subscribed before me, this day of the subscribed before me, this subscribed before me, th
State of Georgia, I Me County.  Ordinary of said County, certify that I am well acquainted
with Mrs
has continuously resided in this State since the day of 18.5 Continuously resided in this State since the day of 18.5 Continuously resided in this State since the day of 18.5 Continuously resided in this State since the day of 18.5 Continuously resided in this State since the day of 18.5 Continuously resided in this State since the day of 18.5 Continuously resided in this State since the day of 18.5 Continuously resided in this State since the day of 18.5 Continuously resided in this State since the day of 18.5 Continuously resided in this State since the day of 18.5 Continuously resided in this State since the day of 18.5 Continuously resided in this State since the day of 18.5 Continuously resided in this State since the day of 18.5 Continuously resided in this State since the day of 18.5 Continuously resided in this State since the day of 18.5 Continuously resided in this State since the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 18.5 Continuously resided in this state of the day of 1
(Official) Ordinary of County.

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
County of Cobb	O. C. Wright
who, being sworn, says	on oath, that she is a bona fide resident of said county of
	State of Georgia, and that she has RESIDED in said State
continuously ever since	18.50 That she is the Widow of
M. M. Wright	who was a soldier in Company
To State	Regiment of Meargia
of the	21110
Volunteers, that he enlisted in said regiment on or abo	ut the month of
186. 2 and served in the Army up to	0
life on the 17 car day of	Decr. 1864 (State here
particulars of the husband's death, when, where and	from what cause)
Mat while in	the Confederate
Of run in the sh	tate of Alabama
about the linit	of December 1864
he was attacked	I with typehoid
fever was lake	o to hospital at
Visklusa W	labour and deed
of said disease	
Deponent swears that she was the wife of said deceased a	soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and tha	t she became his wife in the year 18
I have been allowed a pension as a resident of	6066 County for the year ending
The 189 and now apply for the pension	n provided by law for the year ending February 15th, 1900.
	of phen if it
Sworn to and subscribed before me, this	XOLX 1319h
day of 1900.	Post Office
Ordinary.	
	. I. W. estous
State of Georgia,	
County.	Ordinary of said County, certify that I am well acquainted
with Mrs. O. O. Wright	, who made the above affidavit and am satis-
fied that the facts therein stated are true, and I know s	he is the individual she represents herself to be, and that she
has continuously resided in this State since the	day of18 50
Given under my official signature and seal, th	is the May of HELY 1900.
Given under my omome realists and tony	M Star
(Official)	
Seal.	rdinary of County.

POWER OF ATTORNEY.	
STATE OF GEORGIA,	STATE OF GEORGIA,
County.	leath County.
I, JE Wright hereby authorize	I. I E Wright , hereby authorize
Jill Hembre of Roswell	F M Hembree of Kourle
to receive and receipt for the pension paid hereon and request that he remit same to	to receive and receipt for the pension paid hereon, and request that he remit same to
me at Roswell	In Witness Whereof, I have hereunto set my hand and seal, this 2
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	1902:
day of January 1901. TE the Wright [L. S.]	of a winget [L. S.]
Executed in presence of	Executed in presence of
	J. J. Ja Chy
My St John	
	144, 144, 144, 144, 144, 144, 144, 144,
Pressions N. Pressions	SIO 1992.
TO Those Hereforde Path.  1901.  No. FE  No. FE  Solve Market  JOHN W. LINDSEY,  Committeer of I  WARRANT ISSUED  AND HANDED TO  THE MARKET ISSUED  THE MARKET ISSUED	Signer Par Signer Par Signer Par Signer Par Signer Par Signer Par Par Par Par Par Par Par Par Par Pa
No. FENSING PENSING PROPERTY 15th, Commission Commissio	LA CALLAGE HERENOTE POR LANGE HERENOTE POR LANGE HERENOTE PRINCIPLE OF CORP. COMMISSIONET SOUTH WARRANT ISSUE AND HANDED TO CARE EMPRENT ISSUE
PENDEN TO	POOR HOLEN IN W. LINN COMMENT IN COMENT IN COMMENT IN C
IDOW'S For year ending For Young And HATTER	TAGE HOLE HOLE HOLE HOLE HOLE HOLE HOLE HOL
No.	2 1
	igo E B
WI MIL	

### FOR WIGOWS Heretolore Allowed reusions.

STATE OF GEORGIA,	Personally Comes Mrs.
County of Coth	O Word It
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
101.0	. That she is the Widow of
7 4 41 11	
J Way lit	who was a soldier in Company
H of the U'S Regim	ent of Ga
Volunteers, that he enlisted in said regiment on or about the month of	afrail
186 Wand served in the Army up to Dec 14th	1864 That he lost his
life on the day of	18 (State here
particulars of the husband's death, when, where and from what of	cause) . That While
in the Confederate anny	in the state of
Mabour a about the 14 Dla	mber 1864 was
attacked with typhoid for	ex was tokento
Plant of All	
hospital at Justolovin al	a solul
of David disease on 19th of	1 Dearnher 1864
Deponent swears that she was the wife of said deceased soldier, during his	service in the army as a soldier, and that
she has never married since his death aforesaid, and that she became his	
10	11
I have been allowed a pension as a resident of	County for the year ending
February 15th, 1 700., and now apply for the pension provided by law	for the year ending February 15th, 1901.
Sworn to and subscribed before me, this	has 1 Porce
7 day of January 1901. \ Of C	· x 1/219611.
	nare.
John Awbry Ordinary. Post Office	A. A. M. Marian
	Shi anting
State of Georgia,	O Dr. V. V. Comment of the Comment o
(Co & County. ) Ordinary of said	County, certify that I am well acquainted
1 C C Cha ell	made the above affidavit and am satisfied
• • • • • • • • • • • • • • • • • • • •	하는 이 이번 아이는 아이를 가게 되었다면 하다면 하는데 되었다면 하는데 없다면 하는데 없다면 하는데 없다면 하는데
that the facts therein stated are true, and I know she is the individual	she represents herself to be, and that
has continuously resided in this State since the day of	18
Given under my official signature and seal, this the	day of January 1901.
2)	how Oliverday
J Official !	all
Seal. ) Ordinary of	County.

#### tol minams uelestoide vitamen lensions.

The bear and served in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year ending December 31, 1902.  State of Georgia,  County, Ordinary of said County, certify that I am well asses as the has continuously resided in this State since the day of  Capually of the husband and that she has continuously resided in this State since the day of  County of Line William County and from what causes  A Just the lost his place of the husband's death, when poly and from what causes  A Just the lost his place of the husband's death, when poly and from what causes  A Just the lost his place of the husband's death, when a late of the poly and from what causes  A Just the lost his place of the husband's all a cheer who has a late of the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.  Sworn to and subscribed before me, this day of an 1902.  State of Georgia,  County, Ordinary of said County, certify that I am well am satisfied that the facts therein stated are trule, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the day of 18	STATE OF GEOF	RGIA,	Y E	ONALLY COMES M	es.
State of Georgia, and that she has RESIDED in said State continuously ever since 1850 . That she is the Widow of 1850 . That she is the Widow of 1862, and served in the Army up to December 1864. That he lost, his ife on the 17 day of December 1864. That he lost, his ife on the 1865 . (State here conticulars of the husband's death, when, when young and from what gayer) in Confedera 1864 when allowed the December 1864 who allowed the horse of December 1865 and disease on 17 of December 1866 who allowed the horse of December 1866 who allowed the horse of the year 1849.  I have been paid a pension as a resident of Delb County for the year ending December 31, 1902.  Sworn to and subscribed before me, this day of arm 1902. The who made the above affidiavit and ann satisfied that the facts therein stated are trile, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the day of 1864 who made the above affidiavit and ann satisfied that the facts therein stated are trile, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the day of 1864 who made the above affidiavit and the state of the county of the state of the day of 1864 who made the above affidiavit and the state of the state	County of	0	$\mathcal{I}$	Morgi	IT,
That she is the Widow of  "That she is the widow of the she is the individual she represents hereself to be, and that she has continuously resided in this State since the  "That she is the widow of the she is the individual she represents hereself to be, and that she has continuously resided in this State since the  "That she is the widow of the she is the individual she represents here self to be, and that she has continuously resided in this State since the  "That she is the widow of the she is the individual she represents here self to be, and that she has continuously resided in this State since the  "That she is the widow of the she is the individual she r	who, being swo				
J. J. Minght who was a soldier in Company Regiment of J. G.  Volunteers, that he enlisted in said regiment on or about the month of April  186 Z., and served in the Army up to December 1.186 4. That he lost, his  ife on the J. G. (State here  Described and State of the husband's death, when yelvery and from what gayer)  That he been paid to be the J. L.			seorgia, and that	she has RESIDED I	said State
Volunteers, that he enlisted in said regiment on or about the month of Afril  1862, and served in the Army up to December 1864. That he lost, his ife on the 1874 agy of 1864. That he lost, his ife on the 1874 agy of 1864. That he lost, his ife on the 1874 agy of 1864. That he lost, his ife on the 1874 agy of 1864 areas agreed in the Army up to December 1864 areas allowed a latence of Ulabarura allowed a latence are the 1864 areas allowed a latence are the 1864 areas allowed a latence are the 1864 areas allowed a latence are the 1874 areas a latence are the 1874 areas allowed a latence are the 1874 areas allowed and that she has never married since his death aforesaid, and that she became his wife in the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.  Sworn to and subscribed before me, this day of an 1902.  State of Georgia, 1902.  State of Georgia, 1903 and I know she is the individual she represents the result of the pension are saided in this State since the day of 1802.  Given under my official signature and seal, this the day of day of the pension of the pension of the pension are allowed in this State since the day of 1802.  Given under my official signature and seal, this the day of day of the pension of the pension of the pension are allowed in this State since the day of 1802.  Given under my official signature and seal, this the day of the pension of the pension are allowed in this State since the day of 1802.  Given under my official signature and seal, this the day of the pension	continuously ever since		P.A		
Volunteers, that he enlisted in said regiment on or about the month of April 1862, and served in the Army up to December 1864. That he lost, his ife on the 1864, that he lost, his ife on the 1864, then, uphen and from what cause.  Army in the Nath of Madanas allacked with the phoiosist ferred was laken to thoo of Madanas allacked with the phoiosist ferred was laken to thoo of Madanas and daily of December 1864, which is the phoiosist ferred was laken to thoo of Madanas and daily of December 1866, and that she has never married since his death aforesaid, and that she became his wife in the year 1849.  I have been paid a pension as a resident of Colle County for the year ending December 31, 1902.  Sworn to and subscribed before me, this day of 1902.  State of Georgia, The Madanas and the she was all and the she has continuously resided in this State since the individual she represents hereself to be, and that she has continuously resided in this State since the day of 1802.  Given under my official signature and seal, this the day of the persons and the processor.	4 4	J. Ming	ral w		in Company
1862, and served in the Army up to December 1864. That he lost, his if on the 177 day of December 1864 (State here day of December 31, 1902.  State of Georgia, County) Ordinary of said County, certify that I am satisfied that the facts therein stated are true, and I know she is the individual she represents to be, and that she has continuously resided in this State since the day of 1864.  Ordinal i Sould.	of the 06	<i>V</i>	Regiment of	~ /	
articulars of the husband's death, when when what cause in Confidence articulars of the husband's death, when when of while in Confidence and from what cause in Confidence and for the State of What was allacked with Typhhoid fever was lake when the State with Typhhoid fever was lake when the two of African to hoo of the Army as a soldier, and that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1849.  I have been paid a pension as a resident of County for the pension provided by law for the year ending December 31, 1902.  Sworn to and subscribed before me, this day of any 1902.  State of Georgia, County, Ordinary of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represents the reself to be, and that she has continuously resided in this State since the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the given affects the control of the control of the control of	Volunteers, that he enlisted in sai	id regiment on or a	bout the month of	Upri	6
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.  Sworn to and subscribed before me, this day of army 1902.  Sworn to and subscribed before me, this day of army 1902.  State of Georgia,  County, Ordinary of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represents the reself to be, and that she has continuously resided in this State since the Given under my official signature and seal, this the day of the county of the state of the county of side of the state of the county of the state of the sta	86 2, and served in the Army	up to Die	ember	186 4. The	t he lost his
Agricy in the State of Alabama allows Mills in Confedence and the State of Alabama allows Mills of Alabama allows allowed with Typhoid Seventher 1864 was altached with Typhoid Seventher 1864 was altached with the system of Alabama and died to Alabama and that she became his wife in the year 1849.  I have been paid a pension as a resident of Colb County for the year ending December 31, 1902.  Sworn to and subscribed before me, this day of and 1902.  Arthur Marker and 1902.  State of Georgia, The Marker and County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the day of 18 Given under my official signature and seal, this the day of 18 Given under my official signature and seal, this the day of 18 Given under my official signature and seal, this the day of 18 Given under my official signature and seal, this the day of 18 Given under my official signature and seal, this the day of 18 Given under my official signature and seal, this the day of 18 Given under my official signature and seal, this the day of 1902 to 1902	ife on the	day of	Du	1864	(State liere
Agring in the Stuff of Alabamia Calling Michael Scenarios 1864 was attached with typhoid fever was laken to how a Tristalova attached with typhoid fever was laken to how a Tristalova attached with the facts therein stated are true, and I know she is the individual she represents the record to be, and that she has continuously resided in this State since the day of the file of	particulars of the husband's death, t	when, where and from	n what cause)		
The first of Secentres 1864 was altacked with typhoid fever was later to hoo to the typhoid fever was later to hoo to the year that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1849.  I have been paid a pension as a resident of County for the year ending December 31, 1902.  Sworn to and subscribed before me, day of an 1902.  The later fordinary Post-Office Research that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the day of the control of the said County of the control		That !	while in	i Conf.	ederal
with typehois fever was linker to hos the first the type of said deceased soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1849.  I have been paid a pension as a resident of County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.  Sworn to and subscribed before me, day of any 1902.  State of Georgia, County Ordinary of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represents the reself to be, and that she has continuously resided in this State since the day of the county official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, this the Given under my official signature and seal, th	anny in the	state of	alaba	una la	lloso
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1849.  I have been paid a pension as a resident of Coll County for the year ending December 31, 1902.  Sworn to and subscribed before me, this day of arm 1902.  Sworn to and subscribed before me, this day of arm 1902.  State of Georgia, County Ordinary of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represents the reself to be, and that she has continuously resided in this State since the day of 18  Given under my official signature and seal, this the day of 1902  1 Official   Soul.	the find of a	The state of the s		ras alli	ched
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1849.  I have been paid a pension as a resident of Coll County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.  Sworn to and subscribed before me, this day of arm 1902.  State of Georgia, County Ordinary of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represents the reself to be, and that she has continuously resided in this State since the day of 18 Given under my official signature and seal, this the day of 1902.		id feve	1 was		hos fe
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1849.  I have been paid a pension as a resident of Coll County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.  Sworn to and subscribed before me, this day of arm 1902.  State of Georgia, Post-Office Russ well to County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represents the reself to be, and that she has continuously resided in this State since the day of 18 Given under my official signature and seal, this the day of 1902.	1 - 1		barra a	and de	ey!
State of Georgia,  County of county  C	of Dand dis	ease or	17"2	Deser.	Les 186
State of Georgia,  County of county  C	1		0		
Sworn to and subscribed before me, this day of am 1902.  State of Georgia, County Ordinary of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represents the reself to be, and that she has continuously resided in this State since the day of 18 Given under my official signature and seal, this the day of 1902	the year 184-9. I have been paid a pensio	on as a resident of_	Col	l c	unty for the
State of Georgia,  County Ordinary of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represents the certify that signature and seal, this the day of the county of said County of said County or said County of said	year ending December 31, 1901, a	and now apply for the	he pension provide	ed by law for the	year ending
State of Georgia,  County Ordinary of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represents the reself to be, and that she has continuously resided in this State since the day of  Given under my official signature and seal, this the day of the state of the day of the signature and seal, this this this this the signature and seal, this	December 81, 1902.			7	
State of Georgia,  County Ordinary of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represent the said of the county of said County of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represent the said of the county of said County of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represent the said of the county of said County of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represent the said of the county of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represent the said of the county of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represent the said of the county	Sworn to and subscribed	before me,	· lear	2	
State of Georgia,  County Ordinary of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represent the said of the county of said County of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represent the said of the county of said County of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represent the said of the county of said County of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represent the said of the county of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represent the said of the county of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represent the said of the county	this 6 day of an	1902	TEXON	right	
State of Georgia,  County Ordinary of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represents the said of	() - 1 11 6				g.
County) Ordinary of said County, certify that I am well acquainted with Mrs. Who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents the seed to be, and that she has continuously resided in this State since the day of	from even	Framary. / Po	ost-Omce V	vaca	1
County) Ordinary of said County, certify that I am well acquainted with Mrs. Who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents the seed to be, and that she has continuously resided in this State since the day of	44.00		and	1.11	100
an satisfied that the facts therein stated are true, and I know she is the individual she represents the hereself to be, and that she has continuously resided in this State since the day of	State of Georgia,	1	//	4	
an satisfied that the facts therein stated are true, and I know she is the individual she represents the hereself to be, and that she has continuously resided in this State since the day of	auss,	County J O	rdinary of said C	ounty, certify the	it Lam well
am satisfied that the facts therein stated are true, and I know she is the individual she represents the satisfied to be, and that she has continuously resided in this State since the day of	acquainted with Mrs	Y 1///	-	STATE STATE OF THE	
day of		- //			
Given under my official signature and seal, this the day of the hours of the day of the					o represents
Given under my official signature and seal, this the day of the 1902		continuousiy reside	a in this State si	ice the	
Official / Soul.		18	110	- 1	1
1 Seal. (	Given under my official signa	ature and seal, this	100	day of Acces	S 1902.
1 Seal. (	(Official)		The l	who	7
		/	haddannar of	186	Country

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Voucher and affidavit must bear date after January 1st, 1902

## POWER OF ATTORNEY: 100 7001

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me	at	Rowell	carta plane, a consequente e e e e e
In Witness Who	ereof, I have hereunto	set my hand and seal,	this 7
y of January	4000		
		JE Loright	[L.8

TATE OF GEORGIA,	- 1		
I TE Wright	DUNTY. )		hereby authoris
		Enuell	
receive and receipt for the pens	ion paid hereon, an	Roswel	e remit same
IN WITNESS WHEREOF, I have h		and seal, this 2	
y of January 1904	JE M	Wright	[L.
Executed in presence of Le Herrik	2		
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To Those Heretofore Paid  1903.	For year ending Dec. 31, 1903.  For year ending Dec. 31, 1903.  The form of County,  Vidow of County.	JOHN W. LINDSEY, Commissioner of Pensions.  WARRANT ISSUED    1908. AND HANDED TO    HANDED TO
13 E	For ye	2-7 - 1 2 Page 10 Page 1

JOHN W. LINDSEY,

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA	, 1	Papeon	LLY COMES MRS.	
County of Cobb		Va	Margin	
	ys on oath, th	at she is a bona t	ide resident of said Cou	nty o
Cook 1	LState of G	eorgia, and that	she has RESIDED in said	State
ontinuously ever since	ht of	1850	. That she is the Wic	
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86 2 , and served in the Army up to	~~~	10	186 That he	lost hi
ife on the	day of	aleann	1864 (St	ate her
particulars of the husband's death, when, wh	here gyd from	what cause.)		
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oldier, and that she has never married he year 18#9 I have been paid a pension as a res		ath aloresaid, and	County	è
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# FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

TATE OF GEORGIA.	PERSONALLY COMES MRS.
County of	
who, being sworn says on oat	h, that she is a bona fide resident of said County of
Cell Ste	ate of Georgia, and that she has RESIDED in said State
ntinuously ever since 1850	. That she is the Widow of
J J Wright	who was a soldier in Company
4 166	Regiment of £9
of the	and the month of april
clunteers, that he enlisted in said regiment	on or about the month of Office That he lost his
62 and served in the Army up to	1 100 Inches Inc
	Alex 1864 (State here
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	vill in the confineral
W. K. C.	Muli of Clabanding
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eponent swears that she was the wife of s	aid deceased soldier, during his service in the Army as a since his death aforesaid, and that she became his wife in
oldier, and that she has never married s he year 18	since his death aforesaid, and that she became his wife in
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STATE OF GEORGIA, STATE OF GEORGIA, COUNTY. COUNTY. Wright to receive and receipt for the pension paid hereon, and request that he remit same to to receive and receipt for the pension paid hereon, and request that he remit same to at Rowell In Witness Whereof, I have hereunto set my hand and seal, this there In Witness Whereof, I have hereunto set my hand and seal, this day of January day of January Executed in presence of Executed in presence of IDOW'S PENSION JOHN W. LINDSEY JOHN W. LINDSEY WARRANT ISSUEL No. 228

## MINORS Deleratore STATE OF GEORGIA, County of County 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 1850. That she is the Widow of was a soldier in Company Volunteers, that he enlisted in said regiment on or about the month of ..... 186 2, and served in the Army up to_ 1864 (State here Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 #9 County for the I have been paid a pension as a resident of _____ 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, Ordinary of said County, certify that I am well am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

NOTE.—All blank spaces must be filled. . Youcher and Affidavit must bear date after January 1st, 1905.

Given under my official signature and seal, this the

Official Seal.

#### For Widows Heretofore Allowed Pensions.

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who, being sworn, says on o	oath that she is a bona fide resident of said County of
	ate of Georgia, and that she has RESIDED in said State
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moran I Worga	who was a soldier in Company
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Volunteers, that he enlisted in said regiment of	on or about the month of Mass
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NOTE.—All blank spaces must be filled.

Voucher and Affiderits must beer date after January 1st, 1906

## POWER OF ATTORNEY STATE OF GEORGIA,

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STATE OF GEORGIA, . . PRI SONALLY COURSE MRS.

For Widows Heretofore Allowed Pensions.

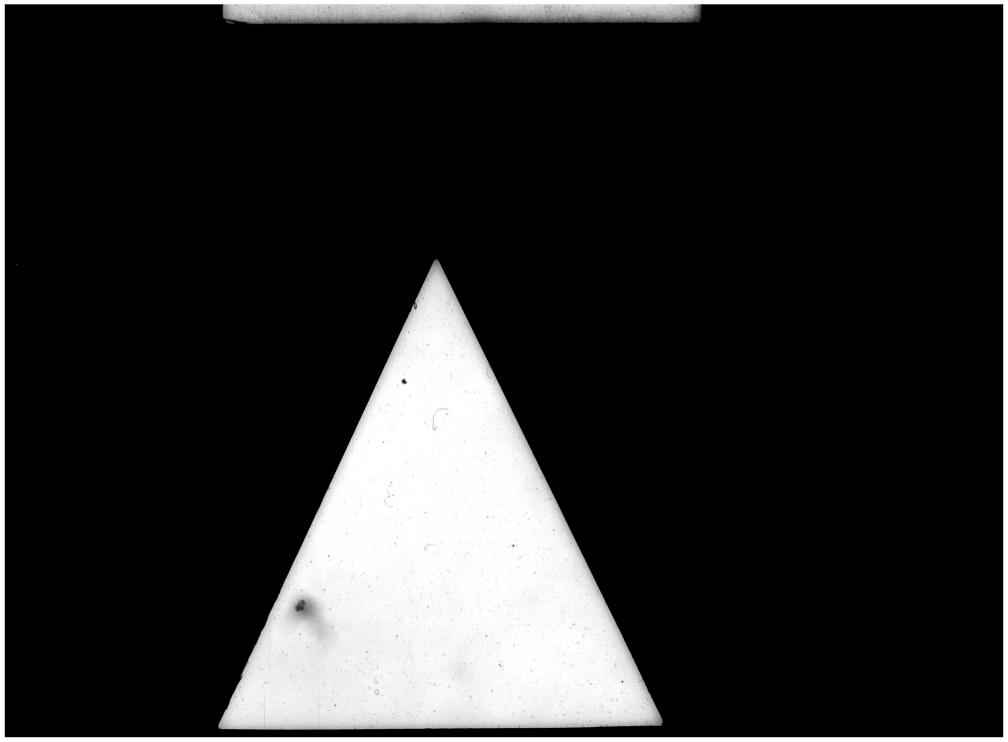
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# For Widows Heretofore Allowed Pensions.

County of County of	).	Tempi 6	Progett
all who, being aw			esident of said County of as RESIDED in said State
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Volounteers, that he enlisted in sa	<u> </u>	Regiment of	4
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particulars of the husband's death, t			. (State nere
a(	Qued in	Voapula	
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I have been paid a pension	as a resident of	Cath	County, for the
year ending December 31, 1906, a December 37, 1907.	and now apply for the	e pension provided by	law for the year ending
Sworn to and subscribed	1907.	enylog 2	Jug & C
State of Georgia,	l	1, John	Antrey
acquainted with Mrs. Juny	ain & Mong	, who made	y, certify that I am well the above affidavit, and dividual she represents
nerself to be, and that she has con			
lay of			
ven under my official sign		the day of	Jany 1907.
Official   Seal	Ordinary	VIIII	Shelf County.

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1907.



# Ordinary's Certificate

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Widow's Pension Under Act 1910—as Amended by Act of 1919.	3: 1. Before any of "You do sale you shall give 2. Additional at 3. Only widows 4. All affidurit 4. All affidurit 5. Attach certific reputation.	orthy, and their state Sworn under my ha (SEAL)	STATE OF GEORGIA,  NETTOD.  I.  A. D. Hei  that I know  the person she represe and was on the 4th Nove the witness who swears to the witness who swe
County St.	paestions are answeally swear that you will be the truth. If sharits may be at who married prior is must be made be your end of married prior of the prior of	ements are entiti nd and official :	STATE OF GEORGIA,  L
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Approved	skall swear applicant rs make to each of t nees are insufficient. 1881, are entitled. of the residence of mable. If not, prove	and credit.	STATE OF GEORGIA.  COUNTY.  1
GRO .	applicant and the witness in each of the questions asked ) afficient. Silical dence of the person to be aw oot, prove marriage, by some 1	y of August	the applicate continuing resident elecontinuing resident elecontinuing resident then are now residents and that they both
J. W. LINDSEY, Commissioner of Pensions.	rou and the orn and cert orn and cert orn or by		Ordinary of said County, do certify the applicant for pension. She ing resident citizen of said County tompson now residents of said County and at they both are truthful, trust
Byrd Printing Co., State Printers, Atlanta.	eridence eridence fied by general	ary,	and she

Act 1910 as A

#### As Amended by Act of 1919

#### Questions for Applicant

STATE OF GEORGIA, COUNTY.
Personally before me comes augusta Wylie of said State and County,
and, after being duly sworn, says that she desires to apply for a pension allowed under the Act
of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to
the following questions to-wit:
1. What is your name, and where do you reside? Lingeline Myles
3. How long and since when have you been a continuing resident of the State of Georgia!
3. When, where and to whom were you married toleto 1990, Colt County Je
a. Have you married since the death of first and soldier husband? _ hv
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
federate Army or Georgia Militia? (State the army and class of Service) 125, 1864 Meetin Co. 7
ter Co, B + In Allottin Infanting
5. When and where did the commands of your husband surrender or discharge from the army!
6. Was your husband personally present at the time of the surrender or discharge of this command ! Y
Ups My recolection is that he mo
7. If he was not present state clearly where he was the hand from book furthings
8. Where was his command when he left? Cuputy Ti
a. For what cause did he leave his command? War ended
b. By whose authority did he leave his command f
c. For how long was he granted leave of absence?
c. What was his physical condition when he left his command?. Tad
f. What effort did he make to return to his command?
g. In what way was he prevented from going back to Command . Www.
h. Was he captured by the enemy at any time t
i If so, when and where captured and where held as a prisoner, and when and for what cause released?
j. When and where did your first husband die 1 Kov 16 1916
k. Were you residing together when he died! Les
1 If not, how long had you resided apart? had have laring together
m. Are you now a widow!
9. Have you or your husband heretofore been paid a pension by the State?
If so, when and for what cause were you or your husband placed on the roll t
Sworn to and subscribed before me this the
H day of Select 1942 State of Georgia, Cobb Counts.  I hereby certify that Angelind Wylie
Ordinary ) is a bona-fied citizen of this county
County faith and credit.
(SEAL) County, Ga. Ordinary.

STATE OF GEORGIA,	
Newton COUNTY.	
Personally before me comes	who, afte
being duly sworn, true answers to make to the following questions, answers as following	ows:
1. What is your name and where do you reside? D. A. Thompson	
Covington Ga	
2. How long and since when have you known Mrs. W.H. Tylie	
since 1861.	6
3. How long and since when has she continuously resided in this State? (Give d	
All her life	
4. When and to whom was she married 1 W. H. TY119 . Dec 1879 ow de	you know ! 1010
5. How long and since when did you know	
husbandf since 1861	
6. When and where did	XXXXX
the husband of applicant, die! near Marietta Cobb Co Ga	Nov 16,1916
7. Were the applicant and her husband living together as husband and wife at	the date of his death
yes .	
8. If not, how long did they live apart before his death?	
Were they divorced!	
9. When, where and in what Company and Regiment did	enlia
July 1864. Newton Co Ga, Co "B" 4th, Ga Wilitia.	
10. Were you a member of the same Company ?	
11. How long within your personal knowledge did he perform actual military se	
and Regiment: July 1864 to April 9,1865	
12. When and where did his Command surrender, and was discharged?	
Augusta Ga.	
13. Were you personally present when it was surrendered?	
were you _hame_an_furloughand how came you thereff	national
alok .for 50 days	****************
14. Was the husband of applicant personally present at surrender? 2.45	nes knew if n
where was he? I think he was at home on furlough W	
cause did he leave Command? (Give date.)	
authority did he leave his Command	
long was he granted leave? 50 days He by personal knowledge and reliable information	w do you know all this
DA DELEGUET KROATEGES STOR LETTERATE THE ATTENTON	
15. For what cause, if you know of your own knowledge, was he prevented from	
mand f surrender	
16. What effort did he make to return to his Command and how do you kno	MENTAL POST CONTRACTOR
16. What effort did he make to return to his Command and how do you kno knowledge or how?	
Suram to and antimorthed before me this the	1
Sworn to and subscribed before me this the  25 day of August 191919	hoon
day of August 191919	2
and Mulator Ordinary)	
ofCounty.	

(SEAL)

G.ORGIA, COBB COUNTY.

WYLie, AMP (ma)

This December 22, 1930.

Due Deceased Per Application for

6

COBB

ate of Death November

J.M.GANE

mount \$ 100,00

Received of J.M. GANN, "rdinary of Said County, One Hundred Dollars, being payment for Funeral expense of MRS. ANN WYLLE, Deceased Pensioner.

Mayes Wardn

STATEMENT

#### MAYES WARD & CO.

FUNERAL DIRECTORS AND EMBALMERS

AMBULANCE SERVICE

TELEPHONE 549

FUNERAL HOME

MARIETTA, GA. November 15,1930.

M Estate of Mrs.Ann Wylie,

Deceased. Marietta, Ga.

> 140 00 To Casket. 22 50 Dress. 15 00 Embalming. 10 00 Hearse. 105 00 Vault.

10 00 Flowers.

By Cash.

\$502 50 202 50 --\$100 00 Balance . -----

Georgia Cobb County. The above and foregoin account is rendered for funeral expenses of Mrs.Ann Wylie, who died without ewning sufficient property to pay this bill.

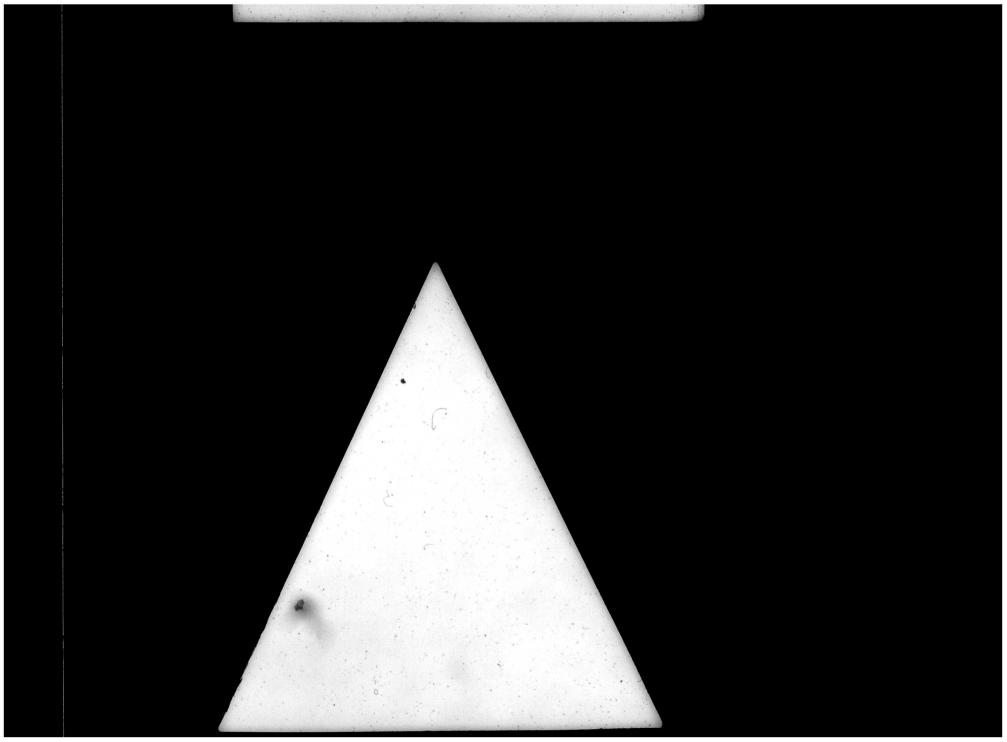
Mayes Ward Fungeral Director.

Sworn to and subscribed before me, this I5, day of Nevember 1930.

## Application for Pension Due to a Deceased Pensioner (To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)

(Under Act Approved August 15, 1904).

GEORGIA, Colece	County,
Personally before me, the Ordinary of said Co	unty, comes A & Hyere
	of said County, who, after being sworn, on oath
	of said County, and that said Pensioner
was on the Pension Roll of said County at the time	e of death, which occurred in
County, in this State, on the	day of November , 1930,
and that pensioner left no widow surviving, and	I no estate of any value sufficient to pay these funeral
expenses, which amounted to the sum of \$2.a.	2, per sworn statements fully and completely
ITEMIZED hereto attached.	
Sworn to and subscribed before me,	HL. Wylie
// Coasa County	
(Seal of Ordinary)	
citizen of said County, and that said person is of faith and credit; that I also knew	who is a resident of truthful and trustworthy character, entitled to full while in life and that this was usion Roll/of County, and (\$ BRO) Dollars aid pensioner to be dead; and that the instructions at erved in making up this voucher and the bills which are
Given under my hand and official seal, this	
(Seal of Ordinary)	A acce, Ordinary
	Courty County
INST	RUCTIONS:
	and funeral, to make out their accounts in fully itemized form,
2nd Each account must be sworn to before the Ord	
"The above and foregoing account is rendered for ser- be) of, who die	vices in the last illness (or for funeral expenses, as the case may d without owning sufficient property to pay this bill.
	fectly legitimate in every respect, and properly sworn to, and all properly completed as indicated.
	property completed as indicated.  Is—must be sent to the Pension Department for approval and no rauthority to make the payment.
money must be paid out until it is returned to you as your 5th. Return this application, and attached bills, pro	
6th. Ordinary should see that the back of this blank	



Myley, B. W.

# Confederate Soldier's Application.

UNDER ACT 1910.

County Carley

Name & My My gley

Company

Regiment Ish Ma tale Transas

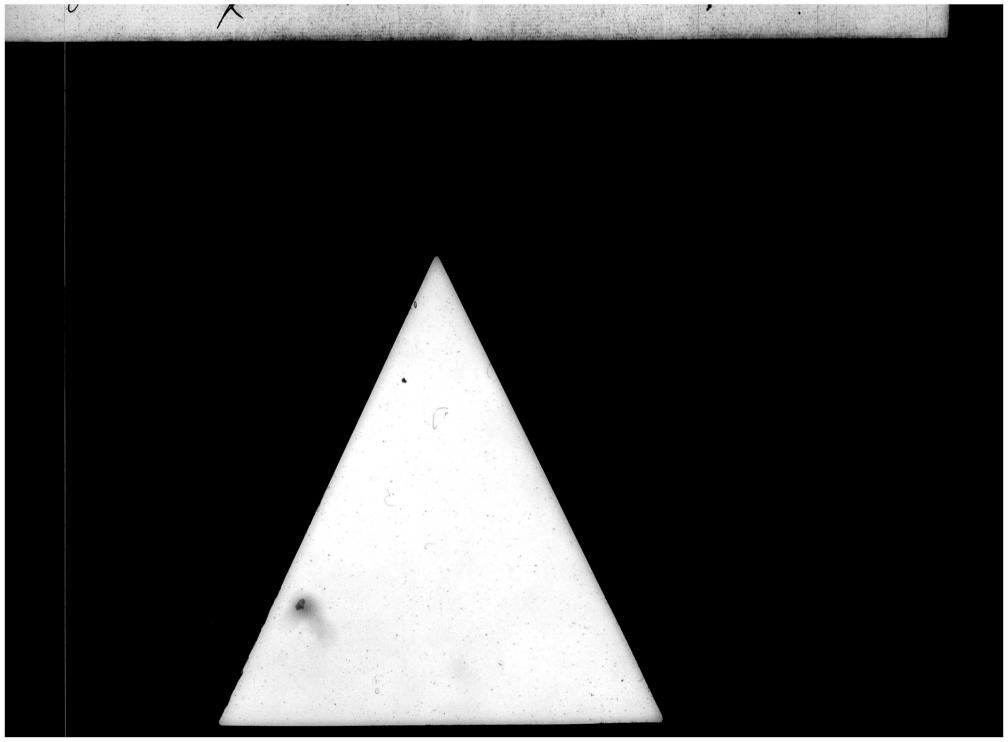
Approved

J. W. LINDSEY,

CHAS. P. BTRD, State Printer, Atlant

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

rersonany before me comes			who on oath
ys that they are freeholders residing in said	County and we know	·	
ae applicant for pension and we know the proposed wife and of its cash value to wit: (Make	perty that is now in the List by items and val	he use, possession and	d control of himself
		16	<u> </u>
1. What property, if any, has been so	ld or given away by	the applicant or his	wife since 4 Nov
908? (State it fully by items.)			
2. When and to whom was it sold or	given to?		*
3. What was the price paid or stated t			
4. What relation is the party to appli			
5. What disposition was made of the			
6. Was the disposition of this propert	ty made in good faith	h and full values?	1.6 Files St.
Sworn to and subscribed before me, th			
			1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
day of1	191		
of		County.	
TATE OF GEORGIA,	Y'S CERTIFI	ICATE.	
County.			
me			A CONTRACTOR OF THE
1 X 1 X Lanu	Ordin	ary of said County,	ertify that I know
ne applicant for Pensio	on is the person he	represents himself to	be and resides in
aid County. That I also know Role			
id County. That I also know.	The one	the with	ess swearing to the
ervice and	•	who are	freeholders, that
ney are all residents of said County and were	duly sworn by me be	efore signing the fore	going affidavit and
hey are all truthful and trustworthy and thei	ir statements are enti-	tled to full faith and	credit. That the
ax Returns of	ahowa	***	and wife
alue for tax is in 1908 \$			\$.,
r 1911 \$for 1912 \$	for 1918	8	
Sworn linds pay hard and official seal	of office this	22 day of	april 1914
VIII Och	Ordinary,	0	
John	A CHARLES AND A CONTRACTOR OF THE PARTY OF T	11/2	
Janua Janua	of	000	County



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Act 24th October, 1887.	they everins does not support		
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	and what is the fromt con-		nce o
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Name Jas L. Mylie	such consition trace able -		
County Co Bob	Rich African		
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Amount, \$ 230	of hand are not suit from		
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RICHARD JOHNSON,			-)- '
Commissioner of Pensions.	would exist discourable by the		
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<b>)</b>	full from the worker,		
GEO. W. HARRISON, STATE PRINTER, ATLANTA	from is is sufficient wining	÷	
/	the viguey or in puris		
2/23/97	IT- Wien princip		
5/1997 1/12.48	Com frum		
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POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

to receive and receipt for the pension allowed and

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

1897.

request that he remit same to.

	STATE	OF C		TNUC	Y. }	authorize	•		•		
	of				***************************************	to rec	eive and rec	eipt for the pe	nsion allowe	d and	
	request that h	ne remit same	e to				•				. 1
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30	S Set	, =		1	73	tes,	\$ 6	RICHARD JOH		EG W. HARRISON, STATE PRI	1
affic James	Act 24th October, 1887.		SOLDIER'S P	1	I.	Disability A	Amount, s C3 C			EQ.	5/10.97
TCB	12 2		20		Name	Ounty Disabili	Amot		٥. ا		3
- /1	4			11,			and the stand			- Maria	

	STATE OF GEORGIA,
	leable COUNTY.
	PERSONALLY appears Janus & Mylie of Coll
	211
	County, State of Georgia, who being duly sworn says on oath that he was born on the
	day of Weeeuter . 1884, that he is a bona fide citizen and resident of Georgia, and
	has been continuously since the day of Recember 18.34,
	that he enlisted in the military service of the Confederate States (or the State of
	The state of the s
Name of	And P ) during the war between the States, and served as a
1	in Company d. of the light the Regiment
	of Ca Volunteers Woffords Hoff Brigade; that whilst engaged in
į.	such military service and in line of duty in the State of Chronica on the
	day of May 1863, he was disabled or wounded as follows:
ı	Bo a piece of Thell Shattering the right show
1	To a price of shall manisting the regard shall
	and surring the right Sede - I was further super
	for Continion of the ungoles of the right are
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I	WF We require of montes write or guino will
•	right have to practically useless being
l	Chrawn und Coutracted So much So that
	I Par not use it for any purposes of late.
1	1 D File
	, and the same of
	My Jac- as the result of the Wound in My
1	Shoulder of was Captund at the Battle of farmen
,	2'00 14'
	belle Origina -
	• Constitution of the cons
	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 thereunder,
)	ending October 26th, 1897.
ĺ	
i	Sworn to and subscribed before me, this the
	2 day of Heby 1897. 1
	Post Office, Programme for
	Ordinary.
	Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the service.  Note.—Do not trouble to mention wounds which did not disable.

#### Affidavit for Three Witnesses.

1000	Con	unty.			10
P.	appears before me, t	ho undersioned	Ordinary in and	for said County.	John :
A Busy	vell - Saus	wel &	Frey		
and John	Dun-			to me to be trust	worthy citizens,
each of whom, beir	Muly sworn accord	ling to law, sev	erally say, under c	outh, that they are	personally well
acquainted with	Muco V.	1 igue	anno nome a marina de la como de	The same of the sa	
whose application i	herewith presented	for a pension,	that he has reside	d in this State con	tinuously since
the a	day o	Paris al	fauty 18	that he serv	ed in Company
	the Millips	Regiment o	& soolling,		, and from our
THE RESIDENCE OF THE PARTY OF T	he was injured by				
language when and	how the injury happe	ned, and how b	adly applicant is di	sabled from work.	If he does any
labor, or can do an	y, state what.)	1.	2.	14 /	the
11	. He	, 1	bounded	at the	array of
Chancel	tersville to	1111	2060.0	2 a price	of the
Malloni	g us re	garn		wa wys	ming yes
Side - Ul	a was y	Convard	regional	The Harry	Til
mathe in	villa sof	ued or	La con	L. M.	now,
THE DE	as porm	aneuty	Lugare	2	
and sen	drie my	aba co	Bartan	- Julius	Later.
Mis	regur me	ud is		ofed a	a one
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und C	arried to	Voint.	Lookou		t 5'
Mund	en of the		March 1	1110 10	ved un
aste	the Dun	resider			
WE personall	y know above stated	facts. We we	ere with him in the	army, and have l	nown him ever
since. He was ho	onorably stecharged	nt 1	m the service on.	Kont Man	ylana
of June	186	Applica	ant is permanently	disabled as stated,	and has been so
to our certain know	vledge ever since 18	61 We h	ave no interest in	the recovery of a p	ension by him.
Sworn to	and subscribed befor	re me this	0 01	Rose	
nno	15/2	. 1	JJ	aus	uill
dy	10 10	1897.	San	ull l	Tres
N	U Secon	ré \	Dolute	Dun	
(/n	10	Ordinary. /	LUMULT	- June	
Note 1The Ord	inaly will see that the		1. Ma	d by the mitnesses	and that they are

PHISICIANS AFFIUAYII STATE OF GEORGIA, - County. Gelbert donnert 60 me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined Lines & Market and after such personal examination, say that the present condition of applicant is as follows the claims to have received a Confund Non of night shoulder and chest from perac of a hill have cellowille, and is supplying and Para in That Turn, and is unable to do menual later with That dem in our opinion and that the condition is permanent. We further say that said condition arises from the following facts: Owing to this Wound he is small to vaise eight hand to Hand, Ring Tinger of aget hand is retarded, and Luka of 4 Abducted Indies havele is so much relacted as to stone had forthe format professionally for years, and his condition, as above arise from hereditary or congenital causes, or from vicious or stated, does intemperate habits. Gelbert Jenne 160 le J Nolan MP The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

Note 2.—If (aim is for disability resulting from disease, state how the disease is known to result from the service as a soldier. Also, state how long physicians have known and treated applicant. Note 3.—The physicians will be carried to fill every blank space in oath. STATE OF GEORGIAN 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 he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County. I diso conify that the foregoing witnesses to-nit James Do othery, and John Dunn are persons of respectability, that their statements are worthy of full gredit and belief, and that the full text of the affidavit was read to and understood by them before they signed the sa Given under my official signature and seal this

POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA,  County. S  Laures. L. Wylie hereby authorize Metoric	STATE OF GEORGIA,  County.  I, Laures L. Wylin hereby authorize felle Staue
of Quarietta	to receive and receipt for the pension paid hereon and request that he remit same to
ine to	Warietta by him
in WITNESS WHEREOF, I have hereunto set my hand and seal, this 16 th	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of Thebruary. 1890. James Lo Wyle [1. 8.]	day of March 1900. Jana & Wilie [1. 8.]
Executed in presence of	Executed in presence of
	- Vistallog.
JON 1899	SION SION TO THE PARTY OF THE P
CODE SECTION TEQ.  To Those Already Enrolled.  No. 2187  INVALID  ONER'S PENSI  S. A. Mallie,  Commissioner of Pen  WARRANT HANDE TO  WARR	INVALID  Sold Street Street Street  Sold Str
COMESSECTION TEAL  COMESSECTION TEAL  No. 35 / 8  NO. 4 A. M.	For These Already Enry No. 13 T.  INVALIE  INVALIE  IDIER'S PEN  IDOO  ILDOO  On W. LANDED TO  Con W. LANDED  Con
INVAILARTERN  No. 21  INVAILARIO  INVAILARIO  RICHARD JOE  Common WARRANTERN  WARRANTERN  WARRANTERN  COMMON STATE DE  SEC. W. IMBRIGHT BAN  WARRANTERN  WARRANTERN  WARRANTERN  COMMON STATE DE  SEC. W. IMBRIGHT BAN  WARRANTERN  WARRANTERN  WARRANTERN  COMMON STATE DE  COMMON ST	INV IN INV I IN I
COURSE AIR  INV  SOLDIER'S  Name County County Amount, \$ \$ \$ \$	SOLDIER These County & Amount, \$ JOHN
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	and an in the latest t

POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA,  County.)  1. James. L. Frylie hereby authorize Motoria  of marietta	STATE OF GEORGIA, County.  I, James L. Weylir bereby authorize f. W. Stand
to receive and receipt for the pension paid hereon and request that he remit same to	to receive and receipt for the pension paid hereon and request that he remit same to
at Quarietta	Marietta by hum
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16 th	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
	day of March 1900.
day of Hebruary. 1800. James & Wylie [L. S.]	Janus & Wylie [1.8]
Executed in presence of	Executed in presence of
Signar   1889.	Cb
INVALID  INVARIATE PRINTER, ALLAN  ON WARRANT FANDED TO  WAR	CODE SECTION TO.  These Aiready Enroll NO. 13 M  INVALID  INVALID  S. 50.  S.
CODE SECTION TEA.  Those Aircady En  No. 2/8  No. 2/8  No. 2/8  No. 2/8  LER'S PE  CARD JOHNS  CHARD JOHNS  C	INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI INVALI
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# For Applicants Heretofore Allowed Pensions.

STATE OF GE	ORGIA.
6.1	
0000	County.)
Dersonally ap	pears I. L. Mylie of Cobb
County, State of Geo	orgia, who being duly sworn, says on oath that he is a bona fide citizen
	State, and has resided therein continuously ever since the 20
lay of Secri	1834; that he enlisted in the military service of the Con-
ederate States (or o	f the State of) during the war between the
	a Dargeut in Company L, of Phillips Heginenteger
	Volunteers, Marfford 's Brigade; that whilst engaged
	vice in the State of tas, on the 5 or 6 day
of may	1863, he was wounded, injured or diseased as follows:
Dy sh	ell bursting and a firece
-strike	ig right breast and
also was	o struck by his capitains
boot he	eel, said Scafitains leg being
shot of	f by shell, ou right arm
and ther	ely rendering applicant
incourt	Stept to per orin ordinary manu
Deponent make	s application for the pension to which he is entitled for the year end-
ng October 26th,	1809. I have heretofore under said law as a resident of
	County been allowed an invalid pension of
\$ 50	Dollars, for the year 189 8.
Sworn ond st	ubscribed before me, this, the James & Wylie
15 th day of	Tylby. 1899. POST OFFICE Quarietta
m	Sta Sta
//19	Blone .
ent of the disability resu	sature of wound or obtacely of disease witch causes the disability, and explain particularly the ulting from the wound or disease.
	EORGIA.
Port	County.
	2 county.)
I,	( ) Stous Ordinary of said County,
	well acquainted with J. L. Phylic the
	egoing affidavit, and an well satisfied that the statements made by him
	are true, and I know he is the individual he represents himself to be
and that he resides	in this County.
	Given under my official signature and seal, this 15 th
	day of the log 189
your	
	Ordinary Cobb County.
7	

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	aty.}
personally appears & L	Mylie of loobs
County State of Georgia, who being	duly sworn, says on oath that he is a bona fide citizen
and resident of said State and Count	y, and has resided therein continuously ever since the
20 day of December	18.3%; that he enlisted in the military service of
the Confederate States (or of the Sta	
tween the States, and served as a	strivate, in Company , of Challey
Rejout of Sa. Vo	funteers, Wafford 's Brigade; that whilst
engaged in such military service in	the State of Ca., on the 5006
day of May 1863,	he was wounded, injured or diseased as follows:
By skell bu	esting and friece striking
right breast a	ud also was struck by
Idia rolitaina	boot heel, said
and tailed los	being shot off by shell
our right ares.	thereby rendering applica
· · · · · · · · · · · · · · · · · · ·	to her forw the Irdicary
inconfessed .	4: 11
	calious of luge
Deponent makes application	for the pension to which he is entitled for the year
ending October 26th, 1900. I	have heretofore under said law as a resident of
16000	County been allowed an invalid pension of
750.	Dollars, for the year 1897.
Sworn to and subscribed before	me, this, the farmes I the ylie
6 day of Mari	1900. POST OFFICE
MIN H	A. A
// www	, Duy
extent of the disability resulting from the wound or	character of disease, which causes the disability, and explain particularly the disease.
STATE OF GEORGIA,	
Cook Cou	inty.
10110	Stoul a Ordinary of said County,
I, J. W.	
do certify that I am well acquainte	WILL
applicant in the foregoing affidavit,	and am well satisfied that the statements made by him
[1] A STEEL OF THE STEEL	know he is the individual he represents himself to be
and that he resides in this County.	/ Cell
Given un	der my officjal signature and seal, this
	arch 1900
Amx your	M Hora
(here.)	
	Ordinary Cook County.

POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA, County.	STATE OF GEORGIA,
I, J. L. Wylie hereby authorize	Cobb County. S
John Autrey of Marietta Sa.	John awhy of
to receive and receipt for the pension paid hereon and request that he remit same to	to receive and receipt for the pension paid hereon and request that he remit same to
at Marietta	by.
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 4 cele	atIN WITNESS WHEREOF I have hereunto set my hand and seal this
day of Vacceary 1901.	1009
James Lo Wylie [L. 84]	Janies & Mylie [L. S.]
Executed in presence of	Executed in presence of
Thos. J. Namby	John Chulry
10 10 10 10 10 10 10 10 10 10 10 10 10 1	Cook SECTION 150.  FOR THOSE ALREADY ENPOLLED.  NO. 3T  DISABLED  OLDIER'S PENSIO  19002.  19002.  JOHN W. LINDSEY,  Committeers of Presion  WARRANT HANDED TO  OF My
SOLDIER'S PENSION  No. 177  No. 177  DISABLED  SOLDIER'S PENSION  TOOL  IDOURY  County  County	Le fames  Code section 120.  No. 307  No. 307  DISABLED  DISABLED  And Section 120.  Commission of 1.  S. 50  S. 60  S. 70  S. 7
LER'S PENTED  DISABLED  DISABLED  J. Walie  L. Malie  L. Malie  L. Malie  L. Malie  Commissioner  Co	CODE SECTION 150.  HOSE ALREADY ENRY  NO. 3TT  DISABLED  DISABLED  TOO 2.  TOO 2.  SOLVE ENERGY  TOO 2.  SOLVE ENERGY  COMMISSION W. LINDSEY  COMMISSION OF
A NISA HINTER HI	ALIE OF THE STATE
Those A Those A A L. S. C. L. S. C. L. S. C. L. S. C. C. L. S. C.	HOSE ALE NO. NO. LEANT TOORN W. WARRANT  OON W. HELPING
SOLD SolL	SOLD STATE OF THE PARTY AMOUNT, S. D. C.
SOIL Soil (Fe	30 S N S S S S S S S S S S S S S S S S S
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FOR APPLICALL'S BEKEFOFORE ALLOWED PENSION

-srymor opopory;

. 1

Wylie, James &

# For Applicants Heretofore Allowed Pensions.

Cost	Gounty,)
Personally appears	& Wylie of Cott
County, State of Georgia, w	ho being duly sworn, says on oath that he is a bona fide citizen
nd resident of said State a	nd has resided therein continuously ever since the 20
	1834; that he enlisted in the military service of the Con
ederate States (or of the St	
tates, and served as a	in Company of Patollisher
f Sa. Vol	unteers, Wafford 's Brigade; that whilst engaged
Voi	the State of Va., on the 5 ov 6 day
such military service in t	1863, he was wounded, injured or diseased as follows:
f May	, , , , , , , , , , , , , , , , , , , ,
	bursting and piece striking
right breast	and also was truck by
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lea being sh	
	recedering applicant
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avocations o	filifi
Deponent makes appli	cation for the pension to which he is entitled for year end-
	I have heretofore under said law as a resident of
"lool	
\$50.	Dollars, for the year 1900.
Sworn to and subscribe	d before me, this the) famely & Male
11 de . O a	
4 ) day of face	uary 1901. Postoffice Marietta, Sa.
John uw.	nez oray
NorthState fully the nature of	of the wound or character of disease which causes the disability, and explain particulting from the wound or disease.
larly the extent of the disability res	ulting from the wound or disease.
STATE OF GEORGI	[A,
Cabb	County.
1 lalue	Newtrey Ordinary of said County,
-, -	10.001.
o certify that I am well a	
	ffidavit, and am well satisfied that the statements made by him
i 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 # cdk
0	
day of ya	mary 1901
mm	John war
Amx	1 1 11 1

#### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. -

STATE OF GEORGIA,
Colo County.
Personally appears of Loba
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 Determ (18 34; 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 forgest in Company 2, of Phi Regimental of
of Volunteers, Hoffords 's Brigade; that whilst engaged
in such military service in the State of , on the of 6 day
of May 186, he was wounded, injured or diseased as follows:
By Shell burs like and
pieces shiping right breast and
also was Almost on his Captoins.
hoot Cuploms boot heel Daid Ouploins
her here shot of on they on right
alm Thirty vendling applicant
infampelint to kendom orderen avocations of life
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1902. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1901.
Sworn to and subscribed before me, this the day of day of 1902. Post-office fance & Wifie
Jam Murry
Nors.—State fully the nature of the wound of character of disease which causes the disability, and explain participantly the extent of the disability resulting from the wound or disease.
CMAMB OR CHODOLA
STATE OF GEORGIA,
County.
I, The Miney Ordinary of said County,
do certify that I am well acquainted with / L Mylic
the applicant in the foregoing affidavit, and an well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this
day of an 1902,
AME Your Owher
here friends Color Chinty.
Norg.—Fill all blanks and of Company and Regiment. Norg.—All vouchers and affidavits must bear date after January 1, 1902.
ATT TOURISTS MIN MINERAL MAN AND MAN A

# POWER OF ATTORNEY. hereby authorize to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal this. day of Executed in presence of SOLDIER'S PENSION (FOR THOSE ALREADY ENROLLED.) JOHN W. LINDSEY, DISABLED 1903. WARRANT HANDED

#### POWER OF ATTORNEY

STATE OF G	EORGIA,	County		
I	Lynes	5. Mylie	Maria	hereby authorize
o receive and	receipt for the p	ofofby	on, and request	that he remit same to
IN WITNES		ve hereunto set my	hand and seal, this nes L N	Vylie [L. S.]
Executed i	in presence of			
JIW.	Gann			
				1
al al II	the state of the s		[ ]   46	
outeo.)	NOIS	1	1904	of Pensions.
r ENROLLED.)	PENSION	4.	1804.	NDSEY, missioner of Pensions. NDED TO
READY ENROLLED.)  8 0 %.	ABLED PENSION	104. 14 July	Comment of Same	W. LINDSEY, Commissioner of Pensions. ANT HANDED TO  To the
DY ENROLLE	DISABLED IER'S PENSION	1904.	And	JOHN W. LINDSEY, Commissioner of Pensions. WARBANT HANDED TO OTHER

noda

MIS HEMBROPORE ALLOWED PENSIONS.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE	OF CEOPCIA \
STATE	OF GEORGIA,
	County.)
Personally	appears a Mylie of Cook
County, State	of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of	said State, and has resided therein continuously ever since the
day of	1834; that he enlisted in the military service of the Con-
federate States	(or of the State of) during the war between the
States, and ser	ved as a proal in Company I, of held the company
of Kg	Volunteers / Form 's Brigade; that whilst engaged
in such militar	y service in the State of day , on the 3216 day
of me	있다. 하는데 가는데 가는데 가는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하
	By shell burstin and Dies Strike
Dight =	he feis lemant and alloway struck for
hen Cake	Tains boot heel Said Captains less
P 6	that old by shell on our hit aider
	mulling applicant incompetent
meny !	
w ping	m andrany avolutions of life
- \S \	County, been allowed an invalid pension of Dollars, for the year 1902.  and subscribed before me, this the
Sworn to	Wast offer
(20	day of 1903. Post-office
	The state of the s
Note.—State	e fully, the nature of the wound or character of disease which causes the disability, and explain tent of the disability resulting from the wound or disease.
	OF GEORGIA, )
SIAIE	
	County.)
1,	on Antrey Ordinary of said County,
do certify the	t I am well acquainted with I Trylic
	in the foregoing affidavit, and am well satisfied that the statements made by
him in his sai	d affidavit are true, and I know he is the individual he represents himself to
	e resides in this County.
	Given under my official signature and seal, this 22
	day of 1908.
muy	1 Marche
Affix   your   arai	Ordinary County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORG	GIA )
( 16	
COO Co	ounty 7
Personally appears	Myles coph
//	ing duly sworn, says on oath that he is a bona fide citizen
	as resided therein continuously ever since the
	34; that he enlisted in the military service of the Con-
federate States (or of the State of	
States, and served as a	
in such military service in the St	ers from 's Brigade; that whilst engaged tate of on the said day
	86.3, he was wounded, injured or diseased as follows:
3	Thus bursting and bies
Striking right	Great and also was struck
en his Captains	0 29 . 015
Short os	If by thell on right ann
Thirty sender	in appliant manufeled
to person only	iny monual avocations
Math	
7 7	
	on for the pension to which he is entitled for the year
ending October 20th, 1904.	I have heretofore, under said law, as a resident of County, been allowed an invalid pension of
8,5000	Dollars, for the year 1903.
1.	1 0 119
Sworn to and subscribed be	1 Hames Duales
day of gay	1904. (P. 1904)
Mu okully	Post-office_
NorsState fully the nature of	the wound or character of disease which causes the disability, and explainulting from the wound or disease.
particularly the extent of the disapility res	ulting from the wound or disease.
STATE OF GEOR	GIA.
Cobh	County.
001	7.4
I, John Co	10 10 110 110
do certify that I am well acqua	
	affidavit, and am well satisfied that the statements made
	rue, and I know he is the individual he represents himsel
to be, and that he resides in this	
Given under my	official signature and seal, this
day of	
CAME	John anding
	1 1 1 1 1

Nors.—Fill all blanks and of Company and Regiment.
Nors.—All youchers and affidavits must bear date after Januar.

STATE OF GEORGIA,  County.  Co	STADE OF GEORGIA,  COUNTY.  LOW COUNTY.  A Manual M
at.  IN WYNESS WHEREOF, I have hereunto set my hand and seal, this  and any of Manager and 1905.  Executed in the presence of Wife of J. L. Wylie  [L. S.]	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of fame 1906.  Executed in the presence of
Cons SECTION ENFOLLED STATES ALREADY ENFOLLED STATES ALREADY ENFOLLED STATES ALREADY ENFOLLED STATES ALREADY PENSION STATES ALL STAT	Com THOSE ALREADY EIROLLED)  No. 74 6  DISABLED  SOLDIER'S PENSION  TOOR W. LINDSEY.  JOHN W. LINDSEY.  Commissions of Pension.  WARRANT HANDED TO
The second secon	

THE HEALT OF ORE ALLOWED PEASIONS.

STATE OF GEORGIA,
Personally appears & Irylie of book
County, State of Georgia, who, being duly worn, 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 Ale. 1884, that he enlisted in the military service of the Con-
federate States (or of the State of ) during the war between the
States and served as a legent in Company , of The ginen
of worgia Volunteers Working 's Brigade; that whilst engaged
in such military service in the State of Ja., on the 5026 day
of hears wounded, injured or diseased as follows:
Ou ball world of week of the
who smell by the Captains hoot hel laig Captains
dy line of the by a shill on light amy now
W. Ramay hannel autestions of life
Mr. during house as a
Approximate and the second
Deponent makes application for the pension to which he is entitled for the year
ending Actober 26th, 1905. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1904.
Sworn to and subscribed before me, this the
Many & Mylie
Day of the Med Post-office
Sold Property Julian
North. State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability esulting from the wound or disease.
particularly via Casaria
STATE OF GEORGIA,
County.)
I, Som Hully Ordinary of said County,
do certify that I am well accordinted with the
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 Jamay 1966.
(AME) (MANUALLY
Seal bere. County.
Note.—Fill all blanks and of Company and Regiment.

FUR APPLICANTS HERETURUNG AL State of Georgia, Cash County. Personally appears for LM. 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_ 18___; that he enlisted in the military service of the Cou-) during the war between the federate States, (or of the State of_ in Company States, and served as a rela's Brigade; that whilst engaged _Volunteers 1/1 in such military service in the State of. on the____ 186____, he was wounded, injured or diseased as follows: Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of 50 Dollars, for the year 1905. Sworn to and subscribed before me, this the Note:—State fully the nature of the wound of 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. John awtrey Ordinary of said County do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this

Affix your seal here

Norz.—Eili all blanks and of Company and Regiment. Norz.—All vouchers and affidavits must bear date after January 1at, 1906.

PROCEEDINGS IN LUNACY.

#### STATE OF GEORGIA, Cobb County.

The Detition of Real showeth

that Lar Difference at this time a fit and proper subject to be committed to the Lunatic Asylum of this State.

That the Lary Been American willing to this proceeding, and water the case for good reasons be heard and determined at once. Your petitioner, therefore, prays that commission may be issued according to the Statute in such cases made and provided, and determine whether sis subject to be committed to said asylum or not.

Sworn to and subscribed before me, Carly Market Statute of Statut

#### STATE OF GEORGIA, Cobb County.

	Deputy, or Lawful Constable of said County.
Morel of	having applied to me for Commission
to enquire into the mental condition of	
of said County, with the view of committing	
and having shown that the	
nearest adult relatives of said	
is waived by said relatives. You are hereby req	
Jurors, to be and appear at the Kerislesses	
in said County, on Thursday the	
James & Maybe	enquire into the mental condition of the said
- Lander De la Company de la C	

Gelbert Tenement M.D.	Waliebut.
6 9 Thellips	RMByone
W. Richardson	Joe Hardage
26 Thomas	Wirting
077118 Ruis	JW Lefty
Blockwell.	
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Which	
Allowoon .	
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ABlelover	
Doe Albatt	·
ABULLET	Land of the state
	The state of the s
Given under my hand, My wern ber	17
	John of the
	Ashn Antry Ordinary.
0 0 0	
16 Reed	
Las L. Thylies	QUESTION OF INSANITY.
(as de Mylies)	
1 00 -	
And now comes OGRess	and says that
And now comes J C Russ	and says that
And now comes J & Russ	of Sh County, is
Jay & Nylie Insane, and of this he puts he	of DEA County, is
Jay & Nylie Insane, and of this he puts he	and says that  of Sh County, is  on the County.  Russ
Insane, and of this the puts the	of DEA County, is
Insane, and of this the puts the	of Sha County, is on the County.  Will faithfully and impartially try the issue of
To and of this free puts here  You and each of you do swear, that you insanity about to be submitted to you, and a	of what County, is in self on the County.
You and each of you do swear, that you insanity about to be submitted to you, and a shelp you God.	of DEA County, is  on the County.  Will faithfully and impartially try the issue of
You and each of you do swear, that you insanity about to be submitted to you, and a shelp you God.	of DEA County, is  on the County.  Will faithfully and impartially try the issue of
You and each of you do swear, that you insanity about to be submitted to you, and a shelp you dod.	of DEA County, is  on the County.  Will faithfully and impartially try the issue of
You and each of you do swear, that you insanity about to be submitted to you, and a shelp you dod.	of Sha County, is on the County.  Will faithfully and impartially try the issue of
You and each of you do swear, that you insanity about to be submitted to you, and a help you dod.	of DEA County, is  on the County.  Will faithfully and impartially try the issue of
You and each of you do swear, that you insanity about to be submitted to you, and a help you dod.  Library Los L. Phalliss  H. Richardson  J. B. Blankinger	of DEA County, is  on the County.  Will faithfully and impartially try the issue of
You and each of you do swear, that you insanity about to be submitted to you, and a help you dod.	of DEA County, is  on the County.  Will faithfully and impartially try the issue of
You and each of you do swear, that you insanity about to be submitted to you, and a help you dod.  Library Los L. Phalliss  H. Richardson  J. B. Blankinger	of DEA County, is  on the County.  Will faithfully and impartially try the issue of
You and each of you do swear, that you insanity about to be submitted to you, and a help you dod.  Library Los L. Phalliss  H. Richardson  J. B. Blankinger	of OFA County, is  on the County.  Will faithfully and impartially try the issue of
To and of this Les puts he  You and each of you do swear, that you insanity about to be submitted to you, and a shelp you dod.  Line has been been been been been been been bee	of County, is on the County.  You will faithfully and impartially try the issue of true verdict give according to the evidence; So
You and each of you do swear, that you insanity about to be submitted to you, and a help you dod.  Library Los L. Phalliss  H. Richardson  J. B. Blankinger	of County, is on the County.  You will faithfully and impartially try the issue of true verdict give according to the evidence; So

# CERTIFICATE OF JURY.

We, the Jury, find the defendant,	
o be Insane, of	
and a fit and pro	per person to be
ommitted to the Lunatic Asylum of this State, and we further find that	has
sufficient means to defray the expenses of trying the case, and conve	eying
o said Asylum,sufficient means to support or maintain	self in
aid Asylum.	
<u></u>	Foreman.
политический межений политический политическ	
The state of the s	
ORDER OF COURT.	
WHEREUPON, it is Considered, Ordered and Adjudged by	the Court, that
is Insane	and a fit subject_
or the Lunatic Asylum, and as such, thatbe committed to the Lu	unatic Asylum of
his State by the Sheriff, his Deputy, or by some other proper person.	And it is further
djudged, that the said	has
sufficient means with which to supportself in said Asylum.	
4	
	Ordinary.
19	

#### POWER OF ATTORNEY.

WHEREOF, I have	by	eon, and requ	est that he re	emit same to
	107. Ja	ny hand and s	seal, this /	ytic)
ed in presence in	v	907.	itons.	
OLDIER'S PENSIO	ame farmer of Mayle	isability Commount, \$150	JOHN W. LINDSEY, Commissioner of Pena WARRANT HANDED TO	GEG. W. HARRION, STATE PRINTER, ATLASTA,
	SOLDIER'S PENSION  1907.	SOLDIER'S PENSION  1907.  Soundly Cold Cold Cold Cold Cold Cold Cold Cold	SOLDIER'S PENSION  1907  Name Jerrico & Payle.  Conding Confidence of Dayle.  Confidence of Dayle.  Disability William 1907.	DISABLED  DISABLED  1907.  1907.  Stallestegment  Stallestegment  Iity  MAREANT HANDED TO  WARRANT HANDED TO

TION MARKITA JOURNAL PRINT

#### State of Georgia--- Cobb County.

ORDINARY'S OFFICE -- ss.

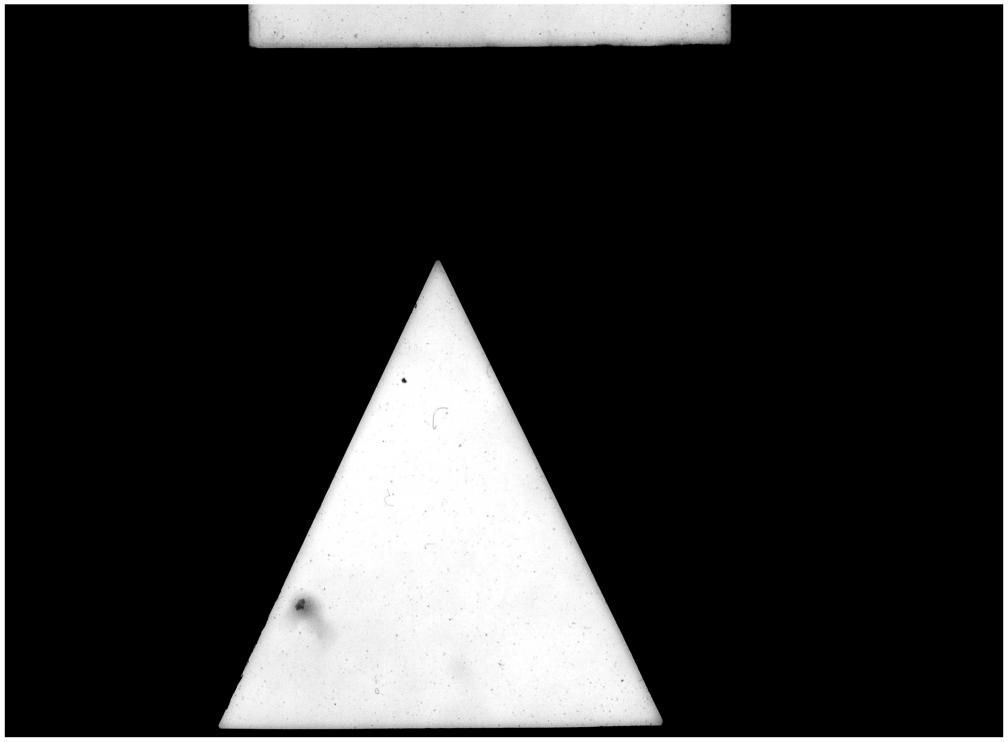
I, J. M. GANN		. A	doud	ing
	ay of	- 01/	li	
	20			
•			· · · · · ·	4

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Court of Ordinary, this the day of large 1900.

Clerk Court of Ordinary.

Personally appears Law SNa	ylie of Coll	i
County, State of Georgia, who, being duly sw		
and resident of said State, and has resided th		
day of; that he		
federate States (or of the State of		
States, and served as a	in Company of , of the light Re	
of Sa Volunteers Wof	hirds 's Brigade; that whilst e	ngaged
n such military service in the State of	, on the	day
of186, he	was wounded, injured or diseased as fo	ollows:
als est	is ann	······································
	***	
		*
	e pension to which he is entitled for t	
Sworn to and subscribed before me, t	1 11(12200 10	The
11 00	Postoffice	
John Juny	/ <del>************************************</del>	
1		nd explain
Note.—State fully the nature of the wound or conticularly the extent of the disability resulting from the State of Georgia,	character of disease which causes the disability, as ne wound or disease.	nd explain
Note.—State fully the nature of the wound or continuarity the extent of the disability resulting from the State of Georgia,	character of disease which causes the disability, as ne wound or disease.	nd explain
Note.—State fully the nature of the wound or conticularly the extent of the disability resulting from the State of Georgia,	character of disease which causes the disability, as ne wound or disease.	
Note.—State fully the natural of the wound or contribution in the extent of the disability resulting from the State of Georgia,  Cold County  1, John Awary	character of disease which causes the disability, a sewound or disease.  Ordinary of said	
Nore.—State fully the nature of the wound or conticularly the extent of the disability resulting from the State of Georgia,  County  1. And And Try  do certify that I am well acquainted with the applicant in the foregoing affidavit, and	Ordinary of said	County,
Note.—State fully the nature of the wound or contributed by the extent of the disability resulting from the State of Georgia,  County  I, When A why  do certify that I am well acquainted with the applicant in the foregoing affidavit, and by him in his said affidavit are true, and I I	Ordinary of said	County,
Norz.—State fully the nature of the wound or conticularly the extent of the disability resulting from the State of Georgia,  County  County  do certify that I am well acquainted with the applicant in the foregoing affidavit, and by him in his said affidavit are true, and I to be, and that he resides in this County.	Ordinary of said	County,
Note.—State fully the nature of the wound or contributed by the extent of the disability resulting from the State of Georgia,  County  1. Share William Well acquainted with the applicant in the foregoing affidavit, and by him in his said affidavit are true, and I to be, and that he resides in this County.  Given under my official significant in the county.	Ordinary of said	County,
Norse.—State fully the natural of the wound or conticularly the extent of the disability resulting from the State of Georgia,  County  1, Shur A why  do certify that I am well acquainted with the applicant in the foregoing affidavit, and by him in his said affidavit are true, and I to be, and that he resides in this County.	Ordinary of said  and well satisfied that the statement know he is the individual he represents mature and seal this  1907.	County,
Note.—State fully the nature of the wound or conticularly the extent of the disability resulting from the State of Georgia,  County  1, Shur Array  do certify that I am well acquainted with the applicant in the foregoing affidavit, and by him in his said affidavit are true, and I to be, and that he resides in this County.  Given under my official signary of the county.	Ordinary of said  James & Mylic  dam well satisfied that the statement know he is the individual he represents  mature and seal this  1907.  John Awhy	County,

Note.—Ful all blanks and of Company and Regiment. Note.—All vouchers and affidavits must bear date after January 1st, 1937.



# Power of Aftorney. STATE OF GEORGIA,

County.

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

by_

Witness my hand and seal, this

2011

	DIGENT PENSION,	の対対にはい
111	niachi Lehoiah,	1
	1900.	大大学 はないか
Name	S. S. Garbrough	State of Market Charles
County Co (	a. Cobbs Seguon	)
	JOHN W. LINDSEY,  Commissioner of Pensions.	The State of
	WARRANT HANDED TO	The state of the s

STATE OF GEORGIA. STATE OF GEORGIA. County County. arbrough of said State and County, desiring hereby authorize to avail himself of the Pension Act (Section 1254, Code), he by 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 jost office) Danie, & Marbrough, in books Carett, In. B.O. Vinnings. to receive and receipt for the pension allowed, and request that he remit same to. How long and since when have you been a resident of this State? 1900. Witness my hand and seal, this Acive liver in Deargin Luces 1840 [L. S.] 3. When and where were you born? Hacksin ville Ha 1838 Executed in presence of When and where and in what company and regiment did you enlist or serve ? Lov A. lath, Jegion Sufacety in August 1861. at Cornington In 54 How long did you remain in such company and regiment? I remain in hat Regt & A. When and where was your company and regiment surrendered and discharged? Surrelielle with 7. Were you present with your company and regiment when it was surrendered? Ondo 8. If not present, state specifically and clearly where you were, when you left your command, for what I shook with my Command until cause and by whose authority?____ Grand Old Chieflan Lee said great & lay down my gun. 9. How much can you earn (gross) per annum by your own exertions or labor ? about 1/5 of a sighist 10. What has been your occupation since 1865? Vana, Kind of Manual later 11. Upon which of the following grounds do you base your application for pension, wiz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Listemite & Horett, 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? You a great sufferer voich piles and ball negler Compelled to root huse att the while and strong failure of health and strongth resulting from their hundles, 13. What property, real or personal, or income, do you possess, and its gross value? I aren no proferts Whalever 14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same? 210 thing at all. 15. In what County did you reside during those years, and what property did you then return for taxation? Fresides in Aultin County from about 1881 to 1899, relum, no proper 16. How were you supported during the years 1898 and 1899? moster all & Conto dumi, there year, as Molaman + Waleham. 17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I lived in lettle, cam It mujself 18. What was your employment during 1898 and 1899? What pay did you receive in each year? 11800 ived fay as Walching 1: 1899, + motor in a 1898 about 50 hod 19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have Wife & three Children, they holy me a little as NDIGENT PENSION la house by and an My worke own a little household effects Use than 100 dollars is value 20. Are you receiving any pension? If so, what amount and for what disability? I die not Meerony any pension 21. Have you ever mad an application for pension before? Jaffed in 1900 min Fulla. 22. How many applications have you ever made and under what class? Inache one in 1900 for want of prop by Urlinesse I gay denied the states boring OHN County.

STATE OF GEORGIA,	
Coff COUNTY.	
V ( k	
, of said State and County, having bee	en presented
as a withers in support	_for pension
under Section 1254, Code, and after being duly sworn true answers to make to the following	g questions,
deposes and answers as follows:	
1. What is your name and where do you reside?	
mounta ga	
11 + 1 -	icant; if so,
3. Where does he reside, and how long and since when has he been a resident of this State?	tate 52 4
4. When, where and in what company and regiment did he enlist, and how do you know?	Combann
Cobbs ligion and transfixed to Co a. F	Rilliport
5. Were you a member of the same company and regiment?	
6. How long did he perform regular military duty? Muttle the	unund
A	formatto
court house	
Ware you present when it surrendered? WA	
9. Was applicant présent?	1 1 1
10. If he was not present, where was he?	
When did he leave his command? Of 9-1861 For what cause? June	as p
By what authority he left? Honorally discharged How do you know	all of this?
Jaw I	y
	21-10
11. What property, effects or income has the applicant? (Give your means of knowledge.)	rove
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 189	9. and what
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 189 disposition, if any, did he make of same?	•
disposition, if any, did he make of same	
13. Has he conveyed away any of his property in the last four years, if so, what was it, and	to whom?
· Qo	
14. What is the applicant's occupation and physical condition? Physically	· · · · · · · · · · · · · · · · · · ·
disabled	*- *-
15. Is the applicant unable to support himself by labor of any sort, if so, why?	2
on account of Sad tualth & Ruptune	, , , , , , , , , , , , , , , , , , ,
16. How was, he supported during the years 1898 and 1899? lug day	at
504 has clay	
17. What vertion of his apport for these two years was derived from his own labor or incor	ne?
all that for got	
18. Give a full and complete statement of the applicant's physical condition that entitles him	to a pension
under Section 1254, Code? failing hielth and	
discare	
19. What interest have you in the recovery of a pension by this applicant?	<del></del>
Sworm to and subscribed before me, this	
1 1/10 1-15 Sell 1906	Witness.
the den of the last t	W Telleson

Personally came before	re me daniel	/ /	wn to me as reputal	
said County, who, being se	everally sworn, say on	oath that they have	examined carefully_	17 61 1
amuel & Marko				de, and after
ch personal examination sa	y that his precise physi	ical condition is as	ollows:	
Ve has a dervio	A Herria on	aight nia	i and on	account
of ager and 1				
				777
Tany mann	a sure	4		
	10.4	***************************************		· · · · ·
	oath that the physical co			
y work or calling sufficient	t to earn a support for	himself, and that w	e have no interest in	said pension
ing allowed.		0.00	14 NO.	V/1
Sworn to and subscrib	bed before me, this the	1 gua	es Denne	n 160
day of le	Lt. 190%.	5. 6	Jelge 12	20.
Qu'	an Aux	they Ordinary.		
		1		
OR	DINARY'S	CERTIFI	CATE.	(1)
TATE OF GE		}		
Com	COUNTY	The Research of the Principle of the Pri	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
I, Dune	- your me	, Ordinary in	and for said County,	hereby certif
at the applicant	S. yartou	gh	esides in said Co	unty, and ha
en a bona fide resident of t	this State since the	day of	11 0 6 1	1894
d that the witnesses, viz	X. d. boy	Berey M	infaille, Bir	but Jeu
and was	etre Mo			
of trustworthy character,	and that their statemen	nts are entitled to fi	ill faith and credit.	
I further certify that	before answering the fe	oregoing questions t	he applicant and each	witness too
e oath hereon prescribed, a	and that the full text o	f the affidavits was	read to the applican	t and witnes
fore same was signed.		Coast	1	1
I further certify that		1000	County show	
turned for taxation in his	name in 1899	019		Dolla
property, and in	- 0	100	Dollars of p	property.
In my opinion the fo	regoing claim is		made in good faith.	
	d seal of office, this	1/The day	1 Sept.	199
Witness my hand an				ACCES OF THE PARTY
Witness my hand an		The other	my on	rdinary,

you dod,

2. Additional affidavits may be attached if blank spaces are insufficient,

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

# POWER OF ATTORNEY. STATE OF GEORGIA, County hereby authorize to receive and receipt for the pension allowed and request that he remit same to Witness my hand and seal, this Executed in presence of (FOR THOSE ALREADY ENROLLED.) JOHN W. LINDSEY, WARRANT HANDED TO INDIGENT

I,	County	hereby autho	rize	•
		of		
		sion allowed and reque	11	emit same
Witness n	y hand and seal, this	s day of		1902,
		5 S		[r.
Executed in	presence of			
			::: >>	
		24		

JOHN W. LINDSE

( FOR THOSE ALREADY ENR

INDIGENT

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

The state of the s	
STATE OF GEORGIA,	
County County	
Personally appears S. S. Charbrough of Coff	
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen	
and resident of said County and State, and has resided in said State continuously ever	
since the day of 1848; that he is 6 Z years old and	
by occupation a fermer 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 4400 in Company A, of Wicklish men of	ne
of Sa. Lolo ; that his physical condition is as	
of Ga. Tolo it that his physical condition is as follows: from infinity of proceeding cannot support	
mix 14 ·	
1. Carlotte de la companya della companya della companya de la companya della com	
that his property consists of the following items	
and the second s	
Nothing .	
of the value of Dollars, that by reason of his physical	
condition and poverty he is unable to support himself by his own exertion or labor, and	
that he receives no pension but the one herein applied for.	
Deponent desires to participate in the benefits of the Act, approved December 15th,	
1894, and the Acts amendatory thereof, and makes application for the pension to which he	
is entitled for the year 1902. I have heretofore as a resident of	
County been allowed a pension for the year 1902	_
Sworn to and subscribed before me, this the	7
day of 19(2)	V.
John vhotely Ordinary:	
STATE OF GEORGIA,	
Define Outline Ordinary of said County	
Didinary of said County,	
do certify that I am well acquained with a farberigh	
the applicant in the foregoing affidavit, and am well satisfied that the statements made by	*
him in his said affidavit are true, and I know 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 fary 1100	
John holy	
Ordinary Cold County.	
Note.—The blank spaces must be filled.	

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

CV 6 County	
County	7.)
Personally appears &	arturough of Coto
ounty, State of Georgia, who being duty s	sworn, says on bath that he is a bona fide citizen
ad resident of said County and State, an	nd has resided in said State continuously ever
ince theday of	1846; that he is 63 years old and
y occupation a familing the	at he enlisted in the military service of the Con-
ederate States (or of the State of	) during the way between the
States, and served for the term of H	in Company 4, of th Regiment
Colles Leguny Ih	; that his physical condition is as
ollows:ourin	to Fingering any
poper & Deponon	x is amoby to support
hunself	
hat his property consists of the following	g items (g)
mat his property consists of the tonowing	No thick
	Dollars, that by reason of his physical
of the value of	port himself by his own exertion or labor, and
hat he receives no pension but the one he	rein applied for.
	ne benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and	d makes application for the pension to which he
is entitled for the year 1902. I have her	retofore as a resident of
county been allowed a pension for the year	r 1901 1 0 0 1
Sworn to and subscribed before me, th	
122	1902.
day of Karv	
00109	
John Ow hey	
00109	
STATE OF GEORGIA,	
STATE OF GEORGIA, County.	Ordinary.
STATE OF GEORGIA,  Coff County.	Ordinary.
STATE OF GEORGIA,  County.  I,  do certify that I am well acquainted with	Ordinary.  Ordinary of said Sounty, in \$5 Girls or oright
STATE OF GEORGIA,  County.  I,  do certify that I am well acquainted with the applicant in the foregoing affidavit, and	Ordinary.  Ordinary of said Chunty,  In a said Chunty,  In a said Shunty,  In a said Shunty,  In a said Shunty,
STATE OF GEORGIA,  County.  I, Sohn Clay  do certify that I am well acquainted with the applicant in the foregoing affidavit, and him in his said affidavit are true, and I know the said affidavit are true.	Ordinary.  Ordinary of said Sounty, in \$5 Girls or oright
STATE OF GEORGIA,  County.  I,  do certify that I am well acquainted with the applicant in the foregoing affidavit, and him in his said affidavit are true, and I know that he resides in this County.	Ordinary.  Ordinary of said County, in Substitute of said County, in a substitute of said Coun
STATE OF GEORGIA,  County.  I,  do certify that I am well acquainted with the applicant in the foregoing affidavit, and him in his said affidavit are true, and I know that he resides in this County.	Ordinary.  Ordinary of said Chunty,  In a said Chunty,  In a said Shunty,  In a said Shunty,  In a said Shunty,
STATE OF GEORGIA,  County.  I,  do certify that I am well acquainted with the applicant in the foregoing affidavit, and him in his said affidavit are true, and I know that he resides in this County.	Ordinary.  Ordinary of said County, in Substitute of said County, in a substitute of said Coun
STATE OF GEORGIA,  County.  I,  do certify that I am well acquainted with the applicant in the foregoing affidavit, and him in his said affidavit are true, and I know that he resides in this County.  Given under my officient	Ordinary.  Ordinary of said County, in Substitute of said County, in a substitute of said Coun
STATE OF GEORGIA,  County.  I,  do certify that I am well acquainted with the applicant in the foregoing affidavit, and him in his said affidavit are true, and I know that he resides in this County.  Given under my officient	Ordinary.  Ordinary of said County, in Survival or said County, in an well satisfied that the statements made by now he is the individual he represents himself to ital signature and seal, this
TATE OF GEORGIA,  County.  I,  certify 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.  Given under my official control of the county of the co	Ordinary.  Ordinary of said County, in Style County.

Nors.—The blank spaces must be filled.

Nors.—Affidavit should not be attested before January 1st, 1902.

#### POWER OF ATTORNEY

receive and	receipt for the p	of	ed, and requ		remit same	
era dis samural dan sa			•		managa managa sa	prome
WITNESS	my hand and seal, th	is	day of	*	16	004.
		<u> </u>		**;	[L.	s.]
Executed	in the presence of					i i
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		1	<b>*</b>			
		1/4 1:	The last	1904.	988.	
OFFE OFFE	OISI .	1	3		Commissioner of Fensions TO HANDED TO	Ilasta.
Y ENB	INDIGENT DIER'S PENSI	13	A REGIMENT WARRANT ISSUED	JOHN W. LINDSEY,	Commissioner of PAMARRANT HANDED TO	
EALREADY E	IER'S PEI	P.Ch.	ROBERT I	7 7 W. EL	Committee H	ing, State
No.	E E	20	WAR 1 1	NHOL	TARRA	o. W. Harr
A THE		ue X	4.3			3
59	3	Name County	Me			
Barrana in chapter	ter against a vie Advisor games for ex-	O CHANGE MAN	0	Same A.	WALLEY STATE OF THE PARTY OF THE	(

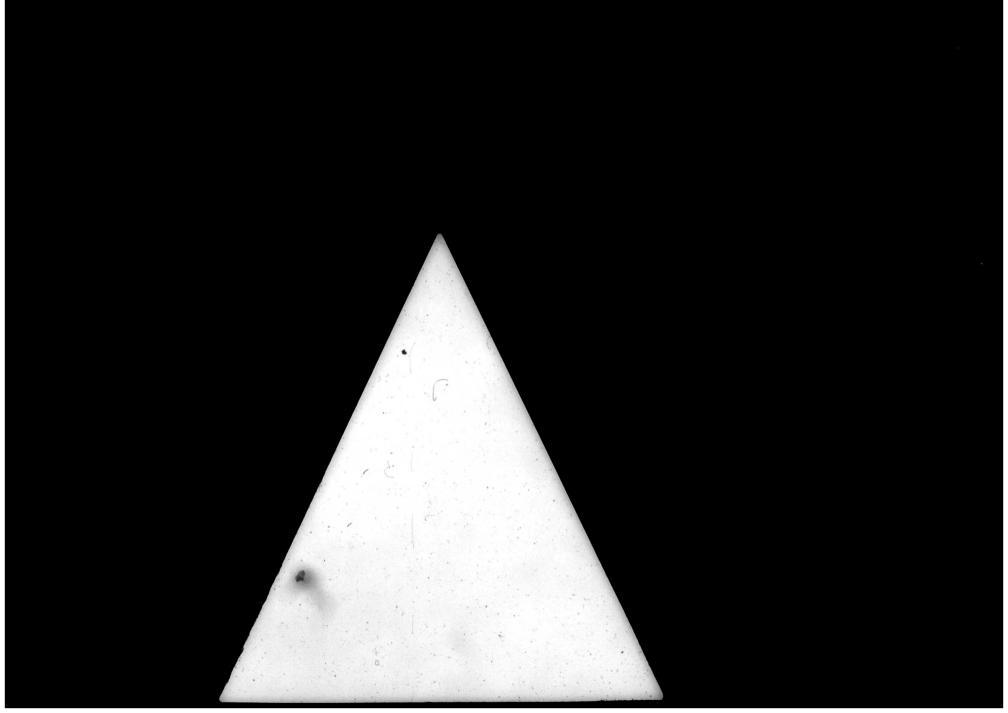
yarbrough, d. d.

17	<i>b</i> =
	Fullow COUNTY.)
	Itness in support of the application of S S Lurbrough for pension
a K	itness in support of the application of & S Justivingh for pension
nder	Section 1254, Code, and after being duly sworn true answers to make to the following questions,
	s and answers as follows:
1.	what is your name and where do you reside?
	Are you acquainted with & & Yusbrough , the applicant; if so,
	, , , , , , , , , , , , , , , , , , , ,
ow l	Where does he reside, and dow long and since when has he been a resident of this State?
3.	off Co, I have known of his tiring me go since 1856
4.	When, where and in what company and regiment did he enlist, and how do you know?
1	August at Coverestore ya, Coll bothe Legine Sufactor
5.	Were you a member of the same company and regiment?
6.	How long did he perform regular military duty? in Gol - Three years he was
7.	When and where was his command surrengered?
	I was not with him at the summeder
	Were you present when it surrendered?
	Was applicant present?
	did he leave his command? For what cause?
*	that authority he left?How do you know all of this?
, w	and additionly the four-
1.	What property, effects or income has the applicant? (Give your means of knowledge.)
0	What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what
2.	what property, elects of income dut the applicant possess in 1965, setting, if any, did he make of same?
napo	anou, it any) did no mino of the control of the con
13.	Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
14.	What is the applicant's occupation and physical condition?
15.	Is the applicant unable to support himself by labor of any sort, if so, why?
	16 the approach discovers of supply the state of the state of the supply the state of the state
16.	How was he supported during the years 1898 and 1899 ?
	and the same labor or income?
17.	What portion of his support for these two years was derived from his own labor or income?
18.	Give a full and complete statement of the applicant's physical condition that entities him to a pension
	r Section 1254, Code ?
	70 2014
19.	What interest have you in the recovery of a pension by this applicant? Home
	Sworn to and subscribed before me, this to Monthson
the	13 flashay of Sept 1909.
	John Welking and ordinary.
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	tify that goo we carr is of Trustworthy character
d	her tribulong is intelled to full furth and creat
	Selat 13th 1901 - John Wilking

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· <u>C</u>	iso	County.		
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	onally appears		arbound.	
County, S	tate of Georgia, wl	ho, being July swor	n, says on oath th	at he is a bona fide citizen
				State continuously ever
				is 67 years old and
				litary service of the Con-
ederate St	ates (or of the Sta	ite of	) d	uring the war between the
states, and	served for the ter	m of 44	6 in Company @	o the Kegiment
of 12	- bul		that hi	s physical condition is as
ollows :	anin	y to day	ind,	V formely
·				<i>V</i>
				18 19 19 19 19 19 19 19 19 19 19 19 19 19
hat his pr	operty consists of	the following iter	ns:	
	the first than the second	M	th	
- N. S.	The state of the s	* .		
Depo 894, and s entitled County be Swor	the Acts amendate for the year 1904 en allowed a pension to and subscribe	articipate in the be	enefits of the Act a akes application for the as a resident of the	pproved December 15th, the pension to which he
hat he rec Depo 894, and s entitled County be Swor	nent desires to p the Acts amendate for the year 1904 en allowed a pension to and subscribe	articipate in the be ory thereof, and ma I have heretofore ion for the year 15 ed before me, this to 1904.	enefits of the Act a akes application for the as a resident of the	the pension to which he
Depo 894, and s entitled county be Swor	the Acts amendate for the year 1904 en allowed a pension to and subscribe day of the CE OF GE	articipate in the be ory thereof, and ma I have heretofore ion for the year 1.5 ed before me, this t	enefits of the Act and the Act	the pension to which he
Depc Sept. And Sept. Sep	the Acts amendate for the year 1904 en allowed a pension to and subscribe day of the OF GEO	articipate in the beory thereof, and ma I have heretofore ion for the year 15 and before me, this to 1904.  ORGIA, County	enefits of the Act and the Act	the pension to which he
Depo B94, and entitled county be Swor	that I am well ac	articipate in the beory thereof, and may I have heretoford ion for the year 1.5 and before me, this to 1904.  ORGIA, County or a summer of the year 1.5 and 1904.	enefits of the Act and the Act	Ordinary of said County,
Deposition of the property of	that I am well acnt in the foregoin	articipate in the beory thereof, and many it have heretoford ion for the year 1.5 and before me, this to 1904.  ORGIA, County or affidavit, and an articipate in the before we have a second to the property of the before with the property of the before with the before with the property of the before with the before wit	enefits of the Act and the Act	Ordinary of said County,
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Depc 894, and sentitled County be Swor	that I am well ac nt in the foregoin his said affidavit a that he resides in	articipate in the beory thereof, and may I have heretoford ion for the year 1.5 and before me, this to 1904.  ORGIA, County Sequential with the country sequented with the country sequ	enefits of the Act and the Act	Ordinary of said County,  at the statements made tal he represents himself
Depc 894, and sentitled County be Swor	that I am well ac nt in the foregoin his said affidavit a that he resides in	articipate in the beory thereof, and may I have heretofore ion for the year 15 and before me, this to 1904.  ORGIA, County equainted with a gaffidavit, and a re true, and I know this County.	enefits of the Act and the Act	Ordinary of said County,  at the statements made tal he represents himself
Depc 894, and sentitled County be Swor	that I am well ac nt in the foregoin his said affidavit a that he resides in Given under	or the bear of the bear of the bear of the year 12 and before me, this to 1904.  ORGIA,  County  quainted with Sa affidavit, and an re true, and I know this County.  my official signature.	enefits of the Act and the Act	Ordinary of said County,  at the statements made tal he represents himself

Norn.—The blank spaces must be filled.
Norn.—Affidavit should not be attested before superry 1st, 490t.

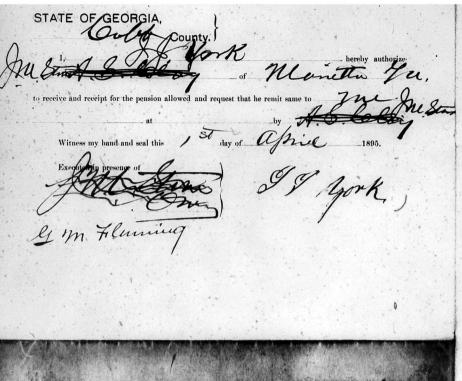
*** ** JOHN AWTREY *** ORDINARY, COBB COUNTY. Marietta, Ga., 1961. Longia, bobo Quety Personale Comes before me John Muting Occining the and for sail Durity, Herdy New Lville a bona fixe residue of said Condity who being duly awour deposes and days that he is personally acspecialed with & & Garbough, the applicant, living a nighbor to him - Deforent days that said Gardingh has no property of any king, and on account of age and infirmity to totally weakle to lam a soffer for himself. That applicant is hadly unflured on one side, and otherwise in Juba keatth Deforent his no interest in the recovery of This pecision -Jefor me this Deft, 1 14 1901,



# POWER OF ATTORNEY.

apporte Coto a  Rich Dhusen  File  And Sin	Es merire s	STATE
INDIGENT PENSION 1895.	Witness my hand and seal this  Examing presence of  Examinating the seal of th	
Name County Coun	ness my hand and seal this  at  by  the presence of the presen	County.
RICHARD JOHNSON, Secretary Executive Department.	Chic of the contract of the co	Moni
Geo. W. Harrisou, State Frinter, Atlanta.	1 1885.	hereby authorized

# 1895. POWER OF ATTORNEY. Ground -RICHARD JOHNSON, Secretary Executive Department. WARRANT HANDED TO Geo. W. Harrison, State Printer, Atlanta.





to avail himself of the Passion of approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office)

2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?

3. When and where were you born? Bow/ \$ 200 1820 N- 8-C

- 4. Did you volunteer in the Confederate Army or in the Georgia Militia? Confederate Lam
- 5. When and where did you enlist? Let 3 1/565.
- 6. In what company and regiment did you enlist? Low pany of The your Restricts.
  7. How long did you remain in that company and regiment? how we to you get you have approved 1865
- 8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer? Was Muschane or transferred.
- 9. For how long a period did you discharge regular military duty? Thom 5 \$1,860 % com 10.

  10. When, where and under what circumstances were you discharged from service? (c) the during the circumstances were you discharged from service?
- 11. What is your present occupation? Farmer
- 12. How much can you earn per annum by your own exertions or labor? holling
- 13. What has been your occupation since 1865? Farming
- 14. What sum would be necessary for your support for this pension-year, and how much are you able to contribute thereto either in labor or income? Some the function of the take
- 15. What is your present physical condition and how long have you been in such condition? Had a of Paralaris Oliving 1870 and by reoner of age took other softening is able to containe mothery
- 16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? Que Material, **por 17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?

five years. I am paralized -

- 18. What property, effects or income do you possess? Non afal 6
- 19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same?
- 20. In what County did you reside during those years and what property did you then return for taxation?
- 21. How were you supported during the years 1893 and 1894? by his Lowr
- 22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I don't have have been supported by your own labor or income?
  - 23. What was your employment during 1893 and 1894? What pay did you receive in each year?
- 24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support? Mrs. There will be the sex of children and their means of support? Mrs. There will be the sex of the sex

Sworn to and subscribed before me this the  1895.  1895.  1896.  1896.  1896.
of Colo County.
QUESTIONS FOR WITNESS.
STATE OF GEORGIA,  bull County.  2 Blever , of said State and County, having been presented
as a witness in support of the application of for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows.  1. What is your name and where do you reside?  **Manually**  **Manually**  **The pension for pension true answers to make to the following questions, deposes and answers as follows.  **The pension for pension true answers to make to the following questions, depose and answers as follows.  **The pension for pension true answers to make to the following questions, depose and answers as follows.  **The pension for pension true answers to make to the following questions, depose and answers as follows.  **The pension for pension true answers to make to the following questions, depose and answers as follows.  **The pension for pension true answers to make to the following questions, depose and answers as follows.  **The pension for pension true answers to make to the following questions are pension true answers to make to the following questions are pension true answers to make the pension true answers to make to the following questions are pension true answers as follows.  **The pension for pension true answers to make the pension true answers the pension true answers to make the pension true answers the pension true answers the pension true answers and true answers the pension true answers are pension true answers and true answers are pension true answers and true answers are pension true a
2. Are you acquainted with I for de thow long have you known him? The direct 1800
3. Where does he reside, and how long has he been a resident of this State? bolb County Da How been living in Cold Co uncl 1860
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? Too dened in the Confederate army. Was a member of
5. When, where and in what company and regiment did he enlist? Interest in Co ? 7 Ba Caraly at marcela Colla so in 1863
6. Were you a member of the same company and regiment? R. 7. How long did he perform regular military duty, and what do you know of his service as a Confed-
Demender- was a good twee soldier-did his duly to the service? Some & will the Demender- was a good twee soldier-did his duly to the end - always these of always reads of selling
8. What property, effects or income has the applicant? (Give your means of knowledge.) On far an I know do not think he had one dollar
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? None
10. What is the applicant's occupation and physical condition? a neck from old
11. Is the applicant unable to support himself by labor of any sort, if so, why?  No - owing to ell health
12. How was he supported during the stars 1895 and 1894? Carried say
13. What portion of his support for these two years was derived from his own labor or income?
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? Les unalls to were needlen -
made a faithful wedien- and now cannot help
15. What interest have you in the recovery of a pension by this applicant? here
Sworn to and subscribed before me, this the day of While 1895.
All Stone Ording Nelvess

STATE OF GEORGIA,
County.
Personally came before me Dr. C. T. A olan and
Dr Kilbert Twant , both known to me as reputable physicians
of said county, who being severally sworn, say on oath that they have examined carefully
folial for pension under the Act of 1894, and after
such personal examination, say that his precise physical condition is as follows:
All is suffering from the stack of a
which he has never fully recovered. The also
I di de the land to
has slight attacks of Rheumation occationery
Name and the same
We further say on oath that the physical condition of applicant renders him unable to labor at
any work or calling sufficient to earn a support for himself, and that we have no interest in said pension
being allowed.  Sworn to and subscribed before me, this   le y where In I
the Ay of affile 1895. Sulbert Soment 16 &
MI Hon
Ordan
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
level County.
i, John M Stone, Ordinary in and for said County, hereby certify that the applicant. John J. Moll resides in said County, and was a bona
the applicant of ohn 2. Mole resides in said County, and was a bona
fide waidout of this State on the first day of January 1994 and that the witnesses viv. 2. 3
fide resident of this State on the first day of January, 1894, and that the witnesses, viz: J. B- Glover, Dr le. T. Nolam & Gilbert Tenant
are of trustworthy character and that their statements are entitled to full faith and credit.
I further certify that before answering the foregoing questions, the applicant and each witness took
the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses
before same were signed.
I further certify that the tax digests of. County show that applicant
returned for taxation in his name in 1893,
of property, and in 1894, Manufacture dollars of property.
Witness my hand and seal of office; this 10 day of 1895.
May Start
Continuity of the state of the
of County.
NOTE

# POWER OF ATTORNEY. STATE OF GEORGIA, County. In the person paid hereon and request that he remit same to by the person paid hereon and seal, this IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

GMI Filcuma

ACT OF 15 DEC., 1894. (For Those Aiready Enrolled.)	No. PT2	INDIGENT	ier's Pension.	1897.	Julie	/// 6 1897.	7	Commissioner of Pensions. WARBANT HANDED TO	M. Chin	no dota
(For The	No.	\Z	Soldier's		ame C		RICH	WAF	950. W. PJ	7

#### POWER OF ATTORNEY.

S WHEREOF	f, I have here1898.	by	request	hand he r	<u> </u>	•
n presence of	1898.	sunto set m	y hand a	nd seal, t	, .	]
n presence of	1898.	J	<i>G.</i> 1	207	, .	]
n.i.J			<i>3.</i> - (	202	[L. S.	]
<i>-</i>						
				4		
				٧, الرابي المارية	2	
•				l d	ı rú	
No	13.4		1898	of Pension		ANTA
ESS:	[3]	SUED	1	NSON	S.	NTER, AT
D D	1		d	о јон	OFFICE	STATE PRINTER, ATLAN
	'S PENSION,	S PENSION, SOS.	R'S PENSION, SDS.	We will be		SOS.  SOS.  SOS.  ANT ISSUED  ANT ISSUED  ANT AND SON TO COMMISSIONS OF PRESENT.  ANT HANDER TO COMMISSIONS OF PRESENT.  ANT HANDER TO COMMISSIONS OF PRESENT.

For App	licants Here	tofore Allow	red Pensions.	
STATE OF	GEORGIA,			
100	M Cox	inty.	011	
personally app	neara UUI	ork of	2000	1
County State of Geo	orgia, who being daly	sworn, says on oatl	that he is a bona fide cit	izen
and resident of said	County and State, and	d has resided in said	State continously ever si	ince
the Aday	of Mars	18405 tha	the is 73 years old	and
by occupation a	inne ; that he	enlisted in the m	ilitary service of the Con	fed-
erate States (or of th	ne State of	orgine) during	g the war between the Sta	ites,
and served for the te	rm of about 3	2/600 in Compan	of th Regimen	t of
Ma Car		; th	at his physical condition i	is aş
//		assor	int sois	tre
			verifleso	
Will by	まませ	do as	ing Labor	
moonly	Col Cil			
that his property cor	sists of the following	che hi	7	
		- Burlon	7	
Deponent desire 1894, and the acts are is entitled for the year county been allowed	nendatory thereof, and at 1897. I have hereto a pension for the year abscribed before me, to	e benefits of the A d makes application ofore as a resident of ir 189	act, approved December 1 in for the pension to which	5th, h he
STATE OF	11	}		
4.00	County	.)		
i	me a	0200	Ordinary of said Cou	inty,
do certify that I am	well acquainted with	X. V/	11 11	the
			the statements made by	
			al he represents himself t	
and that he resides i				_
	7	ficial signature and	seal, this 5	
da	y of Xun	1897		
Amx	(/	1	1	
your seal here.			C. Som	

# For Applicants Heretofore Allowed Pensions.

	OF GEORGIA,  OUL Gounty	
Perso	onally appears Hork of	1
	e of Georgia, who being duly sworn, says on oath that he is a bona fide cit	izen
	of said County and State, and has resided in said State continuously	100000
since the	100	
by occupation	n a famut ; that he enlisted in the military service of the Con	1 m
	(or of the State of ) during the war between the Sta	ites,
and served fo	Tole. Of the Regimen	18450
follows :	On agenit of ag	
Mixim	mit to in sinceble	7
mas	le a Auch to	
that his prope	erty consists of the following items	
mat ms prop	and all the same of the same o	1
	en anno de la companya del companya de la companya del companya de la companya del la companya de la companya d	
of the value	The second secon	
condition and	l poverty he is unable to support himself by his own exertion or labor,	and
that he receiv	es no pension but the one herein applied for.	
	4일 (1982) [1982] 이 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Depon	ent desires to participate in the benefits of the Act, approved December 1	ōth,
- 17 San - 18 San -	ent desires to participate in the benefits of the Act, approved December 1, acts amendatory thereof, and makes application for the pension to which	THE PARTY
1894, and the	20 전 경기 위에 가는 그 것은 아이를 가는 것이 되었다. 그 사람들이 되었다면 하는 것이 되었다면 하는 것이 되었다면 하는데 하는데 하는데 없었다면 없었다.	THE PARTY
1894, and the	e acts amendatory thereof, and makes application for the pension to which the year 1898. I have heretofore as a resident of	THE PARTY
1894, and the is entitled for county been a	e acts amendatory thereof, and makes application for the pension to which the year 1898. I have heretofore as a resident of allowed a pension for the year 189	
1894, and the	a acts amendatory thereof, and makes application for the pension to which the year 1898. I have heretofore as a resident of allowed a pension for the year 189 to and subscribed before me, this, the	
1894, and the	e acts amendatory thereof, and makes application for the pension to which the year 1898. I have heretofore as a resident of allowed a pension for the year 189	THE PARTY
1894, and the	a acts amendatory thereof, and makes application for the pension to which the year 1898. I have heretofore as a resident of allowed a pension for the year 189 to and subscribed before me, this, the	
1894, and the	e acts amendatory thereof, and makes application for the pension to which the year 1898. I have heretofore as a resident of allowed a pension for the year 1897 to and subscribed before me, this, the lay of 1898.	
1894, and the	e acts amendatory thereof, and makes application for the pension to which the year 1898. I have heretofore as a resident of allowed a pension for the year 1897 to and subscribed before me, this, the lay of 1898.  Ordinary.	
1894, and the	a acts amendatory thereof, and makes application for the pension to which the year 1898. I have heretofore as a resident of allowed a pension for the year 1897 to and subscribed before me, this, the lay of 1898.  Ordinary.	THE PARTY
1894, and the	acts amendatory thereof, and makes application for the pension to which the year 1898. I have heretofore as a resident of allowed a pension for the year 1890 to and subscribed before me, this, the lay of 1898.  Ordinary.  County.	A. C.
1894, and the	a acts amendatory thereof, and makes application for the pension to which the year 1898. I have heretofore as a resident of allowed a pension for the year 1897 to and subscribed before me, this, the lay of 1898.  Ordinary.	A. C.
1894, and the is entitled for county been a Sworn of I, do certify tha	acts amendatory thereof, and makes application for the pension to which the year 1898. I have heretofore as a resident of allowed a pension for the year 1890 to and subscribed before me, this, the lay of 1898.  County.  County.  County.  Ordinary of said County I am well acquainted with	nty,
1894, and the is entitled for county been a Sworn of I, do certify tha	a acts amendatory thereof, and makes application for the pension to which the year 1898. I have heretofore as a resident of allowed a pension for the year 1897 to and subscribed before me, this, the lay of 1898.  Ordinary.  Ordinary.  Osdinary of said County.	nety,
State of  I,  do certify tha applicant in t	acts amendatory thereof, and makes application for the pension to which the year 1898. I have heretofore as a resident of allowed a pension for the year 1890 to and subscribed before me, this, the lay of 1898.  County.  County.  County.  Ordinary of said County I am well acquainted with	nty, the
State of  I,  do certify tha applicant in t in his said aff	acts amendatory thereof, and makes application for the pension to which the year 1898. I have heretofore as a resident of allowed a pension for the year 1890 to and subscribed before me, this, the lay of 1898.  County.  County.  County.  Ordinary.  Osdinary of said County to am well satisfied that the statements made by 1 the foregoing affidavit, and am well satisfied that the statements made by 1	nty, the
State of  I,  do certify tha applicant in t in his said aff	acts amendatory thereof, and makes application for the pension to which the year 1898. I have heretofore as a resident of allowed a pension for the year 1897 to and subscribed before me, this, the lay of 1898.  Ordinary.  Ordinary.  Ordinary of said County to a method of the year 1899 to an act I am well acquainted with the foregoing affidavit, and an well satisfied that the statements made by it fidavit are true, and I know he is the individual he represents himself to	nty, the
State of  I,  do certify tha applicant in t in his said aff	acts amendatory thereof, and makes application for the pension to which the year 1898. I have heretofore as a resident of allowed a pension for the year 1897 to and subscribed before me, this, the lay of 1898.  Ordinary.  Ordinary.  Ordinary of said County in the foregoing affidavit, and an well satisfied that the statements made by hidavit are true, and I know he is the individual he represents himself to esides in this County.	nty, the
State of  I,  do certify tha applicant in t in his said aff	cacts amendatory thereof, and makes application for the pension to which the year 1898. I have heretofore as a resident of allowed a pension for the year 1897 to and subscribed before me, this, the lay of 1898.  Ordinary.  County.	nty, the
State of  I,  do certify tha applicant in t in his said aff	cacts amendatory thereof, and makes application for the pension to which the year 1898. I have heretofore as a resident of allowed a pension for the year 1897 to and subscribed before me, this, the lay of 1898.  Ordinary.  County.	nty, the

Nors.—The blank spaces must be filled

#### POWER OF ATTORNEY.

STATE OF GEORGIA,	
1. Hook	, hereby authorize
to receive and receipt for the pension allowed, a	nd request that he remit same to
by June Witness my hand and seal this da	y of Jany 1899.
Executed in presence of	II frok (L. S.)

RICHARD JOHNSON,

WARRANT HANDED TO

WARRANT ISSUED

SOLDIER'S PENSION,

1899.

(For Those Aiready Enrolled.)

hereby authorize to receive and receipt for the pension allowed, and nene Witness my hand and seal, this // day of SOLDIER'S PENSION OHN. W. LINDSEY, INDIGENT 1900.

FOWER OF ATTORNEY.

### For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, Personally appears County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said Sount and State, and has resided in said State continuously ever May of Mck 1845; that he is 75 years old and ; that he enlisted in the military service of the Confed-) during the war between the States, in Company , of 7 th Regiment of that his property consists of the following items of the value of Dellars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of... county been allowed a pension for the year 189 Sworn to and subscriped before me, this, the State of Georgia Ordinary of said County, do certify that I am well acquainted with applicant in the foregoing affidavit, and an well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County, Given under my official signature and seal, this

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1899.

# For Applicants Heretofore Allowed Pensions.

0	EORGIA,
100	County.)
personally a	ppears f. J. york of Oobo
Samuel State of C	deorgia who being duly sworn, says on oath that he is a bona fide citizen
and resident of se	id County and State, and has resided in said State continuously ever
ince the	day of March 1843; that he is 6 years old and
oy occupation a_	faruel ; that he enlisted in the military service of the Confed-
anta States (or of	the State of) during the war between the States,
and served for the	term of Hyears in Company I, of 7 th Regiment of
sta.	Vols, bavaly; that his physical condition is as
follows: Ou	account of age infirmity
and A	coverty lie is surable to
	suffert limself
Alas bis sesses	consists of the following items
that his property	Otathing
Deponent de 1894, and the Act is entitled for the county been allow Sworn to page	o pension but the one herein applied for. sires to participate in the benefits of the Act, approved December 15th, s amendatory thereof, and makes application for the pension to which he e year 1900. I have heretofore as a resident of ved a pension for the year 1899 d subscribed before me, this, the of Ordinary.
Deponent de 1894, and the Act is entitled for the county been allow Sworn to all State of Ge	sires to participate in the benefits of the Act, approved December 15th, s amendatory thereof, and makes application for the pension to which he year 1900. I have heretofore as a resident of the year 1899 of subscribed before me, this, the of the year 1900.  Ordinary.
Deponent de 1894, and the Act is entitled for the county been allow Sworn to all State of Ge	sires to participate in the benefits of the Act, approved December 15th, s amendatory thereof, and makes application for the pension to which he year 1900. I have heretofore as a resident of the year 1899 of subscribed before me, this, the of law ary 1900.  Ordinary.
Deponent de 1894, and the Act is entitled for the county been allow Sworn to all State of Gr	sires to participate in the benefits of the Act, approved December 15th, s amendatory thereof, and makes application for the pension to which he year 1900. I have heretofore as a resident of the year 1899 of subscribed before me, this, the of lawary 1900.  Ordinary.  Ordinary.  Ordinary of said County
Deponent de 1894, and the Act is entitled for the county been allow Sworn to day  State of G	sires to participate in the benefits of the Act, approved December 15th, s amendatory thereof, and makes application for the pension to which he year 1900. I have heretofore as a resident of the year 1809 of a pension for the year 1899 of subscribed before me, this, the of approved December 1890.  Ordinary.  Ordinary of said County am well acquainted with July Wark
Deponent de 1894, and the Act is entitled for the county been allow Sworn to Aday  State of G	sires to participate in the benefits of the Act, approved December 15th, s amendatory thereof, and makes application for the pension to which he year 1900. I have heretofore as a resident of the year 1899 of subscribed before me, this, the of law of 1900.  County.  Ordinary.  Ordinary of said County am well acquainted with foregoing affidavit, and am well satisfied that the statements made by him
Deponent de 1894, and the Act is entitled for the county been allow Sworn to an  State of Gr  I, do certify that I applicant in the in his said affida	sires to participate in the benefits of the Act, approved December 15th, s amendatory thereof, and makes application for the pension to which he year 1900. I have heretofore as a resident of the year 1899 of subscribed before me, this, the of law and 1900.  County.  Ordinary.  Ordinary of said County am well acquainted with foregoing affidavit, and am well satisfied that the statements made by him wit are true, and I know he is the individual he represents himself to bles in this County.
Deponent de 1894, and the Act is entitled for the county been allow Sworn to an  State of Gr  I, do certify that I applicant in the in his said affida	sires to participate in the benefits of the Act, approved December 15th, is amendatory thereof, and makes application for the pension to which he eyear 1900. I have heretofore as a resident of the year 1897 of subscribed before me, this, the of the pension for the year 1897. Ordinary.  Cordinary.  Ordinary of said County am well acquainted with the foregoing affidavit, and am well satisfied that the statements made by hin wit are true, and I know he is the individual he represents himself to be
Deponent de 1894, and the Act is entitled for the county been allow Sworn to an  State of Gr  I, do certify that I applicant in the in his said affida	sires to participate in the benefits of the Act, approved December 15th, s amendatory thereof, and makes application for the pension to which he year 1900. I have heretofore as a resident of the year 1899 of subscribed before me, this, the of law and 1900.  County.  Ordinary.  Ordinary of said County am well acquainted with foregoing affidavit, and am well satisfied that the statements made by him wit are true, and I know he is the individual he represents himself to bles in this County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1930.

### POWER OF ATTORNEY.

STATE OF GEORGIA,	
abl County.	
1. If york hereby authorize John Ann	hen
of Mariella	/
to receive and receipt for the pension allowed and request that he remit same to	
Me a Monelly	
by him at Manella	
Witness my hand and seal, this 9 day of January 1901.	)
QQ 0,0.4	1
Executed in presence of	
Myann	

z z z z z z z z z z z z z z z z z z z	Т	NSION.	of the	ED 501.	SEY,	) TO	
(TOT THOSE AIREAUY ENTOINED.)	INDIGENT	SOLDIER'S PENSION.	Jan	WARRANT ISSUED	JOHN W. LINDSEY,	A STATE AND TO TO THE TANKED TO	
		[Q7]09	Name	)	Or		

		POW	ER	OF A	ГТОБ	RNEY.			
STATE I,-	OF GE	ORGIA,	ounty.		/17.	uthorize			
to recei	ve and re	ceipt for th	e pensio	ofofofatat		request th	(( :	emit sam	e to
by:	Vitness my	y hand and se	eal, this	4	_day of_	Jan	1	1902.	
Ex	ecuted in	presence of			0	10.	pos	[1	. s.]
43				·			<b>S</b> #		Ž
									)
and the same of	e o nigo de son de s	and deliberation of the same						m, st	Contraction on the
(i)		NOI			+	1902.	Pensione.		
CODE SECTION 1261.	29.	PS PENSI	a	X	ent 7 to	SUED	VDSEY,	DED TO	inter, Atjanta.
CODE SECTION 125.	100	R'S PE	90	2 h	Regiment	WARRANT ISSUED	JOHN W. LINDSEY	WARRANT HANDED TO	erison, State Pr
HOSE	No.	H (	H	STORY OF THE PROPERTY OF THE P	H	WA	JOHN	WAB	8 H

Lor whhite	ante meretari	no unanen I	епотопо"
		,	
STATE OF GEO		{	
Coff	County.		
personally appears	2 Clori	h of Co	bl
	gia, who being duly sworr		
and resident of said C	ounty and State, and ha	s resided in said State e	ontinuously ever
	of Morch		
by occupation a		enlisted in the military se	
federate States (or of	the State of	) during the	war between the
	the term of H yran		
01 /19 00	raounts of	that his physic	al condition is as
follows: Ou al	a donner of	age myinn	ely )
and po	very		
Maria Caral			
that his property cons	ists of the following items	1 ,0 .	
		offing	
of the value of		Dollars, that by reaso	0
	he is unable to support 1		tion or labor, and
	usion but the one herein to participate in the ber	POSSESSION CONTRACTOR OF THE PARTY OF THE PA	d December 15th
	endatory thereof, and make		
	1901. I have heretofore		1000
	pension for the year 19		
N.	scribed before me, this th		1/1
day of	Immany 190	1.1 4, 4, 7	12/
John	Mothing	Ordinary.	X
STATE OF GEO	PCIA		
STATE OF GEO	County.	200	
1. John		0.1	C 11 C
//-		& Mandr	of said County,
do certify that I am v	well acqainted with >- ing affidavit, and am welk	satisfied that the stateme	_
	e true, and I know he is t		
and that he resides in	0		
			1

Given under my official signature and seal, this

N ore - The Unik spaces must be filled

Affidavit should not be attested before January 1st, 1901

STATE OF GEORGIA. CARL Personally appears. 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 Much 18 45; that he is 78 years old and by occupation a Lamen that he enlisted in the military service of the Confederate States (of of the State of ___) during the war between the States, and served for the term of A years in Company , of I th Regiment Ha. Cavelry that his physical condition is as follows: On account of age in himit and howest. that his property consists of the following items. Arthis of the value of. Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the possion to which he is entitled for the year 1902. I have heretofore as a resident of county been allowed a pension for the year 190/ Sworn to and subscribed before me, this the STATE OF GEORGIA Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and are well saysfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this Ordinary....

TUR ATTUICANTO HERETUTURE ALLUMED TENOTUNO.

Nork.—The blank spaces must be filled.

Nork.—Affidavit should not be attested before January 1st, 1902.

#### POWER OF ATTORNEY.

STATE OF GE	ORGIA,	nty.			
The stay	Joll	hereby	uthorize	i, £.	······································
to receive and re	ceipt for the pens	at at	request that	he remit sam	e to
Witness my ha	and and seal, this	2 rd day of	Jama	190	3. <i>)</i>
Executed in pr	resence of	38	Mon	[z	s.]

# SOLDIER'S PENSION No. 5.2 9 INDIGENT SOLDIER'S PENSION TOOS. County Coun

POR APPLICALITY DERING OBE MANUALLY DELIGIOUS

STATE OF CHORGIA

#### POWER OF ATTORNEY.

to rec	eive and	receipt		1		request t	hat he rem	it same
	46			at				
		ıy hand and	l seal, this	2-	day of -	In		19
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ĵ.						1904.	elon.	
ALREADY ENOLLED.)	lm 	GENT GENT				1904	LINDSEY, Commissioner of Pensions.	RRANT HANDED TO

Personally hopear

County

STATE: OF GEORGI

FOR APPLICANTS HERETOFORK ALLOWED PENSIONS

### FOR APPLICANTS HERETUFORE ALLOWED STATE OF GEORGIA, County. Personally appears County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever 18 45 that he is 29 years old and by occupation a xemus that he enlisted in the military service of the Con-.) during the war between the federate States ( or of the State of States, and served for the term of that his property consists of the following items Dollars, that by reason of his physical of the value of. 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 1902 Sworn to and subscribed before me, this the STATE OF GEORGIA. Ordinary of said County, do certify that I am well acquainted with. the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this

Ordinary.

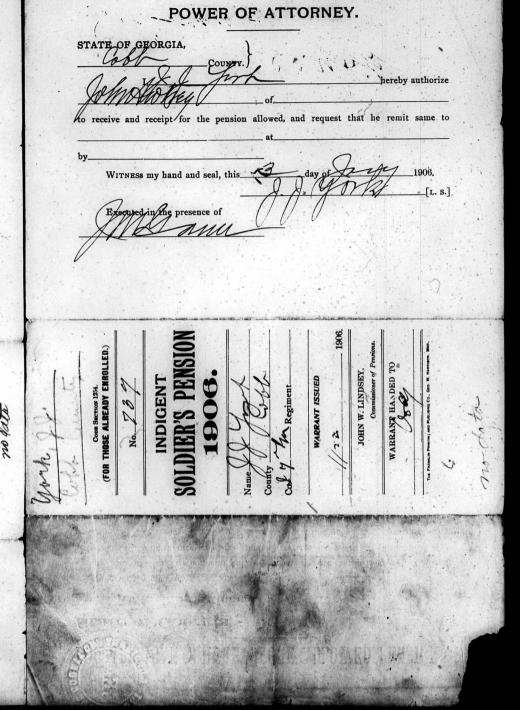
Note.-The blank spaces must be filled. Norg .- Affidavit should not be attested before January 1st, 1908.

#### KUK APPIJUANTS HEKETURUKE ALLUMEN TENSIUNS.

STATE O	F GEORGIA,
Call	County
90000	010/11
Personally	appears & JUNIC of Of
County, State of	Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of s	aid County and State, and has resided in said State continuously ever
since the	day of March 1845; that he is \$ 8 years old and
by occupation a	farmer, that he enlisted in the military service of the Con-
	or of the State of) during the war between the
C	I for the term of 4 Grano in Company of 9 th Regiment
States, and served	that his physical condition is as
of of	alry ; that his physical condition is as a account of age Infirmely and
follows:	Callon Jan Jan Jan Jan Jan Jan Jan Jan Jan Ja
povent	7
//	the state of the s
that his property	y consists of the following items:
	A Missis
A Section of the sect	2.4
	Dollars, that by reason of his physical
that he receives	overty he is unable to support himself by his own exertion or labor, and no pension but the one herein applied for.  desires to participate in the benefits of the Act, approved December 15th,
1894, and the A	cts amendatory thereof, and makes application for the pension to which he
is entitled for th	ne year 1904. I have heretofore as a resident of
County been all	lowed a pension for the year-1 903
Sworn to	and subscribed before me, this the your 1904.
12/2	Ordinary.
	OF GEORGIA,
I,	ohn Christian Ordinary of said County,
do certify that	I am well acquainted with
the applicant in	the foregoing affidavit, and am well satisfied that the statements made
by him in his s	aid affidavit are true, and I know he is the individual he represents himself
to be, and that	he resides in this County.
	Given under my official signature and seal, this
	day of 1904.
Cim	Dhu Chulmy
your Beal here.	Ordinary County
	Note.—The blank spaces must be filled.

## STATE OF GEORGIA, FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

pick   pi	POWER OF	ATTORNE'	Υ.	County.
STATE OF GEOR	GIA,			A
day		1905.		
Give	en under my official sig			
to be, and that he re	Ales in this County.		hereby	
the applicant in the	well acquainted with foregoffig henryon, an	ध _w स्य, श्रद्धाः स्पन्यस्त	float the amount	neatraemtole
I'.		Y	Ordinary of sa	uid County,
by	County. )	0		
STATE OF	CEOBCTV'	2 de of for	york	[L. s.]
Executed in the	presence of	OS. Jordinary.		
Sworn to and s	ubscribed before me, tl	us the {		
County been allowed	a pension for the year	1904,		
	ar 1905. I have hereto		and an artist of the state of t	
				10 WHICH HC
	mendatory thereof, and			
	es to participate in the			mber 15th
	d powerty he is unable eceives no pension but			evertion of
by my labor,			11	1 4 .
of the value of		Dollars per mogal	0 1	ason of his
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by occupation a	, that	he enlisted in the m	ilitary service o	of the Con-
	day of			
	County and State, an			
County, State of Cee	orgia, who, being duly s	worn, says on oath th	at he is a bona	hide citizen
Personally app	ears		)[	• • • • • • • • • • • • • • • • • • •
	County.	1		



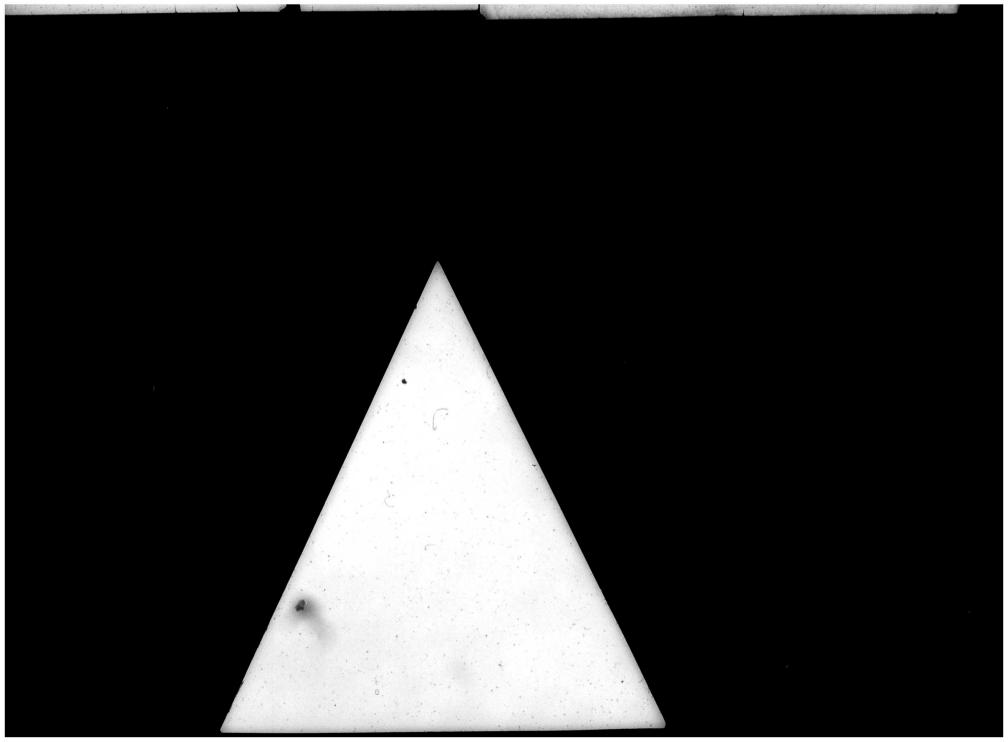
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STATE OF G	EORGIA,			
Coth	County.			
		v/s	3	el
Personally appea	IS my Land and Land and Land	and a sure of the	of	
County, State of Georg	ia, who, being fully swo	orn, says on oath	that he is a bona	fide citizen
	And Chata and	has resided in s	aid State continu	lously ever
/ A.	was muse	18. that	he isye	ars old and
La againstion a	that h	e enlisted in the	military service	of the con
federate States (of of t States, and served for t	he term of your	in Company	, of / t	n Regiment
of On Con	alry	; that	his physical con	dition is as
follows :	oly The lead	und e	7 age &	ufund
Hourly				<i>V</i>
that his property consi	sts of the following it	ems:	,	
	· .	full	ing	
of the value of			Dollars. I am n	
		Dollars per mo	nth. That by r	eason of his
physical condition and	poverty he is unable	to support hims	elf by his own	exertion or
1-1- and that he rec	eives no pension but the	he one nerein app	filed for.	
D 4 1	a to participate in the	benefits of the A	ct approved Dec	ember 10th,
1004 1.1. A-ta am	andstory thereof, and	makes application	n for the pension	to which he
is entitled for the year	r 1905. I have heretol	fore as a resident	of Co	<b>\</b>
County been allowed	a pension for the year	1904.		./
Sworn to and su	bsenibed before me, th	is the	0.0 00	1
2 Aday of	Jary 190	05.	V. X. 1	0.112
titrei	alilary	Ordinary.		
(/ '			(	
STATE OF	GEORGIA,			
CODI	County.			C.
I, /8/2	Antry	701	Ordinary of	said County,
	11 acquainted with	1 / Jr		. 1
the street of the street	foregraing affidavit an	d'am well satist	ied that the stat	ements made
by him in his said af	fidavit are true, and I l	know he is the in	dividual he repre	sents nimsen
1 1.1 . 1. 1	idee in this County.			
Give	n under my official sig	nature and seal,	tn1s	
day	of Jane		hin aw.	The
, in a	all authorities		or oc	
Affix your heat	Or	dinary	COSA	County.
here }				

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1905.

State of Ge	orgia,	}	1. 1	
Personally appears	199	orke	of	GH.
County, State of Georgia,		sworn, avs o	n oath that he	is a bona fide citizen
and resident of said Cour	sty and State a	nd has reside	d in said Sta	te continuously ever
since theday	of	18	that he is	vears old and
by occupation a	the	t 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	State of	in Cor	nnon d	of 7 MRegiment
//		Control of the Carlot of the Carlot	that his ph	veical condition is as
of Calo	for	we !	A A	ysical condition is as
follows:		7	- 7	7
			7	
		Dollars	ner month.	That by reason of his
				<u> </u>
of the value of		Dollars	ner month	s. I am now earning That by reason of his
by my labor,physical condition and p	overty he is un	able to supp	ort himself b	his own exertion or
labor, and that he receiv	es no pension bu	it the one her	ein applied for	
Deponent desires	to participate in	the benefits o	f the Act app	oved December 15th,
1894, and the Acts amen	datory thereof, as	nd makes app	lication for th	e pension to which he
is entitled for the year	1906. I have he	retofore, as a	resident of	SH
County, been allowed a	pension for the y	ear 1905.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sworn to and subs	cribed before me,	, this the		À
day	033	1906,		
John	100/24		hary.	
	/	/	00%	1
State of Ge	orgia,	1	14/1	1.02/3
Cook	Cour	ity.	/X1/	70110
- Colmo	Anthey.	1 1/4	1/ Vor	linary of said County
I, Trino	1 wing	100	Maria	E
do certify that I am we	all acquainted w	ith O	100	
do certify that I am	en acquainteu	00.	0	the statements
the applicant in the for	regoing affidavit	, and am well	satisfied that	the statements mad
the applicant in the forby him in his said affid	regoing affidavit avit are true, and	, and am well I know he is	satisfied that	the statements mad

to be, and that he resides in this County.

Given under my official signature and seal, this_



Widow's Pension UNDER ACT 1910 County Webh Name hus L. & yorks
Widow of Perry 4 Goods
C. N. 7th Go Jan J. W. LINDSEY, Commissioner of Pensions 11/2/1914

Widow's Pension
UNDER ACT 1910

Was & Garage & Garage

Was & Garage & Garage

Was & Garage & Garage

Can F. Hyd. State Printer

Can State Printer

STATE OF GEORGIA,
County
Personally before me comes. Land G. Lank. of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act
1910, and submit testimony to make out the same, true answers makes to the fol-
owing questions to-wit:
1. What is your name, and where do you reside? 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4. Person Here and to whom were you married? December 20 1866. Monthly
4. When, where and in what Company and Regiment did your husband enlist as a soldier in
Confederate Army or Georgia Militia? (State the arms and class of Service.)
april 92 1865 appearetty va
6. Was your husband personally present at the time of the surrender or discharge of this Com-
7. If he was not present state clearly where he was? he was present
8. Where was his command when he left? We left at Surrender of Lie
a. For what cause did he leave his Command? Let Surrendend
b. By whose authority did he leave his Command?
c. For how long was he granted leave of absence?
e. What was his physical condition when he left his Command?
f. What effort did he make to return to his Command?
g. In what way was he prevented from going back to Command?
h Wee he contined by the enemy at any time?
i. If so, when and where captured and where held as a prisoner, and when and for what cause
eleased?
1. 0 3m 1892 Of Hovella G.
j. When and where did your husband die? July 3 1872 at Manella Ga
k. Were you residing together when he died?
1. If not, how long had you resided apart? by well and leading worth.  9. What property of any description did you own, hold or control for your use and its cash
value, Nov. 4, 1908? (State same by jtems.)
ho property
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was re-
reived for it and what did you do with the proceeds thereof? (Give items and cash value.)
Mind
2
11. What property of any description of any value have you now? More
12. What are your angual earnings or income from any source and their value?
13. Have you or your husband heretofore been paid a pension by the State?
If so, when and for what cause were you or your husband placed on the Roll?
San to ad subscribed before me this the 1 004. O & 61 AA
Sworn to and subscribed before me this the Mrs & G Jorn Subscribed before me this the
M. Garry Ordinary.
ofCounty.

County.
Personally before me comes to Warty who after
haire dally among these assures to make to the following questions arewers as follows:
1. What is your name and where do you reside?
2. How long and since when have you known has hard for the specific applicant?
3. How long and since when has she continuously resided in this State? (Give date.)
20- 466 P
The first of the second of the
5. How long and since when did you know
husband? all my life, more than be years.
6. When and where did Perry your
the husband of Applicant die?
7. Were the applicant and her husband living together as husband and wife at the date of his
death? The server land for extreme
8. If not, how long did they live apart before his death? They were living by the
Were they divorced? 120.
9. When, where and in what Company and Regiment did fary fort enlist?
July 1869 Cell County to D. 7 By Plejement
/
10. Were you a member of the same Company? - 400
11. How long within your personal knowledge did he perform actual military service with his
Company and Regiment? Qualit april 9 1865-
12. When and where did his Command surrender, and was discharged? afroil 1865
(is somethy by
13. Were you personally present when it was surrendered? Yeo If not where
were you & was fresent and how came you there?
14. Was the husband of applicant personally present at surrender? Uses If not
where was he? he was present when, where and for what
cause did he leave Command? (Give date.) Was was overBy whose
authority did he leave his Command?and how
How do you know all this?
long was he granted leave? How do you know all this?
- 4) . // /-
and was with him
15. For what cause, if you know of your own knowledge, was he prevented from returning to
his Command?
16. What effort did he make to return to his Command and how do you know this? Of your
own knowledge or how? Dernamed will Commond to Surenche
Sworn to and subscribed before me this the   La Danler
31 day of Ocholer 1914
AM Carry Ordinary.
County.

Coh County.
Personally before me comes and the left, who on oath says that they
are freeholders of said County and that they know of said County and know what property abowing on 4th No 1908 and is cash value to be as set out.
by Schedule (A) as follows
Personal property array Trisid, and they the like
Notes and account for longs with her termine
Total Daughler For years
Schedule (B).
We know the property sold or given away since Nov. 4th, 1908, its cash value to be as follows:
Personal property\$
Money, Notes and Accounts\$
Schedule (C).
We also know what property she has now in her possession, use and control to-wit:
Acres of land worth \$
Horses and Mules \$
Cows and Hogs\$
Other Property
Income and Earnings\$
Total Value of all property and effects\$
Sworn and subscribed before me this the
day of allow 104 Horden B Garn
of County.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA.
County.
Ordinary of said County do certify
that know MMN day of the and she is a bong fide continuing resident citizen of said
County and was on the 4th Nov., 1908 all his left
That I also know the witness who swears
to the service of husband, and this It shootly who are
to the service of indistance, indistance are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all are truthful, trustworthy, and their statements are
That the Tax Returns of Esta Co. Returned for Tax is for
1908 \$4
Sworn under my hand and official seal of office this. Oal 3/ day of
(SFAL)
(52.12.)
County.
(SEAL.)
NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do colemnly 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 afficavite may be attached if blank spaces are insufficient.
Additional affidavits may be attached if blank spaces are insufficient. All affidavits must be made before the Ordinary. Only widows who married prior to first January 1870, are entitled. Attach certified copies of marriage license if obtainable, If not, prove marriage, by some persun, or by gen-

eral reputation

GEORGIA, COBB COUNTY. Received of J.M.GANN, Ordinery, Cobb County, One Hundred Dollers, being payment for Funeral expense, Mrs.L.E., York, dec eased.

March 15, 1930. moves Ward. Application for Pensi Due Deceased Pensiv OCTOBER # \$ 100 00 COBB

Mes. S. H. Hall:

Funeral, Exp. For, Mrs & E. yark.

Bought of Mayer Ward.

The castet

ecchaloring

hears trip receives

first funeral rations.

ferry france frances

funeral expenses of Mrs. L. E. York, who died without

owning sufficient property to pay this bill.

Sworn to and subscribed perfore me,

this 26, day of November 1989.

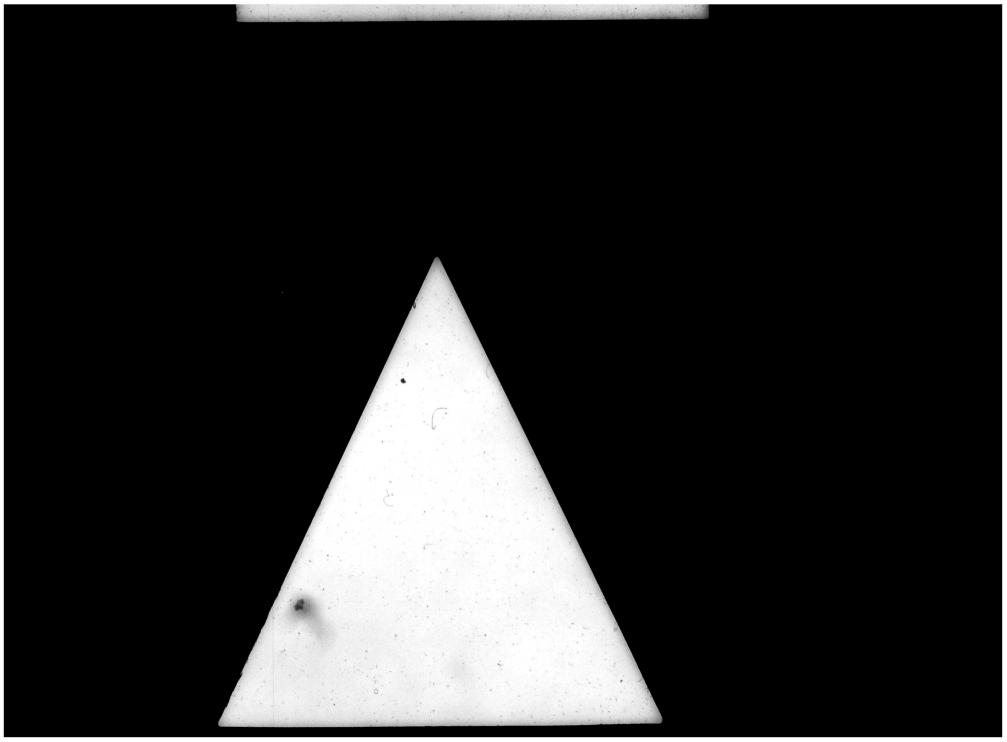
Mayer Manney

Mayer March.

Application for Lension Due to a Deceased I customer (To Be Paid to the Ordinary for Expenses of Funeral and Last Illness) (Under Act Approved August 15, 1904)

SEORGIA. County.
Personally before me, the Ordinary of said County, comes . W. S. W. Hale
of said County, who, after being sworn, on oath
ays that he knew WM &
vas on the Pension Roll of said County at the time of death, which occurred in
County, in this State, on the 18 day of October 1929
and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral
expenses, which amounted to the sum of $$1.94^{-23}$ , per sworn statements fully and completely
TEMIZED hereto attached.
Sworn to and subsorthed before me,  May S. A. Hall  County  County
(Seal of Ordinary)
CERTIFICATE OF ORDINARY  GEORGIA,  County.  County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew  County.  County.  While in life and that this was the same person whose name appears on the Pension Roll of  County, and was paid a Pension of Lee  County, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.
- A- 7
Given under my hand and official seal, this day of land of lan
(Seal of Ordinary) Ordinary
County
INSTRUCTIONS:  1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.  2.1. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "just, true, "see, unpaid," etc.)  "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of
4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no more must be paid out until it is returned to you as your authority to make the payment.  Sth. Return this application, and attached bills, with your final actilement to the Pension Department.

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



York, Lavisa E.	
Cold County 10	Queun off
Nesaporer 10/1/1906	19/1-1986
WIDOW'S	of briting of
INDIGENT PENSION.	a coleo ble role
1904.	20 Livery
Name formate forth	Cour of tu
Widow of A W Mork	
Approved 1904.	M.V.S.
JOHN W. LINDSEY, Commissioner of Pensions.	OBDI
WARRANT HANDED TO	G Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q
Geo. W. Harrison, biate Pripier, Atlanta,	

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remit the same to me si	of Openby, to remine and receipe for t	& County.	20
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r registered m	the pension:	•	1.5
by his check or registered mail.	of Oomity, to receive and receipe for the possibil dilayed and s	200	STATE OF GEORGIA,

Service Servic

remit the same to me at. Witness my hand this Executed in presence of

de april 1800 18

STARE OF GEORGIA. STATE OF GEORGIA. County, of said State and County, desiring to resif of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, 1905, hereby submits her proofs, and after being duly sworn true answers to make to the g questions, deposes and answers as follows:

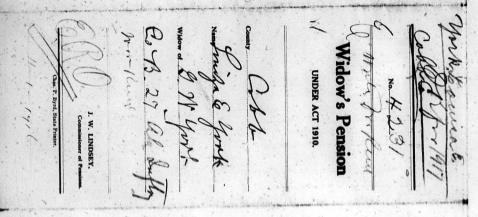
1. What is your name and where do you reside? (Give State, County and Post Office) County. Laste, hereby authorize County, to receive and receipt for the pension allowed and that he manelly Both by his check or registered mail. remit the same to me at... Way believed the States Witness my hand this, 8. When and where were you born Quequest 1840, Florantlin & L. Executed in presence of 4. When and where was your husband born—state his full name, and when were you and he married?

(Attach copy marriage lipense in every case) Association (1838, Franklin, 1838, Franklin, 1838 Orditary, County. 5. When and where and in was Company and Regimens did your husband enlist or serve during the war between the States? Digunder 1864 States 19 alex 2 37 SEAL. 6. How long did your husband serve is said Company and Regiment Such 1863, In was When and where did your husband's Company and Regiment surrender and was discharged? 8. Was your husband present at the time and place when his Company and Regiment surrendered? 9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority? We have the had to 11. Which of the following grounds do you base your application for Pension, viz.: First—Age and Poverty Second-Infirmity and Poverty, or Third-Blindness and Poverty? Chys. Suffering 12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the seaond, give a full and complete history of the infirmity and its extens. If upon the third, state whether you are totally blind, and when and where you lost your sight? 13. When has been your occupation since your husband's death? hothing Such hours overhas & Pan How much can you earn gross, by your own exertion or labor? Davilies. What property, real or personal, or income, do you have or somes, and its gross yal 16. What property, real or personal, did you possess at death of husband of he left you, and off the year 1899, 1900, 1902, 1903, 1904, and what disposition, if any, by sales gifts have you made of the same?

17. In what counties did you reside in 1899, 1900, 1907, 1908, 1908 and 1904, and what property did you return for textural of the same of the sa 19. How much did your supposed cost be each of those years and how much did you contribute by your own labor or income ? 20. What was your employment during 1899, 1900, 1901, 1902 and 1903-how much did you receive for each year? Mothers 21. Have you a family? 1( so, who composes such family? Give their means of support? Have they GENT PENS HANDED any lands or other property ? The, how Children One st / 1 gave Tother 20 years both 1904 22. Have you ever made application for pension before? 23. How many applications have you made for a pension, and under what class? Sworn to and subscribed before me, this the

STATE OF GEORGIA.	living by
1 6 X	07 11
County.)	. 27. How was she supported for
a florit	
of said State and County, having	28. How much did applicant c
been presented as a wildess in support of the application of Mrs. The for a Pension under the Advor 1900, and after being duly sworn true diswers to make to the	29. Give a full and complete sta
following questions, deposes and answers as follows:	from chang year
1. What is your name and where do you regide?	a laca familia
Maron County State of Ly Vollda	30, What interest have you in
2. Are you acquainted with the applicant, Mrs.	interest outat e
If so, how long have you known her? I became a Guarted out hus in 1043	
3. Where does she reside, and how long and since when has she been a resident of this State?	Sworn to and subscribed before m
Marietta for the begans a sesion of Said State 1462	day of military 1905
4. When and where was she born? Transfitin a sa	The Martine
5. Were you ever acquainted with her hughand? Quest,	Public State o Florida
of made day and reside in 1991.	AFFIDA
7. When and to whom was he married? 154 & Since Du Ofork	
8. When and where was he born?	STATE OF GEORGIA,
9. How long have you known him? from 1842 left to her fralk	0000 c
10. When and where did Clearness 25-136 enlist in the war between	Personally before me comes
the States, and in what Company and Regiment did he enlist, and how do you know this? Co P Research	Telaviany belove me comes
31 Sowes in Same company	physician of said County, who, being
11. Were you a member of the same Company and Regiment?	Jonisa E. 40
11. Were you a member of the same Company and Regiment	such personal examination say hat he
	A SANTAL A CONTRACTOR MAY MAKE HE
12. How long did he perform regular military duty? he mad in figure digital	A Alban XXXX
up to 1007 July lat & mehen he mad captured and later for in	( William Land Land Land Land Land Land Land Land
/13. When and where was his Company and Regiment surrendered and discharged from service?	in misty stould his
I do mot mo	The state of the s
14. Were you with the Command when it surrendered?	and we have no interest in said pension
15. Wasthe husband of applicant present?	Sworn to and atheribed before n
no he may in hairon	day of 100
16. If not present, where was he? in fundam Galding	tom sure
17. When and where did he leave his command? Fort hutan In July 16 1063	Coss
	ORDIN
By whose authority he left? Left like Rule of Mary	
How do you know all this? (State fully and clearly.) I much will him from	STATE OF GEORGIA,
The lime be enlished up to the day he roas taken	COM AC
Paisnear he was third beterraint in his company	· John Mi
18. When and where did die ?	1, 000
Cetahund 1904 Actorolly La	that the applicant, Mrs.
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?	and has been a bona fide resident of th
10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	18 4 , and that the witnesses, Mr.
1 New 2 No. 2 New	
20. Do you of your own knowledge know that applicant is the lawful widow of	are entitled to full faith and credit.  I do further certify that before
	oath herein prescribed, and the full text
21. Has she remained unmarried since her soldier husband's death, and is now his widow?	was signed and subscribed.  I turther certify that the tax di
22. What property, effects or income has the applicant, if any, and how do you know this of your own	returned for taxation in her own nam
the stant wat had much fout and	
knowledge! the sant no first how much leut not	of property, and in 190
23. What property, effects or income did applicant possess in 1899, 1900, 1901, 1902 and 1903, and what	in 190
	in 190
disposition did she make of it?	in 1905 / 2-17
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to	Witness my hand and official sea
Auf at a made	(atr)
whom? MAD MOS	{SEAL.}
25. What is applicant's physical condition and her chances and ability to carn a support?	Nors1. Before any questions are ans
The is ala and heleal all her chance her a sulter	Notes.—1. Before any questions are any words: "You do solemnly s and the evidence you shall give Additional affidavits may be a
I S I I S I I I I I I I I I I I I I I I	2. Additional affidavits may be a 3. All affidavits must be made be
is her Jalor	3. All affidavits must be made be 4. Only widows who were the w widows. Those married since 5. Witnesses and two
	5. Witnesses and two
	A vessell corvined copy marriage
	THE RESERVE OF THE PARTY OF THE

Jalo	was she supported for 1899, 1900,	1901, 1902 and 1903? by her husle
	much did applicant contribute to her	r support for last two years? a little hours an
	much did applicant contribute to her a full and complete statement of, applic	
Lane a		ter and all having some seems
1 /200	a lambic of chil	larin
30. What	interest have you in the recovery of	I this pension by the applicant? no heroing
What	interest have you in the recovery of	position of the application.
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STATE OF	ORDINARY'S	CERTIFICATE.
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after being duly sworn, on oath say that she desires to apply for a pension allowed under the Act 1910, and submit testimony to make odt the same, true answers makes to the fol- ng questions to wit:  1. What is your name, and where do you reside the same, true answers makes to the fol- 2. How long and since when have you been a continuing resident in the State of Georgia?  3. When, where and to whom were you married? ANT. Attantion Co. And A. M. A. When, where and in what Company and Regiment did your husband enlist as a addier as Contract Army or Georgia Militar? (State the arms and class of Service.) And A. M. M. A. M. A. M. M. A. M.	'' C	OF GEORGIA, County.
1. What is your name, and where do you reside the State of Georgia?  2. How long and since when have you been a continuing resident in the State of Georgia?  3. When, where and to whom were you married? S.N.T. Manufaction to the State of Georgia?  4. When, where and in what Company and Regiment did your husband enlist as a splite in Conrate Army of Georgia Militia? (State the arms and class of Service) of State of Contract Army of Georgia Militia? (State the arms and class of Service) of State	Pers	onally before me comes truth. E. January, of said State and County, being duly sworn, on oath says that she desires to apply for a pension allowed under the Act
1. What is your name, and where do you reside		
2. How long and since when have you been a continuing resident in the State of Georgia?  When, where and to whom were you married? S.N. Manufalian Land. In Market.  When, where and in what Company and Regiment did your husband enlist as a soldier in Constant Army or Georgia Militia? (State the arms and class of Service.) In Market.  New Your husband personally present at the time of the surrender or discharge from the army?  New your husband personally present at the time of the surrender or discharge of this Command?  New your husband personally present at the time of the surrender or discharge of this Command?  If he was not present state clearly where he was Market and Captured Orthony.  B. Where was his Command when he left?  For what cause did he leave his command?  Provided the leave his command?  What was his physical condition when he left his Command?  What was his physical condition when he left his Command?  What was he prevented from going back to Command?  In what way was he prevented from going back to Command?  In what way was he prevented from going back to Command?  In what way was he prevented from going back to Command?  In what way was he prevented from going back to Command?  In what was he day of the enemy at any time?  What property of any description did you own, hold or control for your use and its caph value of the control of the your and where did your husband die?  What property of any kind have you sold or given away since Nov. 4, 1908? What was received and what did you do with the proceeds thereof? (Give items and cash value.)  What property of any kind have you sold or given away since Nov. 4, 1908? What was received and what did you do with the proceeds thereof? (Give items and cash value.)  What property of any description of any value have you now? Ordinary.  What are your annual earnings or income and their value?  What are your annual earnings or income and their value?  What are your annual earnings or income and their value?  What are your annual earnings or income and the		
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4. When, where and in what Company and Regiment did your husband ealist as a soldier of Conrate Army of Georgia Militia? (State the arms and class of Service.)  5. When and where did the Commands of your husband surrender or discharge from the army?  6. Was your husband personally present at the time of the surrender or discharge of this Command?  7. If he was not present state clearly where he was? **Militian Conference**  8. Where was his Command when he left?  8. For what cause did he leave his command?  9. What was his physical condition when he left his Command?  9. What was his physical condition when he left his Command?  10. In what way was he prevented from going back to Command?  11. If no, when and where captured and where helds a prisoner, and when and for what cause read.  12. **Your residing together when he died? ***Your Army the Army to the surrender of the surr	Due	V 60 Years
5. When and where did the Commands of your husband surrender or discharge from the army?  7. If he was not present state clearly where he was?  8. Where was his Command when he left?  8. Where was his Command when he left?  8. For what cause did he leave his command?  9. By whose authority did he leave his command?  9. What was his physical condition when he left his Command?  10. What effort did he make to return to his command?  11. If no when and where captured and whose held has a prisoner, and when and where captured and whose held has a prisoner, and when and where captured and whose held has a prisoner, and when and where did your husband die?  11. If not, how long had you resided apart?  12. What property of any description did you own, hold or control for your use and its cash value 4, 1008. (State same by items.)  10. What property of any description did you own, hold or control for your use and its cash value and the property of any description of any value have you now?  11. What property of any description of any value have you now?  12. What are your annual earnings or income and their value?  13. Have you heretofore been paid a pension by the State?  14. What are your annual earnings or income and their value?  15. What are your annual earnings or income and their value?  16. What are your annual earnings or income and their value?  17. What property of any description of any value have you now?  18. What are your annual earnings or income and their value?  19. What property of any description of any value have you now?  11. What property of any description of any value have you now?  12. What are your annual earnings or income and their value?  13. Have you heretofore been paid a pension by the State?  14. Owned the property of any description of any value have you now?  15. What are your annual earnings or income and their value?  16. What are your annual earnings or income and their value?  17. Owned the property of any description of any value have you now?  18. What are your annual earnings	4.	When, where and in what Company and Regiment did your husband enlist as a soldier 🕍 Con-
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a. For what cause did he leave his command?  b. By whose authority did he leave his Command?  c. For how long was he granted leave of absence?  s. What was his physical condition when he left his Command?  f. What effort did he make to return to his command?  g. In what way was he prevented from going back to Command?  h. Was he captured by the enemy at any time?  i. If so, when and where captured and whore held as a prisoner, and when and for what cause re  i. If not, how long had you resided apart?  9. What property of any description did you own, hold or control for your use and its cash value  4. 1908. (State same by items.)  10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received and what did you do with the proceeds thereof? (Give items and cash value.)  11. What property of any description of any value have you now?  12. What are your annual earnings or income and their value?  13. Have you heretofore been paid a pension by the State?  5. Worn to and subscribed before me this the control or control for your use and the state?  13. Have you heretofore been paid a pension by the State?  5. Worn to and subscribed before me this the control from the Roll?  14. Ordinary.  Ordinary.		1880 - 사람들이 많은 사람들은 사람들이 되었다면 하는데 하는데 하는데 되었으면 하는데
b. By whose authority did he leave his Command?  c. For how long was he granted leave of absence?  e. What was his physical condition when he left his Command?  f. What effort did he make to return to his command?  g. In what way was he prevented from going back to Command?  h. Was he captured by the enemy at any time?  i If so, when and where captured and whose held as a prisoner, and when and for what cause register that we will be a prisoner, and when and for what cause register that we will be a prisoner, and when and for what cause register that we will be a prisoner, and when and for what cause register that we will be a prisoner, and when and for what cause register that we will be a prisoner, and when and for what cause register that we will be a prisoner, and when and for what cause were you resided apart?  9. What property of any description did you own, hold or control for your use and its cash value 4, 1908. (State same by items.)  10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received and what did you do with the proceeds thereof? (Give items and cash value.)  11. What property of any description of any value have you now? A will will be list and cash value?  12. What are your annual earnings or income and their value?  13. Have you heretofore been paid a pension by the State?  14. What we you heretofore been paid a pension by the State?  15. Sworn to and subscribed before me this the will be a prisoner.  16. Ordinary.  Ordinary.	8.	
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h. Was he captured by the enemy at any time?  i. If so, when and where captured and where held as a prisoner, and when and for what cause read to the second	0,	
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j. When and where did your husband die? **Dathwit 1984*, **Dathwit Coth Coth**  E. Were you residing together when he died? **John**  9. What property of any description did you own, hold or control for your use and its cash value 4, 1908. (State same by items.) **Dathwit 1994**  10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received and what did you do with the proceeds thereof? (Give items and cash value.) **  11. What property of any description of any value have you now? **Dathwit 1994***  12. What are your annual earnings or income and their value? **Dathwit 1994***  13. Have you heretofore been paid a pension by the State? **Dathwit 1994**  14. Sworn to and subscribed before me this the	E.	In what way was he prevented from going back to Command?
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11. What property of any description of any value have you now? Our transact of the list and cash value? All of the list and cash value.)  13. Have you heretofore been paid a pension by the State?  14. Sworn to and subscribed before me this the list and subscribed before me this the list and cash value.)  15. Ordinary.  Ordinary.	in a	all hill
11. What property of any description of any value have you now? **Description** Of any value have you now? **De	it and	what did you do with the proceeds thereof? (Give items and cash value.)
13. Have you heretofore been paid a pension by the State?  13. Have you heretofore been paid a pension by the State?  14. What are your annual earnings or income and their value?  15. Have you heretofore been paid a pension by the State?  16. Sworn to and subscribed before me this the particular of the state?  16. Sworn to and subscribed before me this the particular of the state?  16. Sworn to and subscribed before me this the particular of the state?  16. Sworn to and subscribed before me this the particular of the state?  17. Sworn to and subscribed before me this the particular of the state?  19. Sworn to and subscribed before me this the particular of the state?  19. Sworn to and subscribed before me this the particular of the state?  19. Sworn to and subscribed before me this the particular of the state?  19. Sworn to and subscribed before me this the particular of the state?		
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13. Have you heretofore been paid a pension by the State?	ve list	and cash value? 1000.00
Sworn to and subscribed before me this the	12.	
Sworn to and subscribed before me this the	13.	Have you heretofore been paid a pension by the State?
John Ordinary.	so, whe	n and for what cause were you struck from the Roll?
	Sw	orn to and subscribed before me this the Lycus C york
	1	IN Dance Ordinary
	/	
	11	

STATE OF SECRETARY County.	STATE OF GEORGIA,	
Personally before me comes	Personally before me comes O NTIS	who on oath says that they
1 the transfer to make to the following questions and the safellows:	are freeholders of said County and that they know have	26 your
1. What is four name and when do you reside? The state of the lower state of the st	of said County and know what property she owned on 4th Nov. 19	8, and its cash value to be as set out by
2. How long and since when have you known the state of applicant?	Schedule (A) as follows	4 3
3 How long and since when has she continuously resided in his State? (Give date.)	Personal property	
hadronting as ely recided in Searce since (86)	Notes and accounts due	\$ 27
4. When and to whom was the married Our 29,1657 To By How do you know? I was free with	Total	1.6
5. How long and since when did you know. Letter Gold her		X26.
husband? from 1846 guntel his death I He was my broker.	Schedule (B).	00 14 14 14 14 14 14 14 14 14 14 14 14 14
J 1.0 (May 4)	We know the property sold or given away since Nov. 4th 19	1 20
6. When and where did the husband of Applicant die? About 1903 ou 1904 magest between 1903 ou 1904	Personal property	
	Money, Notes and accounts	\$ 270
7. Where the Aplicant and her husband living together as husband and wife at the date of his	Schedule (C).	\$ can
death? They will!	We also know what property she has now in her possession	ruse and control to wit:
8. If not, how long did they live apart before his death?	one must bet in Massellad worth	\$1000.00
Were they divorced?	Horses and Mules	3 3 11
9. When, where and in what Company and Regiment did	Cows and Hogs	\$ 34.4
Dec, 25, 1861, Lebenon, alas, in Co. 13	Other property	3 137
XIV, XX, 1061, Xelenan, Willy mile	income and earnings	
27th Wakama, g	Total Value of all property and effective Sworn and subscribed before me this the	\$100000 97
10. Were you a member of the same Company?	Sworn and subscribed before me this the	dollar.
(7)	7 day of Oaloles 19/6	2. A. A
11. How long within your personal knowledge did he perform actual military service with his Com-	M. Garry, Ordinary,	
pany and Regiment? And Andrew Captured and Captured and Captured and Captured to Johnson's Island, where he was 12. When, and where did his Command surrender, and was discharged?	Pall	
22 When and where did his Command surrender, and was discharged?	, of Coo	County.
in 1865 in north Carolina		
	ORDINARY'S CERTIF	ICATE.
13. Were you personally present when it was surrendered? If not where	STATE OF GEORGIA,	
were you I was in Augusta, The and how came you there? Devas	Po-11	
sent there in a detachment	. County.	The state of the s
300년 이 어떻게 됐다면서 이번에 되었다면서 가게 되는데 가는 그는데 하는데 하는데 이번에 가게 되었다면서 되었다면서 되었다는데 그는데 이번에 되었다면서 그렇게	Mann	Ordinary of said County do certify
14. Was the husband of applicant personally present at surrender?		the applicant for pension. She
where was he? In hisson on Johnson when, where and for what	is the person she represents herself to be and she is a bon	a fide continuing resident citizen of said
(1)		
cause did he leave command.	County and was in the 4th Nov. 1008	boils the witness who swears
authority did he leave his Command? The was cathered and how		the witness was swears
long was he granted leave? How do you know all this?	freeholders. That all of them are now residents of said County s	nd were duly sworn by me before signing
I ambited with him, and was with him until	the foregoing affidavits and that they all, are truthful, trustwor	
I continued with him will	full faith and gradit.	
he was captured	That the Tax Returns 200 2	Returned for Tax is for
15. For what cause, if you know of your own knowledge was he prevented from returning to his	1908 • 8.215 or 1910 • 2.3.23	
Command? De siran for the same	Nworn under my hand and official seal of office this	21 day of Out
	1014	1 4
16. What effort did he make to return to his Command and how do you know this? Of your	TOTAL COLUMN	Ordinary,
own knowledge or how? Do mot land	SEAL.	10 21-h
	(m. i)	County
Swore to and subscribed before me this the	(SEAL.)	policent and the witness in the following words
day of day 1916	HOTES 1. Before any questions are answered the Ordinary shall swear a "You do solemnly awast that you will true answers make to en you shall give will be the truth. So help you God.?"  Additional affidavits may be stached if blank spaces are insufi-	ch of the questions asked you and the evidence
(X. M Zussam/	2 Additional affidavits may be attached if blank spaces are insuff	loient.
tol. I willist out.	3 Only widows who married prior to first January 1870, are en	ot, prove marriage, by some person, or by gen-
THE TOTAL STATE OF THE STATE OF	A. Valuari paramore anhus at mustinga manage a angumania, yt m	

STATE OF GEORGIA.

COUNTY OF FRANKLIN.

I, V.C.Nelms, Ordinary in and for said county, do hereby certify that the foregoing is a true and correct copy of the within as on record in this elile.

Witness my hand and seal of office, this 29th day of Auguse, 1908.

U.C. Nelmas

		B.	Issued	Z
		and Recorded on Page		MARRIAGE or
		on Page	~ 3	IAGI
		on Page	AND	
5.	Ordinary.			LICENSE
	івгу.	Book		SE

# MARRIAGE LICENSE

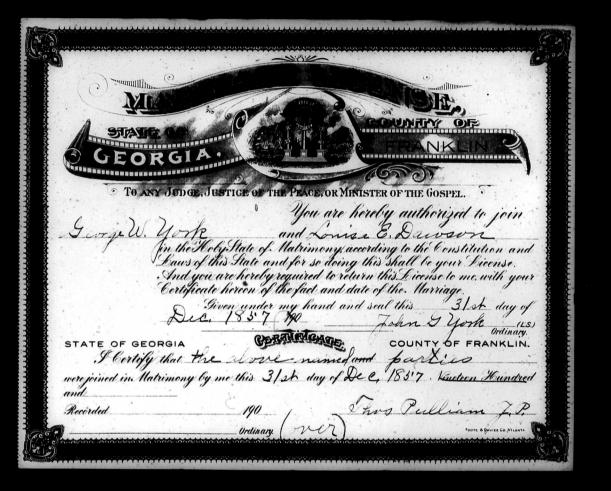
AND

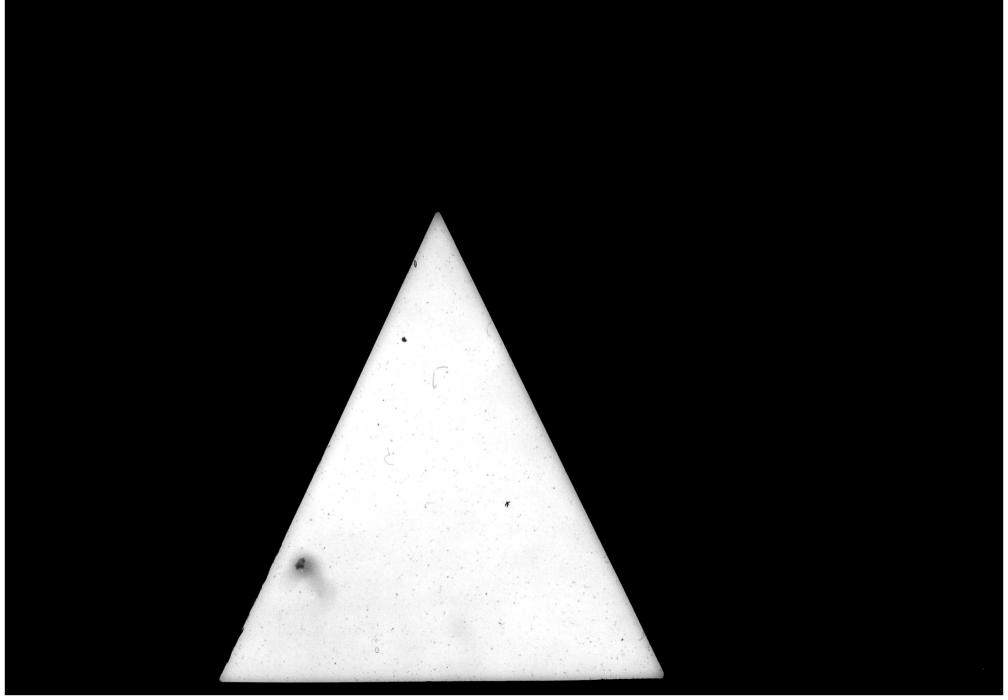
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Recorded on Page.

of Marriage Licenses.

FOOTE & DAVIES CO., PRINTERS, ATLANT.





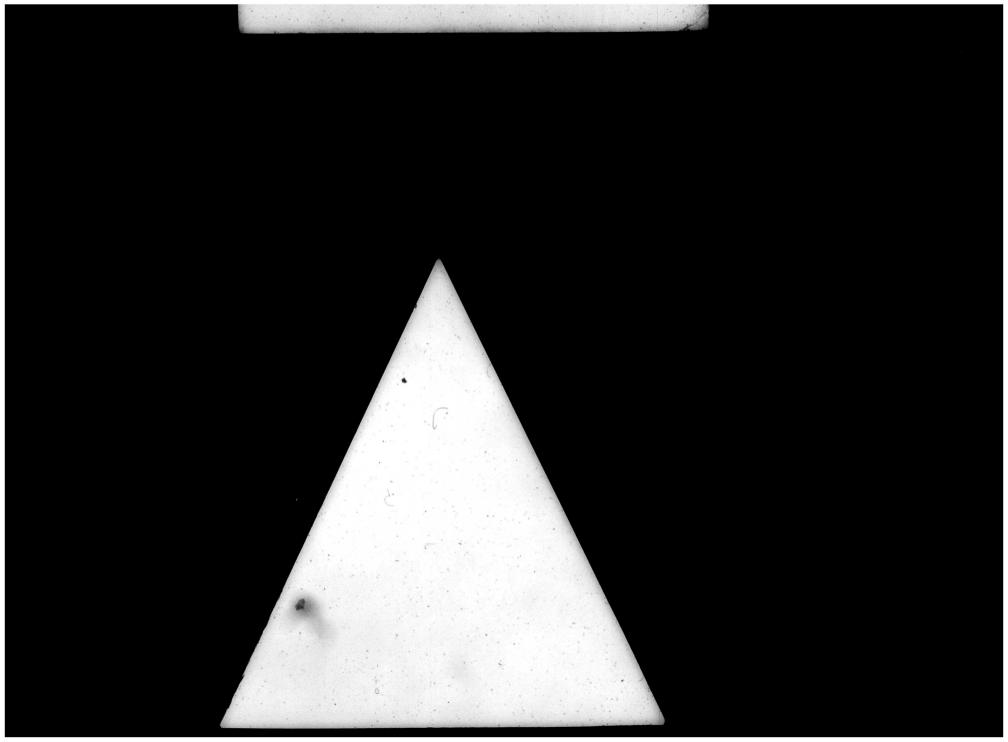
### ORDINARY'S CERTIFICATE

Cobb Company	8	are	E   8 1	STA
Widow's Application	NOTES: 1. Befc Ye you 2. Add 3. All 4. Only 5. Array 6. Wid serri	entitled to ful Sworn under (SEAL.)	on the	STATE OF GEOR
To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910— As Amended by Act of 1919.	re any question of solemnly and solemnly had green will friend a fishavit must affekvits must be retified on the section of the solemnly s		day of the mow 12 the respective	EORGIA M. M.
County Cosh	ns are auswer swear that yo be the truth. S is may be att to the made bed married prior to married prior of married of marriance of marriance of marriance of marriance of marriance of made no programme of the made of the made of the swear section of the swear section of the made of the made of the swear section of the swea	th and credit.  hand and official scal of office	E Z	5 ON
Name Willing & Goods Widow of Oliver A Good	red the Ordinary u will true answ o help you God. Please of the Ordinary or the Ordinary ge inense if obe	al seal of o	gue &	COUNTY
Company A. Regiment 2 and Ba. State Inope	shi ers ace of of inal	ffice this	that both of the	COUNTY. COUNTY. Ordinary of said County, do certify that I will be, and that she is the continuing resident of said County, and was be, and that she is a bona fide continuing resident of said County, and was
Approved	applicant ar each of the each of the ufficient. Ity of residentitled. not, prove mr. Blank and equired to de	2000	witness of the for	Ordinary cant for th
	d the witness in questions asked .  nce.  reringe, by some !  state and prove f .	by of Q	ess as to marriage, and I als foregoing were duly sworn trustworthy and their stat	inary of said County, do certify that for this pension, and that she is the forth of said County, and we
J. W. LINDSEY,		Ordinary	age, and I also e duly sworn be	nty, do certi and that si and County
Commissioner of Pensions.  Byrd Printing Co., State Printers, Atlanta.	the evidence	1920 nary.	also known in by me atements	rify that I she is the Lucture Tucture Ty, and was
1012 2 102.				· · · · · ·

	STATE OF GEORGIA.	
	I, J. M. Warrel Ordinary of said County, do certify that I know Mrs. When J. Jane the applicant for this pension, and that she is the	
	person she represents herself to be, and that she is a bona fide continuing resident of said County and was	
	on theday of19	
	That I also know Illin Anggue & Jork witness as to marriage, and I also know	
	; that both of the foregoing were duly sworn by me	
	are entitled to full faith and credit.	
	Sworn under my hand and official scal of office this 7 gay of Oct 1920	
	(SEAL.) Ordinary.	
	County.	
	NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:  "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence	
	NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall gire will be the truth. So help you God." 2. Additional affidavits may be attached if blank spaces are insufficient. 3. All affidavits must be made before the Ordinary of the county of residence. 4. Only widows who married prior to first January, 1881, are entitled. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general	
	<ol> <li>Only widows who married prior to first January, 1881, are entitled.</li> <li>Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.</li> </ol>	
	6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.	
1. ~	2	
3 0	Dication  Discation  Of 1919.  Of 19	
Di	Application in the found of the found of the found found of the found found of the	
1	No.  Idow's Applicat idow's Applicat when on Roll in Her Own Right when Was on the Indigent Rol As Amended by Act of 1919.  I W. LINDS! Commissioner of P.  Ford Printing Co., State Printers, Atlan.	
大大	Application of the state of the	
76 8	M H S A S A S A S A S A S A S A S A S A S	
20	OW'S OW'S OW'S OW'S OW'S OW'S OW'S OW'S	
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2 0	The say we have a so	
2000	L Sam moo man right	
ني ري	Widow of Company Beginent.  Brown Approved	
وَيُ وَالْحِ	Coun.  Wide	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>بان (</u>	To B  Wide  Com  Appr	

County.

(SEAL)



York, aliver n.			
No		Wines	STATE OJ
INDIGENT PENSION.		rocipt for the permy hand and seal	P OF GEORGIA
County Boat Co. Q. Zue ga, Hake Roge.			OWER
Co. Q., Zud.ga, Plak Rogi. Approved 190	•	I request that he	A
JOHN W. LINDSEY,  Commissioner of Pensions.		of	ATTORNEY
WARRANT HANDED TO			
Ordinary will write name of Applicant, Company and Regiment on back as indicated above.  Geo. W. Harrison, State Frinter, Atlanta, Gs.		ereby authorize	
8/24/08			

STATE OF GEORGIA, COUNTY. to receive and receipt for the pension allowed and request that he remit same to Executed in presence of Ordinary will write name of Applicant, Compand Beginent on back as indicated above. INDIGENT PENSIO WARRANT HANDED TO JOHN W. LINDSEY, 190 Approved

less	COUNTY.
Olive	of said State and County, desiring
avail himself of the Pension e answers to make to the follow What is your name and w	or said State and County, descring Act (Section 1254, Code) liereby submits his proofs, and after being duly sworn owing questions, deposes and answers as follows: here do you reside? (Give State, County and Postoffice.)
ours ug	000
. How long and since when	have you been a resident of this State? All they life
. When and where were yo	ou born? June 1833. Gunnell a La 7th
. When and where and in t	what company and regiment did you enlist or serve?
ummorely 4a.	Co a 7 1/4 Blade Frosto april 6 7862
	is such company and variment? Line months and mon
How long did you remain	in such company and regiment.
in Tuntes the	0 - 1 - 1 - 1 - 1
. When and where was you	r company and regiment surrendered and discharged? after being disch
	her I worked muchil Close of war
Word was present with was	ur company and regiment when it was surrendered?
3. If not present, state specif	fically and clearly where you were, when you left your command, for what cause and
whose authority?	
How much	(gross) per annum by your own exertions or labor? Wolfing
<ol> <li>How much can you earn</li> <li>What has been your occup</li> </ol>	pation since 1865? Homising
. Upon which of the followi	ing grounds do you base your application for pension, viz: first, "age and poverty,"
cond, "infirmity and poverty	" or third, " blindness and poverty ?" Ly Julian that you could not earn your sup-
<ol><li>If upon the first ground, ort. If upon the second, giv</li></ol>	state how long you have been in such condition that you could not earn your sup- e a full and complete history of the infirmity and its extent. It upon the third,
	m /r /4 / C
ate whether you are totally bl	lind and when and where you lost your sight, It the I January
ate whether you are totally bl	lind and when and where you lost your sight. The thirt same of a
ate whether you are totally bl	lind and when and where you lost your sight, I Mu! Journey of annua famual mysteries and my line of the fundamental of the forther any live of
le ay rend	and a fame of mysterie any the
3. What property, real and	personal, or income, do you possess, and its gross value? Live
3. What property, real and	personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what
3. What property, real and	personal, or income, do you possess, and its gross value? Live
3. What property, real and	personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what
What property, real and What property, real or proposition, if any, by sale or proposition of the sale or proposition of the sale or property.	personal, or income, do you possess, and its gross value? When the gift, have you made of same? When the gift, have you made of same? When the gift, have you made of same? When the gift is a same? The things there years, and what property did you then return for taxation?
3. What property, real and 4. What property, real or proposition, if any, by sale or proposition, if any, by sale or property.  In what County did you are to be a few and a few are to be a f	personal, or income, do you possees, and its gross value? When I proposed the proposed its gross value? When I personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what gift, have you made of same? When I would be the return for taxation?
What property, real and What property, real or persposition, if any, by sale or a line when County did you have been supported. How were you upported.	personal, or income, do you possess, and its gross value?  Personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1997, and what gift, have you made of same?  Personal did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what gift, have you made of same?  Personal did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what gift, have you made of same?  Personal did you possess in 1901, 1902, 1903, 1904, 1906, 1906 and 1907, and what gift, have you made of same?
What property, real and What property, real or proposition, if any, by sale or proposition, if any, by sale or proposition.  How were your upported that the property of the p	personal, or income, do you possess, and its gross value?
What property, real and What property, real or pusposition, if any, by sale or pusposition, if any, were you supported to the pusposition of the	personal, or income, do you possess, and its gross value?
What property, real and What property, real or personal and the sposition, if any, by sale or the sposition of the sposition	personal, or income, do you possess, and its gross value?  Personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what gift, have you made of same?  Personal did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what gift, have you made of same?  Personal did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907;  Personal did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907?  Personal did you made of same?  Personal did you made of same?  Personal did you have been did you contribute thereto by your personal did you contribute the personal
What property, real and What property, real or position, if any, by sale or In what County did you How were you supported How much did your supported What was your employn ceive in each year? How ou a family? If	personal, or income, do you possees, and its gross value?    Proposed to the property of the p
What property, real and  What property, real or proposition, if any, by sale or a supposition, if any, by sale or a supposition.  How were you upported the supposition of the suppositi	personal, or income, do you possess, and its gross value?    where the property did you then return for taxation?    It will be the property did you then return for taxation?    It will be the property did you then return for taxation?    It will be the property did you then return for taxation?    It will be the property did you then return for taxation?    It will be the property did you then return for taxation?    It will be the property did you then return for taxation?    It will be the property did you then return for taxation?    It will be the property did you contribute thereto by your for each of those year, and what portion did you contribute thereto by your for your for each of those year, and what portion did you contribute thereto by your for
3. What property, real and 4. What property, real or proposition, if any, by sale or property and the sale of the	personal, or income, do you possees, and its gross value?    Proposed to the property of the p
3. What property, real and 4. What property, real or pusposition, if any, by sale or puspositi	personal, or income, do you possess, and its gross value?
3. What property, real and 4. What property, real or pure property is position, if any, by sale or pure property is a property of the property of the property is a property of the property o	personal, or income, do you possees, and its gross value?  Personal, or income, do you possees, and its gross value?  Personal, did you possees in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what gift, have you made of same?  Personal during these years, and what property did you then return for taxation?  Personal during the pars 1001, 1002, 1003, 1904, 1905, 1906 and 1907?  Personal during the pars 1001, 1002, 1003, 1904, 1905, 1906 and 1907?  Personal during 1901, 1902, 1903, 1904, 1905, 1906 and 1907?  What pay did you ment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907?  What pay did you make the personal payment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907?  Personal during 1902, 1903, 1904, 1905, 1906 and 1907?  Personal during 1902, 1903, 1904, 1905, 1906 and 1907?  Personal during 1902, 1903, 1904, 1905, 1906 and 1907?  Personal during 1902, 1903, 1904, 1905, 1906 and 1907?  Personal during 1901, 1902, 1903, 1904, 1905, 1906, 1906 and 1907?  Personal during 1901, 1902, 1903, 1904, 1905, 1906 and 1907?  Personal during 1901, 1902, 1903, 1904, 1905, 1906 and 1907?  Personal during 1901, 1902, 1903, 1904, 1905, 1906 and 1907?  Personal during 1901, 1902, 1903, 1904, 1905, 1906 and 1907?  Personal during 1901, 1902, 1903, 1904, 1905, 1906 and 1907?  Personal during 1901, 1902, 1903, 1904, 1905, 1906, 1906 and 1907?  Personal during 1901, 1902, 1903, 1904, 1905, 1906, 1906 and 1907?  Personal during 1901, 1902, 1903, 1904, 1905, 1906, 1906 and 1907?  Personal during 1901, 1902, 1903, 1904, 1905, 1906, 1906, 1906, 1907, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 19
3. What property, real and 4. What property, real or pigosition, if any, by sale or pigositio	personal, or income, do you possess, and its gross value?
How were you upported the mean of the way our employments. What was your employments of the way our employments of the way our employments of the way our employments. What was your employments of the way our employments of the way our employments. What was your employments of the way our employments of the way our engloyments. Are you receiving any personal way our rece	personal, or income, do you possess, and its gross value?
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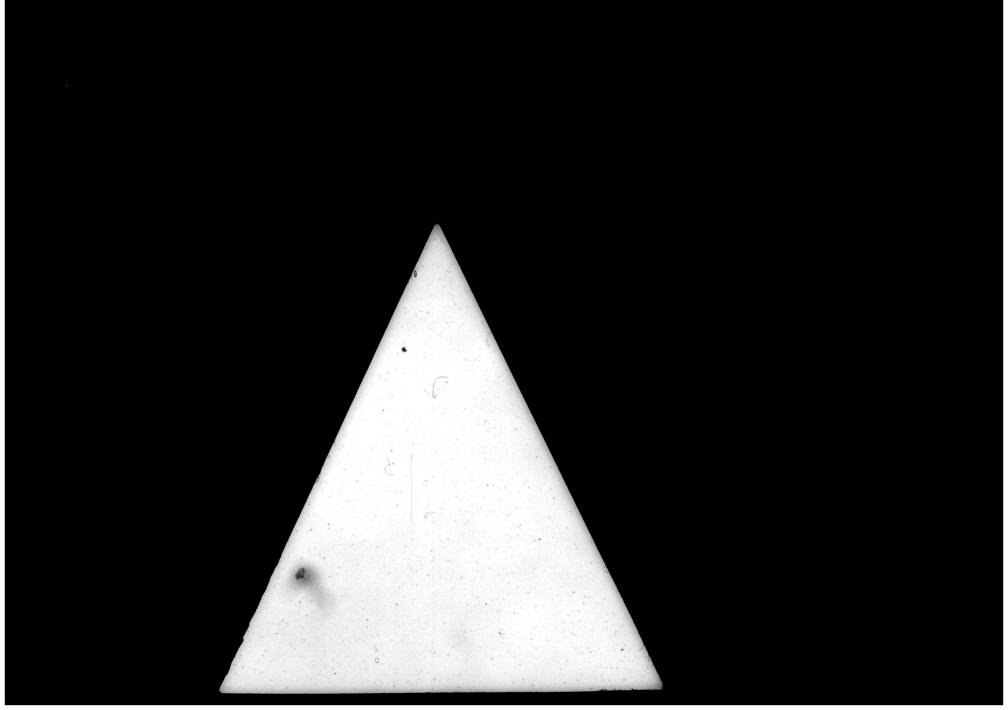
STATE OF GEORGIA,	
CONTRAGA COUNTY.	
A Strain of said State and County, having been presented	
0)11.4	
as a witness in support of the application of	
avenuene na follows:	
nuswers as follows:  1. What is your name and where do you reside?	u
Georgia	*
2. Are you acquainted with	
Over thicky Minio	
3. Where does he reside, and how long and since when has he been a resident of this State?	
4. When, where and in what company and regiment did he epliet, and how do you know?  Low 1861 October to a free state the Theorem to traffic to	1862
5. Were you a member of the same company and regiment?	
	20
6. How long did he perform regular military duty?	1
7. When and where was his command surrendered? The surent and Southernand	
- www. to Low tet language &	200
8. Were you present when it surrendered? Was Mustark out at swamah	u
9. Was applicant present? was forward	
10. If he was not present, where was he?	
When did he leave his command?	
1 The A. T. its Whather - its all a	
By what authority he let? Assume that the How do you know all of this?	
11. What property, effects or it come has the applicant? (Give your means of knowledge.)	
dont know	
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907,	
Lout Know	
and what disposition, if any, did he make of same? About Museum	
병원들의 회원들의 그렇게 보면 그렇게 살고 있었다면서 하지 않는데 이번 아이들의 살 전환을 생각하면 하는데 없는데 없었다면서 하는데 하는데 하는데 나를 하는데 하는데 그 그 그 그 그 그 그 그 그	
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?	
now much tillians	
14. What is the applicant's occupation and physical condition?	
any ocupation myself condition bad	
15. Is the applicant unable to support himself by labor of any sort; if so, why? It allowed	
of age and Disability	
	5
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?	
don't know	
17. What portion of his support for these four years was derived from his own labor or income?	
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under	
Section 1254, Code his thus and are disables from	
10 We copposes family? What property have they? Children's ages and their earning capacity?	
10 rigo copposed minity . There properly dent hereast	
The manufacture of the first of the communication o	
War 1	
20. What interest have you in the recovery of a pension by this applicant?	
Sworp to and subscribed before me, this the	
29 day of Decree 1908) Witness.	
got Johnston Ordinary. The is intitled	7
menogy ( Internal of the party 1908 - main	why

STATE OF GEORGIA, COUNTY.	11
Personally came before the language of	an a
of said County, who, being severally sworn, say on oath that the	y have examined carefully
such personal examination by that his precise physical condition  the as account; fire as any in  Lufurum with as unable to	Lage and berry
and is in our openions to	stally unable to
Um a support by his to	
and that we have no interest in said pension being allowed.	A Mark Alexandia
Sworn to and subscribed before me, this the	Gelbert Gennic
21 ag or Cung 300 8 5	March
John The life Ordinal	ry.
ODDINA DAMO CEL	TIPICATE
ORDINARY'S CER	RTIFICATE.
STATE OF GEORGIA,	
that the applicant Oliver N. How	Ordinary, in and for said County, hereby certification of the county, and he county of the county of
that the applicant Oliver N. How	resides in said County, and h
that the applicant Oliver State since The desired of the state of	lay of face 189.
that the applicant Oliver No Horas de resident of this State since the dead and that the witnesses vis.	resides in said County, and he day of 189.
that the applicant of this State since the add and that the witnesses via are of trustworthy character, and that their statements are entitled.	resides in said County, and he has of 189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.  189.
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that the applicant been a bona fide resident of this State since the day and that the witnesses, via are of trustworthy character, and that their statements are entitled. I further certify that before answering the foregoing que hereon prescribed, and that the full text of the affidavits we read I further certify that the tax digest of turned for taxation in his name in 1901	resides in said County, and he lay of
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2. Additional and arite 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.

C. D. PHILLIPS. MARIETTA, GA., July 24 1918 I lake pleasure in Stoting that of have Known Mr. Oliver n your the person applying for pension as an Aregent Soldier, & have Known her fork for over fifey Zears, he comes of an executant family of him always been on the dide of night of comment-living- He is a featler man and work at any honorable Calling for an bornat-living had he the Johnson ability to do on. In my gudgement he is an little to minh. He was and is a true con Inderate, He love the Donth, it's further it history a traditions, the aught not in his och age be Bent to the for house semply because he is fores, this bubli 600 Thieres h wrok. Delgist 10th I have Known It have the extingent Sma he was a toy 13 y min or 3 tenew to the family men in the Confeder alor servine, all his family more service. See history all he says of thrusty is there I that here were muchle to support him self & wetter 2 the M- Thillis · hensines aster

C. D. PHILLIPS, MARIETTA, GA., July 24 1918 I lake pleasure in Stoting that have Known Mr. Oliver n your the person applying for pension as an Aligant Soldier, & have Known her york for over fifey zears, he comes of an executant family of him always been on the side of night or comment-living- He is a feeled Calling for an bornat-living had he chi Johnseal ability 4 do on. In my gudgement he is entitled to minh. He was and is a true con Inderate, He love the Donth, it's further it history a traditions, the aught not in his och age be sent to the four house samply because he is fores, this buble h wrok. 600 Thicin Delgist 10th I have Known It mire this extiluent Sma he was a toy 13 y min or 3 tenen to the same in the Confeder alor servine, all his family the same show see history all he says of thrusty is there I that here new muchle to support him self & wetter 2 the Mr Millis · hensine aster



# No. WIDOW'S PENSION, Widow of County of Marketti iselfied 190. J. W. LINDSEY,

[SEAL]

Commissioner of Pensions.

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

STATE OF GEORGIA,

POWER

OF ATTORNEY.

### POWER OF ATTORNEY.

	COUNTY.					
I,					hereby	aut
	100000000000000000000000000000000000000		_ of			
			and server			
eceive and receipt for the pe	ension allowed and	request that he	remit same	to,		
eccive and receipt for the pe						
	at		by			
eccive and receipt for the pe	at		by			
	at		by			

## ACT DEC. 16, 1901. ACT DEC. 16, 1901. No. Wildow of Harmon State Prince, Allanda, 63. 1900. W. Harrison, State Prince, Allanda, 63.

### WIDOW'S AFFIDAVIT.

	& Unk
STATE OF GEORGIA,	Personally came Mrs. Suran Jork
COUNTY OF	who says on oath she is the
widow of J Jark	to whom, in the County of
Cubb State of	Swyin , she was married on the
4 4 1	18 49, that she remained his wife up to the
day of February 190 6	2, at which time he died, and that she has not since married.
	Cobb County, in said State of
At the time of his death he was a resident of	
1.00	pension roll of the State of Georgia, having been allowed
-4-0 0	unt of being a soldier in Company
Regiment, V	olunteers or State
What affliction have you and how does it affect yo	Wave Divis avegh
and general weat	cress from old age
	)a ~ T.
What have you been doing to earn a support since	1st of January, 1900?
What property or effects had you on 1st January, 19	900? hoshing long
	we you now? Withing, home
What have you acquired since, and what income ha	we you now?
What disposition have you made of any propert	y since 1st January, 1900, and at what price and or what
purpose? None	
and the second s	
The state of the s	000
Deponent further says that she is now a resident of	County, and has contin-
uously resided in the State of Georgia since the	day of 18
She applies for the pension provided by Act of the C	Feneral Assembly, approved December 18, 1901.
	$\sim$ 7.4
Sworn to and subscribed before me, this/	day of 1906
	The Swhey
	Cee Man
	Ordinary of County

APPIDATIT FOR THRUD HITMUDOUS.	
STATE OF GEORGIA, Personally came	
OUNTY OF COOK -   MEPhilips	and
, known to me to be reputable and truthful person, who a	ays
oath that from his own personal knowledge Mrs.	
no made the foregoing affidavit, is the widow of 222	
ho died in County and State of on	the
24 day of the last of last she has not since married; that she became	hia
fe on theday of18, and so remained up to the time of his dec	2057.65
ad that she has resided in this State continuously since the day of 18.27  The has affliction does she suffer?  The has affliction does she suffer?  The has been to the hour	J
hat property or income had she on 1st January, 1900?	
ow was she supported in 1900 and 1901?	
ma perilar	
Sworn to and subscribed before me, this 19 day of Before me, 190 6	
PHYSICIANS' AFFIDAVIT.	gia.
STATE OF GEORGIA, Personally came before me	
COUNTY OF COST	_
ad le J. W. Luc M. both of whom are known to me to be reput	able
nysicians, who say on oath that they personally know	
entioned in the foregoing affidavit, that she is permanently affilicted with (state disease and how it prevents	
arning a support) Deceptude, from old age, being	
seventy Lix years old, being the mother of	
seventy Ling years old, being the mother of ten children and is unable to earn any par	
severy Ling years old, being the mother of ten children and is unable to earn any part of a living from her own labor as ahe is	
seventy Ling years old, being the mother of ten children and is unable to earn any par	

Ordinary of...

County.

STATE OF GEORGIA,

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 has resided in the State of Georgia continuously since the day of 18, and has not lived out of the State since that date. I also certify that the witnesses, to wit:

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

In Witness Whareof, I have hereunto set my hand and affixed the seal of my office, this the day of 1906.

Ordinary.

S HEAL

### NOTES.

The Pension is only payable to those widows whose husbands were on Pension Roll at the time of death. The marriage must have existed at the time husband was a soldler, and the widow must have remained unmarried since the death of such husband. Date of marriage is sessential and must be submitted.

Proofs by one witness and two physicians will be accepted when it is shown that the same cannot be furnished, but nail cases the best proof accessible will be required, and it is incumbent on the applicant to make out a clear case covering the above points.

Affidavite must be made in presence of the Ordinary.

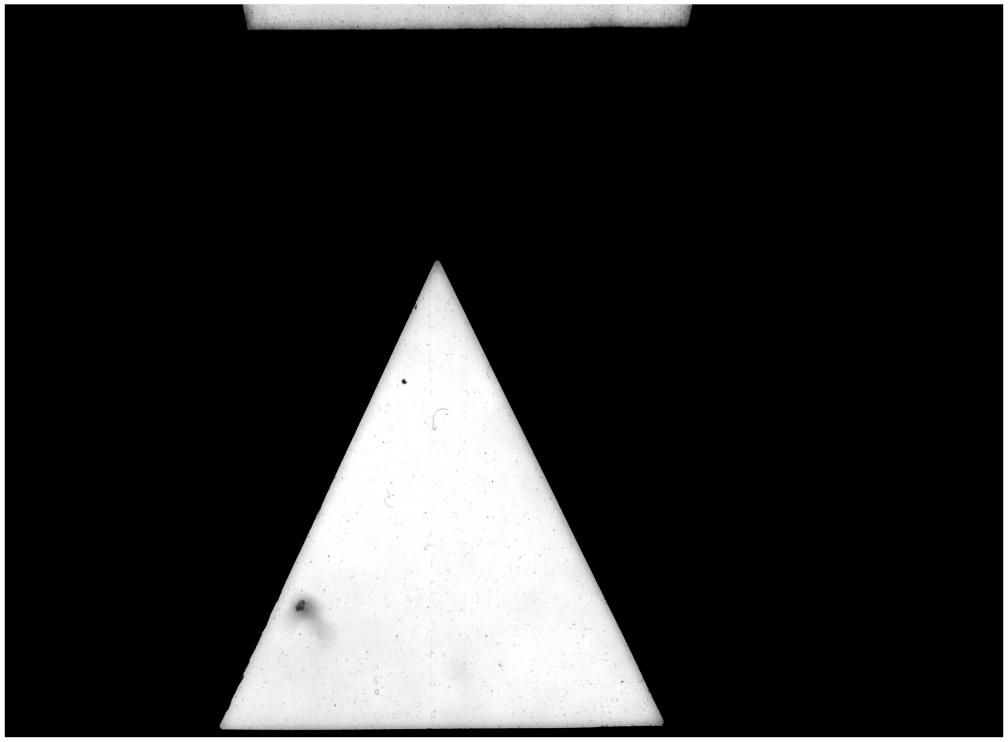
### POWER OF ATTORNEY.

STA	I, S	SEORGIA Substantia	n Ga	_Coun	f			, herel	y authori:	ze
to re	ceive and	receipt for	the pen			, and re	quest the	t he ren	iit same	to
day o	Exe	cess Where	resence o	1907		y hand a	and seal, t	his G	osla.	s.ĵ
To Those Heretofore Paid.	1907.	INDIGENT	VIDOW'S PENSION,	For year ending Dec. 31, 1907.	Mrs Sussen 4016	dow of 2 year	JOHN W. LINDSEY, Commissions of Pensions	WARRANT ISSUED	AND HANDED TO	GEO. W. HARRINGS, STATE PRINTER, ATLANTA,

### FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	PERSONALLY COMES MRS.
	on oath, that she is a bona fide resident of said County of
Coleo	State of Georgia, and that she has RESIDED in said State
continuously ever since	That she is the Widow of
	who was a soldier in Company
of the 7 4	Regiment of
Volounteers, that he collisted in said regime	
the day of day of	180 That he died on 1906,
	and the same of th
age of the	nexaf
<u> </u>	
	Γ
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 s	since his death aforesaid, and that she became his wife in
the year 1849.	1 1 1
I have been allowed an Indigent pen	sion as a resident of
	and now apply for the pension provided by law for the
year ending December 31, 1907.	
Sworn to and subscribed before	me)
(/	I DILLANDING
this day of 19	
Muy hour , Ordina	ry.   Post Office
S (C	John Awtray
State of Georgia.	Ordinary of said County, certify that I am well
Cour	1.
acquainted with Mrs Susan	, who made the desired
	are true, and I know she is the individual she represents
herself to be, and that she has continuous	y resided in this State since the
day of18	
Given under my official signature a	nd seal, this the day of 1907.
COMPANY OF THE PARTY OF THE PAR	John Dwhey
{Official   Seal }	Ordinary of Coth County.

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



# POWER OF ATTORNEY, "" NOTE OF

## STATE OF GEORGIA.

	-
	That
	Presents
	these
	no py
	all Men
C - 10 10 10 10 10 10 10 10 10 10 10 10 10	Know a

County, in said State, do hereby appoint.

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

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

day of

189

Executed in the presence of us:

If allowed, send amount by

me at

and oblige,

Mo. 2867

891

Ones Aunie & Grung

\$100.00.

Warrant Issued

AND HANDED TO

1891

Warrant Issued

थिं.

### Affidavit to be Made by the Widow.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary County of leoff in and for the County of lea bh Mrs. Annie Le Bring , who being sworn according to law, says under oath that she is the widow of James Bung the service of the Confederate States, and served as a member of Company Send It Regiment of The Ed Volunteers; that he enlisted in said service on or about the lean bedeath Army up to 1862 That while in the Army, he was on the or about the I day of Sept-1862. (See Note No. 1) be emphasted Typhoid fever caused by exposure and at trankfuch Kentisky on the 27th day of Sept 1862 died from said disease Conhacht or above Depound Knows of her own Knowledge that her husband James hing intested is Co & , > - Rugh Hunda balunting & from office al separts & letters from Commander of french that he was fronthe his common I in the Confederal army to de Go Back combould in I that he died of In phaid time at frantist to Kentucky - Hich a slab will his how of fine to Co & y a flow las boundery CS & marky his grace at Frank fact a block much for is the want Married in mariella 40. when the sixide I afterward seen and herter her how board James money to Havida where he substed in the Compedente army 1862 she between to her for mechanicin that about Mariette Coth to Grayer & has sensind how Cuntingonly wer Sines 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 30 th day of Lune 1857, and that she has resided in Georgia continuously since the day of Summer \$18.62; 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

Sworn to and subscribed before me, this, the Anie E. Young day of Wine 1891.

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.

15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

DIRECTIONS.

If allowed, send amount by

and oblige,

A.to

Widows Pension

Widows Pension

Widows Pension

Warrant Issued

1891

### Affidavit to be Made by the Widow. For

STATE OF GEORGIA. In person came before me, the undersigned Ordinary County of least in and for the County of Leable Mrs. Annie Le Bring , who being sworn according to law, says under oath that she is the widow of James Bung the service of the Confederate States, and served as a member of Company Send It Regiment of The in Volunteers; that he enlisted in said service on or about the lean bedeat - Army up to 1862 That while in the Army, he was on the or about the I day of Sept-1862. (See Note No. 1) the contracted Tophnid fever caused by expression and at trankfuch Kentisky on the 27th day of Sept 1862 died from said disease Conhacht, as about Depound Knows of her own Knowledge that her husband James hing intested is Co & , the Rock Hunda balunting & from office al schools & letters from Commander of friends that he was frith his common I in the confederale aring to de G. Back embands in I that he died of In phail time at frantist tention of the a slab will his house fair of Co & y in Alvida Domitery ES & marky his grace at Frank fact . Defound to is the want Married in Mariella & o. when the sixide I - offiction of seen and herter her how board James burney to fluida where he substed in the Combedont army 1862 she between to her for mechanicin shal about Mariette Coth to Grayer & has sensind how Cuntingerly werdings 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 30 th day of Lune 1857, and that she has resided in Georgia continuously since the day of Summer \$18.62; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the day of And 1891. Service E. Journe.

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.

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### Affidavit for Three Witnesses

STATE OF GEORGIA

In person came before me, the undersigned Ordinary

County of Alvelium in and for said County, witnesses 180 Deuton and & A Wieness and Lames Doig

(each known to said Attesting Officer as truthful,

reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, , of the County of looks Mrs. Aunie & Garny

State of Georgia, is the widow of James June Company "y of the "y" Regiment of Fluida That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or

day of Shal 1862 That while in said service, or by

reason of said service in the Army, he lost his life as follows: Which said fance hung

while with his cum mant in the Confederater States are us, Excumanded by Gard Brage in what is Known as the Kuchecky

Campaign, cuchached Typlaid fence and from the aleace do can hack t while in the army, died at Frank fort Kuchicky

and then there builds

We further swear that Mrs. Aurice & Munic soldier during the service, and that she has not intermarried since his death, and that she resides in loss a County of the State of Georgia, as wee her infarmed the level

Sworn to and subscribed before me, this, the

9th day of May 1891.

Clerk arcun Court Alachua County Luida

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

STATE OF CHANGE

Intarcie Cent Cirland and County of Alaskur in and for said County of Alaskura

State of Georgia, hereby certify that I am acquainted with Mrs.

nted 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.) Fam 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

9th day of May

Harlisle

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

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

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

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

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

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

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

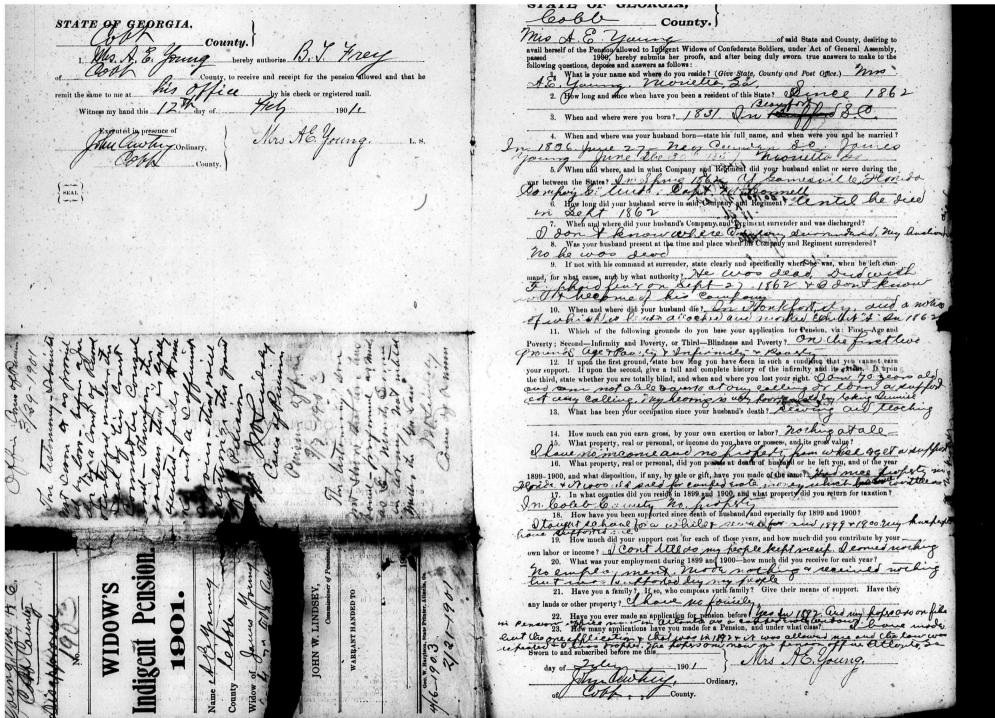
If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary and testify. The attestation of a Justice of the Peace or Notary will not answer.

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,



STATE OF GEORGIA,	Thy sically able to worker 1
County.	27. How was she supported for 1899 and 1900? By her Sisters
nus O. O Boken of said State and County, having	28. How much did applicant contribute to her support for last two years? hothing
been presented as a witness in support of the Application of Mrs. A.S. Yaung	29 Give a full and complete statement of applicant's physical condition?
for a Pension under the Act of 1900, and after having been duly worn true answers to make to the	She getting way als feel and pratable to so any or
	She will be the state of the state of the state of the
following questions, deposes and answers as follows:  1. What is your name and where do you reside? Muss O. O. Golder	to game 30 What interest here you in the recovery of this pension by the applicant?
	Sworn to and subscribed before me this
2. Are you acquainted with the applicant, Mrs. a & January	
If so, how long have you known her? all my life	
3. Where does she reside, and how long and since when has she been a resident of this State?	your Cherry, Ordinary,
Monetto bed. Derice 1862.	County.) Witnesses.
a W	
6. Where did he reside in 1861? Of Horfida 7. When and to whom was he married? This activite & Trenholms—	Affidavits of Physicians.
7. When and to whom was he married Miss acure & Irenholm -	보다 보는 성격이 하다면 19일본 1일
8. When and where was he born? If the Requirem to the warmen	STATE OF GEORGIA,
9. How long have you known him 2	Com country on MI
the States, and in what Company of Regiment did he enlist and how do you know this?	
in Florido leut dont know the Company	Posephally before me comes that we will both known to me to be reputable
11. Were you a member of the same Company and Regiment?	physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mra
	such personal examination say that her physical condition is this
12. How long did he perform regular military duty? Dong know	The is wetern and
13. When and where was his Company and Regiment surrendered and discharged from service?	fuble from age and is made & de suffi-
Doorst Associated and the company and regiment surrelated and discharged from ectives.	Variet labor To Earn a support
14. Were you with the command when it surrendered?	and we have no interest in said pension if allowed.
15 Was Ourilo Delly the husband of applicant present?	and the state of t
no the (O sout chego mo mid) mirroung un	day of they 190/ 190/
16. If not present, where was he? He was see & promulely e	Thul Geotter Brilliary, & Jeff mix
16. If not present, where was he? And Ward River of the surface of	// // // // // // // // // // // // //
For what cause?	County.
By whose authority he left?  How do you know all this? (State fully and clearly.)	ORDINARY'S CERTIFICATE.
now do you know an time. (State turn) and creatly.)	STATE OF GEORGIA,
нем симентинический принципальный данный министиний принципальный принци	1.01
18. When and where did foured for die?	County.)
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?	I, Ordinary in and for said county, hereby
I Writ live to get level 5 Bergin	certify that the applicant, Mrs. A C resides in said
20. Do you of your own knowledge know that applicant is the lawful widow of June	county, and has been a bona fide resident of this tax sinceday of
your tyes	of trustworthy character, and that their statement
· 21. Has she remained unmarried since her soldier hugband's death, and is now his widow?	are entitled to full faith and credit
and is now his widow-	I do further certify that before questions, the applicant and said witnesses before the same can be rein prescribed, and the full to the applicant and witnesses before the same
22. What property, effects or income has the applicant, if any and how do you know this of your own knowledge?	and signal and subscribed.
with me and hear out for a multipy was	I further certify that the tar
23. What property, effects or income did applicant possess in 199 and 1900 and what disposition did she	returned for talaction in net own the
make of it? Two re-	of property, and in 1900 dollars worth of property.  Witness my hand and official day of the property day of the property.
	The awher ordinary
24. Has applicant conveyed any property in last two years or given any away, if so what was it and to	SEAL
whom? 700,	County
25. What is applicant's physical condition and her chances and ability to earn a support? West hay a	Norse—1. Before any questions are a words: "You do solemn! and the evidence you sha and the evidence you sha 2. Additional affidavits may 3. All affidavits must be made as a special space are insufficient.  3. All affidavits must be made a space are insufficient.
cal Condition is had not other to let	2. Additional affidavits may
a support at any worker earling, she tough	
alloal as long as she was able they swow!	widows. Those married a pril, 1865, not entitled.  5
1 A a st of Cooks Da Gay House	

STATE OF GEORGIA,	71. 12
	County.
	avail herself of the pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed December 19, 1900, hereby submits her proofs, and after being duly sworn true
I,hereby authorize	
of County to receive and receipt for the pension allowed	answers to make to the following questions, deposed of (Give State, County and Postoffice)  What is your name and where do you reside? (Give State, County and Postoffice)
and that he remit the same to me atby his check or registered mail.	How long and since when have you been a resident of this State?
Witness my hand thisday of190	Resident 48 yrs since 1857 and several yes prior to marriage 1854
	3. When and where were you born?  Some Unit 8851 UN Recompany Some Some Unit of the Some Un
Executed in presence of	to the terminant transplant to account your bland have been deed to be the terminant t
Ordinary, L. S.	Janus Grand Merriage license in the state of the first frame of the first frame of the state of
County	in Comp & Capt & & Me Connell of Dealer Ith Reg Florida Vol
County. J	6. How long did your husband serve in said Company and Regiment?
	Vi lawed with this death last the Vall of 1862
[SEAL]	7. When and where did your husband's Company and Regiment surrender and was distinated.
	8. Was your husband present at the time and place when his Company and Regiment surren-
	dered?
	command, log what cause, and by what authority? Seft-Command when to ill to
	Serve longer
	the Vall of 1862 in the city of
	When and where did your husband die? in the fall of 1862 in the City of
	11. Which of the following though do you base your application for pension, viz: First-Age
A STATE OF THE PARTY OF THE PAR	and Poverty; Second-Infirmity and Poverty, or Third-Blindness and Poverty? On the ground
	12. If promythe first ground, state how long/you have been in such a condition that you cannot
	12. If you the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the chird, state whether you are totally blind, and when and where you lost your sight?
	Not until recently, from hemorrhage
	N. T. Janes
	13. What has been your occupation since your husband's death? Jeaching, Sewing
	14. How much can you earn gross, by your own exertion or labor?
	15. What property, real or personal, or income do you have or possess, and its gross value?
	times a New to mothing at present, No property real or newsmal
	16. What property, real or personal, did you possess at death of husband or he left you, and of the years 1905, 1906, 1907 and 1908, and what disposition, if any, by sale or gift have you made of the same?
	Some land, negrots, stock to all sold at his death for bow many except
	Latte to this small tract of and which had tobe sold
	18. How have you been supported since death of husband, and especially for 1905, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 1906, 190
	and 1908? Civing with relatives and Serving when I could 19. How much did your support cost for each of those yours, and how much did you contribute,
	by your own labor or income & do not hemember, did not keek accessal, but little 20. What was your employment during 1905, 1906, 1907 and 1908—how much did you receive
Z	for each year? Employment as above Stated, when aste
	7. •
	21. Have you a family? If so, who composes such family? Give their means of support? Have to they any lands or other property? A son, ile has a wife to the little and lands or other property?
	they any lands or other property? Land the transfer of the same application for pension before?
3 2 8 3 3 3	25 The same and leasting have you made for a pension, and under what class? 13 Carred 1st applies
15 15 15 15 15 15 15 15 15 15 15 15 15 1	in the last year of Gove Northerns term he gave me a pension as lan evidge next
WEDWIN	in the last year of gor electhers term he gave me a fension as lan widge fresh from the last year of gor electhers term he gave me a fension as fension since Sworn to and subscribed before me, this the
THE SHIP IN THE STATE OF THE ST	day of they a 1981. Church of growing
	Of County.
	of

### QUESTIONS FOR WITHESSES.

STAT	E OF GEORGIA,					
	County,					
	of said State and County, having					
for a Pe	been present as a witness in support of the application of Mrs					
2.	Are you acquainted with the applicant, Mrs.					
	long have you known her?					
3.	Where does she reside, and how long since when has she been a resident of this Stafe?					
. 4.	When and where was she born?					
5.	Were you ever acquainted with her husband?					
6.	Where did she reside in 1861?					
7.	When and to whom was he married?					
8.	When and where was he born?					
9.	How long have you known him?					
10.	When and where didenlist in the war between					
the State	es, and in what Company and Regiment did he enlist, and how do you know this?					
. 11.	Were you a member of the same Company and Regiment?					
12.	How long did he perform regular military duty?					
13.	When and where was his Company and Regiment surrendered and discharged from service?					
14.	Were you with the Command when it surrendered?					
	Wasthe husband of applicant present?					
16.	If not present, where was he?					
17.	When and where did he leave his Command?					
For wha	t cause?					
By whos	e authority he left?					
How do	you know all this? (State fully and clearly.)					
	When and where did					
	When and where did					
19.	Where did he reside at his death and how long had he been a resident of Georgia at his death?					
20.	Do you of your own knowledge know that applicant is the lawful widow of					
	Has she remained unmarried since her soldier husband's death, and is now his widow?					
22.	What property, effects or income has the applicant, if any, and how do you know this of your					
	What property, effects or income did applicant possess in 1905, 1906, 1907 and 1908, and what on did she make of it?					
	Has applicant conveyed any property in last two years or given any away, if so, what was it,					
24. and to w	hom?					
25.	What is applicant's physical condition and her chances and ability to earn a support?					

· · · · · · · · · · · · · · · · · · ·	
'27. How was she supported for 1905, 1906, 1907 a	nd 1908?
28. How much did applicant contribute to her su	
(B. S. C. B. C. B.	[HERNING MANAGEMENT OF THE PROPERTY OF THE PR
29. Give a full and complete statement of applica	nt a physical condition factorists
	***************************************
30. What interest have you in the recovery of th	is pension by the applicantr
d	
Sworn to and subscribed before me this	
day of	<u> </u>
Ordinary,	
County.	Witnesses.
	DIWEIGIANG
AFFIDAVITS OF	PHYSICIANS.
STATE OF GEORGIA,	
Color County.	
C. Hiller	, , ,
physicians of said County, who, being severally sworn	say on oath that they have examined carefully
Mrs. auic & Coung ap	plicant for a pension under Act of 1900, and after
such personal examination say that her physical condition	on is this
Is offetted with th	rouse Brouchitis, with
Constant Cough and Exp	eloration. Her assissas
physical condition is a	reak, and she unable
to do any labor	
and we have no interest in said pension if allowed.	
Sworn to and subscribed before me this	0
lay of Heles 1960	& D. Malone m. D.
mill of	1. D. Mason M. W.
Ordinary,	mass 16 . 16 9. 5
County.	om 1 ampmn
ORDINARY'S CE	RTIFICATE
	KINICATA
STATE OF GEORGIA.	The state of the s
County.	
m year	Ordinary, in and for said County, hereby certify
June 6	resides in said County,
hat the applicant, Mrs.	1 114 7 6 6 1
8, and that the witnesses, Mr	7
	of trustworthy character, and that their state-
gents are entitled to full faith and credit.	of trustworthy character, and that their state
I do further certify that before answering the forego	oing questions, the applicant and said witnesses
esses before the same was signed and subscribed.	e amazvia was read to the approach and you
nents are entitled to full faith and credit.  I do further certify that before answering the foregook the oath herein prescribed, and the full text of the esses before the same was signed and subscribed.  I further certify that the tax digest of	County shows that applicant
eturned for taxation in her own name in 1905	worth or property,
nd in 1906	dollars worth of property,
1907	dollars worth of property,
nd in 1908	dollars worth of property.
Witness my hand and official seal thisday	YMM -
	ordinary,
	and swear applicant and the witnesses in the following answers make to each of the questions asked of you, truth; so help you God.' truth; so help you God.' truth; so help you God.' and swhite they were solders need apply—and are now and swhite they were solders need apply—and are now any to make out claims.  are to make out claims.  are, or show why it cannot be obtained.
OTES-1. Before any questions are answered, the Ordinary st words: "You do solemnly swear that you will true	answers make to each of the questions asked of you,
and the evidence you shall give will be the whole 2. Additional affidavits may be attached, if blank spr	truth; so delp you dod.
<ol> <li>All affidevits must be made before Ordinary.</li> <li>Only widows who were the wives of the dead hust</li> </ol>	ands while they were soldiers need apply-and are now
widows. Those married since the 9th of April, 1865	i, not entitled. ary to make out claims.
6. Attach certified copy of marriage license in every c	ase, or show why it cannot be obtained.

STATE OF FLORIDA. MARION COUNTY.

Before me, the undersigned authority, personally appeared J. S. Weathers who being sworn deposes and says, that he was a member of Company "G" of the 7th Florida Regiment and that he was personally acquainted with James Young the late husband of ik Mrs Annie B. Young, and that the said James Young was a member of the said Company "G" of the 7th Florida Regiment.

Sworn to and subscribed be fore me this the 10th day of July, 1907.

A. Thistauric Clerk Circuit Court,

By Ad Talmer D.C.

9.8 Menthory

State of Florida Fory County Before me the undersigned A.M. Arms tron authority, dersonally come D. M. arms trong who being sworn deposes very . That he was a member Company "H" of 7th Florida Regiment, That he was acquainted with James James, who enlisted so an mem her of Campany "I" Same Regiment, at Jamesville Florida in 1862, That the said James Jung serned with said Company & Regiment & that he died in the City of Frank fort, Shy- while in the sever of the

DeMetronstrong Lenly Subscribed in my presence this 7th day of tebruary 1910 Frank & Crawford Notary Public, State of Florida. My commission expires June 8, 1912

USE SOUTHARD'S CODE.

ALL AGREEMENTS ARE CONTINGENT UPON ACCIDENTS AND OTHER DELAYS BEYOND OUR CONTROL.

(INCORPORATED)

LOCATIONS ON A.C.L. & S.A.L.RY.
SHIPPING PORTS, JACKSONVILLE & FERNANDINA

Montbrook. Ha Jany 25th 1900

Mrs Amie & James -Kirkwood, Ga

Lear Madam: I hig to advise you as a member of hnew James James, who enlisted in Company " " in James willed alachua Caruty Fla. in 1862. That I know he seved Honerably as a newlin Car "g" of that he died while in service in the City of Frankfort, Shy- Our Jampany was in That City at the title of his death -I know all the details as well as if swas a member of his formpany, & will be willing & shall be mon than glad to help you if I can, with an afficient along the lines abon statet - If you will send me the fapors, on will swear to reign them. Debring & Neathers, of Le Ray, Ha, Newry P. Mattain of twilliston, Fla + John Mattair of The Regt - Very Truly Junstrong Fort again, than, are surviving members of

First Baptist Church, Frankfort, Ky. w. o. taylon. - paston.

FRANKFORT KY .- APRIL - 1. . 189 .

MY DEAR MRS. -YOUNG.

AFTER MUCH UNAVOIDABLE DELAY I AM AT LAST ABLE TO ANSWER YOUR LETTER OF MARCH 17TH. I WENT TODAY AND FOUND YOUR HUSBANDS GRAVE, AMONG THOSE OF OTHER CONFEDERATE SOLDIERS, IN A BEAUTY-TIPUL PART OF OUR CITY CEMETERY. THESE GRAVES ARE KEPT IN THE NEATEST STYLE POSSIBLE AND ARE CAREFULLY TENDED BY THE LADIES OF OUR CITY. A SOLDIERS MONUMENT, NOW IN PREPARATION IN TALY, WILL SOON STAND IN THE CENTER OF THE SPOT MAKING IT ONE OF THE MOST BEUTIFUL ANDMOST CONSPICUOUS PORTIONS OF THE ENTIRE CEMTERY. AT THE HEAD OF YOUR HUSBANDS GRAVE IS A MARBLE HEADSTONE WITH THESE WORDS PLAINLY CARVED. J.YOUNG, 7TH.FLA.INF. BELOW THE LETTERING IS THE SOUTHERN CROSS AND STARS. THE BASEOF THE NEW MONUMENT IS NOW INPLACEAND IS WITHINAFEW FE T ON YOUR HUSBANDS

MRS. MONTGOMERYAND OTHERS REMEMB R M. YOUNG WELL, HE IS
REMEMB R D AS A KIND COURTEOUS GENTLEMAN WHOM THEY ALL IKED.
HE DIED AT HER HOUSE IN SEPTEMBER 1862, BUT THE DAY OF THE MONH
SHE COULD NOT TELL. HE DIED OF TYPHOID FEVER AND WAS SICK THREE

NOW IF ANY OTHER FACTS ARE NEDED I SUPPOSE THEY CAN BE SECUR DE L'UNANT MAY I CAN, AND HOPE YOU WILL FELL AT LIBERTY TO CALL ON ME FOR ANY SERVICE THAT MAY BE ABLE TO BINDER.

I MAY ADD THAT MRS. MONTGOMERY SAID THAT MR. TOUNG HAD A SERVANT WITH HIM TO WHOM SHE GAVE A LOCK OF YOUR HUSBANDS HAIR TO BE PRES NIED TO YOU SHOULD THE SERVANT EVER M. T. TOU AGAIN. HOPING THAT YOU MAY SUCCEED, IN SECURING THE P. NEION TAM. YOURS: INCERELY,

He Tay la

Letter from bapt Mc Connell to my Mother telling of my husbands death James Young 4th Reg Horida Volunteers Comp G. Houng.

Champ chan sources sting My October 7 d 1862 m Sunblue Madain . It becomes my Champel duty to inform you of The deal of the Lames Young of Marion Co Fla, a member of my Company: She dies on the imming of the sytach at Frankfish at the house of Mr. Montgomery, from whom he received every attention - whis diesass was Typhoid firer from which he sufficed for the weeks. She received the best medical and that the city could afford,

form many kind friends

Mother tetting of my husbands death fames young yth Reg Horida Voluntiers Comfr G. H. Young.

his constitution was so much iscalined by the foligning much of the Ryt acres the immutants, that he somes not rully under The disease - Ash Keering Mor Voring address I worto this letter to you so that your may communicate to her the melancholy intellegence I would have written at an eacher day, but entil now have had my means of sinding off a letter. Mr Yangs servant, is with me. I will take can of him until I can safely send him; homes when I will do Rs. With much uspect Samon Wilounder Capt- 7 thy Few orle

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FLORIDA LEVY COUNTY

Before me, A Notary Public personally appeared D.M.Armstrong, Before me, A Notary Public personally appeared D.M.Armstrong, well known to me, who being duly sworn deposes and says, that Company "(7th, Florida Regiment was organized on the 8th, day of March 1862, and that the Company, together with Companies "H" and "I" went to Smyrna, the the Company together with Companies "H" and "I" went to Smyrna, that the Companies is unloading a cargo of goods, after the served some two or three weeks in unloading a cargo of goods, after which all the above named Companies returned to Gainesville, Florida and remmained in Camp at that point until they were sent to Tennessee and Kentucky.

He further states that to the best of his knowledge and belief, that
James Young was a member of, and did accompany Company "G" on its trip to

Smyrna, Florida.

signed IM Arms Arop

Sworn to and subscribed in my presence the 18th, day of Feby. 1910-Vneuh O meller.

> Notary Public, State of Florida. My commission expires June 8, 1912.

> > Mrs Annie &

first Baptist Church, Frankfort, Ku. W. O. TAYLOR. . PASTOR.

FRANKFORT KY. APRIL 1. 189 .

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HOPING THAT YOU MAY SUCCEED IN SECURING THE PUNSION I AM

YOURS SINCERELY,

Mesayla

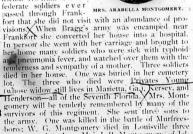
### SEVEN ABSENT ONES

Young County Camp, No. 127, U. C. V., May 5. 1000: "We are again called upon to note the absent ones of Young County Camp. Since the last Memorial Day seven are missing. They have gone from among us, and are now camping upon the eternal shores. Comrade T. A. Wright did service in Company B. Second Missouri Regiment; J. H. Randolph, in Company !, Fourteenth Tennessee Regiment ; Maj. John T. Sibley served on Gen. Stephen D. Lee's staff: A. C. Gilmore, in Company C. Coffee's Regiment; Capt. E. V. Butler commanded Company B. Andersen's Regiment: J. H. Picket was & member of the Crescent Regiment, Louisiana; A. G. Woods was a member of Col. Overton's Regiment, of Texas. These comrades' names are not found on the pages of our country's history, but they have written the names of their leaders in letters of immortality; and while love of home and country shall occupy a place in the human breast the chivalry of the Southern soldier will be remembered and cherished."

### MRS. ARABELLA H. MONIGOMERY.

This remarkable woman was born near Lexington. Ky., March 28, 1812. She spent most of her life in Frankfort, and was known during the war as "the

worst Rebel in the city. Time and old age and failing health did not reconstruct her. During the war her home was Confederate headquarters, and it was often searched for Rebel soldiers. In those trying days, when loyalty to principle cost something. she gladly sacrificed her time, property, and family for the Confederacy. Soldiers always found her home a safe réfuge and her a sympathetic friend. No train of Con-



years ago; the others, Maj. J. B. Montgomery, of Jel-

not only a veteran of the Confederate army, but did lico, Tenn., and F.-G. Montgomery, of Covington, service in the United States army in the Mexican war, who was a child during the war, still live. Mrs. Montgomery died January 27, 1900. She was a loving mother, a loval friend, and a consecrated Christian.

### MAL SOLON A. DURHAM.

Camp Main, of Marion, S. C., has lost one of its most active members in the death of Maj. Solon A. Durham, who was Commander from its organization, and who died at his home in Marion on the first day of August, 1899. Comrade Durham enlisted in Roberts's Guards, Hatch's Battahon, as first lieutenant, and was elected captain of Company H. Twenty-Third South Carolina Regiment, Evans's Brigade, and was afterwards promoted to the rank of major for conspicuous gallantry in the service of the Confederacy, receiving a severe wound, which he bore to the grave. at or near Goldsboro, N. C., while gallantly leading his command. He was one of the "boys in gray" who helped to make the Confederate soldier famous throughout the world for chivalry, endurance, and courageous action in times of war and peace. His record is a brave soldier, a devoted husband, an indulgent father, à true friend, an honest man.



CAPT. F. Y. DABNEY, C. S. A. A sketch of Capt. Dabney was published in the May VETERAN, p.230.

W. H. MORROW. William Hamilton Morrow was born-near Charlestown, Va., November 1, 1837, where he was reared and lived with his parents until he was nineteen. He was educated at Charlestown Academy and at the Agricultural Institute at Aldie, Va. In 1856 he went to Missouri, and engaged in teaching school for a time. He was admitted to the bar at Louisiana, Mo., in 1860. In 1861 he returned to Charlestown, W. Va., where he enlisted in the Twelfth Regiment, Virginia Cavalry, and served during the war. He was promoted through all the various grades from private up to major of his regiment. He participated in many battles, some of which were Bull Run, Winchester, Manassas June-

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fort that she did not visit with an abundance of provisions. When Bragg's army was encamped near Frankfort she converted her house into a hospital. n person she went with her carriage and brought to home many soldiers who were sick with typhoid and pneumonia fever, and watched over them with the tenderness and sympathy of a mother. Three soldiers tenderness and sympathy of a mother. Infree soldiers died in her house. One was buried in her cemetery lot. The three who died were Privates Young (whose widow still lives in Marietta, Gra), Kersey, and Fenderson—all of the Seventh Florida, Mrs. Montgomery will be tenderly remembered by many of the survivors of this regiment. She sent three sons to the army. One was killed in the battle of Murfreesboro; W. G. Montgomery died in Louisville three years ago; the others, Maj. J. B. Montgomery, of Jel-

not only a veteran of the Confederate army, but did-service in the United States army in the Mexican war, who was a child during the war, still live. Mrs. Montgomery died January 27, 1900. She was a loving mother, a loval friend, and a consecrated Christian.

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When Dr. Whistler reached the Chesapeake he unexpectedly met an old friend from Maryland, who was expectedly met an out friend from suryland, who was a captain in the Confederate army, who had lost a leg at the battle of Sharpsburg, and while in prison had been supplied with a steel one of most ingenious de-vice. When exchanged he returned to the army, and his steel leg became so rusty that it did not work satisfactorily, and he was slipping through the lines to Philadelphia to get a new leg from the original måker. They secured a canoe and lay under cover in a creek on the Virginia side all day. Then on a black and stormy night, in the canoe—thirty feet long, rigged with leg-o'-mutton sails, and steered by a paddlethey made their way across the bay, passing near the stern of a gunboat which was on guard. After many narrow escapes from vigilant enrolling officers who were trying to enforce the draft law, the two Confederates reached Philadelphia, and the captain went no farther. Dr. Whistler proceeded to New York. Changing his name slightly, he sailed on the City of Manchester (Inman Line), arrived in Liverpool, delivered his dispatches to the Confederate agent, and hastened to join his mother and brother in London.

A week later news of the surrender of Gen. Lee at Appointation reached Dr. Whistler. He joined his elder brother in Russia, but after a year of wandering in that and other countries he took up his abode in Paris, and went to work in the hospitals and schools of medicine in that city. Finally he established himself in London, where for thirty years and more he was, so busy with private practice and hospital and other public work that he never found time to revisit America, which he longed to do. He began work in London at St. George's Hospital. He aided in founding the London Throat Hospital, of which he was senior physician as long as he lived.

Dr. Whistler first married Miss Ida King, a charming young woman of Georgia, who lived but a short time. More than twenty years ago he married a lovely Greek lady, at that time a resident of London. She survives him.

James McNeill Whistler, perhaps the most celebrated artist of the world, is a brother of the deceased. One of his most noted paintings is a portrait of his

mother (who died some years ago in the Isle of Wight) in the Luxemburg Gallery, in Paris, in which city he has a studio, as well as one in London.

### DR. J. H. JENNINGS.

Another hero veteran has gone to join the host of Confederate veterans that has gone before. Dr. Joseph H. Jennings, the subject of this Sketch, was born in Edgefield County, S. C., December 11, 1823, only a few miles from where he died, March 23, 1900, in his seventy-seventh vet.

At the beginning of the great war Dr. Jennings was a member of the South Carolina Legislature, from Edgefield Commy. When his State passed the ordinance of secession he tendered his services to Goy. Pickens, who appointed him on his staff, where he served until South Carolina troops went to Virginia.



DR. J. H. JENNINGS.

Dr. Jennings went with them, and served as aid to Gen. Bonham. When the Nineteenth South Carolina Volunteers were organized Dr. Jennings volunteered in that regiment, and was elected surgeon. After some months he was promoted to surgeon of Gen. Manigault's Brigade, of Hindman's Division, where he served until the surrender.

After the war Dr. Jennings returned to his old home in Edgefield County, S. C., and went to work to rebuild his shattered fortune. He was actively devoted to his profession and to his planting interests up to the time of his death. He was Surgeon of Camp Jim Tilman, No. 741, U. C. V.

### H. M. EDERINGTON.

H. M. Ederington died at his home, two miles southeast of Warren, Ark., Tuesday, April 10, 1900, in the seventy-ninth year of his age. The deceased was a native of Kentucky, but settled in this county in 1853, where he has made his home continuously since. He was a successful farmer and business man. He was

State of Bla : Before me Goo A Willis a Leay County 3 notary Public in and for the State of Florida at Large. County marion Offere one, a bolay Public personally came It Smith who whom being duly swarn daposes and says. That he in and for the country afore was a member of Co 9 7th Ala Regt. - Laid personally appeared Affor White with on Confederate Volunteus: Fall ADM Connell outh States that he was a member of Capt & & Mer Comanding. That one James forming Louncelles Compa G" Seventhe Reg of Florida Volunteers of alachun County Honda decaded Condederate States aring. That he knew James. ivas also a member of said Company That said Company of was organised Choung of Hachera County and that Said James ax Jainesville Glorida in the early Courage misted in Said Comp 4 at Gainesville Ha spring of 1862 and was stationed! Live April 1862; and remained in the army until with the yes hea Righ Confederate rol. his death at Frankfort henticky diring the time at Camp Dennegan was Jacksonville his regiment was there. Said James John Contract-Morida after its organization wintel The monet of June 1862 at which ed typhoid fever of which he died while in the line ordered to Termiser and become of his duty in the Said army. He was taken from the hospital by Mrs Arabella Ho. Montgomery to her a part of the Western army under home in the Said Cely of Frankfort, where after an the Command of General Kliby Smith, thiness of three weeks he died Sept 27th 1862 and That said farmes young aforesaid while non- lies buried in the Confederate Cernetery of the on the march during the month of Aug Snow to and Inhacited to-before me this 9th day of June as above City. which said fever, he died at the home of one mis Montgomery at Frankfort Kintucky some Time during the month of Sept of vaid year 1862 that deponent Together with William Standly John Clark 607. Walinnan and other members of said Cols Overs Notary Public oforesaid were detailed to bury the dead body of said James young oforceaid which phice dead

was burned at Frankfort Kentucky by defont and & their Sevora to and subscribe Morion County ? beford me this bor day Lew or Hillis I & I Sutruik Blok of a Notary Public fill Smith court of record do herely Certify State Maat Karge that Af while is worthy of fage choracterard his statement on worthy of file faith and credit This morele vote, 1902 22 distrems Cleric lot let Marion lo Ila By 16 6 Sistrum 606

State of Handa foury of marion 88.8. Before me, Richard M. Conathy being Judge in and for The being aforer aid person ally approved John W. Walers who on oath 5 Lates that he was a member of baptain hubonnells Company of " Leven the Regiment - To handa Valunteers Genfederate & Lales Unny. That he was well acquanted with James young of abachina Goingt & Louda. That raid James young entitled in raid lumpany " at gainsheretish 1862, and remained in the army until his de ath at frank fort- Kentucky during The him that his regiment was there sender going al Bragge Said James young contracted The disease of which he died while in The line of his duty in The raid any. That this affi and afinted to lung him at raid prank fort.

Salen W. Water

3no. W. Lindsey, Commissioner of Pensions, Atlanta, Ga.

Alexuala 1904

Madain

your him of its 80 4 Louis June has been refined their office for seply All I law Noy & did New Astrony Join leach Court, Las. In application for a Primin in dus offin non. I find from my file doubted, That mes Ate young Made an application for a willow Omising which was filed in the offer day 21/901 It was pasked on & defect ever found in it . The care evaled on have of the applications or relieved to the ording of leath County May 16-1901 - Duis that aste nothing min is known of A - Mus young has the offlusting in this offin com maybe by Calling at ording office you can get com have of the our referred & I am com for the grad Carly but his office is proviles to grant Prusium an Cympaty tunning alone thin must be a Com Application Supported by listormany - track by our pleasing to se all I love for this loor widers, but all I down by authory Sulveibed & inon to before and this march 30-1091. of the low - So when unsying Richard helponally being Inde application is before in the week In arian family florida hom my conful actuation as som as prible - and dies is the bleasure State of fluidads The deadown I. Simon J. Sistranse black of with boil widers I am the loverit bout in and for morin your Respections, being Theinda wrift what an this day Do Lind sey appeared before me, John W. Waters and made salt was the proposing officacis-Was from and the statements therein come is a court of their aid Wilnip my hand and the re of of raid cours this 5 belater 1901 of & & is home - blusk Circuit-bout he or in comy Jewida

STATE OF GEORGIA. ADJUTANT GENERAL'S OFFICE. ATLANTA. OFFICIAL.

Atlanta, Ga., Pobruary 16th, 1901.

1 1

Commissioner of Pensions.

State of Georgia,

Atlanta, Ga.,

I was present at the marriage of Annie E. Threnom to Mr. James Young. I cannot remember the date, but it was before the war with the States. Her husband died in the the war between the States as a Confederate soldier. I have known her from early girlhood, and she is now in a condition to require help.

Severit and enberon me Reb. 16 1901 Wody Harrison That Part Volution Co ga

State of Kentucky Tesonally appeared before one Dy Wallaus ludge of the Country Colution and for said County, the same being a Court of Record, Mas A Ho. Montgomery who as known to me has most broothy, reliable women and entitled to full confidence, and who being duly sworn Says that she was a resident of Frankfort Regio the Year 1862 and that sometime in September 1862 . Mr James Goung, a Confederate Soldier, and member of the 4th Reginacut Florida tolunders was removed from the thos hital in Thankfort to her house - that Mr Joung was sick with Tophoid fever contracted in the army commanded by yent Bragg - that the removed Mr Goung into her house and cared for and nursed him because he was a Confederate soldier right a gentlemany until he died at her house one the 2 4th day of Sept 1862 - that Mr Specing was buried in the cornetery at Frankfort and that a marble was placed at the head of his grave with the hame-I found, Ith Fla coul, inscribed whom it - that the base of the new moncoment to the Confederate Soldiers Who tellor died ator near Frankfort, now being erected in the cometery at that place rests very mear the grave of elle young that she has asserted in Faring for the grand until now and knows the facts Stated to be true. That her knowl - edge of Mr James young having seen a Confederato soldier and of his Regiment were from the facts accompying his being brought from the hospital To her holese land from Commades who were Confederate Soldiers, his own Statement and his Servants who remained with him, and from information gather - ed from his widow - elles Anice Ofoung of Marietta Georgia by Gapt & B. Montgomery who visited her frequently during the and his dominand was at

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I was present at the marriage of Annie E. Threnom to Mr. James Young. I cannot remember the date, but it was before the war with the States. Her husband died in the the war between the States as a Confederate soldier. I have known her from early girlhood, and she is now in a condition to require help.

Sweribe before me Feb. 16 1901 Wody Harrison That Part Volution & ga

State of Kentucky resonally appeared before one De Welliams ludge of the Country Colution and for said County, the same being a Court of Record, Mas A Hontgomery who as known to me has a most worthy, reliable woman and entitled to feell confidence, and who being duly sworn Says that the was a resident of Frankfort Regio the Year 1862 and that Sometime in September 1862 · Mr James Young, a Confederate Soldier, and member of the 4th Registrent Morida tolunders was removed from the thos hital in Thankfort to her house _ that Mr Going was sick with Tophoid fever contracted in the army commanded by yend Bragg - that she removed Mr Goung into her house and cared for and. nursed him because he was a Confederate coldier and a gentlemany until he died at her house on the 2 4th day of Veht 1862 - that Mr Speering was beried in the certificat Thankfort and that a marble was placed at the head of his grave with the hame I Going, Ith Fla coul, inscribed whom it - that the base of the new moncoment to the Confederate Soldiers Who tell on died ator near Frankfort, now being erected in the vernetery at that place rests very mear the grave of elle young - that she has asserted in Faring for the grave until now and knows the facts Stated to be true. That her knowl -edge of Mr James young having seen a Confederate soldier and of his Regionent were from the facts accomplying his bedry brought from the hoshital to her holese land from Commades who were Confederate Soldiers, his own Statement and his Servants who remained with him, and from information gather - ed from his widow - elles Annie Elfouring of Marietta Georgia by Gapt & B. Montgomery who visited her frequently during the and his dominand was at

Kennesaw Moiestain, near the city of Marietta for and other Sources of unquestioned information which Georgea, Haber ham County. She deems absolutely reliable of He Montgomery Swom to and subscibed by mm ASA montgomery before me this II day of Nay 1891. In person lame before me, B. E. Edge, Orderary of Said County, James W. Robertion. of Sand County, who says under oath, that Mallans Judge To. Civit /4 he was present at and withressed the Marriage Ceremony, when hime & Trusholm was Married to James young at Mariella, Cott County, Georgia, on the 30th day of June 1847. by the Rev to 6 Johnson, And that the Said line 6 young we wentoling is now the wedow of said fames young, She having Hever Married Since the death of Said young, who died while we the service of the Southern Confederacy, as a soldier in the year 1862. Deportunt further says, that Said Widow, Sumis E. Going was a resident of Georgia on the State of Kentucky This is to certify that 18.9 Country of Franchi (Welleam is Judge of Fransklin 23d day of December 1890, And that, She has leading court the Same being a court of sand date date the State or locality since Record and that his signature to the foregoing affedavil-of Mrs A H. Montgomery is generale. Sworn to and Subscribed before me Guen under my hand and Sede of Court-This II day of May 1891 ON Besint Clack 27 day of april 1891. B. E. Edys, ordinary Habersham Co. Ga. Franklii bold Office of Ordinary Hahrs haw lo ga 1. B. Edge Ordinary of Said County, do hereby certify, that the above named deponder, fames to Robertson is a reputable litizen and worthy of fuce faith and Endih as a witness. Metrices My official Signature and heal of office This IT day of april 1891. 38 Edy Cording

Leagin In hersun Came before me the underliqued both County ! Ordinary in and for Said lauly the Essin Ten haben & Min how Baker cach Known to and alleday officer or his Heful, reliable & expetable citizens who severally day hader wath that from their own personal Knowledge my Annie & houng of the lumby of Coth state of Engine is the ( midued of James burng who may dolder in a Regiment in the Compederate States army - that fenne sepach a cert hat as him & of undoubted authority fames Jung died at Frankfach Kenticy While in the Compederale States army during the fall of 1862 that their sister his Dume & young nee Irenholin and Junes bring were mound at the home of and Mother then lung in Marietta Cobb to Genegia un the 30th day of June 1857 by Per & Flo - While & Hinh lot James M. Robertson and residuig in Henhadeum Co was une of the mituipes, Orhannels further sevens that my A. E. mung has not when maunid suce the death of her husband Jumes young and that the mound hack to mainter about whenhe day of Summer 1862, a has seen and in tempor Cunhain musty ever since -Swam to & Inhacribe & before I reme J. Baken me thing 8th day of April 109, Ensie B. Thenholm County do herby Cirky that the abour named deforents Inne J. Baker and Tessia R Frenholing are reputable Citizens and worthy of full faith and Cordin as witnesses. Witness, my Official Lignature and Dial of Office. This agril 87 189 Stone Ordny,

State of Georgia Herris Office County of Dougherty Superior Court In person came before. we led. I. C. Johnson, who being duly soroun deposes and Lays that he did on the 30 fune 1857, in the city of Marietta, in the Country of Babb and State of Georgia, write in the holy Bonds of wedlock in conformity to the Constitution and laws of said State, Miss Chuie E. Chenholm of Marietta, Georgia and Mr. James Gomes of Machina County State of Horida From to & Subscribed deformethis 15. 9 9. 6. Johnson dayof April 1891. M. O. Burses land de segat

