

Warrant *Carmilla*
Cobb Co *1914*
Must send copy of
deed
+ No.

Widow's Pension

UNDER ACT 1910.

County *Cobb*

Name *Carmilla Hunter*

Widow of *W A Hunter*

Co'd 10² Mississippi

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Byrd, State Printer.

11/1-1913

STATE OF GEORGIA,

County.

Personally before me comes Camilla Winters of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of 1910, and submit testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? Camilla Winters
2. How long and since when have you been a continuing resident in the State of Georgia? Resides in Georgia all my life and 66 years of age
3. When, where and to whom were you married? Jan 25 1864 Fred C. W. Winters
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.) March 27 1864 Horn Lake Miss Company A. 10th Miss Regiment
5. When and where did the Commands of your husband surrender or discharge from the army? Sent Home
6. Was your husband personally present at the time of the surrender or discharge of this Command? No
7. If he was not present state clearly where he was? at St. George Ky
8. Where was his Command when he left? Mandan Miss
 - a. For what cause did he leave his command? Wounded not able to duty
 - b. By whose authority did he leave his Command? by his commanding officer
 - c. For how long was he granted leave of absence? Indefinite from Lexington
 - e. What was his physical condition when he left his Command? limp from wound from Ky
 - f. What effort did he make to return to his command? none
 - g. In what way was he prevented from going back to Command? none
 - h. Was he captured by the enemy at any time? Yes
 - i. If so, when and where captured and where held as a prisoner, and when and for what cause released? Manufacture Ky, when he was held as a prisoner until he was engaged
 - j. When and where did your husband die? June 28th 1913 Antioch Ky
 - k. Were you residing together when he died? Yes
 - l. If not, how long had you resided apart?
 9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) College home value at 1000.00
 10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) none
 11. What property of any description of any value have you now? College home as above
Give list and cash value? \$1000.00
 12. What are your annual earnings or income and their value? none
 13. Have you heretofore been paid a pension by the State? no
If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the...

35 day of Dec 1913

J. M. Gunn Ordinary
of Coch County.

Camilla Winters

Widow's Pension

UNDER ACT 1910.

County.

Coch

Name

Camilla Winters

Widow of

W. H. Winters

Residence

Box 10 Memphis

J. W. LINDSEY,

Commissioner of Prisons.

Chas. F. Byrd, State Printer.

11/11/1913

CHAS. F. BYRD, State Printer, Atlanta.

J. W. LINDSEY,
Commissioner of Revenue

Approved

Signature of *Camilla Winters*

Witness

Signature of *W. H. Winters*

Witness

County

Cobb

Put on Under Act of July 11, 1910.

Husband Was on the Indigent Roll or

To Be Put on Roll in Her Own Right When

Widow's Application

No. *1111*

on record
in record

STATE OF GEORGIA,

Cobb County.

Personally before me comes *Camilla Winters* of said County, who, after being duly sworn, on oath says, that she is the widow of *W. H. Winters* to whom in the County of *Cobb* State of *Ga* she was married on the *28* day of *Jan* 18*64* and that she remained his wife, and resided with him to the date of his death in *June 28* 19*13* and that she has not since his death remarried. At the time of his death he was a resident of *Cobb* County, in *Ansley* said State of Georgia, and he was on the *Ansley* Pension Roll of the State and paid a pension of *\$50* in *Cobb* County for *19* *2* per annum, on account of being a soldier in Company *Ansley* *27* *86* Regiment *Mississippi* (Volunteers of State Militia).

At the death of *Ansley* he was in the use and possession of the following property *house, lot, & some land, also some stock, & some goods* of the cash value of *Twenty-eight hundred Dollars*.

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.) *house & lot*

The title of Note and Mortgage on the property of W. H. Winters, consisting of the shares of the Georgia & Florida State Bank, of which W. H. Winters was a shareholder, and on which the debt was paid, and the mortgage on the property of W. H. Winters, and the cash value of all property

That she is now a bona fide resident citizen of said County of *Cobb* and she has so continuously resided since *20* day of *Oct* 191*3* to *1891*.

Sworn to and subscribed before me, this the *20* day of *Oct* 191*3* } *Camilla Winters*

Tom Jones J.P. Ordinary,
of *Cobb* County.

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

STATE OF GEORGIA,

Fulton County.

Personally before me come *Mrs. N. E. Pope* known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge *Mrs. Camilla Winters* who made the foregoing affidavit, is the lawful widow of *W. H. Winters* who died in *Cobb* County in said State of *Ga* on *28* day of *June* 191*3* and that she has not since remarried. That she became the wife of *W. H. Winters* on the *28* day of *Jan* 18*64* and that she and he had resided together as man and wife continuously since *29* day of *Jan* 18*64* and that the *W. H. Winters* was the same man who was on the pension roll of said State from *Cobb* County when he died.

Sworn to and subscribed before me, this the *21* day of *Oct* 191*3* } *Mrs. N. E. Pope*

John W. Winters Ordinary,
of *Fulton* County.

Camilla Winters is the widow of W. H. Winters who died in the County of Cobb State of Georgia on the 28th day of June 1913.

To all whom it may concern

The bearer hereof Wm H. Winters a Private, of Captain A. W. Fleming's Company, 10th Regt of Miss Vols aged 21 years, 5 feet 5 inches high, Fair complexion, Blue 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 Mississippi, on the 27th day of March 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 Mississippi, 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 February inclusive

A. W. Fleming Capt
Co "A" 10th Miss Regt

Given under my hand, at Camp 10th Miss Regt near 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 Mumfordsville Ky 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
Surgeon 10th Miss Regt

STATE OF GEORGIA,

Cobb County.

Personally before me comes B. H. Neal & A. H. Irvine who after being sworn on oath says, that they are freeholders of said County, and that they know Mrs. H. H. Winters of said County and knew her said husband Wm H. Winters at his death on the 28th day of June 1913 that she and he were in the use, possession and control of the following property at his death to wit: 1 house lot 3 acres near land Stone
house lot 3 acres near land Stone
of the value of \$ 2800.00 That she is now in the use, possession and control of the following property to wit: 1 house lot

of the value of \$ 1000.00

Sworn to and subscribed before me, this the

20th day of Feb 1913

Tom Jones J. P.

Ordinary.

of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, J. M. Gause Ordinary of said County, do certify, that I know Mrs. H. H. Winters the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 191

That I also know B. H. Neal & A. H. Irvine witness as to marriage and I also know B. H. Neal & A. H. Irvine who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Cobb County shows that no returned property to the amount of for 1908 \$485- for 1909 \$340 for 1910 \$300

Sworn under my hand and official seal of office this 22nd day of Feb 1913

(SEAL.)

Ordinary.

County.

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

up 10th Mps Regt
Shelbyville Tenn
June 7th 1863

H. Winters Private
"A" 10th Mps Regt Infantry
Flooded on act Gun Shot
and of the Leg

commented and Forwarded
A. W. Fleming Capt
Co "A" 10th Mps Regt

Reply Forward & Appd
James Bone
Col Comd 10 & 44 Mps Regts

pd
D. A. Minshier
Senior Surgeon

sply ford appd
Patton Anderson
Brig Genl
Comd Brigade

Approved

Onville Terry

Chief Surgeon

Winters Division

Reply forward appd

M. Wetters
M Genl.

Provost
Marshall's
Office Mobile
Ala

Appd

W. C. Garwood
Mcd Direct
Polks Corps

Report forwarded approved
L. Hollis
Lieut Comd Corps
200/8

Hd. Qrs Army of Tenn
June 14th 1863

Approved.

195 by command of
General Bragg

Winlock Falconer
A. A. G.

Transportation furnished in kind from Shelbyville Tenn to Pamela

Mps June 21st 1863

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

Rations Commuted for 31 days \$40.50

F. R. Shackelford
Maj & es

Atlanta 4th Sept 1863

Transpt from Grenada to Canton

J. F. Hill
Transpt Agent

Transported in kind to Dalton

E. T. Henry
Capt & A. Q. M.

Selma Ala Jan 3/65

Rations for Three days

R. H. Sommerville

Capt & es

J. Winters, Camilla
Disappeared

1927

For *Cobb* County

1926

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

J. M. Gann Ordinary

For *Camilla Winters*

Date of Death *Aug 13* 1926

Amount \$

Approved and ordered paid ?

John W. Clark

JOHN W. CLARK,

21 June 27 Commissioner of Pensions

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

Received

1-14-27

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 *Original papers in pension*
J. W. Winters at the time of his death and that these
papers appear to be genuine, and bearing date more
than 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

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* 19 *13*

J. M. Gann
ORDINARY AND EX-OFFICIO C. C. O.

GEORGIA, Cobb County.

Personally before me, the Ordinary of said County, comes
Miss Pearl Hankins of said County, who, after being sworn, on oath
says that he knew Mrs Camilla Hankins of said County, and that said Pensioner
was on the Pension Roll of said County at the time of death, which occurred in Cobb
County, in this State, on the 13 day of August, 1926, and that
a Pension of One hundred (\$ 1.00) Dollars was due pensioner and
unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, and
no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 220.⁰⁰, per
sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

J. M. Gann Ordinary
Cobb County Miss Pearl Hankins

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, Cobb County.

I, J. M. Gann Ordinary of said County, do certify
that I personally know Miss Pearl Hankins, who is a resident
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit;
that I also knew Mrs Camilla Hankins while in life and that this was
the same person whose name appears on the Pension Roll of Cobb County, and
was paid a Pension of One hundred (\$ 1.00) Dollars
in said County for 1926, and I now believe said pensioner to be dead; and that the instructions at the foot of
this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 6th day of January, 1927

(Seal of Ordinary) J. M. Gann Ordinary
Cobb County

INSTRUCTIONS:

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "Just, true, due, unpaid," etc.)
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of.....
..... who died without owning sufficient property to pay this bill.
- 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid until it is returned to you as your authority to make the payment.
- 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 folded, is filled out.



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 THE 27th, 1861, IN Co, "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 12/13/13.

J. M. Gann
Ordinary Cobb
County

Carmilla 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. Camilla Winters for
the reason that Mrs. Winters left an estate.

With kind regards,

Very truly yours,

Commissioner of Pensions.

ATLANTA, GA. August 13, 1926. 192

M Estate of Mrs. Camilla Winter
Austell, Ga.

For- Funeral **THE BARCLAY & BRANDON CO., Dr.**
expenses Mrs.
Camilla Winters
246 IVY STREET
PHONE: IVY 0112 AND 0113

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.

Sworn to and subscribe before me this 6th day of January 1927

June 21, 1927.

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

My dear Judge:

Will you kindly investigate the estate of
Mrs. Camilla Winter and advise us by return mail whether
she left any estate and in what amount.

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

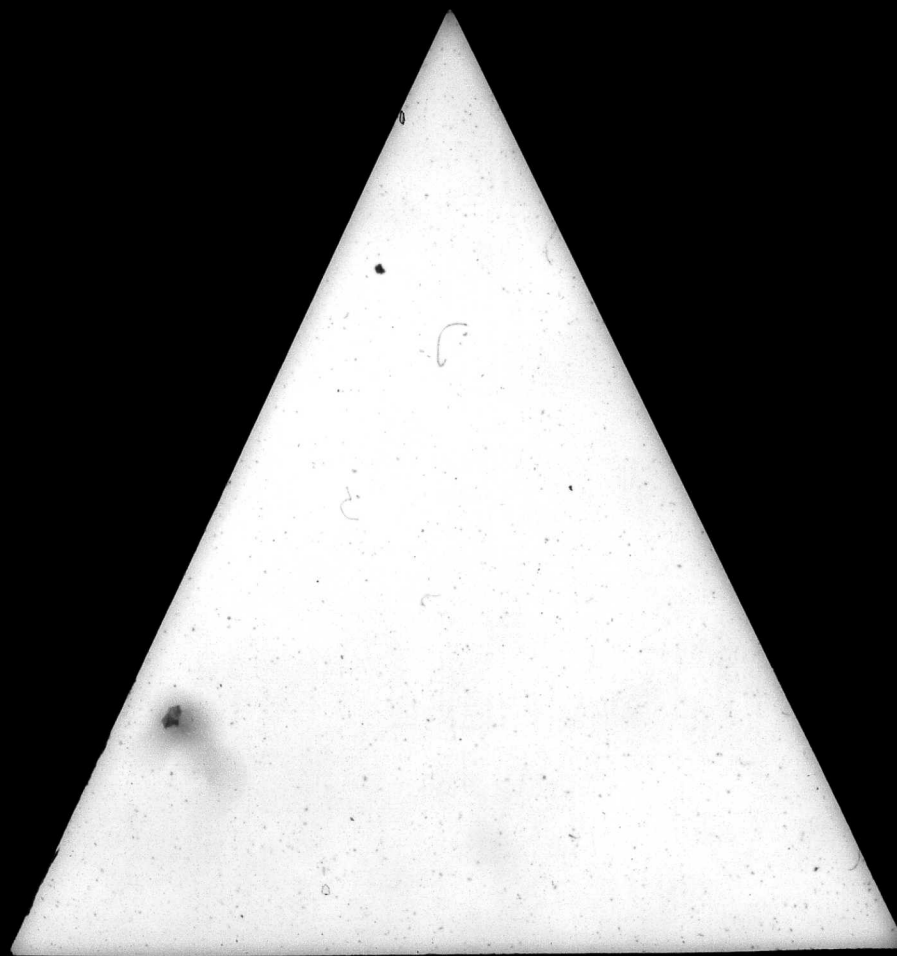
With kind regards,

Very truly yours,

Commissioner of Pensions

D
etc,

I have not been able to



Ex Deph
Atlanta Ga Mch
3/88.

The physicians
are respectfully asked
to write out a full
statement of the
wound and explain
how it rendered
the leg useless.

To say that wound ^{was}
a stiff leg, and that
the leg is there sub-
stantially useless, is
not satisfactory.

W. H. Harrison
Clerk

Winters W. H. 314
Colb Co

No. 981
Application for Allowance

FOR

Left leg disabled
Applicant W. H. Winters

County Cobb

Amount \$25.

Date of Warrant June 16/88

Entered on Record,

June 16 1888

Secretary Executive Department.

Macon Ga, May 12, 1888.
Personally appeared before H. M. Mangrove, Clerk of
said County, of Cobb Co, ~~W. H. Winters~~ and Dr.
C. J. Sebe who both being duly sworn on oath say
that the leg of the applicant is substantially
or essentially useless for the following reason,
the leg was shot through with bones seen, one bone
has been united, the leg is crooked, resembling
a ramble, the bone that ~~passed~~ never united
prevents firm the flesh and the wound was
very narrow and came very near
cutting the leg to have to be amputated.
These are the reasons why we made
the original affidavit.
Sworn to and subscribed
before me May 12, 1888.
B. Mc. Kammatt
Ordinary

E. H. Sebe - M.D.

W. H. Winters - M.D.

Left leg 25

the State of Tex on the 12 day of Sept 1862, he was
wounded as follows: He was shot through the left leg, just
below the knee, both bones were broken- the leg
was rendered stiff, by reason of the wound the
leg is rendered substantially and essentially
useless, dependent is permanently disabled
and by reason of the wound the said dependent is
rendered practically unable to perform manual labor

Sworn to and subscribed before me, this the }
29th day of ^{Feb} January, 1888 }
W. H. Hammett, Clerk

COMMISSIONED OFFICER'S AFFIDAVIT.

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

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 :

Winters M. B. 14
 1881
 Application for Allowance
 No. 981
 For
 Hedges & Smith
 Applicant J. H. Hedges
 County Tefft
 Amount \$20.
 Date of Warrant June 16/88
 Entered on Report,
 June 16 1888
 Secondary Education Department.

Marietta 9a; May 12, 1888.

Personally appeared before H. M. Hamblett, Clerk of
said County of Cook Co., D. N. H. Goben and Dr.
C. J. Seitz who both being duly sworn on oath say
that the leg of the applicant is substantially
or essentially useless for the following reason,
the leg was shot through both bones ^{broken} near, one bone
has never united, the leg is crooked, resembling
a rainbow, the bone that ~~never~~ never united
protrudes from the flesh and the wound was
very serious and came very near
causing the leg to have to be amputated.
These are the reasons why we made
the original affidavit.
Sworn to and subscribed
before me May 12, 1888.

Ordinary

Edw. Setze - Med.
N. A. Cohen in 3.

STATE OF GEORGIA,

Cobb

County.

PERSONALLY came

C. F. Pope

citizens of

Cobb

who, being duly sworn, say that they are acquainted with

county, in said State,

W. H. Winters

and know that he received the wounds (or contracted the

disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or

disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen

of this State, and resides in *Cobb* County, and we are well satisfied that all the state-

ments in his affidavit are true.

Sworn to and subscribed before me, this

31st day of *January* 188*8*

W. B. Hammett

S. B. Cochran

J. W. Howell

C. F. Pope

STATE OF GEORGIA,

Cobb

County.

PERSONALLY comes before me

H. M. Hammett

Ordinary of said county,

Dr. A. N. Guber

and *Dr. E. J. Sibe*

, both known to

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

carefully examined *W. H. Winters*

and after such examination say that the

applicant has been injured as follows: *He was shot through the left leg, both bones were broken, the leg was rendered stiff, by reason of the wound the left leg is rendered substantially and essentially useless, the applicant is unable to perform manual labor.*

Sworn to and subscribed before me, this

29th day of *January* 188*8*

W. B. Hammett

ORDINARY.

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

STATE OF GEORGIA,

Cobb

County.

I, *H. M. Hammett*

Ordinary of said county,

do certify that I am well acquainted with *W. H. 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. I also certify that the foregoing witnesses are persons of respectability, and that their

statements are worthy of full credit and belief.

I further certify that *W. B. Hammett*

before whom the foregoing

affidavits were made and power of attorney was signed, is a *Justice of the Peace*

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

Given under my official signature and seal, this *29th* day of *January* 188*8*

W. B. Hammett

Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA

Cobb

County.

Know all men by these presents, That I

W. H. Winters

of *Cobb*

county, in said State, do hereby appoint

R. C. Guin

of

Cobb

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 *January* 188*8*

W. H. Winters [L. S.]

Executed in the presence of us:

W. B. Hammett

Ordinary

STATE OF GEORGIA,

Cobb

County.

PERSONALLY appears *W. H. Winters* of *Cobb* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *30* day of *June* 18*61*; 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 *10*th Regiment of *Mississippi* Volunteers *Chalmers*'s Brigade; that whilst engaged in such military service, at the battle of *Mumfordsville* in the State of *Ky* on the *10*th day of *Sept* 1862, he was wounded as follows:

He was shot through the left leg, the ball broke both bones, destroyed the muscles, large pieces of the bone came out, the wound was so running on for a number of years, the leg is stiff, applicant uses a stick - the leg is substantially and essentially useless

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

Sworn to and subscribed before me, this the

18 day of *March* 1889.

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

STATE OF GEORGIA,

Cobb

County.

PERSONALLY comes before me *Geo W. Stone* Ordinary of said county, *Dr. E. J. Sisti* and *A. A. Goben*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *W. H. Winters* and after such examination say that the applicant has been injured as follows:

He was shot through the left leg, both bones were broken, the muscles and tendons injured, the wound seems to have been a running sore, the leg is rendered stiff, applicant uses a crutch or stick, large pieces of the bone have worked out, the leg is rendered essentially and substantially useless

Sworn to and subscribed before me, this

18 day of *March* 1889.

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

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889.

Left leg of W. H. Winters
Applicant *W. H. Winters*
County *Cobb*
Amount *50*
Date of Warrant *April 20*
Entered on record *April 20* 1889

SECRETARY EXECUTIVE DEPARTMENT.

Additional data
R. C. Brown

No. 2027

Winters W. H.
Cobb Co

STATE OF GEORGIA,

Cobb

County.

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

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

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

Given under my official signature and seal, this 18 day of *March* 1889

Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb

County.

Know all Men by these Presents, That I, *N. H. Winters*
of *Cobb Co* my true and lawful attorney in fact, for
county, in said State, do hereby appoint *R. C. Brum*
of *Cobb Co* my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia 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 reasons aforesaid.

In witness whereof I have hereunto set my hand and seal, this 18th
day of *March* 1889.

N. H. Winters (L. S.)

Executed in the presence of us:

J. M. Stone
Ordinary

DIRECTION:

Send money to me as follows, by

to P. O.

County, Georgia.

NOTES.

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

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

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

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

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

Given under my official signature and seal, this 6th day of July 1891

Ordinary

County.

STATE OF GEORGIA,

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

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

Given under my official signature and seal, this 17th day of Nov. 1891

Ordinary

County.

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING DECEMBER 31, 1891

Applicant, W. H. Winters

County, Cobb

Amount, \$50

Date of warrant, July 25

Entered on record

Jul 25 1891

W. H. Winters

Supervisor Executive Department

WARRANT PAID TO

R. C. Brown

1891

Winters, W. H.

Cobb Co

Application for Allowance

FOR THE YEAR ENDING DECEMBER 31, 1891

Applicant, W. H. Winters

County, Cobb

Amount, \$50

Date of Warrant, July 25

Entered on record

Jul 25 1891

W. H. Winters

Supervisor Executive Department

WARRANT PAID TO

R. C. Brown

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

STATE OF GEORGIA,

Cobb County, PERSONALLY appears *W. H. Winters* of *Cobb* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *February* day of *1865* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of *10*th Regiment of *Mississippi* Volunteers *Chalmers*'s Brigade; that whilst engaged in such military service, at the battle of *Mumfordsville* in the State of *Kentucky*, on the *14* day of *Sept*, 1862, he was wounded as follows:

By Minnie Ball striking the left leg above the ankle, fracturing and bursting the bones of said leg thereby causing said leg to become substantially and essentially useless.

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

Sworn to and subscribed before me, this the *6th* day of *Feb*, 1890, *W. H. Winters*

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *6th* day of *Feb*, 1890, *W. H. Winters* [L. S.]

Executed in the presence of us:

J. D. Power

DIRECTION.

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

STATE OF GEORGIA,

PERSONALLY appears

W. H. Winters of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *Feb* day of *1865*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of *10*th Regiment of *Mississippi* Volunteers *Chalmers*'s Brigade; that whilst engaged in such military service, at the battle of *Mumfordsville* in the State of *Kentucky*, on the *14* day of *Sept*, 1862, he was wounded as follows:

By Minnie Ball striking the left leg above the ankle, fracturing and bursting the bones of said leg thereby causing said leg to become substantially and essentially useless.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *50* dollars, for *said disability*.

Sworn to and subscribed before me, this, the *6th* day of *Feb*, 1891, *W. H. Winters*

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, Know all Men by these Presents, That I, *W. H. Winters* of *Cobb* County, State of Georgia, do hereby appoint *R. C. Irwin* 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 *6th* day of *Feb*, 1891, *W. H. Winters* [L. S.]

Executed in the presence of us:

J. D. Power

DIRECTION.

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

STATE OF GEORGIA,

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

Given under my official signature and seal, this 3rd day of March 1892
Will Stone
 Ordinary Cobb County.

POWER OF ATTORNEY. STATE OF GEORGIA, }

County, Cobb Know all Men by these Presents, That I Wm Winters County, State of Georgia, do hereby appoint Will Stone my true and lawful attorney in fact, for 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 3rd day of March 1892 County, Cobb

Executed in the presence of us: Will Stone County, Cobb

DIRECTION.
 Send money to me as follows, by Will Stone to Wm Winters P. O. Cobb County, Georgia.

STATE OF GEORGIA,
 County, Georgia.

Sworn to and subscribed before me this 3rd day of March 1892 by Wm Winters Applicant, Will Stone Attorney in fact, for the purpose of receiving and receipting 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.

Application for Advancement
 No. 640
 For the Year Ending October 31, 1892

Wm Winters
 Applicant, Will Stone
 County, Cobb
 Amount, 50
 Date of Warrant, March 3rd
 Entered on record, March 3rd
Wm Winters
 Secretary, Bureau of Pensions.

WARRANT ISSUED TO Wm Winters
Will Stone
 Secretary, Bureau of Pensions.

STATE OF GEORGIA,
 FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Sworn to and subscribed before me this 3rd day of March 1892 by Wm Winters Applicant, Will Stone Attorney in fact, for the purpose of receiving and receipting 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.

Application for Advancement
 No. 640
 For the Year Ending October 31, 1892

Wm Winters
 Applicant, Will Stone
 County, Cobb
 Amount, 50
 Date of Warrant, March 3rd
 Entered on record, March 3rd
Wm Winters
 Secretary, Bureau of Pensions.

WARRANT ISSUED TO Wm Winters
Will Stone
 Secretary, Bureau of Pensions.

STATE OF GEORGIA,
 FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Sworn to and subscribed before me this 3rd day of March 1892 by Wm Winters Applicant, Will Stone Attorney in fact, for the purpose of receiving and receipting 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.

Application for Advancement
 No. 640
 For the Year Ending October 31, 1892

Wm Winters
 Applicant, Will Stone
 County, Cobb
 Amount, 50
 Date of Warrant, March 3rd
 Entered on record, March 3rd
Wm Winters
 Secretary, Bureau of Pensions.

WARRANT ISSUED TO Wm Winters
Will Stone
 Secretary, Bureau of Pensions.

Cobb Co.
Winters, M. H.
No. 677
SOLDIER'S PENSION.
1892.
 FOR THE YEAR ENDING OCTOBER 31, 1892.

Name	<u>Wm Winters</u>
County	<u>Cobb</u>
Disability	<u>Disabled Leg</u>
Amount, \$	<u>50 00</u>
Entered on record	<u>March 4</u>
	189 <u>2</u>
W. H. HARRISON, Secretary of Executive Department.	
AGENT, <u>R. C. Swain</u>	
Geo. W. Harrison, State Printer, Atlanta, Ga.	

Winters, M. H.
Cobb Co.
1893.
 Application for Advancement
 No. 640
 For the Year Ending October 31, 1893.

Name	<u>Wm Winters</u>
County	<u>Cobb</u>
Disability	<u>Disabled Leg</u>
Amount, \$	<u>50 00</u>
Entered on record	<u>March 4</u>
	189 <u>3</u>
W. H. HARRISON, Secretary of Executive Department.	
AGENT, <u>R. C. Swain</u>	
Geo. W. Harrison, State Printer, Atlanta, Ga.	

Winters, M. H.
Cobb Co.
1893.
 Application for Advancement
 No. 640
 For the Year Ending October 31, 1893.

Name	<u>Wm Winters</u>
County	<u>Cobb</u>
Disability	<u>Disabled Leg</u>
Amount, \$	<u>50 00</u>
Entered on record	<u>March 4</u>
	189 <u>3</u>
W. H. HARRISON, Secretary of Executive Department.	
AGENT, <u>R. C. Swain</u>	
Geo. W. Harrison, State Printer, Atlanta, Ga.	

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears

W. H. Winters
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 *3rd* day of *June* 18*44* that he enlisted in the military service of the Confederate States (or of the State of *Miss.*) during the war between the States, and served as a *Private* in Company *A* of *10*th Regiment of *Miss.* Volunteers *Chalmers*'s Brigade; that whilst engaged in such military service at the battle of *Mumfordsville* in the State of *Kentucky*, on the *14th* day of *September* 186*2* he was wounded as follows:

By bullet striking left leg between the knee and ankle breaking both bones, busting the bones and tearing the muscles & exposing the bone & rendering practically incompetent to perform the ordinary manual duties.
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of *\$30.* Dollars for *said wound*

Sworn to and subscribed before me this the

day of *March* 1892.

W. H. Winters
Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I,

W. H. Winters
Cobb

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

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

day of *March* 1892.

W. H. Winters [L. S.]

Executed in the presence of us:

M. A. Hardin

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears

W. H. Winters of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *1865*; that he enlisted in the military service of the Confederate States (or of the State of *Miss.*) during the war between the States, and served as a *Private* in Company *A*, of *10*th Regiment of *Miss.* Volunteers *Chalmers*'s Brigade; that whilst engaged in such military service at the battle of *Mumfordsville* in the State of *Kentucky*, on the *14th* day of *September* 186*2* he was wounded as follows:

By gunshot striking the left leg below the knee, both bones were broken — bones in growing together. Now misshapen and left the leg in bad condition, rendering said leg essentially and substantially useless as to performing the ordinary manual duties.
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of *\$50.00* dollars for *said disability*

Sworn to and subscribed before me, this the

day of *March* 1892.

W. H. Winters
Ordinary.

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

STATE OF GEORGIA,

Cobb County.

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

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

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

Given under my official signature and seal, this *14th* day of *March* 1892.

J. H. Stone
Cobb County.

STATE OF GEORGIA,

POWER OF ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY,

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13th day of March 1894.

Executed in the presence of us

J. L. Winters

DIRECTIONS.

Send money to me as follows, by

to _____ P.O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th day of April 1895.

Executed in presence of us

G. M. Silencing Day to R. C. Ginn
J. L. Winters

DIRECTIONS.

Send money to me as follows, by

to _____ P.O.

County, Georgia.

Demand new boot
1895 short man
(For These Already Enrolled)
moll without such
Winters
Cobb
Soldier's Pension.

1894.

Name W. H. Winters

County Cobb

Disability Left Leg

Amount, \$ 50

2/13

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

No data

(For These Already Enrolled.)

No. 3408

SOLDIER'S PENSION.

1895.

Name W. H. Winters

County Cobb

Disability Leg

Amount, \$ 50

4/30

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Atty

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County.

PERSONALLY appears *W. H. Winters* of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *1865*; that he enlisted in the military service of the Con-

federate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of *10th* Regiment of *Miss* Volunteers, *Chalmers*'s Brigade; that whilst engaged in such military service at the battle of *Mumfresville* in the State of *Miss* on the *14th* day of *Sept*, 1862, he was wounded as follows: *By gunshot striking the left leg between the knee and ankle fracturing and breaking both bones. Deponent is rendered practically incompetent to perform the ordinary manual occupation of life.*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of *\$50* dollars, for the year 189 *3*.

Sworn to and subscribed before me, this, the *17th* day of *March*, 1894. } *W. H. Winters*
J. H. Stone Ordinary

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

STATE OF GEORGIA, }
Cobb County.

I, *J. H. Stone* Ordinary of said County, do certify that I am well acquainted with *W. H. 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 under my official signature and seal, this *12th* day of *March*, 1894.

J. H. Stone
Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County.

PERSONALLY appears *W. H. Winters* of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *July*, 18 *65*; that he enlisted in the military service of the Con-

federate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of *10th* Regiment of *Miss* Volunteers, *Chalmers*'s Brigade; that whilst engaged in such military service at the battle of *Mumfresville* in the State of *Miss* on the *14th* day of *Sept*, 1862, he was wounded as follows: *By gunshot striking the left leg between the knee and ankle, fracturing the bones, fracturing them so that a large amount of protrusion was worked out. Deponent is rendered practically incompetent to perform the ordinary manual occupation of life.*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of *\$50* dollars, for the year 189 *4*.

Sworn to and subscribed before me, this, the *15th* day of *April*, 1895. } *W. H. Winters*
J. H. Stone Ordinary

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

STATE OF GEORGIA, }
Cobb County.

I, *J. H. Stone* Ordinary of said County, do certify that I am well acquainted with *W. H. 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 under my official signature and seal, this *1st* day of *April*, 1895.

J. H. Stone
Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1896.

[L. S.]

Executed in presence of us _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, H. H. Winters hereby authorize Frederick

of Worth

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

me by him

at _____

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

day of March 1897.

H. H. Winters [L. S.]

Executed in presence of _____

Winters, H. H.
Cobb Co.
AUT OF 3 OCT. 1897.
(For Those Already Enrolled.)

No. 3192

SOLDIER'S PENSION.

1896.

Name H. H. Winters

County Cobb

Disability Left Leg

Amount, \$ 50.

3/20 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

R. C. Smith

Geo. W. Harrison, State Printer, Atlanta.

No data

Winters, H. H.
Cobb County
AUT OF 3 OCT. 1897.
(For Those Already Enrolled.)

No. 3216

INVALID

SOLDIER'S PENSION.

1897.

Name H. H. Winters

County Cobb

Disability Left Leg

Amount, \$ 50.

March 16 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Frederick

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears W. H. Winters of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company H, of 10th Regiment of Miss. Volunteers, Chalmers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 14th day of Sept 1867, he was wounded, injured or diseased as follows:

By gunshot striking left leg just above the ankle between the bones, putting the leg in a position where it is rendered practically incompetent to perform the ordinary avocations of life.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Cobb county been allowed a pension of \$50. dollars, for the year 1895.

Sworn to and subscribed before me, this, the 16th day of March 1896, W. H. Winters }
J. M. Stone Only.

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

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with W. H. 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 under my official signature and seal, this 6th day of March 1896.

J. M. Stone
Ordinary Cobb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears W. H. Winters of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company H, of 10th Regiment of Miss. Volunteers, Chalmers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 14th day of Sept 1867, he was wounded, injured or diseased as follows:

By gunshot striking the left leg between the ankle and knee fracturing and bursting both bones so that deponent is rendered practically incompetent to perform the ordinary avocations of life.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Cobb county been allowed an invalid pension of \$50. Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 16th day of March 1897, W. H. Winters }
J. M. Stone Only. POST OFFICE Austell Ga

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

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with W. H. 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 under my official signature and seal, this 16th day of March 1897.

J. M. Stone
Ordinary Cobb County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, W. H. Winters hereby authorize J. O. Stone

Martha G. W.

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

by me

at Atwell

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th

day of Feb. 1898.

W. H. Winters [L. S.]

Executed in presence of

M. J. Hamby

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, W. H. Winters hereby authorize J. O. Stone

of Martha G. W.

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

by me

at Atwell

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20th

day of Feb. 1898.

W. H. Winters [L. S.]

Executed in presence of

(For Those Already Enrolled.)

No. 3237

INVALID

SOLDIER'S PENSION.

1898.

Name W. H. Winters

County Cobb

Disability Wound left leg

Amount, \$ 8.50

3/4 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Stone

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No date

(For Those Already Enrolled.)

No. 1657

INVALID

SOLDIER'S PENSION.

1898.

Name W. H. Winters

County Cobb

Disability Left leg

Amount, \$ 50.

78 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Stone

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears H. A. Winters of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of June 1864; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company A, of 10th Regiment of Miss. Volunteers, Chalmers's Brigade; that whilst engaged in such military service in the State of Kentucky, on the 14th day of Sept 1862, he was wounded, injured or diseased as follows:

By gunshot in left leg above ankle breaking both bones, and rendering applicant practically incapacitated to perform manual avocations of life.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of

Fifty Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 19th day of Feb'y, 1898. POST-OFFICE Austell, Ga.

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

STATE OF GEORGIA,

Cobb County.

I, J. W. Stone Ordinary of said County, do certify that I am well acquainted with H. A. 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 under my official signature and seal, this 19th day of Feb'y, 1898.

Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears H. A. Winters of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of June 1864; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company A, of 10th Regiment of Miss. Volunteers, Chalmers's Brigade; that whilst engaged in such military service in the State of Kentucky, on the 14th day of Sept 1862, he was wounded, injured or diseased as follows:

By gunshot striking left leg between the knee and ankle breaking and fracturing both bones, rendering applicant practically incapacitated to perform ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of

Cobb County been allowed an invalid pension of \$50.00 Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 20th day of Feb'y, 1899. POST OFFICE Austell Ga.

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

STATE OF GEORGIA,

Cobb County.

I, J. W. Stone Ordinary of said County, do certify that I am well acquainted with H. A. 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 under my official signature and seal, this 20th day of Feb'y, 1899.

Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, W. H. Winters hereby authorize John Stone
of Marquette Ga

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

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16th
day of July 1900.

W. H. Winters [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, W. H. Winters hereby authorize John Norton
of Marquette

to receive and receipt for the pension paid hereon and request that he remit same to
me by 615

at Marquette

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 14th
day of January 1901.

W. H. Winters [L. S.]

Executed in presence of

Joe M. Gann

CODE SECTION 126.

(For Those Already Enrolled.)

No. 1301

INVALID

SOLDIER'S PENSION.

1900.

Name W. H. Winters

County Cobb

Disability Leg

Amount, \$ 58.00

Warrant issued Mar 7 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

No data

CODE SECTION 126.

(For Those Already Enrolled.)

No. 174

DISABLED

SOLDIER'S PENSION.

1901.

Name W. H. Winters

County Cobb

Disability Gum shot

Amount, \$ 150.00

Jan. 15 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears W. H. Winters of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the day of Jan'y, 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 M, of 10th Regiment of Miss Volunteers, Chalmer's Brigade; that whilst engaged in such military service in the State of Kentucky, on the 14th day of September, 1862, he was wounded, injured or diseased as follows:

By gunshot striking left leg between the knee and ankle breaking and fracturing both bones, rendering applicant practically incompetent to perform avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$50.00 Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 16th day of Feb'y, 1900. POST OFFICE Mustell, Ga.

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

STATE OF GEORGIA,

Cobb County.

I, M. Stone Ordinary of said County, do certify that I am well acquainted with W. H. 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 under my official signature and seal, this 16th day of Feb'y, 1900.
M. Stone
Ordinary Cobb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears W. H. Winters of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Jan'y, 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 M, of 10th Regiment of Miss Volunteers, Chalmer's Brigade; that whilst engaged in such military service in the State of Kentucky, on the 14th day of Sept, 1862, he was wounded, injured or diseased as follows:

By gun-shot striking left leg between the knee and ankle breaking and fracturing both bones, rendering applicant practically incompetent to perform the ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$50. Dollars, for the year 1900.

Sworn to and subscribed before me, this the 14 day of January, 1901. POST OFFICE W. H. Winters

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

STATE OF GEORGIA,

Cobb County.

I, John Antreay Ordinary of said County, do certify that I am well acquainted with W. H. 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 under my official signature and seal, this 14th day of January, 1901.
John Antreay
Ordinary Cobb County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, W. H. Winters hereby authorize _____

of John Lindsey of _____

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

by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10th

day of Jan 1902.

W. H. Winters [L. S.]

Executed in presence of

W. H. Winters

CODE SECTION 124.
(FOR THOSE ALREADY ENROLLED.)

No. 300

DISABLED

SOLDIER'S PENSION

1902.

Name W. H. Winters

County Cobb

Co. A Regiment 10th

Disability _____

Amount, \$ 50 1/16 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Or day

Geo. W. Harrison, State Printer, Atlanta.

No data

Winters W. H.

Cobb County

CODE SECTION 124.
(FOR THOSE ALREADY ENROLLED.)

No. 395

DISABLED

SOLDIER'S PENSION

1903.

Name W. H. Winters

County Cobb

Co. A Regiment 10th

Disability Left Leg

Amount, \$ 50

1/23 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Or day

Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, W. H. Winters hereby authorize _____

of John Lindsey of _____

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

by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 18th

day of Jan 1903.

W. H. Winters [L. S.]

Executed in presence of

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *W H Winters* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *Jan* 18*64*; 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 *10th* Regiment of *Miss* Volunteers, *Chalmers*'s Brigade; that whilst engaged in such military service in the State of *Kentucky*, on the *14th* day of *Sept* 18*62*, he was wounded, injured or diseased as follows:
left leg between By gunshot striking the knee and ankle breaking and fracturing both bones rendering applicant practically incompetent to perform the ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1902. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$50* Dollars, for the year 1891.

Sworn to and subscribed before me, this the *10th* day of *Jan* 1902. *W H Winters* Post-office *Amstell*
John D. Aubrey

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

STATE OF GEORGIA,

Cobb County.

I, *John D. Aubrey* Ordinary of said County, do certify that I am well acquainted with *W H 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 under my official signature and seal, this *10th* day of *Jan* 1902.



John D. Aubrey Ordinary *Cobb* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *W H Winters* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *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 *10th* Regiment of *Miss* Volunteers, *Chalmers*'s Brigade; that whilst engaged in such military service in the State of *Kentucky*, on the *14th* day of *Sept* 18*62*, he was wounded, injured or diseased as follows:
By gunshot striking left leg between the knee and ankle breaking and fracturing both bones rendering applicant practically incompetent to perform the ordinary avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1903. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$50* Dollars, for the year 1902.

Sworn to and subscribed before me, this the *10th* day of *Jan* 1903. *W H Winters* Post-office *Amstell*
John D. Aubrey

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

STATE OF GEORGIA,

Cobb County.

I, *John D. Aubrey* Ordinary of said County, do certify that I am well acquainted with *W H 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 under my official signature and seal, this *15th* day of *Jan* 1903.



John D. Aubrey Ordinary *Cobb* County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colt COUNTY.

I, W. H. Winters hereby authorize
John F. Winters 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 18
day of Jan 1904.

Executed in presence of
J. M. Ginn

* W. H. Winters [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colt COUNTY.

I, W. H. Winters hereby authorize
John F. Winters of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
_____ by _____
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4
day of Jan 1905.

Executed in the presence of

* W. H. Winters [L. S.]

Winters, W. H.
Colt Co
CODE SECTION 1280.
(FOR THOSE ALREADY ENROLLED.)
No. 806.
DISABLED
SOLDIER'S PENSION
1904.
Name W. H. Winters
County Colt
Co. A 10. Regiment Miss
Disability Legs
Amount, \$ 50
JAN 25 1904

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

no date

Winters, W. H.
Colt Co
CODE SECTION 1280.
(FOR THOSE ALREADY ENROLLED.)
No. 809
DISABLED
SOLDIER'S PENSION
1905.
Name W. H. Winters
County Colt
Co. A Regiment 10th
Disability _____
Amount, \$ 50
JAN 23 1905.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Ordy
The Pension Division and Public-Works Co., ATLANTA
Geo. W. Harrison, Manager, for State Printer

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County

Personally appears

W H Winters

of

Cobb

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *Jan* 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 *10* th Regiment of *Miss* Volunteers *Chalmers* 's Brigade; that whilst engaged in such military service in the State of *Kentucky*, on the *14* day of *September* 1862, he was wounded, injured or diseased as follows:

By gunshot striking left leg between the knee and ankle breaking and fracturing both bones rendering applicant practically incompetent to perform the ordinary avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$50* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *18* day of *Jan* 1904.

W H Winters
Post-office *Austrie*

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

STATE OF GEORGIA,

Cobb County.

I, *John Arthur* Ordinary of said County, do certify that I am well acquainted with *W H 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 under my official signature and seal, this *18* day of *Jan* 1904.

John Arthur
Ordinary *Cobb* County.

AMx
your
seal
here.

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

STATE OF GEORGIA,

Cobb COUNTY

Personally appears

W H Winters

of

Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *Jan* 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 *10* th Regiment of *Miss* Volunteers *Chalmers* 's Brigade; that whilst engaged in such military service in the State of *Kentucky*, on the *14* day of *September* 1862, he was wounded, injured or diseased as follows:

By gunshot striking left leg between the knee and ankle breaking and fracturing both bones rendering applicant incompetent to perform the ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$50.00* Dollars, for the year 1904.

Sworn to and subscribed before me, this the *17* day of *January* 1905.

W H Winters
Post-office

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

STATE OF GEORGIA,

Cobb COUNTY

I,

W H Winters

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 *15* day of *Jan* 1905.

John Arthur
Ordinary *Cobb* County.

AMx
your
seal
here.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears W H Winters

of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States, (or of the State of Georgia) during the war between the States, and served as a Volunteer in Company W 1st Regiment of Volunteers Chilman's Brigade; that whilst engaged in such military service in the State of Georgia, on the 16 day of January 1866, he was wounded, injured or diseased as follows:

Disability by

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1905.

Sworn to and subscribed before me, this the

16 day of January 1906.

W H Winters

Post-Office Austrie

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

State of Georgia,

Cobb County.

I, John H. Winters

Ordinary of said County.

do certify that I am well acquainted with W H 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 under my official signature and seal this

day of January 1906.

Ordinary Cobb County.

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

State of Georgia,

Cobb County.

Personally appears W H Winters

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 18; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Volunteer in Company W, of 1st Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 16 day of January 1866, he was wounded, injured or diseased as follows:

Disability by

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1906.

Sworn to and subscribed before me, this the

16 day of January 1907.

Postoffice

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

State of Georgia,

Cobb County.

I, John H. Winters Ordinary of said County,

do certify that I am well acquainted with W H 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 under my official signature and seal this

day of January 1907.

Ordinary Cobb County.

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

Audited April 23 1889.

Wm A Mingle
COMPTROLLER GENERAL.

Cobb

Maimed Soldiers.

Voucher No. 2027

Amount, \$ 50.

Paid to M. H. Winters.
For Left leg disabled

April 20. 1889.

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK.

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

R. C. Brown

Cobb

Maimed Soldiers.

Voucher No. 1542

Amount \$ 50

Paid to M. H. Winters
For Leg disabled

July 20 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

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

R. C. Brown

Winters; W. H.
Cobb

1891.

Maimed Soldiers.

Voucher No. 2726

Amount \$ 50.

Paid to M. H. Winters
For Leg disabled

March 17 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

R. C. Brown

No. 2027

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.Atlanta, Ga. *Apr. 20* 1889.

Mr. *W H Winters* of the County
of *Cobb* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
Dec. 24, 1883, and the same having been examined and allowed for
Left leg disabled
He is entitled to receive the sum of *Fifty 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor.

W H Harrison

CLERK EXECUTIVE DEPARTMENT.

GOVERNOR.

50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100

Dollars,

per above voucher, this *20* of *April* 1889.*W H Winters**per R C Dawson*

No. 1542

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.Atlanta, Ga. *Feb 20* 1890

Mr. *W H Winters* of the County
of *Cobb* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
approved, Dec. 24, 1888, and the same having been examined and allowed for
Leg disabled
He is entitled to receive the sum of *Fifty* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

W H Harrison

CLERK EXECUTIVE DEPARTMENT.

GOVERNOR.

\$ *50*

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100

Dollars,

per above voucher, this *20* of *Feb* 1890*W H Winters*

George Cobb County:
 In Person appears
 J. M. Stone who on oath
 says he is acquainted
 with W. H. Winters of said
 County - that he has been
 acquainted with him for the
 past five or six years - that
 said W. H. Winters as a
 disabled Confederate Soldier
 has been drawing a Pension
 for the past three or four
 years - that I believe the
 said Winters was entitled
 to the Pension as drawn by
 him, and that he is as
 much or more disabled
 now than he was when
 he was first enrolled as
 a Pensioner.

Sworn to & subscribed
 before me. This April 27th 1891.
 J. M. Stone
 W. H. Winters etc

1891.

No.

2726

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga. March 17 1891.

Mr. W. H. Winters of the County
 of Cobb having filed his application in the Executive

Department for an allowance under the Act approved October 24, 1887, as amended by Acts
 approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Fifty Dollars
 He is entitled to receive the sum of Fifty Dollars
 for such disability, the same being the allowance due for the year ending October 24, 1891.

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

W. J. Harrison
 GOVERNOR.

By the Governor,

W. H. Harrison

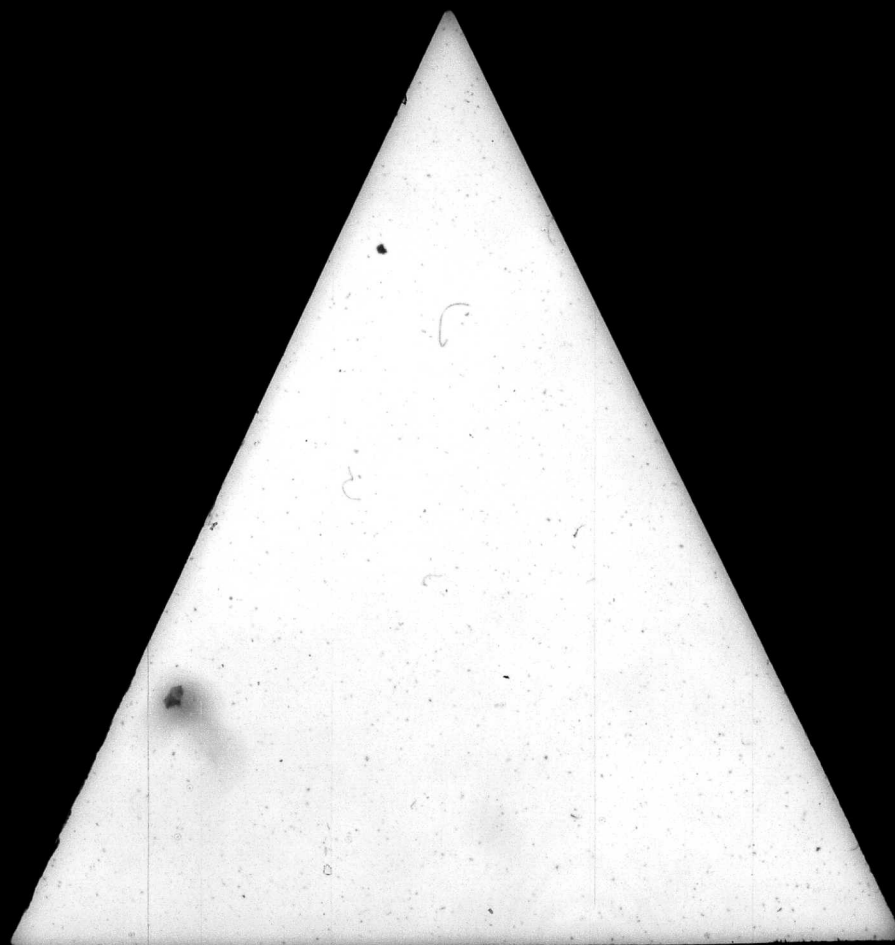
Sec'y EXECUTIVE DEPARTMENT.

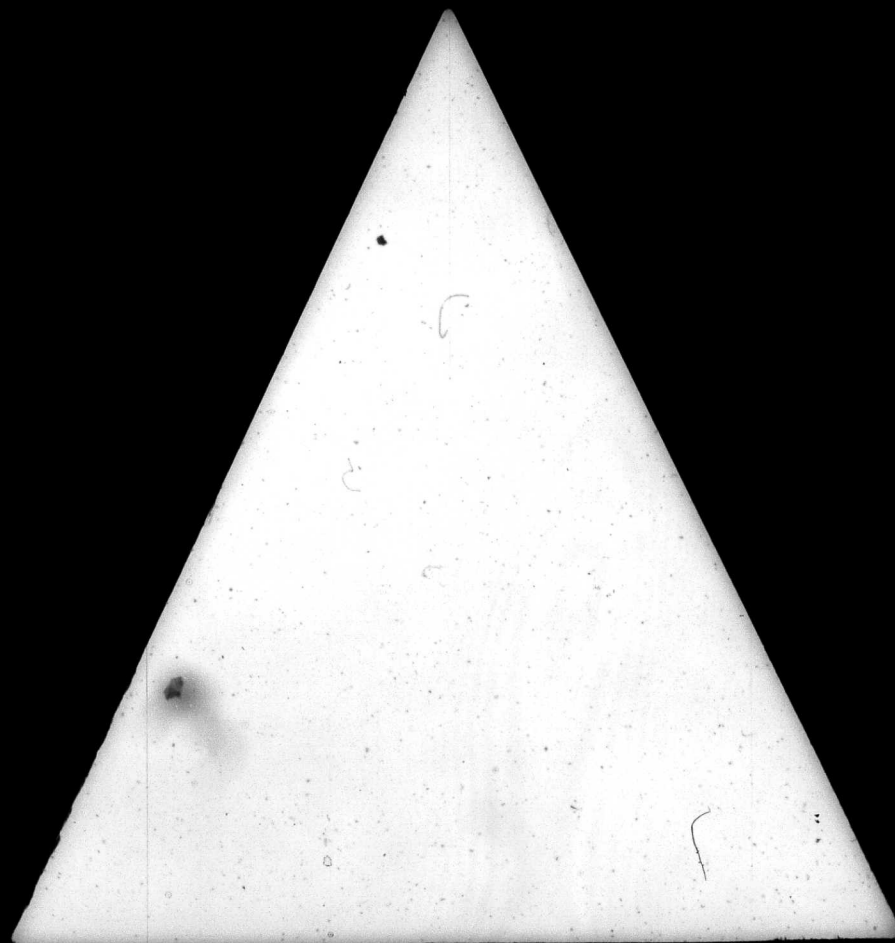
\$50

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

Fifty Dollars
 per above voucher, this 17 of March 1891.

W. H. Winters
 per R. C. Irwin





POWER OF ATTORNEY.

STATE OF GEORGIA:

Cobb COUNTY.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

my true and lawful attorney in fact, for

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of Nov 1894. [L.S.]

Executed in the presence of us

John Stone
Oring

DIRECTIONS.

Send money to me as follows, by

to

County, Georgia.

P. O.

Half a a
Cobb County

(For Those Already Enrolled.)

No. *1758*
(From Humday 1903)

Soldier's Pension.
1894.

Name *A. J. Wolf*
County *Cobb*
Disability *Lost arm*
Amount, \$ *50*

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

M. H. H.

Geo. W. Harrison, State Printer, Atlanta.

No. 12. 10

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

Know all Men by these Presents, That I,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *19th* day of *March* 1894.

Executed in the presence of us,

J. M. Stone
Orney

DIRECTIONS.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *20th* day of *March* 1895.

Executed in presence of us

J. M. Stone
Orney

DIRECTIONS.

Send money to me as follows, by *Bank* to *Cobb* P. O. *A. A. Wolf* County, Georgia.

(For Those Already Enrolled.)

3rd Monday 1903

1894.

Name *A. A. Wolf*
County *Cobb*
Disability *Disarm*
Amount, \$ *50* 1894.

27th

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO

M. A. H.

Geo. W. Harrison, State Printer, Atlanta.

No book

(For Those Already Enrolled.)

No. *352*

SOLDIER'S PENSION.

1895.

Name *A. A. Wolf*
County *Cobb*
Disability *Arm*
Amount, \$ *50⁰⁰* 1895.

3/4

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Atty - J. C. Davis

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

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

day of *Decr*, 18 *78*, that he enlisted in the military service of the Confederate States (or of the State of *Ala*) during the war between the States, and served as a *Private* in Company *B*, of *14th* Regiment of *Ala* Volunteers, *Peyor*'s Brigade; that whilst engaged in such military service at the battle of *Shimes Hill* in the State of *Va*, on the *27th* day of *June*, 1862, he was wounded as follows:

By a shell striking the right arm and hand, tearing said arm and hand, so that the lower joint of said arm was destroyed.

Deposent, on account of said wound is rendered practically incompetent to perform the ordinary manual avocations of

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

50 dollars, for the year 189 *3*

Sworn to and subscribed before me, this, the *17th* day of *Mar*, 1894. *A. A. Wolf*

John Stone Ordinary of said County.

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

STATE OF GEORGIA,

PERSONALLY appears

Cobb County, *John 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 *19th* day of *Mar*, 1894.

John Stone Ordinary *Cobb* County.

AMX your seal here.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

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

day of *Decr*, 18 *78*, that he enlisted in the military service of the Confederate States (or of the State of *Ala*) during the war between the States, and served as a *Private* in Company *B*, of *14th* Regiment of *Ala* Volunteers, *Peyor*'s Brigade; that whilst engaged in such military service at the battle of *Shimes Hill* in the State of *Va*, on the *27th* day of *June*, 1862, he was wounded as follows:

By a shell striking the right arm and wrist, tearing and dislocating said arm and wrist, so that deposent is rendered practically incompetent to perform the ordinary manual avocations of life.

Deposent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of

50 dollars, for the year 189 *4*

Sworn to and subscribed before me, this, the *20th* day of *Mar*, 1895. *A. A. Wolf*

John Stone Ordinary of said County.

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

STATE OF GEORGIA,

PERSONALLY appears

Cobb County, *John 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 *20th* day of *Mar*, 1895.

John Stone Ordinary *Cobb* County.

AMX your seal here.

Draw from Henry County in 1893

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, A. A. Wolf hereby authorize Richard Johnson
of Atlanta Ga

to receive and receipt for the pension paid hereon and request that he remit same to
me by A. B. Amiri

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5th

day of March 1896,

A. A. Wolf [L. S.]

Executed in presence of us

J. M. Stone
Comy.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, A. A. Wolf hereby authorize J. M. Stone
of Marquette Ga

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

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th

day of March 1897.

A. A. Wolf [L. S.]

Executed in presence of

(For These Already Enrolled.)

No. 2912

SOLDIER'S PENSION.

1896.

Name A. A. Wolf
County Cobb
Disability Right Arm
Amount, \$ 50.
95 — 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT PAYABLE TO

R. C. Amiri

Geo. W. Harrison, State Printer, Atlanta.

No data

(For These Already Enrolled.)

No. 3717

INVALID

SOLDIER'S PENSION.

1897.

Name A. A. Wolf
County Cobb
Disability Right Arm
Amount, \$ 50.
March 16 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

J. M. Stone

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears A. A. Wolf of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 1878; that he enlisted in the military service of the Confederate States (or of the State of Ala.) during the war between the States, and served as a Private in Company B, of 14th Regiment of Ala. Volunteers, Bryant's Brigade; that whilst engaged in such military service in the State of Va., on the 27th day of June 1864, he was wounded, injured or diseased as follows:

With piece of bomb shell striking the right arm between the elbow and wrist dislocating and destroying the joints rendering dependent, practically incompetent to perform the ordinary manual avocations of life

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Cobb county been allowed a pension of \$50 dollars, for the year 1896.

Sworn to and subscribed before me, this, the

5 day of March 1896.

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

STATE OF GEORGIA,

Cobb County.

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

5 day of March 1896.



Ordinary J. M. Stone Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears A. A. Wolf of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Decr. 1878; that he enlisted in the military service of the Confederate States (or of the State of Ala.) during the war between the States, and served as a Private in Company B, of 14th Regiment of Ala. Volunteers, Bryant's Brigade; that whilst engaged in such military service in the State of Va., on the 27th day of June 1864, he was wounded, injured or diseased as follows:

With piece of shell striking right arm between elbow and wrist dislocating and destroying the joints rendering dependent, practically incompetent to perform the ordinary manual avocations

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Cobb county been allowed an invalid pension of \$50 Dollars, for the year 1896.

Sworn to and subscribed before me, this, the

9th day of March 1897.

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

STATE OF GEORGIA,

Cobb County.

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

9th day of March 1897.



Ordinary J. M. Stone Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, A. A. Wolf hereby authorize J. W. Stone
of Marietta, Ga.

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

me by him
at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th
day of March 1898.

A. A. Wolf [L. S.]

Executed in presence of
M. J. Hamby,

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, A. A. Wolf hereby authorize
J. W. Stone of Marietta

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

me by him
at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2nd
day of March 1899.

A. A. Wolf [L. S.]

Executed in presence of

Wolf, A. A.
Cobb Co.

ACT OF 24 OCT., 1887.

(For Those Already Enrolled.)

No. 3355

INVALID

SOLDIER'S PENSION.

1898.

Name A. A. Wolf
County Cobb
Disability Sound
Amount, \$ 50
3/23 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Redm

Geo. W. Harrison, State Printer, Atlanta

No data

Wolf, A. A.
Cobb Co.

CODE SECTION 15A.

(For Those Already Enrolled.)

No. 3357

INVALID

SOLDIER'S PENSION.

1899.

Name A. A. Wolf
County Cobb
Disability Armed
Amount, \$ 50
3/9 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

J. W. S.

Geo. W. Harrison, State Printer, Atlanta

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears A. A. Wolf of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Dec. 1878; that he enlisted in the military service of the Confederate States (or of the State of Ala.) during the war between the States, and served as a Private in Company B, of 14th Regiment of Ala. Volunteers, Pryor's Brigade; that whilst engaged in such military service in the State of Va., on the 27th day of June 1862, he was wounded, injured or diseased as follows:

By piece of shell striking lower part of right arm and destroying wrist joint, and rendering applicant practically incompetent to perform manual avocations of life.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Cobb county been allowed an invalid pension of \$50. Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 7th day of March, 1898. } J. W. Stone POST-OFFICE Cobb Co. Ga.

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

STATE OF GEORGIA,

Cobb County.

I, J. W. Stone Ordinary of said County, do certify that I am well acquainted with 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 7th day of March, 1898.

Ordinary J. W. Stone Cobb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears A. A. Wolf of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Decr. 1878; that he enlisted in the military service of the Confederate States (or of the State of Ala.) during the war between the States, and served as a private in Company B, of 14th Regiment of Ala. Volunteers, Pryor's Brigade; that whilst engaged in such military service in the State of Va., on the 27 day of June 1862, he was wounded, injured or diseased as follows:

While engaged in the battle of Seven farns applicant was wounded by piece of shell striking in lower joints of right arm thereby rendering him practically incompetent to perform the ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$50 Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 15th day of Feb., 1899. } A. A. Wolf POST OFFICE Uxbridge Ga.

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

STATE OF GEORGIA,

Cobb County.

I, J. W. 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 Feb., 1899.

Ordinary J. W. Stone Cobb County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, A. A. Wolf hereby authorize J. M. Stoue
of Marietta, Ga.

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

me by him
at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 23rd
day of February 1900.

a. a. Wolf [L. S.]

Executed in presence of

J. J. Hamby

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, A. A. Wolf hereby authorize John
of Marietta

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

him by him
at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 23rd
day of January 1901.

a. a. Wolf [L. S.]

Executed in presence of

James M. Gann

CODE SECTION 128.

(For Those Already Enrolled.)

No. 2

INVALID

SOLDIER'S PENSION.

1900.

Name A. A. Wolf
County Cobb
Disability Armed
Amount, \$ 50.

Warrant issued Mar 7 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Stoue

Geo. W. Harrison, State Printer, Atlanta.

No date

CODE SECTION 128.

(For Those Already Enrolled.)

No. 176.

DISABLED

SOLDIER'S PENSION.

1901.

Name A. A. Wolf
County Cobb
Disability Armed
Amount, \$ 50.

Warrant issued Jan 15 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Stoue

Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears A. A. Wolf of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the day of Decr. 1878; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company B, of 14th Regiment of Ala. Volunteers, Peyor's Brigade; that whilst engaged in such military service in the State of Ala., on the 27 day of June 1862, he was wounded, injured or diseased as follows:

While engaged in the battle of Gause farm applicant was wounded by piece of shell striking in lower joints of right arm thereby rendering applicant practically incompetent to perform the ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$50 Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 23rd day of February 1900. A. A. Wolf Post Office Alfshaw, Ga.

J. M. Stone
Not. State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with 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 23rd day of February 1900.

Ordinary J. M. Stone County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears A. A. Wolf of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of December 1878; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company B, of 14th Regiment of Ala. Volunteers, Peyor's Brigade; that whilst engaged in such military service in the State of Ala., on the 27 day of June 1862, he was wounded, injured or diseased as follows:

While engaged in the battle of Gause farm applicant was wounded by piece of shell striking in lower joints of right arm thereby rendering applicant practically incompetent to perform the ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$50 Dollars, for the year 1900.

Sworn to and subscribed before me, this the 2nd day of January 1901. A. A. Wolf Postoffice Blanchard, Ga.

John Aubrey
Not. State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.

I, John Aubrey Ordinary of said County, do certify that I am well acquainted with 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 4th day of January 1901.

Ordinary John Aubrey County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, John A. Wolf hereby authorize

John A. Wolf 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 3rd

day of January 1902.

a a Wolf [L. S.]

Executed in presence of

J. M. Bann

WOLF, A. A.
Cobb County

CODE SECTION 154.

(FOR THOSE ALREADY ENROLLED.)

No. 306

DISABLED

SOLDIER'S PENSION
1902.

Name A. A. Wolf

County Cobb

Co. B Regiment 14

Disability 50

Amount, \$ 1/6 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

no data

WOLF, A. A.
Cobb County

CODE SECTION 154.

(FOR THOSE ALREADY ENROLLED.)

No. 307

DISABLED

SOLDIER'S PENSION
1903.

Name A. A. Wolf

County Cobb

Co. B Regiment 14

Disability 50

Amount, \$ 1/6 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, A. A. Wolf hereby authorize

John A. Wolf of

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

by by hand

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1

day of Jan 1903.

a a Wolf [L. S.]

Executed in presence of

John A. Wolf

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears

A. A. Wolf of Cobb

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

day of Dec 1878; 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 G, of 14th Regiment of Ala Volunteers, Pryor's Brigade; that whilst engaged

in such military service in the State of Va, on the 27 day of June 1862, he was wounded, injured or diseased as follows:

While engaged in the battle of Sauls Lane applicant was wounded by fire of shell striking in lower part of right arm thereby rendering applicant practically incompetent to perform the ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of

Cobb County, been allowed an invalid pension of \$50 Dollars, for the year 1901.

Sworn to and subscribed before me, this the 3rd day of January 1902. Post-office

John Anthony

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

STATE OF GEORGIA,

Cobb County.

I, John Anthony Ordinary of said County, do certify that I am well acquainted with

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

Given under my official signature and seal, this 3rd day of January 1902.

John Anthony

Ordinary Cobb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears

A. A. Wolf of Cobb

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

day of 1878; 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 G, of 14th Regiment of Va Volunteers, Pryor's Brigade; that whilst engaged

in such military service in the State of Va, on the 27 day of June 1862, he was wounded, injured or diseased as follows:

While engaged in the battle of Sauls Lane applicant was wounded by fire of shell striking in lower part of right arm thereby rendering applicant practically incompetent to perform the ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of

Cobb County, been allowed an invalid pension of \$50 Dollars, for the year 1902.

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

John Anthony

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

STATE OF GEORGIA,

Cobb County.

I, John Anthony Ordinary of said County, do certify that I am well acquainted with

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

Given under my official signature and seal, this 10th day of Jan 1903.

John Anthony

Ordinary Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }

hereby authorize

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

by cash check

at Powder Springs

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st

day of January 1904.

A. A. Wolf [L. S.]

Executed in presence of

J. M. Mann

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }

hereby authorize

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

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5th

day of January 1905.

A. A. Wolf [L. S.]

Executed in the presence of

J. M. Mann

Wolf, A. A.

Cobb Co.

CODE SECTION 1280.

(FOR THOSE ALREADY ENROLLED.)

No.

202

DISABLED

SOLDIER'S PENSION

1904.

Name

A. A. Wolf

County

Cobb

Co.

A Regiment 14

Disability, deputy to Am

Amount, \$136.00

JAN 25 1 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordry

Geo. W. Harrison, State Printer, Atlanta.

no data

Wolf, A. A.

Cobb Co.

(FOR THOSE ALREADY ENROLLED.)

No.

308

DISABLED

SOLDIER'S PENSION

1905.

Name

A. A. Wolf

County

Cobb

Co.

A Regiment 14

Disability

Amount, \$50

JAN 23 1 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordry

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *A A Wolf* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *Dec* 18*78*; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *private* in Company *B*, of *14*th Regiment of *Ala Vol* Volunteers *Byrnes*'s Brigade; that whilst engaged in such military service in the State of *Pa*, on the day of *June* 186*2*, he was wounded, injured or diseased as follows:

While engaged in the battle of Gettysburg applicant was wounded by fire of shell striking in lower joint of right arm thereby rendering applicant practically incompetent to perform the ordinary avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *50* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *1st* day of *January* 1904. *a. a. Wolf* Post-office

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

STATE OF GEORGIA,

Cobb County.

I, *John A. W. W.* 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 *2* day of *January* 1904.

Ordinary *Cobb* County.

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

NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally appears *A A Wolf* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *1878*; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *private* in Company *B*, of *14*th Regiment of *Ala Vol* Volunteers *Byrnes*'s Brigade; that whilst engaged in such military service in the State of *Pa*, on the *27* day of *June* 186*2*, he was wounded, injured or diseased as follows:

While engaged in the battle of Gettysburg applicant was wounded by fire of shell striking in lower joint of right arm thereby rendering applicant practically incompetent.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1905. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *50* Dollars, for the year 1904.

Sworn to and subscribed before me, this the *5* day of *January* 1905. *A A Wolf* Post-office

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

STATE OF GEORGIA,

Cobb COUNTY.

I, *John A. W. W.* 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 *5* day of *January* 1905.

Ordinary *Cobb* County.

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

NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *A A Wolf* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *Dec* 18*78*; that he enlisted in the military service of the Confederate States (or of the State of *GA*) during the war between the States, and served as a *private* in Company *B*, of *14*th Regiment of *Ala Vol* Volunteers *Byrns*'s Brigade; that whilst engaged in such military service in the State of *GA*, on the *27* day of *June* 186*2*, he was wounded, injured or diseased as follows:

While engaged in the battle of Gause's farm applicant was wounded by piece of shell striking in lower joint of right arm thereby rendering applicant practically incompetent to perform the ordinary avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *50* Dollars, for the year 1903.

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

Post-office

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

STATE OF GEORGIA,

Cobb County.

I, *John A. W. W.* 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 *2* day of *January* 1904.

Ordinary

County.

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

NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *A A Wolf* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *1878*; that he enlisted in the military service of the Confederate States (or of the State of *GA*) during the war between the States, and served as a *private* in Company *B*, of *14*th Regiment of *Ala Vol* Volunteers *Byrns*'s Brigade; that whilst engaged in such military service in the State of *GA*, on the *27* day of *June* 186*2*, he was wounded, injured or diseased as follows:

While engaged in the battle of Gause's farm applicant was wounded by piece of shell striking in lower joint of right arm thereby rendering applicant practically incompetent.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1905. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *50* Dollars, for the year 1904.

Sworn to and subscribed before me, this the *5* day of *January* 1905.

Post-office

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

STATE OF GEORGIA,

Cobb County.

I, *John A. W. W.* 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 *5* day of *January* 1905.

Ordinary

County.

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

NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, *A. A. Wolf*

hereby authorize

of

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

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *8*

day of *Jan* 1906.

A. A. Wolf [L. S.]

Executed in the presence of

J. M. Gann

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, *A. A. Wolf*

hereby authorize

of

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

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10*

day of *Jan* 1907.

A. A. Wolf [L. S.]

Executed in presence of

J. M. Gann

Cons Section 1250.
(FOR THOSE ALREADY ENROLLED.)

No. *295*

DISABLED SOLDIER'S PENSION 1906.

Name *A. A. Wolf*

County *Cobb*

Co. *4th* Regiment

Disability

Amount, \$ *50*

1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

The Pensioners and Pensions Co., Geo. W. Manning, Mgr.

no data

Cons Section 1250.
(FOR THOSE ALREADY ENROLLED.)

No. *259*

DISABLED SOLDIER'S PENSION 1907.

Name *A. A. Wolf*

County *Cobb*

Co. *4th* Regiment *Ala.*

Disability *gone*

Amount, \$ *50*

JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Manning, STATE PRINTER, ATLANTA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears A. A. Wolf of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of _____ 18____; that he enlisted in the military service of the Confederate States, (or of the State of _____) during the war between the States, and served as a _____ in Company G, 14th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows:

Right arm injured

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1905.

Sworn to and subscribed before me, this the _____

day of January, 1906.

Post-Office _____

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

State of Georgia,

Cobb County.

I, John A. Wolf 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 _____

day of January, 1906.

Ordinary

Cobb County.

AMZ
your
seal
here

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

State of Georgia,

Cobb County.

Personally appears A. A. Wolf of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of _____ 18____; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a _____ in Company G, of 14th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows:

Right arm disabled

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1906.

Sworn to and subscribed before me, this the _____

day of January, 1907.

Postoffice _____

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

State of Georgia,

Cobb County.

I, John A. Wolf 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 _____

day of January, 1907.

Ordinary

Cobb County.

AMZ
your
seal
here

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

GEORGIA, County.

I, Ordinary of said county, do certify
that I personally know the applicant, and that she
is the lawful widow of and was on
the Pension Roll of said county, and was paid
a Pension from county for 19....., and at the time
of his death on the day of 1914, there was due to
him and unpaid his Pension of Dollars from the State
of Georgia, and I know the within
witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this day of 1914.

..... Ordinary,
..... County.

Wolf, A. A.
Cobb County
See Register
for 1914
No.

1914

**Application for Pension Due
Deceased Soldier**

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY

Mrs. *A A Wolf*
Widow of *A A Wolf*
of *Cobb* County
Co. Regt. Vols.

Approved and paid

1914.

J. W. LINDSEY,
Commissioner of Pensions

GEORGIA, County.

I hereby authorize and constitute of said county, my
lawful attorney to collect and receipt for me in my name the Pension due me for 19..... through my
deceased husband, who was on
Pension Roll and paid from for 19.....
Witness my hand this day of 19.....
Attested before me: }

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA, *Cobb* County.

Personally before me comes Mrs. *Laura C. Wolf*, of said county, after being duly sworn, on oath says that she is the widow of *A. A. Wolf* who was duly enrolled as a *Private* Pensioner from the county of *Cobb* and was paid a Pension of *\$50.00* Dollars from *Cobb* county for 1913, and that the said *A. A. Wolf* died in *Cobb* county on the *6* day of *Jan.* 1914, and at the time of his death a Pension of *\$50.00* was due him from *Cobb* county and unpaid for 1914. Applicant further swears that she married the said *A. A. Wolf* on the *20th* day of *August* 1872, in *Dunwoody* county and State of *Ga.* and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this *25* day of *April* 1914.
Lindley Ballantyne Ordinary. } *Mrs. A. A. Wolf* (L. S.)
Cobb County.

AFFIDAVIT OF WITNESS.

GEORGIA, *Cobb* County.

Personally before me comes *A. W. Florence*, who on oath says that he knew *A. A. Wolf* while in life and that he knows *Mrs. A. A. Wolf* the above applicant; that he knows that the said *Laura C. Wolf* and *A. A. Wolf* were in due form of law married in the county of *Dunwoody* in the State of *Ga.* on the *20th* day of *August* 1872, and that they resided together as husband and wife from date of marriage to the day of his death on the *6* day of *Jan.* 1914, and I now know that she is his dependent widow.

Sworn to and subscribed before me this *24* day of *April* 1914.
Lindley Ballantyne Ordinary. } *A. W. Florence*
Cobb County.

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

Powder Springs
Cobb County Ga

March 13th 1894

To J M Stone ordinary of
said county

Dear Sir

Mr A. A. Wolf the bearer of this
is a citizen of our district and
lives near our town
has been living here all this year

Yours &c

Uriah Mathews MD
& 249 P

Powder Springs Mar 19-94
Mr J. M. Stone
Marietta Ga

Dear Sir

I hereby certify that
I know the bearer of this letter to
be Mr A. A. Wolf, an honorable
upright gentleman, He lives on
my place, and desires to be
made acquainted with you -

Very Truly

James H. Smith
John B. Bennett

Uncle Mathews No
2 Exp 88

Powder Springs Mar 19-94
Mr J. M. Stone
Marietta Ga
Dear Sir

I hereby certify that
I know the bearer of this letter to
be Mr A. A. Hall, an honorable
spright gentleman, He lives on
my place, and desires to be
made acquainted with you -
Very Truly

James H. Smith
John B. Bennett

James H. Smith
John B. Bennett



You are hereby authorized to join
Alva A. Wolf and *Laura B. Meese*
in the Holy State of Matrimony according to the Constitution
and Laws of this State and for so doing this shall be your License.
And you are hereby required to return this License to me
with your Certificate hereon of the fact and date of the Marriage.
Given under my hand and seal this *13* day of
Aug *1877* *G. M. Nolan* (L.S.)
Ordinary

STATE OF GEORGIA **CERTIFICATE** COUNTY OF HENRY
I Certify that *Alva A. Wolf* and *Laura B. Meese*
were joined in Matrimony by me this *13* day of *Aug* *Nineteen Hundred*
and *1877*
Recorded *191* *W. M. Michael*
Ordinary



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

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

Given under my hand and seal this *12* day of
Aug *1877* *J. M. Nolan* (L.S.)
Ordinary.

STATE OF GEORGIA **CERTIFICATE** COUNTY OF HENRY

I Certify that *Alva A. Wolf* and *Laura C. Meek*
were joined in Matrimony by me this *13* day of *Aug* *Nineteen Hundred*
and *1877*

Recorded *191*
Ordinary.

W. M. Michael
W. M.

Georgia Henry Society:-

Oct. 24-1914

Alb Harris
only Henry C. H.

MARRIAGE LICENSE

8

AND

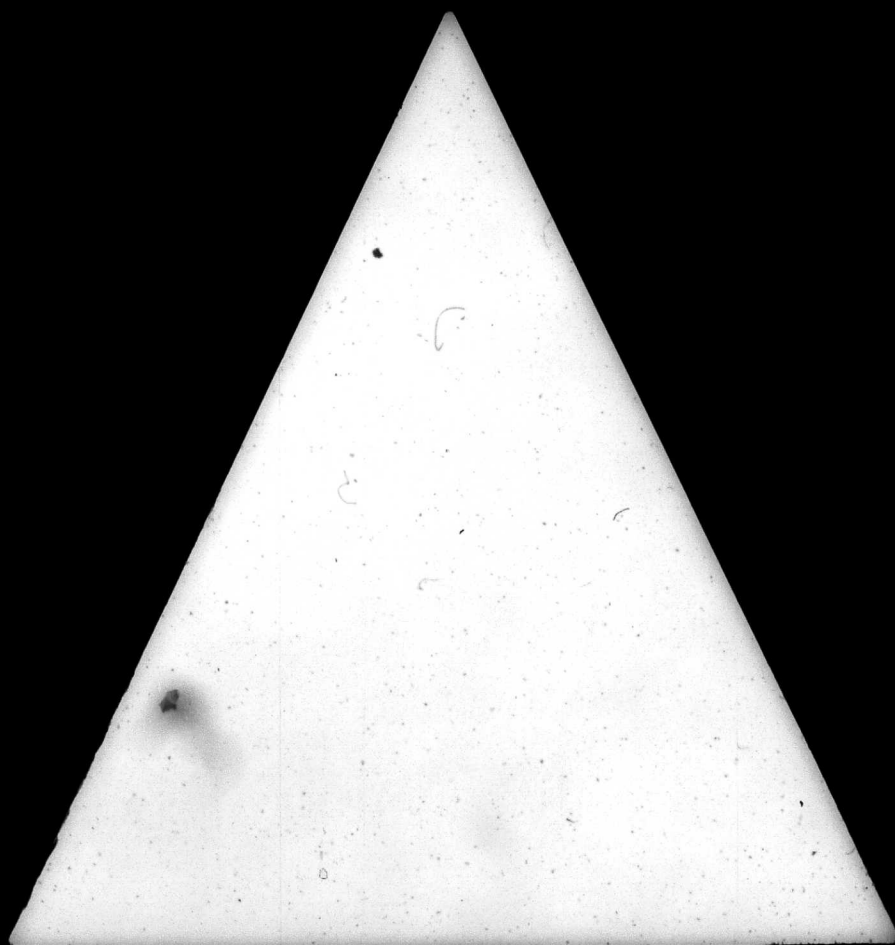
Issued _____ **191** _____

191

and Recorded on Page _____ Book _____

of Marriage Licenses

Ordinary



Ordinary's Certificate

STATE OF GEORGIA

COUNTY }

I, John C. Wolk Ordinary of said County, do certify
that Anna C. Wolk the applicant for pension. See

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, trust-
worthy, and their statements are entitled to full faith and credit

Sworn under my hand and official seal of office this 29 day of Oct 1919
(SEAL) John C. Wolk Ordinary,
County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
"You shall give all the truth and nothing but the truth, and you shall make to each of the questions asked you and the witnesses
you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank space is insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by
himself.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general
reputation.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Cobb

Name Anna C. Wolk

Widow of A. A. Wolk

Company G

Regiment 14 Ala. Inf.

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919.

Nov 1920
Wolk, Anna C.
No. Cobb Co.

COUNTY.

I, J. M. Gause Ordinary of said County, do certify that I know Laura C. Wolf 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 this 28 day of Oct 1919

(SEAL)

J. M. Gause Ordinary,
Cobb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Widow's Pension

Under Act 1910 as Amended by Act of 1919.

County

Name

Widow of

Company

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byd Printing Co. State Printer, Atlanta.

10-30-1919

As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,

COUNTY.

Personally before me comes Laura C. Wolf 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? Laura C. Wolf
2. How long and since when have you been a continuing resident of the State of Georgia? Over 50 years
3. When, where and to whom were you married? August 12, 1872, Henry G. G.
G. A. A. Wolf
- a. Have you married since the death of first and soldier husband? No
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) July 24, 1861
Washington, Ala. as Co. G, 14th Regiment Alabama Infantry
5. When and where did the commands of your husband surrender or discharge from the army? Conf. Bay

6. Was your husband personally present at the time of the surrender or discharge of this command? No
he was wounded in June 1863, and was discharged in August 1863
from further service on act of said wound

7. If he was not present state clearly where he was? In Virginia
8. Where was his command when he left? Discharged
- a. For what cause did he leave his command? Discharged for duty on account of wound
- b. By whose authority did he leave his command? Discharged
- c. For how long was he granted leave of absence? Not good
- e. What was his physical condition when he left his command? Not good
- f. What effort did he make to return to his command? No
- g. In what way was he prevented from going back to Command? No
- h. Was he captured by the enemy at any time? No
- 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? January 6, 1914, Cobb County Ga
- k. Were you residing together when he died? Yes
- l. If not, how long had you resided apart? Were living together
- m. Are you now a widow? Yes
9. Have you or your husband heretofore been paid a pension by the State? Yes

If so, when and for what cause were you or your husband placed on the roll? My husband received pension on act of wound received war, until his death

Sworn to and subscribed before me this the

day of October 1919

J. M. Gause Ordinary,
Cobb County.

(SEAL)

Laura C. Wolf

Georgia Cobb County:

Personally appeared before the undersigned, Ordinary of said County, Mrs. Laura C. Wolf who being duly sworn, on oath says, th t she is the widow of A. A. Wolf, late of said County, deceased, that the said A. A. Wolf was an ex-confederated soldier, enlisting in the service of the Confederate States in the State of Alabama. She further swears that she is unable to find living witnesses as to his service, that she herewith attaches his service record as furnished by the War Department, asks that the same be allowed as evidence in proof of her late husband's service.

Laura C. Wolf

J. M. Lamm
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 says 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 Jan'y. 6, 1914.

J. S. Vaughan

Sworn to and subscribed before me
this October 2, 1919.

J. W. Mize AP & J. P.

STATE OF GEORGIA.

Cobb

COUNTY.

Personally before me comes Mrs. Laura C. Wolf who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? Laura C. Wolf
Pondus Springs Ga.
2. How long and since when have you known _____ applicant?
3. How long and since when has she continuously resided in this State? (Give date.) _____
4. When and to whom was she married? _____ How do you know?
5. How long and since when did you know _____ her husband?
6. When and where did _____ the husband of applicant, die?
7. Were the applicant and her husband living together as husband and wife at the date of his death?
8. If not, how long did they live apart before his death? _____ Were they divorced?
9. When, where and in what Company and Regiment did _____ enlist?
10. Were you a member of the same Company?
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment?
12. When and where did his Command surrender, and was discharged?
13. Were you personally present when it was surrendered? _____ If not, where were you _____ and how came you there?
14. Was the husband of applicant personally present at surrender? _____ If not where was he? _____ When, where and for what cause did he leave Command? (Give date.) _____ By whose authority did he leave his Command? _____ And how long was he granted leave? _____ How do you know all this?
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the

_____ day of _____ 19__

Ordinary

of _____ County.

(SEAL)

Fifty Dollars on Funeral Expenses of Mrs. L. C. Wolf
 Mrs. Wolf having Fifty Dollars having previously
 been paid to her Estate
 December 14-1927. E. C. Wolfe

WOLF, L. C. (Mrs.)

For: WOLF, L. C. County

1926

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

Date of Death: Nov. 5, 1926

Amount \$ 225.00

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

Approved and ordered paid
 JUN - 4 1927. JOHN W. CLARK,
 Commissioner of Pensions

\$50.00 already paid on this claim

JOHN W. CLARK
 COMMISSIONER OF PENSIONS

State of Georgia
 Pension Department
 Atlanta Ga.

May 24, 1927.

To the Ordinary:

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 282

Residence Phone 388

L. W. Engelhardt
 Funeral Director and Embalmer

Fort Myers, Florida
 Nov, 6th; 1926.

Sold to	E.C.Wolf	For	Laura C.Wolf (Deceased)
II/6th;-26	Removal charges	15.00	
	Bathing & Dressing	5.00	
	Embalming	35.00	
	Casket Comp.	125.00	
	Shipping Case	40.00	
	Personal Services	5.00	
		<u>\$225.00</u>	

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

Witness C. M. Hamrick.

Notary Public, State of Florida at Large
 My Commission expires July 15th, 1930.
 C. M. Hamrick

My Commission expires July 15th, 1930.

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 E. C. Wolfe

SUBSCRIBED TO, AND SUBSCRIBED BEFORE ME THIS, 20th DAY OF JUNE 1927.

Ordinary, Cobb County, Georgia.

Swift's Fertilizers
"It pays to use them"



"BONE-BONE"
Red Steer Brand

Swift & Company

Producers of
Blood - Bone - Tankage
Manufacturers of
High Grade Fertilizers

Grant Building
Atlanta, Ga.
Nov. 8, 1927.

Principal Packing Plants

Chicago, Ill.
Kansas City, Kana.
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.

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 daughter 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 advised me that it would be necessary for me to make affidavit that mother owned no property before the claim could be approved, this was promptly done and forwarded to you. Several weeks later I called by your office and inquired about the claim. One of 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 office immediately, and you explained your books were recently audited, and auditor informed you that you could only pay the unpaid 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 I have not had the pleasure of hearing from you.

Swift's Fertilizers
"It pays to use them"



"BONE-BONE"
Red Steer Brand

Swift & Company

Producers of
Blood - Bone - Tankage
Manufacturers of
High Grade Fertilizers

Grant Building
Atlanta, Ga.

#2.

Principal Packing Plants

Chicago, Ill.
Kansas City, Kana.
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.

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.

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

very respectfully yours,

E.C. Wolfe

ECW/W.

Fertilizer Factories

Atlanta, Ga.
Albany, Ga.
Baltimore, Md.
Chicago, Ill.
Chester, S. C.
Cleveland, Ohio
Columbia, S. C.
E. St. Louis, Ill.
Kansas City, Kana.
Moultrie, Ga.
Harvey, La.
Savannah, Ga.
Shreveport, La.
So. St. Joseph, Mo.
So. Omaha, Nebr.
So. St. Paul, Minn.
West Hammond, Ill.
Wilmington, N. C.
La Grange, Ga.
Greensboro, N. C.
Fort Worth, Texas
Toccoa, Ga.
North Portland, Ore.

Georgia Henry County.
J. G. Harris ordinary
of said County- certify that the within
is a full, true & comple copy of marriage
license of persons named therein,
as the same appears of record and file
in this office.

Witness my hand and seal of said County

at McDonough Ga

June 14/1919.

A. G. Harris,
Ordinary

MARRIAGE LICENSE

OF

Thos. H. Wolf

AND

Laura C. Wood

Issued Aug 13 1919

and Recorded on Page 10 Book

of Marriage Licenses

Geo. W. Nelson
Ordinary

MARRIAGE LICENSE

OR

Alfred Wolf

AND

Laura C. Wood

Issued *Aug 13 1919*

and Recorded on Page *10* Book

C of Marriage Licenses

Geo. W. Nelson
Ordinary

at *M. Dunning* Ga
June 14/1919
A. L. Harris



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

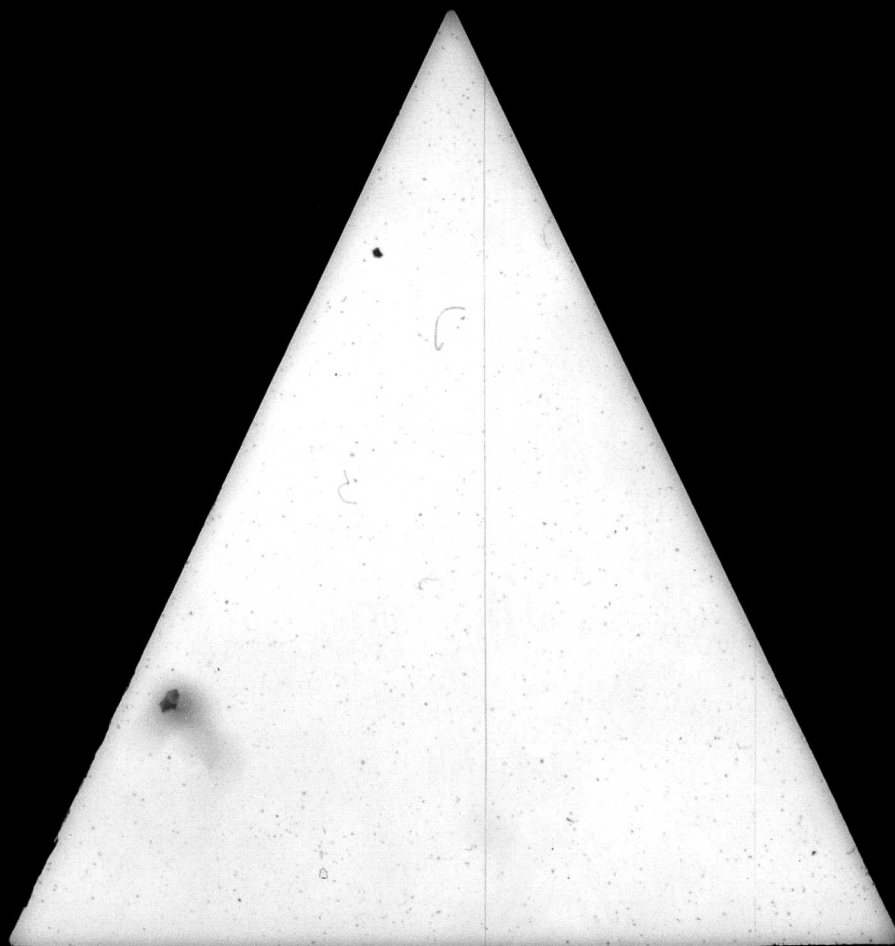
You are hereby authorized to join
Alva A. Wolf and *Laura C. Welch*
in the Holy State of Matrimony according to the Constitution
and Laws of this State and for so doing this shall be your License.
And you are hereby required to return this License to me,
with your Certificate hereon of the fact and date of the Marriage.
Given under my hand and seal this *13th* day of
August ~~1872~~ *1872* *J. M. Nolan* (L.S.)
Ordinary.

STATE OF GEORGIA **CERTIFICATE** COUNTY OF HENRY
I Certify that *Alva A. Wolf* and *Laura C. Welch*
were joined in Matrimony by me this *13th* day of *August* *Nineteen Hundred*
and *1872*.
Recorded _____ 191 _____
Ordinary. *W. G. McMichael*
W. G.



You are hereby authorized to join
Alvord A. Wolf and *Laura C. Welch*
in the Holy State of Matrimony, according to the Constitution
and Laws of this State and for so doing this shall be your License.
And you are hereby required to return this License to me,
with your Certificate hereon of the fact and date of the Marriage.
Given under my hand and seal this *13th* day of
August *1872* *J. M. Nolan* (L.S.)
Ordinary.

CERTIFICATE
STATE OF GEORGIA COUNTY OF HENRY
I Certify that *Alvord A. Wolf* and *Laura C. Welch*
were joined in Matrimony by me this *13th* day of *August* *Nineteen Hundred*
and *1872*.
Recorded *191*
Ordinary. *W. G. McMichael*
W. G.



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }

I, _____ hereby authorize

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

at _____ day of _____ 190 _____

Witness my hand and seal, this _____ day of _____ 190 _____ [L.S.]

Executed in presence of _____

Mar 4 1862
Signed this way

Wood, L. J.
No. 190
1862

INDIGENT PENSION.

190

Name L. J. Wood

County Cobb

Co. D 42 Ga Regt.

Approved _____ 190 _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

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

7/28/06

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 190 _____

[L. S.]

Executed in presence of _____

W. A. C. 100
S. 100

INDIGENT PENSION.

190

Name L. J. Wood
County Calhoun
Co. 9 42 Ga Regt.

Approved _____ 190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

*Ordinary will write name of Applicant, Company and Regiment on back as indicated above.
Franklin Printing and Publishing Co. Geo. W. Harrison, Mgr. Atlanta, Georgia.

7/28/06

STATE OF GEORGIA
Calhoun County.

_____ of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice.)
Lydon, Henry Leoby Co Ga
2. How long and since when have you been a resident of this State?
About 70 years - Since 1835
3. When and where were you born?
Aug 1/1835 - Miller Co Ga
4. When and where and in what company and regiment did you enlist or serve?
Maid 4/1862 - Atlanta Ga, Co S. 42nd Regt Ga Inf
5. How long did you remain in such company and regiment?
till end of war
6. When and where was your company and regiment surrendered and discharged?
May 1864 - in Mt Carolina
7. Were you present with your company and regiment when it was surrendered?
No
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
a prisoner of Capt Chase Phil, came to Capt Leoby's company - by their authority
9. How much can you earn (gross) per annum by your own exertions or labor?
nothing
10. What has been your occupation since 1865?
farmer
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"?
Age & poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?

13. What property, real and personal, or income, do you possess, and its gross value?
None
14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same?
None
15. In what County did you reside during those years, and what property did you then return for taxation?
Miller & Calhoun Counties Ga
16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905?
by own labor & outside help
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?
about \$200 per year
18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year?
farmer
19. Have you a family? If so, who composes such family? Give their means of support. Have they a home, stand, or other property? Their ages and how employed?
self support, no means of support, & no property
20. Are you receiving any pension? If so, what amount and for what disability?
No
21. Have you ever made an application for pension before?
No
22. How many applications have you ever made and under what class?
none

Sworn to and subscribed before me this the _____

27 of July 1906
John Lindsey Ordinary.
of Calhoun County.

L. J. Wood

Applicant.

Every Question MUST Be Answered.

STATE OF GEORGIA,

Dutton

COUNTY

of said State and County, having been presented as a witness in support of the application of L. P. Thomas 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? L. P. Thomas & M. Armistead
2. Are you acquainted with L. P. Thomas, the applicant: if so how long have you known him? Yes since 1862
3. Where does he reside, and how long and since when has he been a resident of this State? Living Station Cobb County Ga - 7 1/2 years
4. When, where and in what company and regiment did he enlist, and how do you know? March 4th 1862 - Atlanta Ga - Co. I 42nd Regt
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? About 4 years
7. When and where was his command surrendered? Rich Pt - Meade
8. Were you present when it surrendered? Yes
9. Was applicant present? No
10. If he was not present, where was he? at Camp Chase
- When did he leave his command? April 8th 1862 For what cause? over
- By what authority he left? was in same command How do you know all of this?
11. What property, effects or income has the applicant? (Give your means of knowledge.) None
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? None
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? None that I know of
14. What is the applicant's occupation and physical condition? farmer - when able to work
15. Is the applicant unable to support himself by labor of any sort; if so, why? Yes - on account of old age & infirmity
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? by family & own efforts
17. What portion of his support for these four years was derived from his own labor or income? About 1/3
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code see Gilbert Tennant & C. J. Nolan - M.D. statements
19. Who composes family? What property have they? (Children's ages and their earning capacity?) Themselves & wife
20. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the

28th day of July 1906

John A. Wilson Ordinary.

Witness

STATE OF GEORGIA,

Cobb

COUNTY

Personally came before me C. J. Nolan and Gilbert Tennant, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Lewis Wood

L. Wood, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Right hand swollen as result of rheumatism - left knee and hip also affected from same cause. He is unable to use right arm for any kind manual labor

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the

27th day of July 1906

John A. Wilson Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb

COUNTY

I, John A. Wilson Ordinary, in and for said County, hereby certify that the applicant Lewis Wood resides in said County, and has been a bona fide resident of this State since the _____ day of _____ 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 answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digest of _____ County shows that applicant returned for taxation in his name in 1901 _____ Dollars of property, and in 1902 4500 Dollars of property; in 1903 29000 Dollars of property; in 1904 29000 Dollars of property; in 1905 29000 Dollars of property.

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

Witness my hand and seal of office, this 27 day of July 1906
John A. Wilson Ordinary.
of _____ County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }

I, H. J. Wood, hereby authorize
John Anthony of _____
to receive and receipt for the pension allowed, and request that he remit same to:
_____ at _____
by _____

WITNESS my hand and seal, this 5 day of Jan 1907.

H. J. Wood [L. S.]

Executed in presence of

J. M. ...

Wood, J. J.

Cobb Co.

Class Service 1254
(FOR THOSE ALREADY ENROLLED)

No. 680

INDIGENT
SOLDIER'S PENSION
1907.

Name H. J. Wood

County Cobb

Co. 42 74 Regiment

WARRANT ISSUED

JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HANCOCK, STATE PAINTER, ATLANTA.

ms dato

State of Georgia,

Cobb County.

Personally appears G. J. Wood of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1 day of May 1894; that he is 71 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served for the term of 3 in Company 1, of 42nd Regiment of Ga. vols; that his physical condition is as follows: Age & Poverty

that his property consists of the following items:

Nothing of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1907.

Sworn to and subscribed before me, this the

5 day of May 1907.

Ordinary.

G. J. Wood

State of Georgia,

Cobb County.

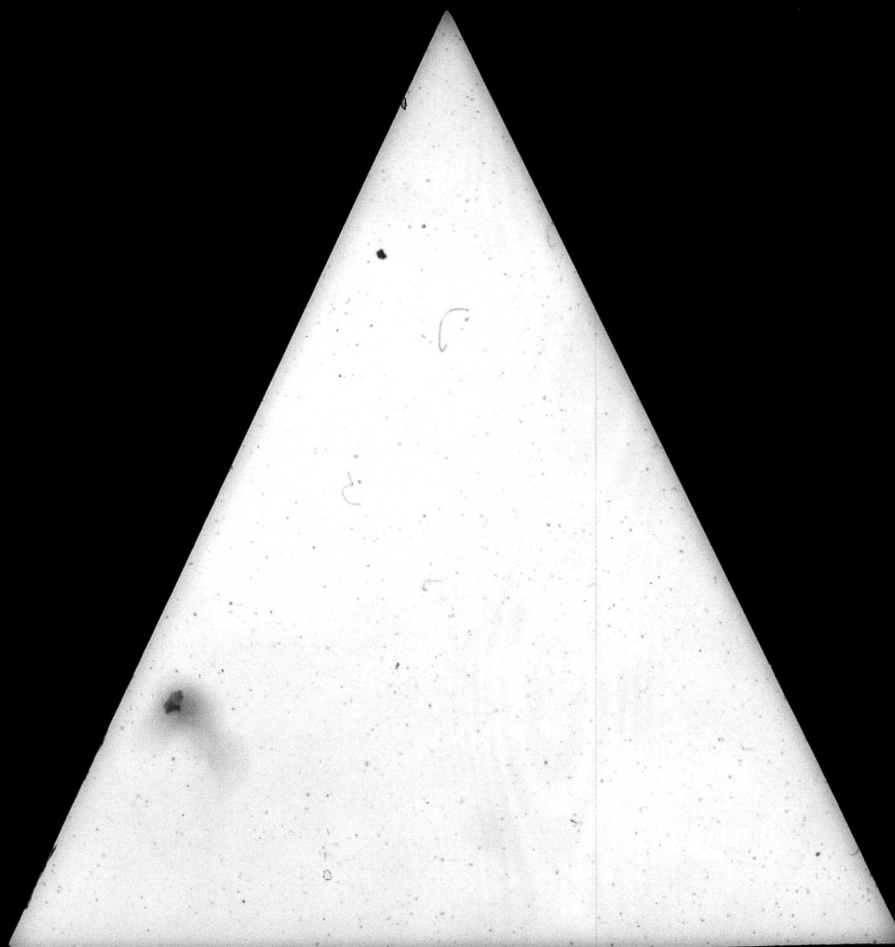
I, John Aubrey Ordinary of said County,

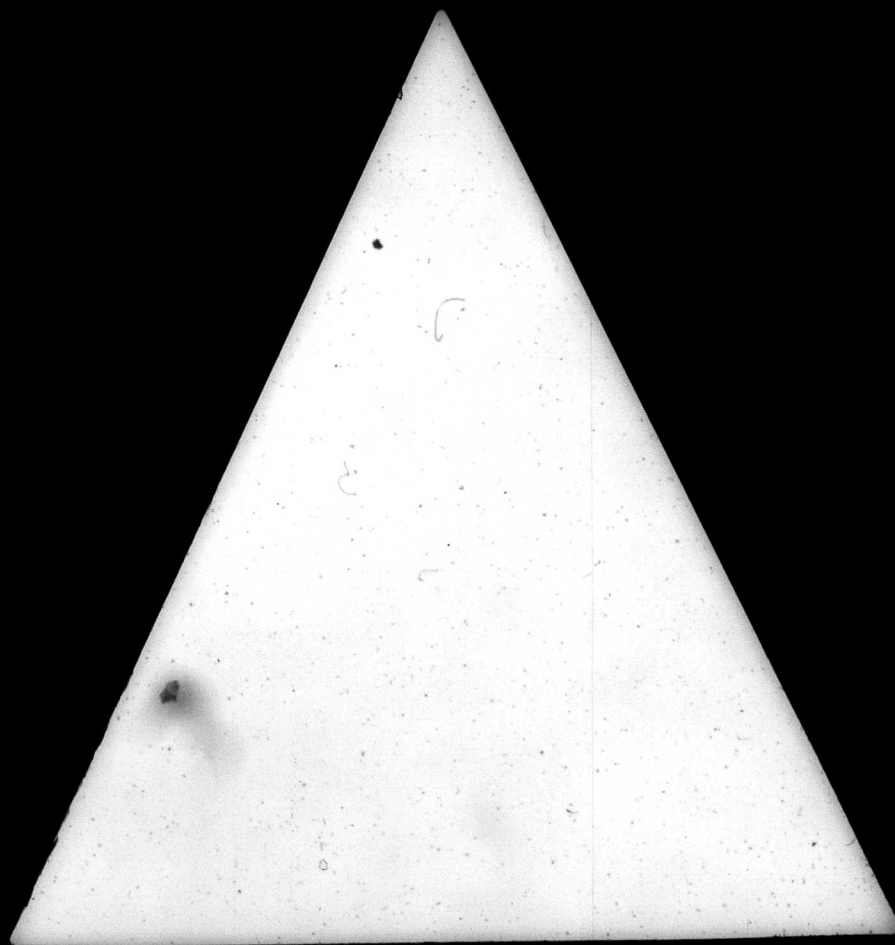
do certify that I am well acquainted with G. J. Wood the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this 5 day of May 1907.

Ordinary Cobb County.

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





Ex Sept 7 1896
 Applicant is asked -
 Was not your husband
 named as a prior to
 your marriage?
 Rich Johnson
 Sec

~~Woodruff S.D.~~
~~Cobb County~~

No. 3894
 Widow's Pension,

1896

Mrs. S.D. Woodruff

County of Cobb

Widow of H.J. Woodruff

Warrant issued 276 1896

and handed to

Jm Stone

RICHARD JOHNSON,
 Sec. Ex. Dept.

DEO W. HARRISON STATE PRINTER

POWER OF ATTORNEY.

STATE OF GEORGIA.

I, Robert S. Woodruff County of Cobb State of Georgia hereby authorize

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

Witness my hand and seal this 13th day of January 1896

Robert S. Woodruff by Jm Stone
my

I, Cobb County, Mrs. S. D. Woodruff hereby authorize J. M. Stone to receive and receipt for the pension allowed and request that he remit same to J. M. Stone at 13th day of Jan by 1896

Witness my hand and seal this 13th day of Jan 1896

Executed in presence of G. W. Fleming Mrs. S. D. Woodruff

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA, } Personally came Mrs. S. D. Woodruff
COUNTY OF _____ who says on oath she is the
widow of W. S. Woodruff to whom, in the County of
Cobb State of GA, she was married on the
10 day of March 1894, that she remained his wife up to the 25
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 Cobb County, in said State of
Georgia, and was on the invalid pension roll of the State of Georgia, having been allowed a pension of
\$50.00 per annum 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 right hip - fracturing the bones - almost killing him -
that the cause of his death was as follows (here set out fully the facts connected with and causing death):

He suffered from that time till his death with the wound. It was a running sore - Corruption often came from the inside. He suffered constantly with the wound and suffered internally and died from the effect of the wound.

Deponent further says that she is now a resident of Cobb County and has continuously resided in the State of Georgia since the 20 day of Jan 1896.

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 Jan 1896 -

J. M. Stone
County Clerk.

Mrs. S. D. Woodruff
County Clerk.

NOTE—All blank spaces must be filled before signing.

Widow's Pension,

1896

Mrs. S. D. Woodruff

County of Cobb

Widow of W. S. Woodruff

Warrant issued 27/6 1896

and handed to J. M. Stone

RICHARD JOHNSON,
Sec. Ex. Dept.

Geo. W. HARRISON STATE PRINTER

Ex. Dept. 7th Feb 1896
app. sent to act. -
was not from business
now it is for a
one more?
R. S.

POWER OF ATTORNEY.

State of Georgia,

I, Mrs S D Woodruff County Cobb
 Minetta me hereby authorize Jul Stone
 to receive and receipt for the pension paid hereon and request
 that he remit same to me at by him
 In Witness Whereof, I have hereunto set my hand and seal, this
 day of July 1898.

Executed in the presence of

Mrs S D Woodruff

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

STATE OF GEORGIA, County of Cobb

I, J M Stone Ordinary in and for said County of
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.
S D Woodruff the applicant for a pension in this case, and
 know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she
 resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not
 lived out of the State since that date. That she is the widow of W H Woodruff
 deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
 the 4th day of July 1897.

{ SEAL }

Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA,

I, S D Woodruff County Cobb
Minetta hereby authorize Jul Stone
me to receive and receipt for the pension paid hereon and request
 that he remit same to me by him
 In Witness Whereof, I have hereunto set my hand and seal, this
 day of July 1897.

Executed in the presence of

J M Fleming

Mrs S D Woodruff

For Those Heretofore Paid.

1898.

NO. 3675

WIDOW'S PENSION,

For year ending February 15th, 1898.

Mrs S D Woodruff

Cobb County,
Widow of S D Woodruff

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

July 8

AND HANDLED TO

Jul S

Geo. W. Harrison, State Printer, Atlanta

1897.

No. 3674

WIDOW'S PENSION,

for year ending February 15th, 1897.

Mrs S D Woodruff

Cobb County,
Widow of S D Woodruff

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1897,

Jul 8

Geo. W. Harrison, State Printer, Atlanta

FOR THOSE HERETOFORE PAID

Woodruff S. D. (Mrs)
Cobb County

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
County of Cobb } S. D. Woodruff

Cobb who, being sworn, says on oath, that she is a bona fide resident of said county of
State of Georgia, and that she has RESIDED in said State
continuously ever since all her life 18 That she is the Widow of
W. J. Woodruff who was a Soldier in Company
7th of the 7th Regiment of Ya
Volunteers, that he enlisted in said regiment on or about the month of March
186 1 and served in the Army up to October 186 4. That he lost his
life on the 25th day of August 18 94 (State here
full particulars of the husband's death, when, where and from what cause.)

That, while in the Charge at
Fort Harrison on October 15 1864
he was wounded by ball striking
and entering the left hip and
passing through into the right
hip, from which wound he never
recovered and died on account of it August
25 1894
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 64

I have been allowed a pension as a resident of Cobb County for the year ending
February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this 4th day of July 1898. } Mrs S. D. Woodruff
Ordinary. } Post-Office Anyman Ga

State of Georgia, }
County of Cobb } I J. M. Stone
Ordinary of said County, certify that I am well acquainted
with Mrs. S. D. Woodruff 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 I understand all her life
Given under my official signature and seal this the 4th day of July 1898.
J. M. Stone
Ordinary of Cobb County.

Official
Seal.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
County of Cobb } S. D. Woodruff

Cobb who, being sworn, says on oath, that she is a bona fide resident of said county of
State of Georgia, and that she has RESIDED in said State
continuously ever since 18 46 That she is the Widow of
W. J. Woodruff who was a Soldier in Company
7th of the 7th Regiment of Ya
Volunteers, that enlisted in said regiment on or about the month of
186 1 and served in the Army up to October 186 4. That he lost his
life on the 25th day of August 18 94 (State here
full particulars of the husband's death, when, where and from what cause.)

That while in the Service
he was wounded in the Charge
at Ft. Harrison, in Va. in
October 1864. He was allowed
an Invalid Pension till his
death - He died of said
wound on the 25th of August
1894.
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 64
that Georgia is her home and she resided in this State 23d day of December, 1890, and has not
lived in any other State or locality since that date. I have been allowed a pension as a resident of
Cobb County for the year ending February 15th, 1896, and now apply for
the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 4th day of July 1897. } Mrs S. D. Woodruff
Ordinary. } Post-office Anyman Ga

State of Georgia, }
County of Cobb } I J. M. Stone
Ordinary of said County, certify that I am well acquainted
with Mrs. S. D. Woodruff 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 I understand all her life
Given under my official signature and seal this the 4th day of July 1897.
J. M. Stone
Ordinary of Cobb County.

POWER OF ATTORNEY.

State of Georgia,

Cobb County, }
I, Mr. S. D. Woodruff hereby authorize J. W. Stone
of Marietta, Ga.

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

me at by him

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

day of Feb. 1899.

Executed in presence of

S. D. Woodruff [S.]
mark

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, }
I, S. D. Woodruff hereby authorize J. W. Stone
of Marietta, Ga.

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

me at by him

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

day of Feb. 1899.

Executed in presence of

T. J. Hamby

S. D. Woodruff [L. S.]
mark

Woodruff, S. D. (Mr.)
Cobb County
For Those Herebefore Paid.

1899.

NO. 3585

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mrs. S. D. Woodruff

Cobb County
Widow of S. D. Woodruff

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

Feb 16

AND HANDED TO

Feb 8

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

Woodruff, S. D. (Mrs.)
Cobb County
To Those Herebefore Paid.

1900.

NO. 2011

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. S. D. Woodruff

or
Cobb County,
Widow of S. D. Woodruff

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

Feb 16

AND HANDED TO

Stone

Geo. W. HARRISON, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

S. D. Woodruff

who, being sworn, says on oath, that she is a bona fide resident of said county of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since all her life 1864. That she is the Widow of W. T. Woodruff who was a soldier in Company SK of the 7th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of March 1864 and served in the Army up to October 4th 1864. That he lost his life on the 25th day of August 1894 (State here

full particulars of the husband's death, when, where and from what cause.)
At the battle of Fort Harrison he was wounded in the right hip on Oct. 1st 1864, from which wound he died August 25 1894

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 1864.

I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this 1st day of Feb'y 1899. S. D. Woodruff Ordinary. Post-Office Anywhere

State of Georgia, Cobb County. } I, J. W. Stone Ordinary of said County, certify that I am well acquainted with Mrs. S. D. Woodruff who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the all her life 1864.

Given under my official signature and seal this the 1st day of Feb'y 1899.

Official Seal.

Ordinary of Cobb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

S. D. Woodruff

who, being sworn, says on oath, that she is a bona fide resident of said county of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since all her life 1864. That she is the Widow of W. T. Woodruff who was a soldier in Company SK of the 7th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of March 1864 and served in the Army up to October 4th 1864. That he lost his life on the 25th day of August 1894 (State here

particulars of the husband's death, when, where and from what cause.)
At the battle of Fort Harrison he was wounded in right hip on 1st day of October 1864 and from which wound he died August 25th 1894

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 1864.

I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this 8th day of Feb'y 1900. S. D. Woodruff Ordinary. Post-Office Anywhere, Ga.

State of Georgia, Cobb County. } I, J. W. Stone Ordinary of said County, certify that I am well acquainted with Mrs. S. D. Woodruff who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the all her life 1864.

Given under my official signature and seal, this the 8th day of Feb'y 1900.

Official Seal.

Ordinary of Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *S. D. Woodruff* hereby authorize

John Aubrey of *Maricopa*
to receive and receipt for the pension paid hereon and request that he remit same to
Me at *Maricopa*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *8*
day of *January* 1901.

S. D. Woodruff [L. S.]
mark

Executed in presence of

Jan M. Gamm

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *S. D. Woodruff*, hereby authorize

John Aubrey of
to receive and receipt for the pension paid hereon, and request that he remit same to
at *Maricopa*

In Witness Whereof, I have hereunto set my hand and seal, this *11th*
day of *Jan* 1902.

S. D. Woodruff [L. S.]
mark

Executed in presence of

J. M. Gamm

Woodruff, S.D. Mr.
Cobb Co

To Those Heretofore Paid.

1901.

No. *180*

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO

Mr. S. D. Woodruff

OF

Cobb County.

Widow of *H. J. Woodruff*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan. 15, 1901,
AND HANDED TO

Quincy

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

Woodruff, Mr. S.D.
Cobb County

To Those Heretofore Paid.

1902.

No. *357*

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mr. S. D. Woodruff

Cobb County,

Widow of

Co. Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

11th 1902
AND HANDED TO

Ordy

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

S. D. Woodruff

who, being sworn, says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has resided in said State

continuously ever since all her life. That she is the Widow of

W. J. Woodruff

who was a soldier in Company

of the

Regiment of

Georgia

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

1861 and served in the Army up to October 11th 1864. That he lost his

life on the 25th day of August 1894. (State here

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

Fort Harrison he was wounded in right

hip on 14 day of October 1864 and from

which wound he died August 25th 1894

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 1864.

I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1900, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this 8th day of Jan 1901. John A. Whitey Ordinary. S. D. Woodruff Post Office work

State of Georgia, Cobb County, Ordinary of said County, certify that I am well acquainted

with Mrs. S. D. Woodruff, who made the above affidavit and am satisfied

that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the 8th day of Jan 1901.

Given under my official signature and seal, this the 8th day of January 1901.

John A. Whitey Ordinary of Cobb County.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

S. D. Woodruff

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 all her life. That she is the Widow of

S. D. Woodruff

who was a soldier in Company

of the

Regiment of

Georgia

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

1861, and served in the Army up to October 4 1864. That he lost his

life on the 25th day of August 1894. (State here

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

At Battle of Fort Harrison

he was wounded in right hip on

14 day of October 1864 and from

wound he died August 25th 1894

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 1864.

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me, this 11th day of Jan 1902. S. D. Woodruff Ordinary. John A. Whitey Post Office work

State of Georgia, Cobb County, Ordinary of said County, certify that I am well

acquainted with Mrs. S. D. Woodruff, who made the above affidavit and

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 11th 18

Given under my official signature and seal, this the 11th day of Jan 1902.

John A. Whitey Ordinary of Cobb County.

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

STATE OF GEORGIA,

Cobb COUNTY.

I, S. D. Woodruff, hereby authorize
John Anthony of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
_____ at _____

In Witness Whereof, I have hereunto set my hand and seal, this 8th
day of January, 1903.

S. D. Woodruff [L. S.]

Executed in presence of _____

STATE OF GEORGIA,

Cobb COUNTY.

I, S. D. Woodruff, hereby authorize
John Anthony of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
_____ at _____

In Witness Whereof, I have hereunto set my hand and seal, this 20th
day of January, 1904.

S. D. Woodruff [L. S.]

Executed in presence of _____

J. M. Gamm

To Those Heretofore Paid.

1903.

No. 281

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. S. D. Woodruff

OF

Cobb COUNTY

Widow of S. D. Woodruff
Co. K. 7th Regiment Ca. 20th

JOHN W. LINDSEY,

Comptroller of Pensions.

WARRANT ISSUED

1/23 1903.

AND HANDED TO

Order

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

Woodruff, S. D. (Mrs.)
Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. 281

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. S. D. Woodruff

OF

Cobb COUNTY,

Widow of S. D. Woodruff
Co. K. 7th Regiment Ca. 20th

JOHN W. LINDSEY,

Comptroller of Pensions.

WARRANT ISSUED

1/25 1904.

AND HANDED TO

Order

Geo. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

S. D. Woodruff

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

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

continuously ever since all her life. That she is the Widow of

S. D. Woodruff who was a soldier in Company

1-1 of the Georgia Regiment of

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

186/ and served in the Army up to October 4th 1864. That he lost his

life on the 25th day of August 1874. (State here

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

At battle of Fort Harrison

he was wounded in right hip

on 1st day of October 1864 and from

which wound he died August 25th 1874

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 1864

I have been paid a pension as a resident of Cobb County for the

year ending December 31, 1902, and now apply for the pension provided by law for the year ending

December 31, 1903.

Sworn to and subscribed before me,

this 25th day of Jan 1903.

John A. Purdy Ordinary. Post-Office Smyma Ga

State of Georgia,

Cobb County.

I, S. D. Woodruff Ordinary of said County, certify that I am well

acquainted with Mrs. S. D. Woodruff, who made the above affidavit and

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

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

day of 18

Given under my official signature and seal, this the 25th day of Jan 1903.

John A. Purdy Ordinary of Cobb County.

{ Official Seal }

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

S. D. Woodruff

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

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

continuously ever since all her life. That she is the Widow of

S. D. Woodruff who was a soldier in Company

1-1 of the Georgia Regiment of

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

186/ and served in the Army up to Oct 4th 1864. That he lost his

life on the 25th day of August 1874. (State here

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

At battle of Fort Harrison he was wounded

in right hip on 1st day of October 1864 and from

which wound he died August 25th 1874

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a

soldier, and that she has never married since his death aforesaid, and that she became his wife in

the year 18

I have been paid a pension as a resident of _____ County for the

year ending December 31, 1903, and now apply for the pension provided by law for the year ending

December 31, 1904.

Sworn to and subscribed before me,

this _____ day of _____ 1904.

S. D. Woodruff Post Office _____

Ordinary.

State of Georgia,

_____ County.

I, _____ Ordinary of said County, certify that I am well

acquainted with Mrs. _____, who made the above affidavit and

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

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

day of _____ 18

Given under my official signature and seal, this the _____ day of _____ 1904.

S. D. Woodruff Ordinary of _____ County.

{ Official Seal }

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colk COUNTY.

S. S. Woodruff
John Andrew, hereby authorize
of
to receive and receipt for the pension paid hereon, and request that he remit same to
at

In Witness Whereof, I have hereunto set my hand and seal, this 17
day of January 1905.

S. S. Woodruff [L. S.]
Mark

Executed in presence of

James

STATE OF GEORGIA,

Colk COUNTY.

S. S. Woodruff
John Andrew, hereby authorize
of
to receive and receipt for the pension paid hereon, and request that he remit same to
at

In Witness Whereof, I have hereunto set my hand and seal, this 14
day of January 1906.

S. S. Woodruff [L. S.]
Mark
Executed in presence of
J. M. Gann

To Those Heretofore Paid.

1905.

No. 270

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAY TO

Mrs. S. S. Woodruff

OF

Colk County,

Widow of

Co.

Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/23 1905.

AND HANDED TO

Only

The Franklin Printing and Publishing Co., Atlanta,
Geo. W. Harrison, Manager, for Brief Printer.

To Those Heretofore Paid.

1906.

No. 12

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAY TO

Mrs. S. S. Woodruff

OF

Colk County,

Widow of

Co.

Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1906.

AND HANDED TO

The Franklin Printing and Publishing Co., Atlanta, Geo. W. Harrison, Manager.

STATE OF GEORGIA

County of Cobb

PERSONALLY COMES MRS.

S. D. Woodruff

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has resided in said State continuously ever since 1896. That she is the Widow of Mr. J. Woodruff who was a soldier in Company _____ of the _____ Regiment of _____

Volunteers, that he enlisted in said regiment on or about the month of _____ 186____, and served in the Army up to _____ 186____. That he lost his life on the _____ day of _____ 1896. (State here particulars of the husband's death, when, where and from what cause.)

Died of Wound

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

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me, this 17 day of July 1905. John H. W. H. W. Ordinary.

S. D. Woodruff
Post Office _____

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well acquainted with Mrs. S. D. Woodruff Who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18_____

Given under my official signature and seal, this the 17 day of July 1905.

Official Seal.

Ordinary of Cobb County.

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

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

S. D. Woodruff

who, being sworn, says on oath that she is a bona fide resident of said County of _____ State of Georgia, and that she has resided in said State continuously ever since _____ That she is the Widow of Mr. J. Woodruff who was a soldier in Company _____ of the _____ Regiment of _____

Volunteers, that he enlisted in said regiment on or about the month of _____ 186____, and served in the Army up to _____ 186____. That he lost his life on the _____ day of _____ 18____. (State here particulars of the husband's death, when, where and from what cause.)

Died of Wound

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

I have been paid a pension as a resident of Cobb County, for the year ending December 31, 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me, this 14 day of July 1906. John H. W. H. W. Ordinary.

S. D. Woodruff
Post Office _____

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well acquainted with Mrs. S. D. Woodruff who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18_____

Given under my official signature and seal, this the 14 day of July 1906.

Official Seal.

Ordinary of Cobb County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavits must bear date after January 1st, 1906.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I,

hereby authorize

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

at

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

day of

1907.

[L. S.]

Executed in presence of

Woodruff, S. D. (Mrs)
Cobb County
To Those Hereofore Paid.

1907.

No. 170

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. S. D. Woodruff

OF

County,

Widow of S. D. Woodruff

Co.

Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1907,

AND HANDLED TO

Geo W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Cobb

PERSONALLY COMES Mrs.

S D Woodruff

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

Cobb

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

continuously ever since

That she is the Widow of

S D Woodruff

who was a soldier in Company

of the

Regiment of

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

186, and served in the Army up to

186

That he lost his

life on the

day of

18

(State here

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

Died of wound June 1896

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

I have been paid a pension as a resident of

Cobb

County, for the

year ending December 31, 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me

this

day of

1907.

Ordinary.

Post Office

S D Woodruff
John A. Smith

State of Georgia,

Cobb

County.

Ordinary of said County, certify that I am well

acquainted with Mrs.

S D Woodruff

who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of

1894

Given under my official signature and seal, this the

day of

1907.

Ordinary of

County.

Official Seal

John A. Smith
Cobb

NOTE.—All blanks must be filled.

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

Georgia Cobb County
In person appear
D. S. Blalock, W. B. Wood-
ruff and Mrs. M. A. Allen
who on oath, depose and
say as follows:

D. S. Blalock says that
he knows of his own personal
knowledge as follows:

That Mrs. S. D. Woodruff
is the widow of W. J. Woodruff
an Ex. Confederate Soldier - that
the said W. J. Woodruff is dead
- that she has not married since
his death - that he drew a pen-
sion of \$50. each year as a
wounded Confederate Soldier.

That he has known for the
past 30 years that said deceased
complained of a wound in
his hip, - that he knew him
during the past few years, to
be confined to his room and
bed several times, on account
of the said wound - that de-
ponent has seen the wound
of deceased several times in
the past few years, and that

it appeared red and inflamed - that he saw decays during his last illness, and he complained of his hips and the lower part of the body - that deceased complained of something like a rising or inflamed places inside of him.

Deponent believes he died from the wounds in the hips

H. B. Woodruff says he has been intimately acquainted with the deceased and a neighbor to him for 20 years or more - that he knows that deceased continuously complained of the wounds in hips - that at times up to his death he was unable to work or get about, being confined to his bed, sometimes -

that during the past few years bones have worked out of the wound - that he has seen the wound and that

it seemed inflamed, and that at different times since he received the wound, or for the past 20 years, he would pass pus and bloody matter from the rectum - that he complained of the wounds continually, and seemed to complain of nothing else during his last illness.

Deponent, believing from the knowledge he has of the deceased and his complainings, that he died from the effects of the wounds.

Mrs. M. A. Allen says she has been intimately acquainted with the deceased for 8 or 10 years and that he was wounded as described, and continually complained of the wounds - that several times he was confined to his bed, and frequently unable to do anything or scarcely get about on account of said wounds.

That in the past 8 or 10 years she has seen pieces of bones taken from the grounds - that at the past 8 or 10 years and up to his death he passed pus and bloody matter from the rectum - that she is the sister of the deceased lived in the house with him and waited on him when he was sick.

Deponent swears that she believes that the said wounds were the direct cause of his death.

D. S. ^{this} Black

H. B. ^{mark} Woodruff

Mrs. M. A. ^{mark} Allen

Georgia

Cobb County.

Personally appeared before me, A. W. Woodruff and Mrs. M. A. Allen who being duly sworn say that they are the brother and sister of W. D. Woodruff deceased. Affiants say that they knew W. D. Woodruff all of their lives the former being forty two years old. And the latter having known him all his life - to wit, since 1833.

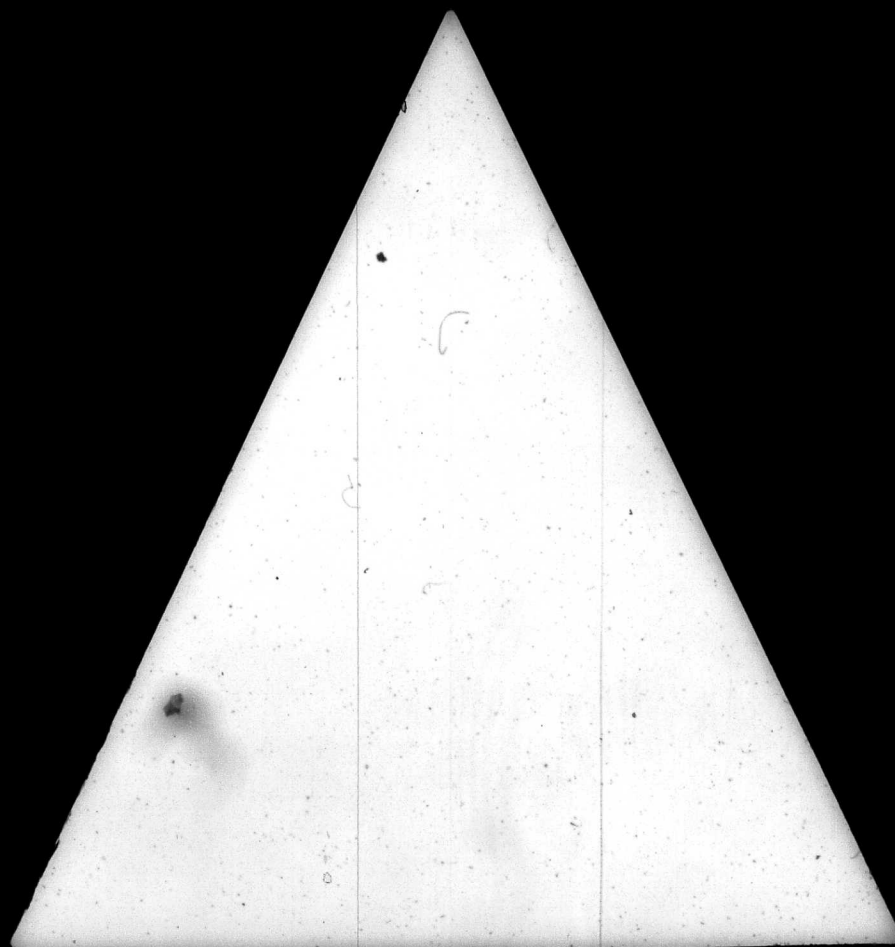
Affiants say that they stated in their affidavits of January 13th 1896 that they had known said W. D. Woodruff for twenty years - they being informed that it was unnecessary to go further back than twenty years.

Affiants further say that they were present when said W. D. Woodruff and Mrs. C. D. Woodruff (the applicant) were married. That said marriage occurred March 10th 1864. That said W. D. Woodruff was wounded as stated in the said application on the 11th day of October 1864. Being nearly seven months after said marriage.

Sworn to and Subscribed before me this March 27th 1896

J. M. Stone
Ordry

4 of Woodruff
Mrs. M. A. Allen
^{mark}



Woodruff, W. J.
Woodruff, W. J.
Cobb Co

No. *800*

Application for Allowance

FOR

Left leg disabled

Applicant *W J Woodruff*

County *Cobb*

Amount *25.*

Date of Warrant *Feb 10/88*

Entered on Record,

Feb 10 1888

W H H

Secretary Executive Department.

STATE OF GEORGIA, }

Coosa County }

PERSONALLY appears *W. J. Woodruff* of *Coosa* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such since the *15* day of *May* 1835; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *K*, of 7th Regiment of *Georgia* Volunteers *Anderson's* Brigade; that whilst engaged in such military service, at the battle of *Fort Harris* on *Sept* in 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 some years, frequently pieces of bone came out, blood passed through the fragments. I have been lame constantly. My left leg is stiff and exceedingly weak by reason of the wound. The leg is discolored, and essentially useless. I lost some years work in the session on account of the wound and has suffered intensely. I am permanently disabled.*

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

10 day of *March* 188*8*

W. H. Gammatt Oay

W. J. Woodruff
witness

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA, }

Coosa County. }

PERSONALLY came before me *W. J. Hudson* of the county

of *Coosa* State of Georgia, who, being duly sworn, says that he was

a commissioned officer in Company *K*, of *7th* Regiment of *Georgia*

Volunteers, and that deponent knows *W. J. Woodruff*, 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 *W. J. Woodruff*, as stated by him in said

affidavit. Deponent further states that said *W. J. Woodruff* is a *bona fide*

citizen of this State, and resides in *Coosa* county.

Sworn to and subscribed before me, this *10* day of *Sept* 188*8*

W. H. Gammatt
Oay

W. J. Hudson Capt. *Co. 7th Reg. Vol.*

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

Application for Allowance

No. *82*

Dep't Leg. advised

Applicant *W. J. Woodruff*

County *Coosa*

Amount *25*

Date of Warrant *March 10/88*

Entered on Record,

March 10 1888

Secretary Executive Department.

STATE OF GEORGIA,

County.

PERSONALLY came

citizens of

county, in said State,

who, being duly sworn, say that they are acquainted with

and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this State, and resides in County, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this

day of 1888

STATE OF GEORGIA,

County.

PERSONALLY comes before me

H. M. Hammett

Ordinary of said county,

Dr. H. N. Goben

and Dr. W. J. Gann

both known to

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

carefully examined W. T. Woodruff and after such examination say that the

applicant has been injured as follows: He was severely shot through

hip. Came very near dying from the wound. The

ball remained in the hip for a number of years,

the wound being a running one - the leg is weak and stiff

and is ungovernable, essentially & substantially useless

Sworn to and subscribed before me, this

10 day of March 1888.

Dr. W. J. Gann M.D.

H. M. Hammett

ORDINARY.

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

STATE OF GEORGIA,

County.

I,

H. M. Hammett

Ordinary of said county,

do certify that I am well acquainted with

W. T. Woodruff

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 Ordinary 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

10

day of

March 1888

H. M. Hammett

Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA

County.

Know all men by these presents, That I

W. T. Woodruff

county, in said State, do hereby appoint

R. C. Gann

of

Cobb

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 March

1888.

W. T. Woodruff

[L. S.]

Executed in the presence of us:

H. M. Hammett

Ordinary

STATE OF GEORGIA,

County.

PERSONALLY came

citizens of

county, in said State,

who, being duly sworn, say that they are acquainted with

and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this State, and resides in County, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this

day of 188

STATE OF GEORGIA,

County.

PERSONALLY comes before me

H. M. Hammett

Ordinary of said county,

Dr. H. N. Goben

and Dr. W. T. Gann

both known to

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

carefully examined W. T. Woodruff and after such examination say that the

applicant has been injured as follows: He was severely shot through hip. Came very near dying from the wound. The ball remained in the hip for a number of years, the wound being a running sore. The leg is weak and stiff and is ungovernable, essentially & substantially useless.

Sworn to and subscribed before me, this

10 day of March 1888.

Dr. W. T. Gann M.D.

H. M. Hammett

ORDINARY.

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

STATE OF GEORGIA,

County.

I,

H. M. Hammett

Ordinary of said county,

do certify that I am well acquainted with

W. T. Woodruff

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

Given under my official signature and seal, this

10 day of March 1888

H. M. Hammett

Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA

County.

Know all men by these presents, That I

W. T. Woodruff

county, in said State, do hereby appoint

R. C. Gann

of

Cobb

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 March

1888.

W. T. Woodruff

[L. S.]

Executed in the presence of us:

H. M. Hammett

Ordinary

who, being duly sworn, say that they are acquainted with and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a *bona fide* citizen of this State, and resides in County, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this
..... day of 1888

STATE OF GEORGIA,
Cobb County.

PERSONALLY comes before me *H. M. Hammett* Ordinary of said county,
Dr. A. N. Goben and *Dwight Gann*, both known to

me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined *W. T. Woodruff* and after such examination say that the applicant has been injured as follows: *He was severely shot through hip. Came very near dying from the wound. The ball remained in the hip for a number of years, the wound being a running one - the leg is weak and stiff and is unguaranteed only essentially & substantially useless*

Sworn to and subscribed before me, this
10 day of *March* 1888. *Dwight Gann M.D.*

H. M. Hammett
ORDINARY.

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

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 Warranting* 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 10 day of *March* 1888
H. M. Hammett
Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA

Cobb County.

Know all men by these presents, That I

..... of *Cobb* county, in said State, do hereby appoint *R. C. Ginn* 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 10th day of *March* 1888.

Executed in the presence of us:

H. M. Hammett
Ordinary

Woodruff, Wm. J.

89 to 95-
Cobb Co

No. 722

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 25, 1888.

FOR
Supt. Asst.
Applicant, *Wm. J. Woodruff*
County *Cobb*
Amount *30.*
Date of Warrant *July 19*
Entered on record *July 19 1889*
Secretary Executive Department.

Additional data
Applicant

STATE OF GEORGIA,

Cobb County.
PERSONALLY appears *Wm. J. Woodruff* of *Cobb* county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has been such continually since the *17th* day of
September 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 *Sergeant* in Company *T*, of *7th* Regiment
of *Georgia* Volunteers *Anderson's* Brigade; that whilst engaged
in such military service, at the battle of *Fort Henry* in the State
of *Tennessee* on the *first* day of *October* 1862, he was
wounded as follows: *By gunshot entering left hip, fracturing left haunch bone,*
up to the knee, the wound has never healed & still discharges
blood & pus. The applicant cannot sit down, only on one side,
and is unable to perform manual labor & makes left hip
substantially & essentially useless.
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the Act amendatory thereof, approved December 24, 1888, and makes application for
the allowance to which he is entitled for the year ending October 25, 1889.

Sworn to and subscribed before me, this the *18th*
day of *October* 1888

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

STATE OF GEORGIA,

Cobb County.
PERSONALLY comes before me *E. M. Stone* Ordinary of said county,
A. N. Cohen and *E. J. Peltz*, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined *Wm. J. Woodruff* and after such
examination say that the applicant has been injured as follows: *By gunshot*
entering left hip, fracturing left haunch bone,
& passing out through right buttock, from the
wound has never entirely healed & still discharges
bloody pus. The applicant cannot sit down, only
on one side, and is unable to perform manual labor & makes left hip
substantially & essentially useless.
Sworn to and subscribed before me, this *18th*
day of *October* 1888
E. M. Stone 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. J.

89 to 96-
Cobb Co

No. 722

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1882.

Applicant, *Septer Ayala*
County, *Cobb*
Amount, *30.*
Date of Warrant, *July 19*
Entered on record, *July 19*

1889
W. J. Woodruff

SECRETARY EXECUTIVE DEPARTMENT.

No additional data
Applicant

States, and served as a *Private* in Company *1*, of *7*th Regiment of *Volunteers* *Anderson's* Brigade; that whilst engaged in such military service, at the battle of *Fort Harrison* in the State of *Georgia*, on the *first* day of *October*, 186*4*, he was wounded as follows: *By gunshot entering left hip, fracturing left haunch bone, & passing out through right buttock, from the wound has never entirely healed & still discharges bloody pus. The applicant cannot sit down, only on one side. Said wound renders him unable to perform manual labor & makes left hip substantially & essentially useless.*

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

Sworn to and subscribed before me, this the *18th* day of *October*, 188*9* } *Wm. J. Woodruff*
Secy. Ex. Dept.

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

STATE OF GEORGIA,

Cobb County, }
PERSONALLY comes before me *E. M. Stone* Ordinary of said county, *A. N. Groen* and *E. J. Delzer*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *Wm. J. Woodruff* and after such examination say that the applicant has been injured as follows:

By gunshot entering left hip, fracturing left haunch bone, & passing out through right buttock, from the wound has never entirely healed & still discharges bloody pus. The applicant cannot sit down, only on one side. Said wound renders him unable to perform manual labor & makes left hip substantially & essentially useless.

Sworn to and subscribed before me, this *18th* day of *October*, 188*9* } *A. N. Groen M. D.*
E. J. Delzer M. D.
Wm. J. Woodruff ORDINARY.

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

STATE OF GEORGIA,

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

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

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

Given under my official signature and seal, this 15th day of July 188

Ordinary John J. Woodruff County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

Know all Men by these Presents, That I, _____
 of _____

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

In witness whereof I have hereunto set my hand and seal, this _____

day of _____ 188

(L. S.)

Executed in the presence of us:

DIRECTION:

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

NOTES.

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

STATE OF GEORGIA,

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

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

Given under my official signature and seal, this *8th* day of *Feb'y* 189*0*
J. M. Stone
Ordinary *Cobb* County.

STATE OF GEORGIA,

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

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

Given under my official signature and seal, this *10th* day of *Feb'y* 189*1*.
J. M. Stone
Ordinary *Cobb* County.

No. *106*
APPLICATION FOR ALLOWANCE.

Leg. Accables
Applicant, *McJ. Woodruff*
County, *Cobb*
Amount, *50*
Date of warrant, *Feb'y 10*
Entered on record
Feb'y 10 1890
1044
RECEIVED SECRETARY DEPARTMENT
W. J. Woodruff
WARRANT HANDED TO
Applicant

Woodruff W. J.
1891

1891

Woodruff W. J.
1891
Cobb Co.

No. *1095*

Application for Allowance

FOR THE YEAR ENDING SEPTEMBER 30, 1891.
FOR
W. J. Woodruff
Applicant, *W. J. Woodruff*
County, *Cobb*
Amount, *\$50.*
Date of Warrant, *Feb'y 18*
Entered on record
Feb'y 18 1891
W. J. Woodruff
RECEIVED SECRETARY DEPARTMENT.
WARRANT HANDED TO
Applicant

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears W. J. Woodruff of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the 17th day of July, 1833 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K, of 7th Regiment of Volunteers Anderson's Brigade; that whilst engaged in such military service, at the battle of 1st M. Harrison in the State of Va., on the 1st day of October, 1864, he was wounded as follows: By Minnie Ball, striking the left hip and carrying through the right hip, fracturing the left hip bone and causing pieces to work out. Minnie's deponent is ordered practically incompetent to perform the ordinary manual avocations of life.

Deponent desires to participate in the benefits of the Act approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of 50 dollars.

Sworn to and subscribed before me, this the 8th day of July, 1890. W. J. Woodruff mark

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I, _____ of _____

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____, 1890.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

STATE OF GEORGIA,

PERSONALLY appears

W. J. Woodruff of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 17th day of July, 1833 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K, of 7th Regiment of Volunteers Anderson's Brigade; that whilst engaged in such military service at the battle of 1st M. Harrison in the State of Va., on the 1st day of October, 1864, he was wounded as follows: By bullet entering the left hip & passing through said hip and through the lower part of the right hip fracturing the muscles & flesh and fracturing the bones said hip is so damaged that deponent is compelled to use a stick all the time & practically incompetent to perform the ordinary manual avocations of life.

Deponent desires to participate in the benefits of the Act approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of 50 dollars, for total disability.

Sworn to and subscribed before me, this, the 17th day of July, 1891.

W. J. Woodruff mark

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I, _____ of _____ County, State of Georgia, do hereby appoint _____ of _____

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____, 1891.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

STATE OF GEORGIA,

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

Given under my official signature and seal, this 1st day of March 1892

Ordinary 10066 County.

SOLDIER'S PENSION.

No. 1

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name (

County:

Disability

Amount \$ 20.

Entered on record

1892.

W. H. HARRISON,

Secretary of Executive Department.

AGENT.

Abbls count

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

POWER OF ATTORNEY.
STATE OF GEORGIA,)

Know all Men by these Presents, That I _____
of _____ County, State of Georgia, do hereby appoint

of _____ my true and lawful attorney in fact, for 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 reasons aforesaid.

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

Executed in the presence of us :

DIRECTION.

Send money to me as follows, by

to
County, Georgia.

P. O.

Application for Advanced

No. 3

Dr. J. J. J. J.

Applicant, W. J. Mc Cook

Amount, 50

Date of Warrant, 3/1/11
Entered on record, 3/1/11

CH 44

Secretary of the Board

WARRANT RETURNED

Copied

Geo. W. Harrison, State Printer

STATE OF GEORGIA

FOR APPLICANTS HEREFORE UNKNOWN PERSONS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

of 1000th 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 11 day of July, 1833, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company "K" of 7th Regiment of Georgia Volunteers Andrews's Brigade; that whilst engaged in such military service at the battle of Fort Harrison in the State of Virginia, on the 1st day of October, 1864, he was wounded as follows:

Left hip, bullet striking the left hip, passing through the bones and coming out of the right hip. Bones of fractured bones and practically incompetent to perform the ordinary

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

\$50 Dollars for aid furnished

Sworn to and subscribed before me this 15th day of Nov, 1892. W. J. Woodruff Mark McSton Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____, 1892.

Executed in the presence of us: _____ [L. S.]

DIRECTION.

Send money to me as follows, by _____ to _____ P. O.

County, Georgia.

STATE OF GEORGIA,

PERSONALLY appears

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the _____ day of July, 1833, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company "K" of 7th Regiment of Ga. Volunteers Andrews's Brigade; that whilst engaged in such military service at the battle of Fort Harrison in the State of Ga., on the 1st day of Oct, 1864, he was wounded as follows:

Left hip, bullet striking the left hip, passing through the bones and coming out of the right hip. Bones of fractured bones and practically incompetent to perform the ordinary manual creation of life.

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

\$50 dollars, for aid furnished

Sworn to and subscribed before me, this, the 15th day of Nov, 1892. W. J. Woodruff Mark McSton Ordinary.

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

STATE OF GEORGIA,

I, W. J. Woodruff Ordinary of said County,

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

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a competent and disinterested person, and the said affidavits and power of attorney are genuine and correct, and the signatures thereof are genuine.

Given under my official signature and seal, this 15th day of Nov, 1892. W. J. Woodruff Mark McSton Ordinary.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____, 1892.

Executed in the presence of us: _____ [L. S.]

Send money to me as follows, by _____ to _____ P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

Know all Men by these Presents, That I,

of

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1894.

[L. S.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

Soldier's Pension.

1894.

Name *W. J. Woodruff*

County

Disability

Amount, \$

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

Applicant

Gen. W. H. Harrison, State Printer, Atlanta.

No fee

Audited *Feb. 19* 1889.

Wm. Amight
COMPTROLLER-GENERAL.

Gobb

Maimed Soldiers.

Voucher No. *722*.

Amount. \$ *50.*

Paid to *Wm. J. Woodruff*

For *Left leg disabled*

July 19 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

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

Applicant

STATE OF GEORGIA

SEAL OF THE STATE OF GEORGIA
OFFICE OF THE COMPTROLLER-GENERAL
RECEIVED

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Cobb County, }
PERSONALLY appears *W. J. Woodruff* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *July* 1833, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Private* in Company *H*, of *7th* Regiment of *Georgia* Volunteers *Anderson's* Brigade; that whilst engaged in such military service at the battle of *Chappaqua* in the State of *Va*, on the *10th* day of *October* 1864, he was wounded as follows: *By gunshot striking the left hip, breaking up the bone, left hip and passing through the right hip.*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of *350* dollars, for the year 1894.

Sworn to and subscribed before me, this, the *7th* day of *March* 1894. } *W. J. Woodruff*
Full Stone Only *mark*

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

STATE OF GEORGIA, }

Cobb County, }
I, *Full Stone* Ordinary of said County, do certify that I am well acquainted with *W. J. Woodruff* 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 *2nd* day of *March* 1894.



Full Stone Ordinary *Cobb* County.

No. *722*

STATE OF GEORGIA, }
EXECUTIVE DEPARTMENT. }

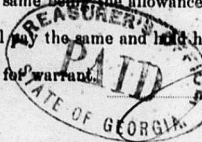
Atlanta, Ga. Febry 19 1889

Mr. *Wm. J. Woodruff* of the County *Cobb*, having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec. 24, 1888, and the same having been allowed for

Left leg disabled

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

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



By the Governor, *Wm. H. Harrison*

CLERK EXECUTIVE DEPARTMENT.

Go.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Five Dollars, per above voucher, this *19th* of *Febry* 1889.

W. J. Woodruff
W. J. Speer

Audited Feb. 10 1890
Wm A. Wright
COMPTROLLER-GENERAL

Sobler

Maimed Soldiers.

Voucher No. 706

Amount \$ 50

Paid to M. J. Woodruff

For Leg disabled

Decy 10 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT-CLERK.

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

Applicant

Audited 1891.

COMPTROLLER-GENERAL.

Woodruff, W. J.
Cobb

1891.

Maimed Soldiers.

Voucher No. 1095

Amount \$ 50

Paid to M. J. Woodruff

For Leg disabled

Decy 18 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 706

Atlanta, Ga., July 10 1890

Mr. W. J. Woodruff of the County
of Cobb having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act, 0

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

He is entitled to receive the sum of Fifty 00/100 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

GOVERNOR.

\$ 50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100

per above voucher, this

10 of July

Dollars,

18 90

W J Woodruff
Mark

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

1891.

No. 1095

Atlanta, Ga. July 18 1891.

Mr. W. J. Woodruff of the County
of Cobb having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts

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

He is entitled to receive the sum of Fifty 00/100 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

W. H. Harrison

Sec'y EXECUTIVE DEPARTMENT.

GOVERNOR.

\$ 50

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

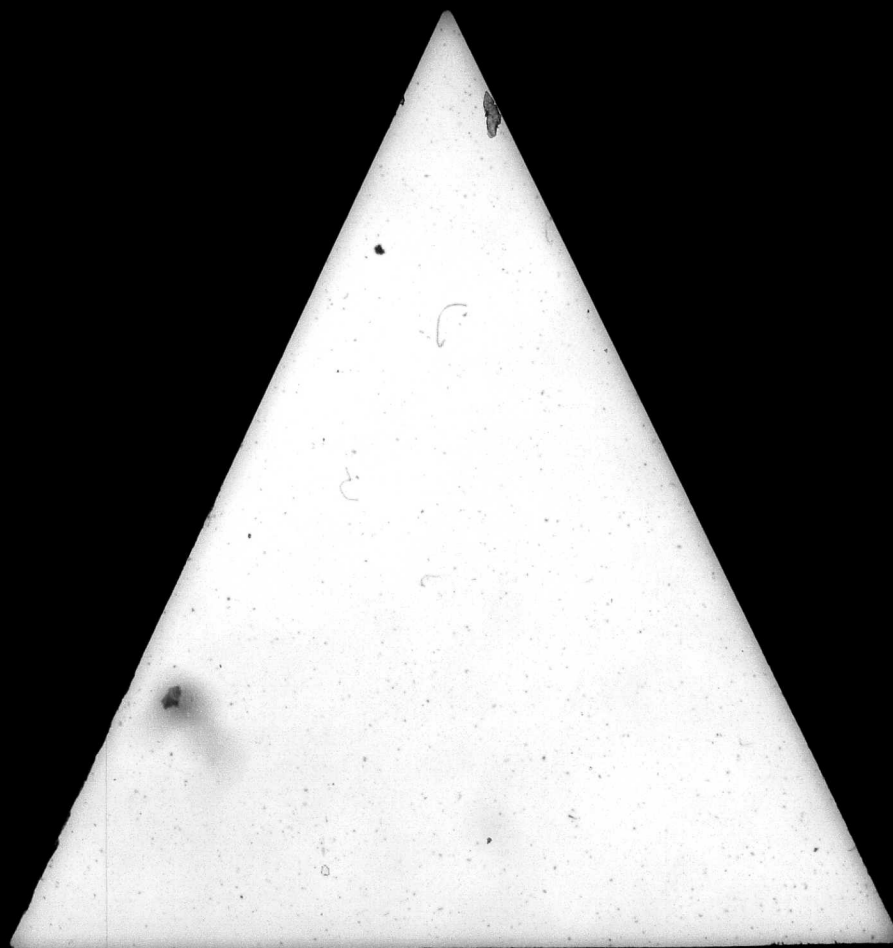
Fifty

per above voucher, this

18 of July

1891.

W J Woodruff



Wooten H.W. / 8

Cobb Co

No. _____

INDIGENT PENSION

1900.

Name

H. W. Wooten

County

Cobb

Approved

1900.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Pension office 8/1-1900
Applicant is not an
applicant ordinary claim
from his support -
Must prove his
destitution & dis-charge
by a witness who
was present in the
Council of his
own knowledge
knows that applicant
was present in the
Council of his knowledge
of his knowledge
J. C. Lindsey
Clerk of Pension

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ of _____ hereby authorize

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

Witness my hand and seal this _____ day of _____, 1900.

Executed in presence of _____ (L. S.)

4/5-1900

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____, hereby authorize

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

at _____ by _____

Witness my hand and seal this _____ day of _____ 1900.

Executed in presence of _____ (L. S.)

STATE OF GEORGIA,

County.

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

1. What is your name and where do you reside? (Give State, County and post office) Henry W. Wootten, P.O. Maunille left Co Ga
2. How long and since when have you been a resident of this State? See my life story
3. When and where were you born? April 15th 1845 in Union Co Ga
4. When and where and in what company and regiment did you enlist or serve? Breham's Battalion. Enlisted in Co C February 1864
5. How long did you remain in such company and regiment? Until May 1865. I was paroled with my Command at Kingston Ga
6. For how long a period did you discharge regular military duty? About this time worth
7. When, where and under what circumstances were you discharged from service? I was paroled with my Command at Kingston Ga May 1865.
8. What is your present occupation? Cropper
9. How much can you earn (gross) per annum by your own exertions or labor? Very little
10. What has been your occupation since 1865? Cropper
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? Infirmary and poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? My infirmity, Rheumatism & kidney trouble increased, to such an extent that I have been unable to labor for about two years
13. What property, effects or income do you possess, and its gross value? I own a small household furniture worth \$25.00
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? The same as mentioned in answer to question 13.
15. In what County did you reside during those years, and what property did you then return for taxation? Co Co County. I returned the property above mentioned
16. How were you supported during the years 1898 and 1899? By what little I make and such assistance as charitable friends render
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 can't say as I kept no account. I did not incur a great deal as it was extremely low then
18. What was your employment during 1898 and 1899? What pay did you receive in each year? I was a cropper but made a loss in
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have a wife. She has no means of support except as derived through our combined efforts. She has no homestead.
20. Are you receiving any pension? If so, what amount, and for what disability? No

Sworn to and subscribed before me this _____ day of _____ 1900. H. W. Wootten Applicant.
of _____ County.

Every Question Must Be Answered.

Pension office 5/1-1900
Applicant is not an
equally ordinary soldier
than his opponent -
must prove his
service & discharge
by a witness who
was present in the
Command of his
own / service
knows the officer
was present in the
system of command
of his Command
J. W. Lindsey
Chief of Bureau

Wootten H. W. 8
Co Co Ga
No. _____
INDIGENT PENSION
1900.
Name H. W. Wootten
County Co Co
Approved _____ 1900.
JOHN W. LINDSEY,
Commissioner of Pensions
WARRANT HANDLED TO
4/1-1900

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb COUNTY.

I, J. H. Chadwick, of said State and County, having been presented as a witness in support of the application of Henry W. Wootten 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? James H. Chadwick
reside in Cobb County
2. Are you acquainted with Henry W. Wootten, the applicant; if so how long have you known him? 20th day of life
3. Where does he reside, and how long and since when has he been a resident of this State? I don't in Cobb County. And has lived in Ga all
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted in Co. C, 1st Georgia Battalion, in July, 1864, I was
5. Were you a member of the same company and regiment? I was not but I had a big and
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? About 4 months. He was wounded at Kingston, La. I have seen

7. What property, effects or income has the applicant? (Give your means of knowledge.) Some property, his little household furniture
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? Some property as above stated
9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? None

10. What is the applicant's occupation and physical condition? His occupation is
that of a sufferer. He is quite. Suffer from heart

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is unable
to support himself by labor on account of his

12. How was he supported during the years 1898 and 1899? By what little he
and his wife could make and aid of his friends.

13. What portion of his support for these two years was derived from his own labor or income? His little, making from his property and a school observation

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? In the past two years he has been a
sufferer from the above mentioned diseases. And
incapable of supporting himself by labor on that account.

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

Sworn to and subscribed before me, this 28th day of March, 1900.

the J. H. Chadwick Witness.

the J. H. Chadwick Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally came before me Dr. H. Simpson and Dr. J. E. Setz, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Henry W. Wootten, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Has Bright disease with very weak heart
Has lost weight steadily for past several years &
is feeble. Is not able to do much work & never
will be.

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 28th day of March, 1900.

J. H. Simpson Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, J. H. Stone, Ordinary in and for said County, hereby certify that the applicant Henry W. Wootten resides in said County, and has been a bona fide resident of this State since the 1st day of March, 1898, and that the witnesses, viz: J. H. Chadwick, J. H. Simpson, & J. E. Setz are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1898 \$125.00 Dollars of property, and in 1899 \$125.00 Dollars of property.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 28th day of March, 1900.

J. H. Stone Ordinary,
of Cobb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1901.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, H. W. Hooten hereby authorize John Lindsey

of _____

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

at _____

by Monnelly

Witness my hand and seal, this 1st day of January 1902.

H. W. Hooten [L. S.]

Executed in presence of _____

J. M. G. Hooten

CODE SECTION 154

(For Those Already Enrolled.)

No. 140

INDIGENT

SOLDIER'S PENSION.

1901.

Name John W. Hooten
County Cobb

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

CODE SECTION 154

(FOR THOSE ALREADY ENROLLED.)

No. 5958

INDIGENT

SOLDIER'S PENSION

1902.

Name H. W. Hooten
County Cobb
Co. Q Regiment 1st Infantry

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb

County.

Personally appears

H. W. Wooten

of

Cobb

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *15* day of *April* 18*42*; that he is *58* 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 *13 months* in Company *C*, of *1st* Regiment of *Georgia* (same as Co. C, 1st Regt. 1st Division) that his physical condition is as follows:

On account of infirmity and poverty

that his property consists of the following items

Nothing

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

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

Sworn to and subscribed before me, this the

3rd day of *January* 1901.

John A. Wooten

Ordinary.

STATE OF GEORGIA,

Cobb

County.

I, *John A. Wooten*

Ordinary of said County,

do certify that I am well acquainted with *H. W. Wooten* 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* 1901.

John A. Wooten

Ordinary

Cobb

County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb

County.

Personally appears

H. W. Wooten

of

Cobb

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18*41*; that he is *60* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *13 months* in Company *C*, of *12th* Regiment of *4th Military Cavalry* that his physical condition is as follows:

Age infirmity and poverty Deponent is unable to support himself

that his property consists of the following items

Nothing

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

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

Sworn to and subscribed before me, this the

1st day of *January* 1902.

John A. Wooten

Ordinary.

STATE OF GEORGIA,

Cobb

County.

I, *John A. Wooten*

Ordinary of said County,

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

Given under my official signature and seal, this

day of *January* 1902.

John A. Wooten

Ordinary

Cobb

County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

hereby authorize

of

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

by

at

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

day of 1908.

Executed in presence of

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

Marietta, Ga., 1901.

Clerk's Office Cobb Superior Court
I J. B. Glover Clerk of Cobb Superior Court
certify that the following extract from the
report of the Grand Jury for the second week
of November Term 1901 of Cobb Superior Court,
appears of record, to wit:

"After a thorough examination & investi-
"tion in regard to the pension of W. H.
"Wooten who was dropped from the
"pension rolls by a former Grand Jury,
"we recommend that his pension
"be restored to the list of pensioners.

This February 3rd 1902.

J. B. Glover
Clerk Superior Court, Cobb County, Ga.

CODE SECTION 1405
(FOR THOSE ALREADY ENROLLED.)

No. 130

DISABLED

SOLDIER'S PENSION

1903.

Name W. H. Wooten
County Cobb
Co. 6 Regiment 12
Disability
Amount \$ 12.30 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. H. Wooten
Clerk W. H. Wooten State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County. Personally appears *H W Wooten* of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of 1842; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Private* in Company *C*, of *12th* Regiment of *4th* *Mississippi* *Infantry*'s Brigade; that whilst engaged in such military service in the State of , on the day of 1861, he was wounded, injured or diseased as follows:

from an injury to his arm he is unable to support himself

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an *ann* pension of *6* Dollars, for the year 1902.

Sworn to and subscribed before me, this the *6th* day of *January*, 1903. Post-office *Marietta*

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

Given under my official signature and seal, this *6th* day of *January*, 1903.

John Purkey Ordinary *Cobb* County.

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

Georgia Cobb County

I know all men by their names that I Henry W. Wooten hereby constitute Thos. B. Davis my Attorney

in fact for me and in my name to represent me in any citation or other proceeding issued by the Honorable John W. Lindsay in or in any way concerning my pension claim now in said office pending and to do any lawful act in my name concerning said claim as fully as if I were personally present at the doing thereof.

Executed in presence of
John Purkey
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

John Hurley hereby authorize
of *Cobb County*
to receive and receipt for the pension allowed, and request that he remit same to
at

by
WITNESS my hand and seal, this *10th* day of *January* 1904.

H. W. Wooten [L. S.]
Executed in the presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

John Hurley hereby authorize
of
to receive and receipt for the pension allowed, and request that he remit same to
at

by
WITNESS my hand and seal, this *10th* day of *January* 1905.

H. W. Wooten [L. S.]
Executed in the presence of *J. M. Ginn*

CODE SECTION 1364.

(FOR THOSE ALREADY ENROLLED.)

No. *423*

INDIGENT

SOLDIER'S PENSION

1904.

Name *H. W. Wooten*

County *Cobb*

Co. *7* Regiment

1st 20th

WARRANT ISSUED

1st 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no data

Wooten, H. W.
Cobb Co.

CODE SECTION 1364.

(FOR THOSE ALREADY ENROLLED.)

No. *1778*

INDIGENT

SOLDIER'S PENSION

1905.

Name *H. W. Wooten*

County *Cobb*

Co. *6* Regiment *14*

WARRANT ISSUED

1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, Manager, for State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Colt County.

Personally appears

N. W. Wooten of Colt

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1842 that he is years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of in Company C, of 12th Regiment of Ga. 10th. militia Cal. Graham's, that his physical condition is as follows: On acct of age infirmity & poverty he is unable to support himself

that his property consists of the following items:

Nothing

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of Colt County been allowed a pension for the year 1903

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

N. W. Wooten

Ordinary.

STATE OF GEORGIA,

Colt County.

I, John Purdy

Ordinary of said County,

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

Given under my official signature and seal, this 6th day of January 1904.

John Purdy

Ordinary Colt County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1904.



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Colt County.

Personally appears

N. W. Wooten of Colt

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1842; that he is 62 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of in Company C, of 12th Regiment of Ga. 10th. militia Cal. Graham's, that his physical condition is as follows: Infirmit; and poverty

that his property consists of the following items:

nothing

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

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

Sworn to and subscribed before me, this the day of January 1905.

John Purdy

Ordinary.

STATE OF GEORGIA,

Colt County.

I, John Purdy

Ordinary of said County,

do certify that I am well acquainted with N. W. Wooten 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 16th day of January 1905.

John Purdy

Ordinary Colt County.

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



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, H. W. Wooten hereby authorize

John Andrew of _____
to receive and receipt for the pension allowed, and request that he remit same to
at _____

by _____
WITNESS my hand and seal, this 14 day of January 1906.
H. W. Wooten [L. S.]

Executed in the presence of

J. M. Gamm

COURT SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 793

INDIGENT

**SOLDIER'S PENSION
1906.**

Name H. W. Wooten

County Cobb

Co. C. C. Graham's Batt.

WARRANT ISSUED

1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

793

The Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr.

no data

Wooten, H. W.
Cobb Co.

COURT SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 674

INDIGENT

**SOLDIER'S PENSION
1907.**

Name H. W. Wooten

County Cobb

Co. C. C. Graham's Batt.

WARRANT ISSUED

1907.

JAN 21

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

The Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, H. W. Wooten hereby authorize

John Andrew of _____
to receive and receipt for the pension allowed, and request that he remit same to
at _____

by _____
WITNESS my hand and seal, this 14 day of January 1907.
H. W. Wooten [L. S.]

Executed in presence of

J. M. Gamm

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears W. Wooten of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company 6, of 13th Battalion of Georgia Militia, that his physical condition is as follows: Infirmit, opening

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this _____ day of _____ 1906:

H. W. Wooten
Ordinary.

State of Georgia,

Cobb County.

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

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

Ordinary _____ County.



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

State of Georgia,

Cobb County.

Personally appears W. Wooten of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company 6, of 13th Battalion of Georgia Militia, that his physical condition is as follows: Infirmit, opening

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

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

H. W. Wooten
Ordinary.

State of Georgia,

Cobb County.

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

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

Ordinary _____ County.



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

STATE OF GEORGIA,

Cobb County, }
 I, Henry W. Wooten hereby authorize
Thos B. Smith of Cobb County
 to receive and receipt for the pension allowed, and request that he remit same to

at _____ by Henry W. Wooten
 Witness my hand and seal, this 4th day of April, 1902

Executed in presence of

J. M. Gamm

INDIGENT PENSION,
 1902
 1901.

Name Henry W. Wooten
 County Cobb
 Co. Geo
 Reg'm't _____
 Approved _____ 1901.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta

STATE OF GEORGIA,

Cobb County, }
H. W. Wooten of said State and County, desiring
 to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly
 sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office)
Henry W. Wooten - Littleton Ga
2. How long and since when have you been a resident of this State? All my life
3. When and where were you born? April 15th 1842 Union Co Ga
4. When and where and in what company and regiment did you enlist or serve? Co G. Stephens Battalion July 1864
5. How long did you remain in such company and regiment? Until May 1865
6. When and where was your company and regiment surrendered and discharged? Kingston Ga in May 1865
7. Were you present with your company and regiment when it was surrendered? Yes
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? _____
9. How much can you earn (gross) per annum by your own exertions or labor? Almost nothing
10. What has been your occupation since 1865? Cropland
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? Infirmary & poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
Since 1894
13. What property, real or personal, or income, do you possess, and its gross value? Nothing but a little household furniture
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899 and 1900 and what disposition, if any, by sale or gift, have you made of same? The same as mentioned above
15. In what County did you reside during those years, and what property did you then return for taxation?
Resided in Cobb County. Returned no property, paying tax on the value of fixtures
16. How were you supported during the years 1896 and 1900? By the sale of fixtures and what little I could do myself.
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? My support was \$100.00 in 1896 and \$100.00 in 1900. I made no contribution.
18. What was your employment during 1898 and 1900? What pay did you receive in each year?
Employed as a laborer. Paid \$1.00 per week. No means of support.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Yes. Wife only. No means of support.
20. Are you receiving any pension? If so, what amount and for what disability? I did receive one payment but am now suspended on inquiry.
21. Have you ever made an application for pension before? Yes to Atlanta Ga as above mentioned
22. How many applications have you ever made and under what class? One, which was allowed but was suspended

Sworn to and subscribed before me this the

4th day of April, 1902 Henry W. Wooten
John Lindsey Ordinary,
Cobb County.

Every question must be answered.

Three years mentioned

J. M. Gann

*Walter Henry Ellis - 1902
Cobb County*

No.

**INDIGENT PENSION,
1902
1901.**

Name *Henry W. Wooten*

County *Cobb Co*

Co. _____ Reg'm't _____

Approved _____ 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta

Every Question MUST be Answered.

4. When and where was your company and regiment when you enlisted or served? *Co. G. Stephens Battalion July 1864 - Answered in*
5. How long did you remain in such company and regiment? *Until May 1865*
6. When and where was your company and regiment surrendered and discharged? *Kingsport Ga in May 1865*
7. Were you present with your company and regiment when it was surrendered? *Yes*
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? _____
9. How much can you earn (gross) per annum by your own exertions or labor? *Almost nothing*
10. What has been your occupation since 1865? *Knapsacking*
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? *Infirmary & poverty*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? *Since 1898*
13. What property, real or personal, or income, do you possess, and its gross value? *Nothing but a little household furniture*
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899 and 1900 and what disposition, if any, by sale or gift, have you made of same? *The same as mentioned above*
15. In what County did you reside during those years, and what property did you then return for taxation? *Resided in Cobb County. Returned my property paying*
16. How were you supported during the years 1896 and 1900? *By the aid of friends and what little I could do myself.*
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 kept no account but was able to make*
18. What was your employment during 1898 and 1900? What pay did you receive in each year? *Nothing - I was unable to work*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *Yes - Wife only. No means of support.*
20. Are you receiving any pension? If so, what amount and for what disability? *I did receive one payment but am now suspended for inquiry.*
21. Have you ever made an application for pension before? *Yes & obtained it on above mentioned*
22. How many applications have you ever made and under what class? *One - which was allowed but now suspended*

Sworn to and subscribed before me this the

4th day of *April* 1902
John Henry

Ordinary,

County.

Henry W. Wooten
Applicant.

Three years mentioned

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb COUNTY.

Thomas M. Cutcheon, of said State and County, having been presented as a witness in support of the application of Henry W. Wooten for pension under Section 1254, Code, and after being duly sworn take answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? Thomas M. Cutcheon
Cobb Co Ga
2. Are you acquainted with Henry W. Wooten, the applicant; if so, how long have you known him? Twenty five or thirty years -
3. Where does he reside, and how long and since when has he been a resident of this State? Resides in Cobb County Ga. Ever since I have known him
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted in Co G. Graham's Battalion when it was organized in the early part of 1864. I was with
5. Were you a member of the same company and regiment? I was not
6. How long did he perform regular military duty? Until he surrendered at May 1865
7. When and where was his command surrendered? at Ringston in May 1865
8. Were you present when it surrendered? I was
9. Was applicant present? He was
10. If he was not present, where was he? —
When did he leave his command? May 1865 For what cause? Surrender
By what authority he left? Parole How do you know all of this?
I was at Ringston Ga at the time and was paroled at the same time & place
11. What property, effects or income has the applicant? (Give your means of knowledge.) None - I live in poverty & know his financial condition
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899 and 1900, and what disposition, if any, did he make of same? None
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? None - Has none to convey except a little household goods
14. What is the applicant's occupation and physical condition? Cropper & feller
15. Is the applicant unable to support himself by labor of any sort, if so, why? He is - Because of heart trouble
16. How was he supported during the years 1898, 1899 and 1900? By his friends & what little he can do
17. What portion of his support for these three years was derived from his own labor or income? Very little on account of his condition
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is an old man who is that he is feeble and suffers from heart disease -
19. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this 4th day of April 1902
John Arthur Ordinary.
Thos. M. Cutcheon Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally came before me Chas H. Field and E. H. Heard, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Henry W. Wooten, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He has Rheumatism and organic heart disease which renders him unable to do ordinary manual labor.

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 5th day of April 1902
John Arthur Ordinary.
Chas H. Field M.D.
E. H. Heard M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, John Arthur Ordinary in and for said County, hereby certify that the applicant Henry W. Wooten resides in said County, and has been a bona fide resident of this State since the 1st day of Jan 1894 and that the witnesses, viz: Thos M. Cutcheon, Chas. H. Field M.D. & E. H. Heard M.D.

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

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1896 nothing Dollars of property, and in 1900 nothing Dollars of property.

In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this 5th day of April 1902
John Arthur Ordinary,
of Cobb County

NOTE.

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

No data Marietta Ga
March 31, 1902

Colonel Lingey Dear Sir
you have ask more of
me than i am able
to perform as i am not
able to travel to hunt
up witnesses i think i
have made as much
good as any body and
all the law requires
me to make so it
may as well be
made more good than
any one else. I have
been much worried
with heart
trouble and rheumatism
i would have to walk 35
miles to get a witness

OFFICE OF
JOHN AWTRY,
ORDINARY, COBB COUNTY.
Ga.

Marietta, Ga., April 14, 1902

Hon John W. Lindsay Dear Judge
Enclousd

I send you the papers in the Wooten
Case. You will find, I think, every
thing done that your specifications
require - except the statement of the
Horman, which I have made every
effort to obtain, but, as before stated,
he lives in a remote portion of the
County and it is seldom that he comes
in. I have written him three times - &
only rec^d an answer this morning.
Saying, that he would come here in
a few days and attend to it. Not
having any Compulsory Process to
Compel his attention to the matter it
leaves me at my wits end and de

and i am not able to
make the trip i am
advised by good men
to get up my old papers
and have them tested
by the Grand Jury
and the
legislator. So i want
you to tell me what
you think about it after
i have made all the
proof necessary. I don't see how
a new application would
do any better it was all
malices that drop my
pension i have proved
that by the December
Grand Jury the original
Grand Jury said the
March Grand Jury use
malices therefore

P.S. 3 all the ~~for~~
Grand Jury in
March was opposed
to pension i want
you to notice that
one man was mad
because i did not
state his name another
because he killed a
fine cow for me and
i made him pay for
it that was all done
21 years ago you see
how things work to do
harm i mean said there
was no such a thing
as a battalion in the
Confederate army that
was false you no

Keep Mr Wooten in his rights. I hope
therefore that you will not make such
final disposition of the case as will pre-
vent him from obtaining the necessary
evidence to re-instate him on the roll.

With very kind regards -

Yours friend

Thos B. Brown

4
 i dont think i have
 bin treated right
 i think if you will
 inquire in to the and
 consider the matter
 over i have sent all
 the proof you have ask
 me to send and when
 a man sends all the
 proof you ask him to send
 i think that is all
 that is nessary now
 Col lingers taking in ever
 thing in to consideration
 i think as a old
 soldier i ^{have} done my
 duty - so i will close
 yours very truly
 H. W. Wooten

Georgia } Personally appeared before me Jesse B.
 Cobb County. } Smith who being duly sworn says that he
 is well acquainted with Henry W. Wooten,
 defendant, says that said Wooten is afflicted with heart
 disease and is indigent and unable to perform
 is incapable of earning a subsistence by manual labor
 or account of his physical condition by reason of the
 heart disease which he has, that he is practically and
 essentially incapable of manual labor - the shortness
 of breath is such that he can not perform manual
 labor.
 From to & Subscribed
 before me this 10th of
 February 1902
 Jesse B. Smith
 Cobb County, Ga.

OFFICE OF
 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, recom-
 mended that H. W. Wooten be dropped from the indigent pension roll.

J. B. Glover
 Clerk Superior Court.

->OFFICE OF<-
J. B. GLOVER,
Clerk Superior Court and County Treasurer,
COBB COUNTY.

No data on these papers.
(Marietta, Ga., Dec 16 1901)

J. M. Lindrey

Pennington Agent

Dear Sir

Your Postal received,

On the 19th Oct last I sent you a
certified copy of the proceedings of
the Grand Jury (so far as concerns
penitents) for March Term 1901.
Our November Term will meet next
week.

If you did not receive the report
for March Term please inform me
and I will send a copy - only one
(W. H. Norton) was dropped

Very truly
J. B. Glover
Clerk

No data
Georgia Cobb County:
In Person appears
W. R. Montgomery who on
oath says he is ac-
quainted with W. H. Norton
this applicant for opening
and says that the 40
acres of land as returned
by said Norton for taxes
in this County is not
owned by him but is
owned by his children
and has been so owned
for a number of years.
That the said W. H.
Norton owns no property,
but only acts as agent
for his children.

That I the said Mont-
gomery am the Clerk of Super-
ior Court of said County
and know these facts
to be true.

W. R. Montgomery, Jr.

Born to and
subscribed before
me this 6th day
of March 1900.

Wm. Stone, only

State of Georgia
Floyd County,

Personally appeared
before me the undersigned
Ordinary in and for

Said County - Joshua Fowler, who being
duly sworn, says on oath - That he is
well acquainted with Henry W. Wooten - That
affiant enlisted at the same time and in
the same Company and Battalion that
Said Wooten did, to wit, February 1864
in Company C - Graham's Battalion -
That affiant served and messes with
Said Wooten until Said Battalion sur-
rendered at Kingston Ga in May 1865. Affiant
swears positively of his own knowledge as
to the enlistment and service of Said Wooten
and of surrender and parole as above
stated - That he was paroled at the same
time with Said Wooten and states these
facts from distinct personal knowledge
because of his intimate association with
Said Wooten as a mess mate during his
time of service and from the fact that
they lived as neighbors and both enlisted
at the same time from the County of Floyd
Sworn to & subscribed
before me Sept 1900.

Joshua Fowler

Georgia
Fulton County.

Personally appeared
before me the under-
signed - Ordinary in
and for Said County

Lewis Howell who being sworn,
says, that he was a member of Co
C - Graham's Battalion Georgia Volun-
teers - Confederate Army - That Henry
W. Wooten was a member of said
Company and that Said Wooten
enlisted in said Company in February
1864 and served until said Battal-
lion was paroled at Kingston Ga
in May 1865. Deponent was present
and was surrounded and paroled
at the same time that Said Wooten
was. Deponent further says that
Said Wooten was a good and
faithful Soldier. From an intimate
acquaintance with Said Wooten he is
satisfied that he is physically unable
to labor sufficiently to make a living.
Sworn to & subscribed
before this Oct 1st 1900.

Lewis Howell

Ordinary
Fulton County

read at this page.

I certify that Joshua Fowler is trust-
worthy and that his statements are worthy
of full faith and credit and that he took
the prescribed oath and that the full text
of the Affidavit was read to him.

Sworn to before me this
18 day of Sept 1900
W. R. Nelson J P

Affidavit of
Joshua Fowler

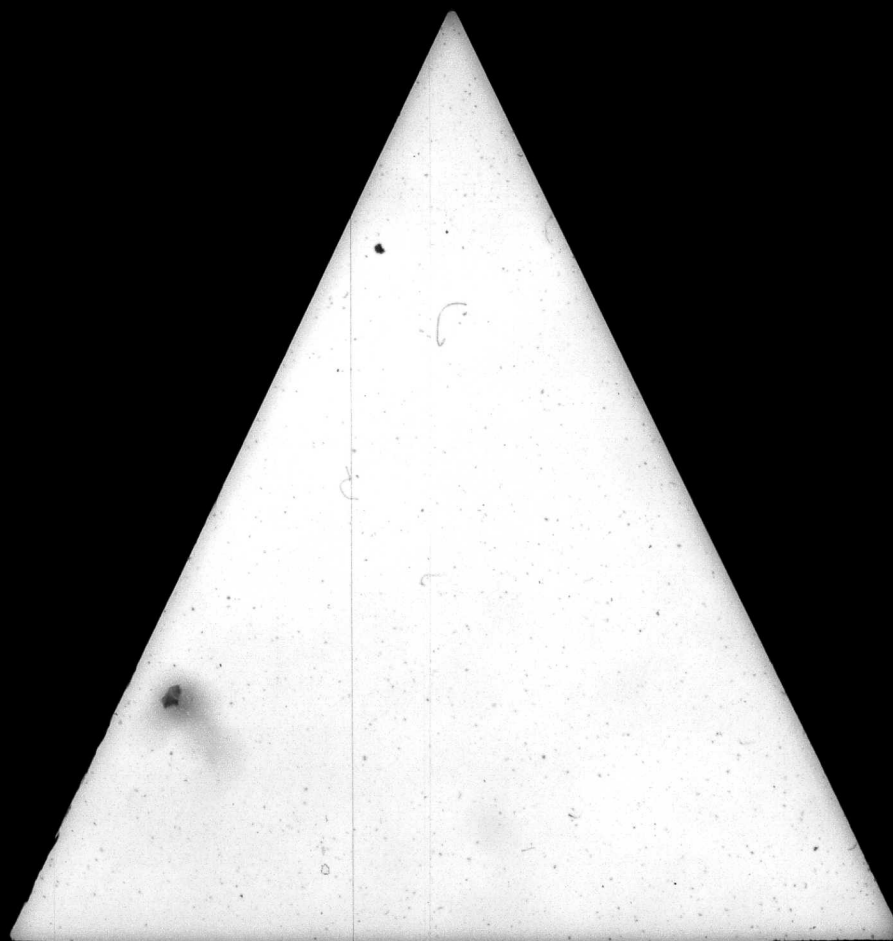
I certify that the witness read this before
was sworn to it and is
impartial & free from
any interest

Wm. W. W.

James W.

Facsimile

The 18th Sept 1900



Power of Attorney.
STATE OF GEORGIA.

County. }

I

of

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

at

by

Witness my hand and seal, this

day of

1900.

Executed in presence of

[L. S.]

herely authorize

INDIGENT PENSION,
1900.

Name

County

Approved 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

12/10-1900
7/25-1901

Wooten, William S.
1901 Cobb Co
C.R. No. 18

1901
C.O.R. 18

No.

**INDIGENT PENSION,
1900.**

Name *W. S. Morton*

County *Leath*

Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

12/10-1900
7/25-1907

STATE OF GEORGIA.

Power of Attorney.

County. }

herby authorize

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

at _____ by _____

Witness my hand and seal, this _____ day of _____ 1900.

Executed in presence of

[L. S.]

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____ of _____ to receive and receipt for the pension allowed, and request that he remit same to _____ at _____ by _____

Witness my hand and seal, this _____ day of _____ 1900.

Executed in presence of _____ [L. S.]

STATE OF GEORGIA,

County. }

_____ of said State and County, desiring to avail himself of the Pension Act (Section 1264, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office)
William S. Norton, Georgian (Cobb County), Georgian Post Office
2. How long and since when have you been a resident of this State? *I have been a resident all my life except some years back, from 1853 to 1872*
3. When and where were you born? *In 1824 in Georgian County, Georgia*
4. When and where and in what company and regiment did you enlist or serve? *In April 1862 at Hough's and Hardy's Companies, Georgia*
5. How long did you remain in such company and regiment? *I remained a member of that Company until the close of the war*
6. When and where was your company and regiment surrendered and discharged? *I do not know where we were when I was in prison at that time in Camp Douglas at Vicksburg*
7. Were you present with your company and regiment when it was surrendered? *No*
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? *I was in Camp Douglas in June 1864 I was sick by the Hospital Department*
9. How much can you earn (gross) per annum by your own exertions or labor? *Twenty dollars*
10. What has been your occupation since 1865? *Farming*
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? *Age*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? *I am infirm and blind*
13. What property, real or personal, or income, do you possess, and its gross value? *I have no property*
14. What property, real or personal, did you possess in 1864, 1865, 1866, 1867, 1868 and 1869, and what disposition, if any, by sale or gift, have you made of same? *I have no property*
15. In what County did you reside during those years, and what property did you then return for taxation? *I lived in Georgian County, Georgia, and returned property for taxation in that County*
16. How were you supported during the years 1868 and 1869? *I was supported by my family*
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 contributed nothing*
18. What was your employment during 1868 and 1869? What pay did you receive in each year? *I was employed as a soldier in the Confederate Army and received pay*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *I have a wife and two children, they are supported by their own labor*
20. Are you receiving any pension? If so, what amount and for what disability? *No*
21. Have you ever made an application for pension before? *I have applied twice before*
22. How many applications have you ever made and under what class? *Three, in the third class*

Sworn to and subscribed before me this _____ day of _____ 1900.

W. S. Norton
Applicant,
Hemp Hill Ga.
Ordinary,
Cobb County.

Every Question MUST be Answered.

W. S. Norton, William S. Norton, Cobb Co. Ga.

1901

INDIGENT PENSION,

1900.

Name *W. S. Norton*County *Cobb*

Approved _____ 1900

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

12/10-1900
7/25-1907

STATE OF GEORGIA,
Fulton COUNTY.

William J. Griffin, of said State and County, having been presented as a witness in support of the application of William S. Wooten 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 J. Griffin in Fulton County, "Atlanta Ga"
2. Are you acquainted with William S. Wooten, the applicant; if so, how long have you known him? Forty years
3. Where does he reside, and how long and since when has he been a resident of this State? in Cobb County Ga. He has been living in Marietta near
4. When, where and in what company and regiment did he enlist, and how do you know? in April 1862 at Marietta Ga. in the Co. E. 56 Regt. Ga. Inf.
5. Were you a member of the same company and regiment? I was.
6. How long did he perform regular military duty? until the close of the war
7. When and where was his command surrendered? Some where near Georgia Ga. on between there and Griffin Ga. 1864.
8. Were you present when it surrendered? I was not
9. Was applicant present? He was not
10. If he was not present, where was he? in Camp Douglas Ill. a Prisoner
When did he leave his command? 1864 For what cause? was taken Prisoner
By what authority he left? By General Order How do you know all of this? I was with him when he was captured and he was carried to Camp Douglas Ill. and kept there till the end of the war.
11. What property, effects or income has the applicant? (Give your means of knowledge.) none
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? He had none
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? He had none to convey
14. What is the applicant's occupation and physical condition? He tried to farm this year. He cannot do but very little ground labor. He is a very feeble man.
15. Is the applicant unable to support himself by labor of any sort, if so, why? He is on account of old age and infirmity.
16. How was he supported during the years 1898 and 1899? by what he could do on the farm with his wife and little boy.
17. What portion of his support for these two years was derived from his own labor or income? About one fourth (1/4) "no income"
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is old and feeble.

19. What interest have you in the recovery of a pension by this applicant? none
Sworn to and subscribed before me, this 30 day of Nov 1900. W. J. Griffin Witness.
W. J. Griffin Ordinary.

Certify that this witness is Griffin is
credibly of force further and in at
W. J. Griffin
Fulton County

STATE OF GEORGIA,
Cobb COUNTY.

Personally came before me, J. B. Ludlow and R. J. Moss, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully W. S. Wooten, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

age 66.
He suffers with (catalachal inflammation of
the Bladder and Lumbago or Back ache to
such extent as to render him unable to do
a days work. we find this permanent and such as to render him

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 26 day of Nov 1900. J. B. Ludlow M.D. Ordinary.
R. J. Moss M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cobb COUNTY.

I, J. B. Ludlow, Ordinary in and for said County, hereby certify that the applicant W. S. Wooten resides in said County, and has been a bona fide resident of this State since the 1st day of Dec. 189 4 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 witness before same was signed.

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1898 nothing Dollars 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 26 day of Nov 1900. J. B. Ludlow Ordinary,
of Cobb County.

NOTE.

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

personally & separately dis.

POWER OF ATTORNEY.

State of Georgia,

Cobb County.

I, *W. S. Woolen* hereby authorize *John Anthony* of _____

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

at _____ IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *9* day of *Jan* 1902 *W. S. Woolen* [L. S.]

Executed in presence of

Milburn

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *W. S. Woolen* hereby authorize *John Anthony* of _____

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

by _____ Witness my hand and seal, this *19* day of *January* 1902. *W. S. Woolen* [L. S.]

Executed in presence of

Wooten, W. S.
Cobb County
ACT OF 13 DEC. 1894.
(For Those Already Enrolled.)

NO. *554*

INDIGENT

SOLDIER'S PENSION,
1902

Name *W. S. Woolen*
County *Cobb*

WARRANT ISSUED

1/16 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Cady
Geo. W. Harrison, State Printer, ATLANTA

no date

CODE SECTION 124.
(FOR THOSE ALREADY ENROLLED.)

No. *528*

INDIGENT

SOLDIER'S PENSION
1902

Name *W. S. Woolen*
County *Cobb*
Co. *E* Regiment *65*

WARRANT ISSUED

123 1902

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

no date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears

W. S. Wooten of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18*74*; that he is *67* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or the State of _____) during the war between the States, and served for the term of *3 years* in Company *C*, of *56*th Regiment of *Ka Vols*; that his physical condition is as follows: *Owing to age infirmity and poverty he is unable to support himself*

that his property consists of the following items

nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of *Cobb* County been allowed a pension for the year 189*1*

Sworn to and subscribed before me, this, the

9 day of *Jan* 189*8*
John Anthony Ordinary.

State of Georgia,

Cobb County.

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

Given under my official signature and seal, this

9th day of *Jan* 189*8*



John Anthony Ordinary *Cobb* County.

NOTE.—The blank spaces must be filled.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears

W. S. Wooten of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is *68* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *3 years* in Company *E*, of *56*th Regiment of *Ka Vols*; that his physical condition is as follows: *Owing to infirmity and poverty he is unable to support himself*

that his property consists of the following items

nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of *Cobb* County been allowed a pension for the year 190*2*

Sworn to and subscribed before me, this the

19th day of *Jan* 190*2*
John Anthony Ordinary.

STATE OF GEORGIA,

Cobb County.

I, *John Anthony* Ordinary of said County, do certify that I am well acquainted with *W. S. Wooten* 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

19th day of *January* 190*2*



John Anthony Ordinary *Cobb* County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, _____ hereby authorize

of _____

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

at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1904.

[L. S.]

Executed in the presence of _____

0

*Wooten, W. S.
Cobb Co.*

124

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. *124*

INDIGENT

SOLDIER'S PENSION

1904.

Name *W. S. Wooten*

County *Cobb*

Co. *E*

Regiment *56*

WARRANT ISSUED

124 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. S. Wooten

Geo. W. Harrison, State Printer, Atlanta.

no data

*Wooten, W. S.
Cobb Co.*

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

124 No. *124*

INDIGENT

SOLDIER'S PENSION

1905.

Name *W. S. Wooten*

County *Cobb*

Co. *E*

Regiment *56*

WARRANT ISSUED

124 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. S. Wooten

Geo. W. Harrison, Manager, for State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, _____ hereby authorize

of _____

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

at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1905.

[L. S.]

Executed in the presence of _____

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears W. S. Wooten of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 18 day of Jan 1890; that he is 69 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 yrs in Company E, of 56th Regiment of Ka Vals; that his physical condition is as follows: Owing to age infirmity & severely is unable to support himself that his property consists of the following items: Nothing

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of Cobb County been allowed a pension for the year 1903

Sworn to and subscribed before me, this the 19th day of Jan 1904. }
John A. Wooten Ordinary. W. S. Wooten

STATE OF GEORGIA,

Cobb County.

I, John A. Wooten Ordinary of said County, do certify that I am well acquainted with W. S. Wooten 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 19th day of Jan 1904.
John A. Wooten Ordinary. Cobb County.

NOTE.—The blank spaces must be filled.
 NOTE.—Affidavit should not be attested before January 1st, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears W. S. Wooten of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 18 day of Jan 1890; that he is 70 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 yrs in Company E, of 56th Regiment of Ma. Vals; that his physical condition is as follows: Age infirmity & poverty that his property consists of the following items: Nothing

of the value of Nothing Dollars. I am now earning, by my labor, Nothing Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this the 19th day of Jan 1905. }
John A. Wooten Ordinary. W. S. Wooten

STATE OF GEORGIA,

Cobb County.

I, John A. Wooten Ordinary of said County, do certify that I am well acquainted with W. S. Wooten 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 19th day of Jan 1905.
John A. Wooten Ordinary. Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of

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

at

by _____

WITNESS my hand and seal, this _____ day of _____ 1906.

[L. S.]

Executed in the presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of

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

at

by _____

WITNESS my hand and seal, this _____ day of _____ 1907.

[L. S.]

Executed in presence of

COOK SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

E-56 No. 243

INDIGENT
SOLDIER'S PENSION
1906.

Name W. S. Wooten
County Cobb
Co. E 56 Regt. 4th

WARRANT ISSUED

9/11/22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

W. S. Wooten

The PRINCIPAL PRINTING AND PUBLISHING CO. W. H. HARRISON, INC.

no data

Wooten, W. S.,
Cobb Co.

COOK SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

E-56 No. 243

INDIGENT
SOLDIER'S PENSION
1907.

Name W. S. Wooten
County Cobb
Co. E 56 Regt. 4th

WARRANT ISSUED

9/21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

W. S. Wooten
COOK SECTION 1254. ATLANTA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears W S Mooten of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company E, of 56th Regiment of _____; that his physical condition is as follows:

Infirmity & poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this _____ day of January, 1906. W S Mooten Ordinary.

State of Georgia,

Cobb County.

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

Given under my official signature and seal, this _____ day of January, 1906. John A. Mooten Ordinary Cobb County.



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

State of Georgia,

Cobb County.

Personally appears W S Mooten of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company E, of 56th Regiment of _____; that his physical condition is as follows: Infirmity & poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this _____ day of January, 1907. W S Mooten Ordinary.

State of Georgia,

Cobb County.

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

Given under my official signature and seal this _____ day of January, 1907. John A. Mooten Ordinary Cobb County.



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



Z. T. MANSON, Ordinary.

Jonesboro, Ga.,

190

Georgia

Clayton County

Personally came before me J. T. Manson Ordinary in and for said County of said State of Georgia S. D. Dodson who under oath says that he of his own knowledge knows that William S. Hodlan was a member of Co. E. 56. Regt. Ga. Volunteers. From the fact that he visited the Co. & Regt. while encamped at Dalton Springs in the City of Atlanta in the Spring of 1862 preparatory to entering active service. That while visiting said Co. & Regt. he saw said Hodlan performing military duty & that he lived a neighbor to said Hodlan at the time

Subscribed before me

S. D. Dodson

This Dec 1st 1900

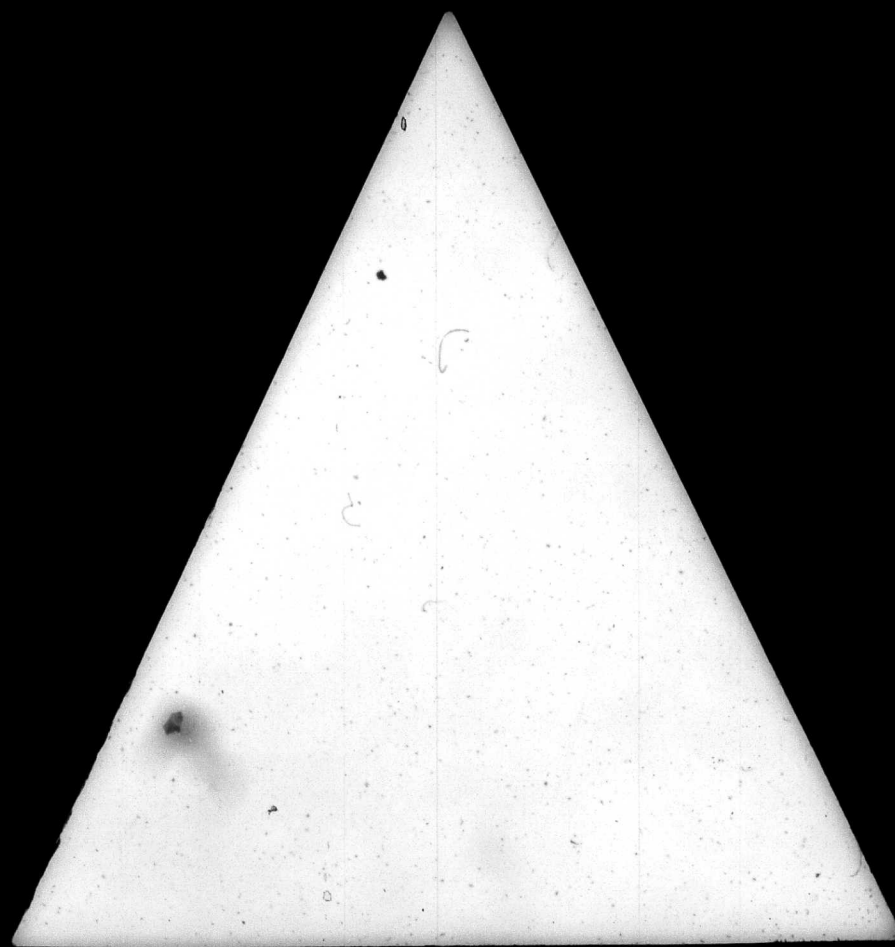
J. T. Manson Ordinary of Clayton Co. Ga.

Georgia

Clayton County

I, J. T. Manson Ordinary in and for said County do hereby certify that S. D. Dodson is a Trustworth-
Citizen of said County. Witness my hand & seal of office this Dec 1st 1900

J. T. Manson Ordinary of Clayton County Ga.



Wright, C. S.
Cobb County
No. 3085

INDIGENT PENSION
1897.

Name C. S. Wright

County Cobb

Approved 8/6 1897.

WARRANT HANDED TO

R. C. Irwin

W. HARRISON, STATE PRINTER, ATLANTA.

July 14 1897

Pension Office 5/11/1897.
Infirmary is not well
known - See in Times &
11 + Physicians -
Rich. Johnson
Comm. of Pension

Pension Office 7/2/1897
Applicant must show
such infirmity as pre-
vents his earning a
support at any kind
of labor - occupation
or calling.

Rich. Johnson
Comm. of Pension

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I,

of

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

at

Witness my hand and seal this

day of

by

1897.

Executed in presence of

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of

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

at

by

Witness my hand and seal this _____ day of _____ 1897.

Executed in presence of

STATE OF GEORGIA,

Cobb County.

C. T. Knight

_____ of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

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

C. T. Knight, Marietta Cobb County Ga

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

Marietta Cobb County Ga: 63 years

3. When and where were you born? Dec 24 Co Ga Aug 24 1831

4. When and where and in what company and regiment did you enlist or serve? March 1862 Decatur Co Ga Co 4 36 Ga

5. How long did you remain in such company and regiment? until March 1865

and was bay killed from Richmond Va

6. For how long a period did you discharge regular military duty? 3 years

7. When, where and under what circumstances were you discharged from service?

Bay killed at Richmond Va came home on furlow and was released from the service

8. What is your present occupation? As a Marietta Marble Co

9. How much can you earn (gross) per annum by your own exertions or labor? Eight Dollars

10. What has been your occupation since 1865? Farming until 1893

11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? Age, Infirmary & Poverty

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?

applicant is 63 years old badly crippled three yrs since then unable to work since 1893

13. What property, effects or income do you possess and its gross value? None

14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? None

15. In what County did you reside during those years and what property did you then return for taxation?

Cobb Co Ga returned no property

16. How were you supported during the years 1895 and 1896? by my daughter

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? Twenty five dollars

18. What was your employment during 1895 and 1896? What pay did you receive in each year?

selling marble on commission; Commission not paid

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? yes; wife & daughter; keeping boarders have no homestead

20. Are you receiving any pension, if so what amount and for what disability? no

Sworn to and subscribed before me this the

day of

1897.

Ordinary.

County.

Applicant.

Every Question MUST be Answered.

Pension App 5/11/1897.
Infirmary is not well
known - the witnesses &
11 & Physicians -
Rich Johnson
Com. Bureau
Pension App 7/2/1897
Applicant must show
such infirmity as pre-
vents his earning a
support or any kind
of labor - or calling
or calling
Rich Johnson
Com. Bureau

INDIGENT PENSION

1897.

Name

C. T. Knight

County

Cobb

Approved

8/6

1897.

WARRANT HANDED TO

R. C. Drinn

July 14 1897

1897

County.

C. B. Peers of said State and County, having been presented as a witness in support of the application of C. Wright 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? C. B. Peers - Marietta, Gas Robb Co. Ga.
2. Are you acquainted with C. Wright, 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? Living since I have known him
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? By being with him in the same Regiment with him. The 36 Ga.
5. When, where and in what company and regiment did he enlist? Co. F. 36 Ga. Vol. March 1862 in Decatur Co. Ga.
6. Were you a member of the same company and regiment? Same Regiment but Co. K.
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? About (3) years. I know 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 any did he make of same? None that I know of.

10. What is the applicant's occupation and physical condition? Marble agent in the last few years. He is not able to do manual labor.

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is ruptured and has Rheumatism

12. How was he supported during the years 1895 and 1896? By his Wife and Daughter who runs a small boarding house.

13. What portion of his support for these two years was derived from his own labor or income? Not much I don't think

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? By being Ruptured and having Rheumatism and unable to work at manual labor

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

Sworn to and subscribed before me, this 17 day of May 1897. C. B. Peers Witness.
J. M. Stone Ordinary.

County.

Personally came before me, John H. Simpson and E. J. Sizge, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully C. Wright, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

Hernia
of right side
Is old & infirm & having had Rheumatism for several 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 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 17 day of May 1897. J. M. Stone Ordinary.

John H. Simpson M.D.
E. J. Sizge M.D.

ORDINARY'S CERTIFICATE.

County.

I, C. Wright Ordinary in and for said County, hereby certify that the applicant C. Wright resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: C. B. Peers, John H. Simpson M.D. & E. J. Sizge M.D. are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1895 Nothing dollars of property, and in 1896, Nothing dollars of property.

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

Witness my hand and seal of office, this 17 day of May 1897.

J. M. Stone Ordinary
of Cobb County.

NOTE.

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

County.

C. B. Reeves of said State and County, having been presented as a witness in support of the application of C. Wright 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? C. B. Reeves - Marietta, Ga. Robt Co. Ga.
2. Are you acquainted with C. Wright, 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? Living Since I have known him
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? By being with him in the same Regiment with him. The 36 Ga.
5. When, where and in what company and regiment did he enlist? Co. F. 36 Ga. Vol. March 1862 in Decatur Co. Ga.
6. Were you a member of the same company and regiment? Same Regiment but Co. K.
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? About (3) years. I know 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 any did he make of same? None that I know of.

10. What is the applicant's occupation and physical condition? Marble agent in the last few years. He is not able to do manual labor.

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is ruptured and has Rheumatism

12. How was he supported during the years 1895 and 1896? By his Wife and Daughter who runs a small boarding house.

13. What portion of his support for these two years was derived from his own labor or income? Not much I don't think

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? By being Ruptured and having Rheumatism and unable to work at manual labor

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

Sworn to and subscribed before me, this 17 day of May 1897. C. B. Reeves Witness.
J. M. Stone Ordinary.

County.

Personally appeared before me, John H. Simpson and E. J. Sizge, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully C. Wright, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

Hernia
of right side
Is old + infirm + having had
Rheumatism for several 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 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 17 day of May 1897. J. M. Stone Ordinary.

John H. Simpson M.D.
E. J. Sizge M.D.

ORDINARY'S CERTIFICATE.

County.

I, C. Wright Ordinary in and for said County, hereby certify that the applicant C. Wright resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: C. B. Reeves, John H. Simpson M.D. & E. J. Sizge M.D. are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1895 Nothing dollars of property, and in 1896, Nothing dollars of property.

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

Witness my hand and seal of office, this 17 day of May 1897.

J. M. Stone Ordinary
of Cobb County.

NOTE.

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

POWER OF ATTORNEY.

State of Georgia,

Cobb County,
I, *E. J. Wright*

hereby authorize

of

R. C. Jordan
Minnetta Ga.

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

me

by

him

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *13th*

day of *January* 1898.

E. J. Wright

[L. S.]

Executed in presence of

John Stone
Only

ACT OF 12 DEC., 1894.

(For These Already Enrolled.)

NO. *1015*

INDIGENT

SOLDIER'S PENSION,
1898.

Name *E. J. Wright*
County *Cobb*

WARRANT ISSUED

1/14 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

R. C. J.

Geo. W. Harrison, State Printer, ATLANTA

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County,
I, *E. J. Wright*

hereby authorize

of

John Stone
Minnetta Ga.

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

me

at

by

him

Witness my hand and seal this *10th* day of *January* 1899.

Executed in presence of

E. J. Wright (L. S.)

Wright, E. J.
Cobb Co.
(For These Already Enrolled.)

NO. *1150*

INDIGENT

SOLDIER'S PENSION,
1899.

Name *E. J. Wright*
County *Cobb*

WARRANT ISSUED

1/14 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

John Stone
Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears C. J. Wright of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 24th day of August 1864; that he is 63 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 yrs in Company 7, of 36th Regiment of Va. Vols.

that his physical condition is as follows: On account of age infirmity disease &c. he is unable to support himself by labor of any sort. that his property consists of the following items:

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of Cobb county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the 13th day of January 1898, } C. J. Wright Ordinary.

State of Georgia,

Cobb County.

I, Wm. Boone Ordinary of said County, do certify that I am well acquainted with C. J. Wright 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 13th day of January 1898. Wm. Boone Ordinary Cobb County.



NOTE.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears C. J. Wright of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 24th day of August 1864; that he is 64 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 yrs in Company 7, of 36th Regiment of Va. Vols.

that his physical condition is as follows: On account of age infirmity poverty &c. he is unable to support himself that his property consists of the following items:

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of Cobb county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, the 10th day of January 1899, } C. J. Wright Ordinary.

State of Georgia,

Cobb County.

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

Given under my official signature and seal, this 10th day of January 1899. Wm. Boone Ordinary Cobb County.



NOTE.—The blank spaces must be filled.
NOTE.—A affidavit should not be attested before January 1st, 1899.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1900.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }

I, C. J. Wright hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal, this 4th day of Jan 1901.

[L. S.]

Executed in presence of _____

CODE SEC. 1284.

(For Those Already Enrolled.)

NO. 3074

INDIGENT

SOLDIER'S PENSION,

1900.

Name C. J. Wright

County Cobb

WARRANT ISSUED

1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

App.

Geo. W. Harrison, State Printer, Atlanta.

No data

CODE SECTION 1284

(For Those Already Enrolled.)

NO. 257

INDIGENT

SOLDIER'S PENSION.

1901.

Name C. J. Wright

County Cobb

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Antony

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *C. T. Wright* of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the *24* day of *August* 18*34*; that he is *65* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States,

and served for the term of *3 1/2 years* in Company *F*, of *36*th Regiment of *Ga. Vols.*; that his physical condition is as follows: *On account of age, infirmity and poverty he is unable to support himself*

that his property consists of the following items: *Nothing*

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 189*9*.

Sworn to and subscribed before me, this, the *15th* day of *January* 1900.

Ordinary.

State of Georgia,

Cobb County.

I, *J. W. Stone* Ordinary of said County, do certify that I am well acquainted with *C. T. Wright* 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 *January* 1900.

Ordinary *Cobb* County.

NOTE.—The blank spaces must be filled.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *C. T. Wright* of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the *24* day of *Aug.* 18*34*; that he is *67* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *5 years* in Company *F*, of *36*th Regiment of *Ga. Vols.*; that his physical condition is as follows: *On account of age, infirmity, poverty etc. he is unable to support himself*

that his property consists of the following items: *Nothing*

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this the *4th* day of *January* 1901.

Ordinary.

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *4*

day of *Jan'y* 1901.

Ordinary

County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1901.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, John A. Wright hereby authorize

of

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

at

by

Witness my hand and seal, this 18th day of July 1902.

L. S. Wright

[L. S.]

Executed in presence of

J. M. Gamm

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, C. J. Wright hereby authorize

of

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

at

by

Witness my hand and seal, this 18th day of July 1903.

L. S. Wright

[L. S.]

Executed in presence of

CODE SECTION 1234.
(FOR THOSE ALREADY ENROLLED.)

No. 474

INDIGENT

SOLDIER'S PENSION

1902.

Name C. J. Wright

County Cobb

Co. A Regiment 36th

WARRANT ISSUED

Me 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Only

Geo. W. Harrison, State Printer, Atlanta.

no data

CODE SECTION 1234.
(FOR THOSE ALREADY ENROLLED.)

No. 417

INDIGENT

SOLDIER'S PENSION

1903.

Name C. J. Wright

County Cobb

Co. A Regiment 36th

WARRANT ISSUED

423 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Only

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *C. J. Wright* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *24th* day of *August* 18*84*; that he is *66* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *3 years* in Company *7*, of *36th* Regiment of *Ca. Vols*; that his physical condition is as follows: *On account of age and infirmity and poverty he is unable to support himself*

that his property consists of the following items:

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1*901*

Sworn to and subscribed before me, this the *2nd* day of *Jan* 1902.

Ordinary.

C. J. Wright

STATE OF GEORGIA,

Cobb County.

I, *John A. Wright* Ordinary of said County, do certify that I am well acquainted with *C. J. Wright* 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 *2nd* day of *January* 1902.

Ordinary.

John A. Wright

County.

NOTE.—The blank spaces must be filled.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *C. J. Wright* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18*84*; that he is *68* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *4 years* in Company *7*, of *36th* Regiment of *Ca. Vols*; that his physical condition is as follows: *On acct of age, infirmity and poverty he is unable to earn a support*

that his property consists of the following items:

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1*902*

Sworn to and subscribed before me, this the *1st* day of *Jan* 1903.

Ordinary.

C. J. Wright

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *1st* day of *Jan* 1903.

Ordinary.

John A. Wright

County.

NOTE.—The blank spaces must be filled.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1904.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1905.

[L. S.]

Executed in the presence of _____

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 518

INDIGENT

SOLDIER'S PENSION

1904.

Name

County

Co.

Regiment

WARRANT ISSUED

1/25 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no date

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 6241

INDIGENT

SOLDIER'S PENSION

1905.

Name

County

Co.

Regiment

WARRANT ISSUED

1/23 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, Manager, FOR STATE PRINTER, ATLANTA.

no date

STATE OF GEORGIA,

Cobb County,

Personally appears E. J. Wright of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 21st day of August 1884; that he is 38 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 years in Company H, of 36th Regiment of Georgia; that his physical condition is as follows: On account of age infirmity and poverty he is unable to support himself. that his property consists of the following items: nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of Cobb County been allowed a pension for the year 1903

Sworn to and subscribed before me, this the

1 day of Jan 1904.

Ordinary,

E. J. Wright

STATE OF GEORGIA,

Cobb County,

I, John Andrew Ordinary of said County, do certify that I am well acquainted with E. J. Wright 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 1904.

Ordinary

Cobb County.

NOTE.—The blank spaces must be filled.

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

STATE OF GEORGIA,

Cobb County,

Personally appears E. J. Wright of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1884; that he is 38 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 3 years in Company H, of 36th Regiment of Georgia; that his physical condition is as follows: Age infirmity and poverty

that his property consists of the following items: nothing

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

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

Sworn to and subscribed before me, this the

16 day of Jan 1905.

Ordinary,

E. J. Wright

STATE OF GEORGIA,

Cobb County,

I, John Andrew Ordinary of said County, do certify that I am well acquainted with E. J. Wright 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 1905.

Ordinary

Cobb County.

NOTE.—The blank spaces must be filled.

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

Additional Proof

State of Georgia In person appeared
Cobb County before the undersigned
J. H. Bruce who
on oath says that he is well
acquainted with C. T. Wright
who recently applied for pension
under the Independent Pension
act. and knows his location
at present. Affiant says that
the said C. T. Wright is at present
unable to do enough of any
kind of work to make a support
nor was he at the time of filing
said application able to do any
thing. Affiant says further
that said Wright has a severe
Hernia of the right side and
has Rheumatism which last
troubles renders him unable
to do any sort of labor.

Affiant was a member of
applicant's regiment and
knew him all during the
war as a soldier and since
the war as a citizen. Affiant
has no interest in the pension
and swears this affidavit voluntarily
and to the best of his knowledge
and belief.
J. H. Bruce
J. H. Stone Only

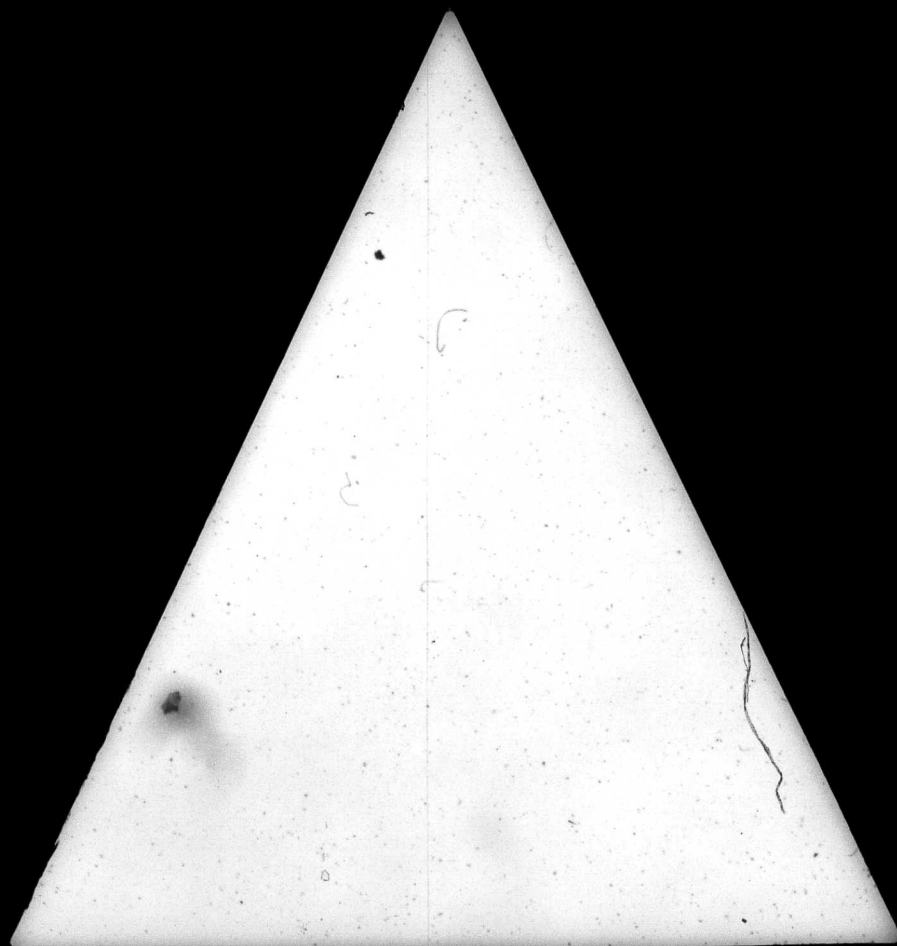
Georgia Cobb County
I, J. H. Bruce is a resi-
dent of Cobb County
and as a witness he
is well worthy of full
faith and credit.
July 12/97 J. H. Stone
Ordery

Upon examination of C. J.
Wright we find him suffering
from Rheumatism contracted
during Civil War. Has
right inguinal Hernia and
with his age & infirmity is
totally unfit for hard
labor of any sort.

Justly Simpson M.D.
Ed. Setze M.D.

Arrived and Subscribed
before me this 12th day
of July 1897.

J. H. Stone
Ordery



W. B. D. 11, 1905.

Ordinary of said county.

W. Henry O. Marsh

I further certify that

before

whom the foregoing affidavits were made and power of attorney was signed, is a
of said county, and the said affidavits and
signatures thereto are genuine.

Given under my official signature and seal, this 14 day of May, 1896

Ordinary

County.

No. 1552

APPLICATION FOR ALLOWANCE.

FOR YEAR ENDING OCTOBER 24, 1990.

Applicants

County,

Amount,

Date of warrant,

Entered on record

July 28

Edax

SECRETARY EXECUTIVE DEPARTMENT

WARRANT HANDED TO

R. C. Orrin

Cable Co
Wright, Lewis & Co.
1890.

STATE OF GEORGIA.

I, Wm. H. Stone County Cobb Ordinary of said county, do certify that I am well acquainted with L. C. Wright the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

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

Given under my official signature and seal, this 14th day of Feb'y, 1890

Wm. H. Stone Ordinary Cobb County.

No. 1552
APPLICATION FOR ALLOWANCE

Mailed by Express

Applicant L. C. Wright

County, Cobb

Amount, 50

Date of warrant, Feb'y 20 1890

Entered on record

Feb'y 21 1890

W. H. Stone

WARRANT ISSUED TO

R. C. Irwin

Sabb

Maimed Soldiers.

Voucher No. 1552

Amount \$ 50

Paid to L. C. Wright
For Disability from
Disease

Feb'y 20 1890

Included in warrant No.
issued to Treasurer.

WARRANT CLERK.

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

R. C. Irwin

For Applicants Heretofore Allowed Pensioners.

STATE OF GEORGIA,

Cobb County
PERSONALLY appears *L. C. Wright* of *Cobb* county,
State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and
resident of said State, and has been such continually since the *16* day of
May 18*61*, that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a *Private* in Company *B*, of *66* th Regiment
of *Ga* Volunteers *Stephen*'s Brigade; that whilst engaged
in such military service, at the battle of in the State
of on the day of *Nov* 1863, he was

wounded as follows: *was attacked with typhoid fever
and rheumatism which continued for a
space of several months - from the effects
which fever & rheumatism he is & has been
so afflicted that he is unable to go about
with a crutch & stick, thereby dependent is rendered
practically incompetent to perform the ordinary duties of life.*
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26, 1890. I have heretofore been allowed a pension
of dollars.

Sworn to and subscribed before me, this the *14* day of *July* 1890 *Lewis C Wright*
J. M. Starn

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

POWER OF ATTORNEY.

STATE OF GEORGIA

Cobb County. } *L. C. Wright*
KNOW ALL MEN BY THESE PRESENTS, That I, *Jeff*
R. C. Irwin

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
14 day of *July* 1890 *Lewis C Wright* [L. S.]

Executed in the presence of us:

J. M. Starn
J. D. Haver

DIRECTION.

Send money to me as follows, by _____
to _____ P. O.:
County, Georgia.

No. 1553

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., July 20 1890

Mr. *L. C. Wright* of the County
of *Cobb* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
approved, Dec. 24, 1888, and the same having been examined and allowed for

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

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

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$ *50*

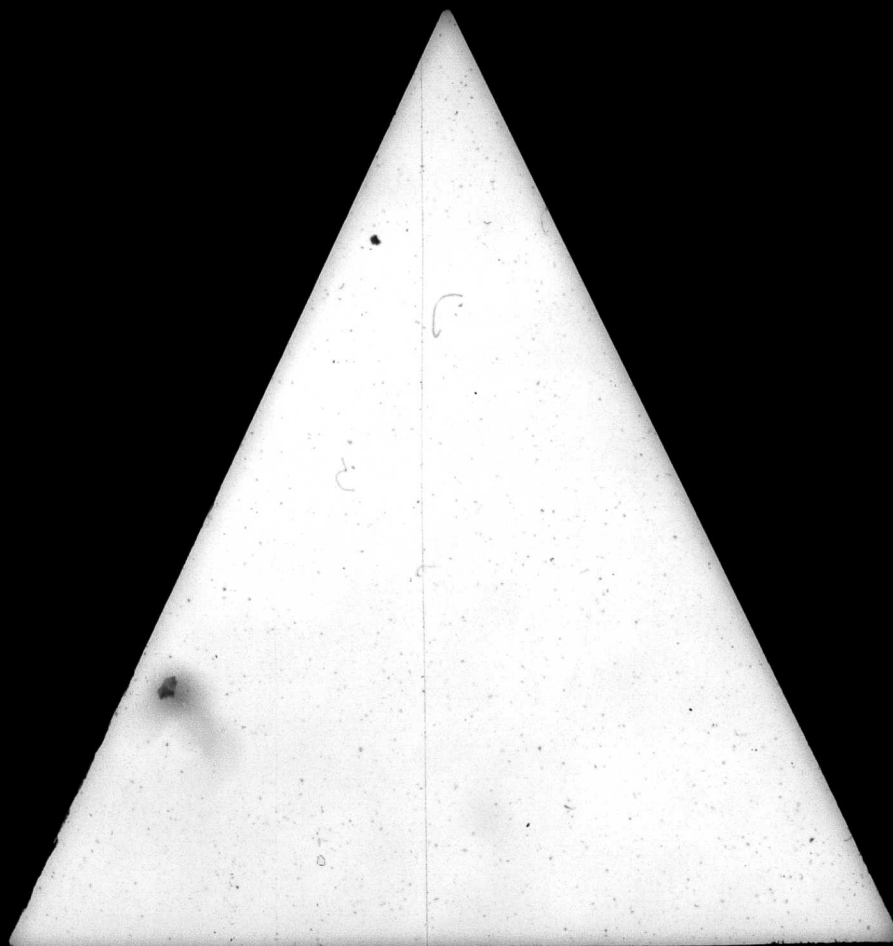
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Twenty Dollars,
per above voucher, this *20* day of *July* 1890

L. C. Wright
per *R. C. Irwin*

Wright, Lewis. C.
Cobb County

See 66th Regt Ga. Inf.
Co. B.
Application, 1889.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I, Tempa E. Wrightof CobbCounty, in said State, do hereby appoint P. J. Wright

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th day of April 1891

W. E. Wright - [L. S.]

Executed in the presence of us:

E. P. Bryan
J. M. Thomas
DIRECTORS

If allowed, send amount by _____ to _____, and oblige,
me at _____



Wright Tempa E.
Cobb County
25th 1891.

No. 947

Widows' Pension

— PAID TO —

Mrs. Tempa E. Wright
— OF —
Cobb COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

6196

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

Worth County.

Know all Men by these Presents, That I,

Tempa E. Wright

of *Worth*

County, in said State, do hereby appoint

R. T. Wright

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

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

9th day of *April* 1891

Executed in the presence of us:

E. P. Rogers
J. H. Stone Ordinary

If allowed, send amount by

me at _____, and oblige,



Widows' Pension

PAID TO—

Tempa E. Wright

Worth COUNTY.

\$200.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer Atlanta.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of *Worth*

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

Mrs. *Tempa E. Wright*, who being sworn according to law, says under

oath that she is the widow of *Thurston T. Wright*, who was a soldier in the service of the Confederate States, and served as a member of Company *89*, of the

56 Regiment of *Georgia* Volunteers; that he enlisted in said

service on or about the *14th* day of *April* 1862, and was in the

Confederate Army up to *Dec 13th* 1864. That while in the

Army, he was on the *13th* day of *Dec* 1864. (See Note No. 1)

He died of Typhoid fever at Reddick Hospital at Tusculum Ala while in said service.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the *30th* day of *September* 1846, and that she has resided in Georgia continuously since the *13th* day of *December* 1864; 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

9th day of *April* 1891.

Tempa E. Wright
J. H. Stone Ordinary.

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

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of Cobb

In person came before me, the undersigned Ordinary
in and for said County, witnesses

S. M. Otwell, J. M. Thompson, & E. P. Padon
and (each known to said Attesting Officer as truthful,
reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,
Mrs. Temperance Wright, of the County of Cobb,
State of Georgia, is the widow of Thompson Wright, who was a soldier in
Company 4 of the 56 Regiment of Georgia Volunteers.
That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or
about the 14 day of April 1862. That while in said service, or by
reason of said service in the Army, he lost his life as follows: 184 typhoid fever
in Reddick Hospital in Tusculum Ala on the 13
day of November 1864, while in the Confederate service.

We further swear that Mrs. Temperance Wright was the wife of said
soldier during the service, and that she has not intermarried since his death, and that she resides in
Cobb County of the State of Georgia.

Sworn to and subscribed before me, this, the
day of April 1891.

S. M. Otwell
J. M. Thompson
E. P. Padon
Ordinary.

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

Form No. 3.

STATE OF GEORGIA,

County of Cobb

I, J. M. Stone Ordinary
in and for said County of Cobb

State of Georgia, hereby certify that I am acquainted with Mrs. Temperance Wright
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,
day of April 1891.



J. M. Stone
Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

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

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

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

By order of the Governor.

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

STATE OF GEORGIA, County of Cobb
I, John M. Stone Ordinary in and for said County of
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.
Jessie E. Wright the applicant for a pension in this case, and
know, from my own knowledge, (or from positive proof presented to me by reputable witnesses),
that she resides in this County, and that she resided in the State of Georgia on December 23,
1890, and has not lived out of the State since that date. That she is the widow of
Thos. L. Wright deceased, and as such has heretofore been allowed a
pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the
2nd day of July 1893.
John M. Stone Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.
KNOW ALL MEN BY THESE PRESENTS, That I, Jessie E. Wright
of Cobb County, in said State, do hereby appoint
John M. Stone my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to
from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affi-
davit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be
issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2nd
day of July 1893. Jessie E. Wright [L.S.]

Executed in the presence of us:

W. J. Wright
Jos. M. Fleming

DIRECTIONS.

Send amount by Payroll Co. & Co. to
me at Payroll Co. & Co. and oblige

STATE OF GEORGIA, County of Cobb
I, John M. Stone Ordinary in and for said County of
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.
Jessie E. Wright the applicant for a pension in this case, and
know, from my own knowledge (or from positive proof presented to me by reputable wit-
nesses), that she resides in this County, and that she resided in the State of Georgia on
December 23, 1890, and has not lived out of the State since that date. That she is the
widow of J. L. Wright deceased, and as such has heretofore
been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
this, the 30th day of July 1894.
John M. Stone Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.
KNOW ALL MEN BY THESE PRESENTS, That I, Jessie E. Wright
of Cobb County, in said State, do hereby appoint
Marietta Ga. my true and lawful attorney in fact, for
me, and in my name, to receive and receipt for whatever amount of money I may be en-
titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the
foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any
Warrant that may be issued by the Governor, or for any sum of money which may be
coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 30th
day of July 1894. Marietta Ga. [L.S.]

Executed in the presence of us:

F. L. Humber
J. M. Fleming

DIRECTIONS.

Send amount by Payroll Co. & Co. to
me at Payroll Co. & Co. and oblige

Widows' Pension,
for year ending February 15th, 1893.
—PAID TO—
Jessie E. Wright
—OF—
Cobb COUNTY.
Warrant Issued
AND HANDED TO
John M. Stone
1893
Geo. W. Harrison, State Printer, Atlanta.

Widows' Pension,
for year ending February 15th, 1894.
—PAID TO—
Jessie E. Wright
—OF—
Cobb COUNTY.
Warrant Issued
AND HANDED TO
John M. Stone
1894
Geo. W. Harrison, State Printer, Atlanta.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Cobb*

Personally comes Mrs.

Jemmy E. Wright

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

Cobb State of Georgia, and that she has resided in said State continuously ever since *from South Ga. 1850* That she is the Widow of

Thernton Y. Wright who was a Soldier in Company

41 of the *56th* Regiment of *Georgia*

Volunteers, that he enlisted in said Regiment on or about the month of *April or May*

1862 and served in the Army up to *December 12th* *1864* That he lost his

life on the *17th* day of *December* *1864* (State here

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

swears that her husband died in
Tusculum Ala in Hospital from
Typhoid fever. her knowledge of
the above facts is from what
members of her husband's Company
told her

She further swears that her husband
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 *1847*; 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

2nd day of *July* *1893*.

Full Stone Ordinary.

Jemmy E. Wright
Post-office *Roswell Ga.*

STATE OF GEORGIA,
County of *Cobb*

Personally comes Mrs.

Jemmy E. Wright

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

Cobb State of Georgia, and that she has resided in said State continuously ever since *1850* That she is the Widow of

J. J. Wright who was a Soldier in Company

J. of the *56th* Regiment of *Georgia*

Volunteers, that he enlisted in said Regiment on or about the month of *April*

1862 and served in the Army up to *Dec 17th* *1864* That he lost his

life on the *17th* day of *Dec.* *1864* (State here

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

That while in the Confederate
Army at Tusculum Ala. he
was attacked with Typhoid
fever, and died there with
said disease on 17th day of
Dec. 1864.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year *1847* that Georgia is her home and she resided in this State *23d* day of December, *1890*, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February *15th*, *1893*, and now apply for the allowance provided by law for the year ending February *15th*, *1894*.

Sworn to and subscribed before me, this

3rd day of *July* *1894*.

Full Stone Ordinary.

Mrs Jemmy E. Wright
Post-office *Roswell Ga.*

Certificate of Ordinary of the County of Cobb, Georgia, to the Applicant's Residence.
For Widows Heretofore Allowed Pensions.
STATE OF GEORGIA, County of Cobb
I, J. M. Stone, Ordinary in and for said County of Cobb, State of Georgia, hereby certify that I am acquainted with Mrs. Sampey E. Wright the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of J. J. Wright deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 1st day of July, 1895.
{ SEAL } J. M. Stone Ordinary.

Form No. 2
POWER OF ATTORNEY

STATE OF GEORGIA, County of Cobb
KNOW ALL MEN BY THESE PRESENTS, That I, Sampey E. Wright of Cobb County in said State, do hereby appoint Roswell H. Hamble my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of July, 1895. Sampey E. Wright [L.S.]

Executed in the presence of us: J. M. Stone }
Only }
Deponent swears that she was the wife of said soldier, and that she has never married since his death, and that she 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 same for the year ending February 15th, 1895.
Send amount by me at and oblige
DIRECTIONS

FOR THOSE HERETOFORE PAID.
1895.
No. 495-
WIDOW'S PENSION.
PAID TO -
for year ending February 15th, 1895.
Sampey E. Wright
County of Cobb
J. J. Wright
WARRANT ISSUED
24 July 1895.
AND FORWARDED TO
Geo. W. Harrison, State Printer.

STATE OF GEORGIA, County of Cobb
I, J. M. Stone Ordinary in and for said County of Cobb, State of Georgia, hereby certify that I am acquainted with Mrs. Sampey E. Wright the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of J. J. Wright deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 1st day of July, 1895.
{ SEAL } J. M. Stone Ordinary.

Form No. 2
POWER OF ATTORNEY.

STATE OF GEORGIA, County of Cobb
I, Sampey E. Wright hereby authorize Roswell H. Hamble of Cobb County to receive and receipt for the pension now hereon and request that he remit same to me by check.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of July, 1895. Sampey E. Wright [L.S.]

Executed in the presence of J. M. Stone }
Only }

FOR THOSE HERETOFORE PAID.
1896.
No. 2057
WIDOW'S PENSION,
for year ending February 15th, 1896.
PAID TO
Sampey E. Wright
County of Cobb
J. J. Wright
WARRANT ISSUED
24 July 1896.
AND FORWARDED TO
Geo. W. Harrison, State Printer.

Wright, Sampey E.
Cobb County
FOR THOSE HERETOFORE PAID
1896.
No. 2057
WIDOW'S PENSION,
for year ending February 15th, 1896.
PAID TO
Sampey E. Wright
County of Cobb
J. J. Wright
WARRANT ISSUED
24 July 1896.
AND FORWARDED TO
Geo. W. Harrison, State Printer.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Jemsey E. Wright

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

Cobb

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

continuously ever since

18³⁰ That she is the Widow of

who was a Soldier in Company

J. J. Wright

of the

56th

Regiment of

4th

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

April

186⁴ and served in the Army up to

Decr. 17th

186⁴ That he lost his

life on the

17th

day of

Decr.

18

6th (State here

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

That while in the Confederate Army he contracted typhoid fever, and died with said disease on the 17th day of Decr. 1864 at the hospital at Tusculum Ala.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18⁴⁹ that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

5th

day of

July

1895.

Jemsey E. Wright
Post-office Roswell Ga

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Jemsey E. Wright

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

Cobb

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

continuously ever since

18⁵⁰ That she is the Widow of

J. J. Wright

who was a Soldier in Company

A

of the

56th

Regiment of

4th

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

April

186⁴ and served in the Army up to

Decr. 17th

186⁴ That he lost his

life on the

17th

day of

Decr.

18

6th (State here

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

That while in the Confederate Army he contracted typhoid fever and died in the hospital at Tusculum Ala. on the 17th day of Decr. 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,

and that she has never married since his death aforesaid, that she became his wife in the year 18⁴⁹,

that Georgia is her home and she resided in this State 23d day of December, 1890, and has not

lived in any other State or locality since that date. I have been allowed a pension as a resident of

Cobb

County for the year ending February 15th, 1895, and now apply for

the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

1st

day of

July

1896.

Ordinary.

Jemsey E. Wright
Post-office Roswell Ga

STATE OF GEORGIA, County of Cobb
 I, J. M. Stone Ordinary in and for said County of
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.
Jempy & Wright the applicant for a pension in this case, and
 know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she
 resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not
 lived out of the State since that date. That she is the widow of J. J. Wright
 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
23 day of Jan 1897.
J. M. Stone Ordinary.

State of Georgia,

Cobb County.

I, Jempy & Wright hereby authorize
J. M. Nembear as Roswell Cobb County Ga
 to receive and receipt for the pension paid hereon and request that he remit same to
J. J. Wright at Roswell Cobb County Ga
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 29
 day of January 1898.

Executed in presence of

W. C. Lusk

Jempy & Wright [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.
 I, Jempy & Wright hereby authorize J. M. Nembear
 of Roswell Ga to receive and receipt for the pension paid hereon and request
 that he remit same to me at by him.
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
 day of Jan 1897.
J. M. Stone Ordinary.
 Executed in the presence of
W. C. Lusk

Wright Jempy & Co.
Cobb County
 For Those Heretofore Paid.

1898.

NO. 2062

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO
Mrs. Jempy & Wright

County
Cobb
 Widow of J. J. Wright

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT ISSUED

1/31 1898.

AND HANDLED TO

W. C. Lusk

Geo. W. Harrison, State Printer, Atlanta

Wright Jempy & Co.
Cobb County
 FOR THOSE HERETOFORE PAID.
 1897.
 No. 2482
 WIDOW'S PENSION,
 for year ending February 15th, 1897.
 PAID TO
M. Jempy & Wright
Cobb County.
 Widow of J. J. Wright
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT ISSUED
 2/3 1897.
 AND HANDLED TO
W. C. Lusk
 Geo. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Personally Comes Mrs.

Jamsey E. Wright

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

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

continuously ever since

1850 That she is the Widow of

who was a Soldier in Company

I of the

Regiment of

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

1867 and served in the Army up to

1864

That he lost his

life on the

day of

1864

(State here

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

in the army, taken the San Francisco fever and died in the Hospital at Insamity, Alabama

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,

and that she has never married since his death aforesaid, that she became his wife in the year 1849

that Georgia is her home and she resided in this State 23d day of December, 1890, and has not

lived in any other State or locality since that date. I have been allowed a pension as a resident of

Cobb County for the year ending February 15th, 1896, and now apply for

the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this

day of

1897.

Ordinary.

Post-office

Roswell Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Personally Comes Mrs.

Jamsey E. Wright

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

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

continuously ever since

1850 That she is the Widow of

who was a Soldier in Company

of the

Regiment of

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

1867 and served in the Army up to

1864

That he lost his

life on the

day of

1864

(State here

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

in the army, taken the San Francisco fever and died in the Hospital at Insamity, Alabama

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 allowed a pension as a resident of *Cobb* County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this

day of

1898.

Ordinary.

Post-Office

State of Georgia,

County,

I, *J. M. Stone*

Ordinary of said County, certify that I am well acquainted with Mrs. *Jamsey E. Wright* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the *29th* day of *Jan* 1850

Given under my official signature and seal this the *29th* day of *Jan* 1898.

Official Seal.

Ordinary of *Cobb* County.

POWER OF ATTORNEY.

State of Georgia,

Cobb County.

I, J. E. Wright hereby authorize J. M. Nembres
of Roswell Ga

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

me by him

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

day of Feb 1899.

J. E. Wright [L. S.]
mark

Executed in presence of

Amanda Wright

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, J. E. Wright hereby authorize J. M. Nembres
of Roswell Ga

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

me by him

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

day of Feb 1900.

J. E. Wright [L. S.]
mark

Executed in presence of

Moet Wright

Wm. J. C. M.
Cobb County

For Those Heretofore Paid.

1899.

NO. 2634

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mrs. J. E. Wright

Cobb County
Widow of J. E. Wright

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

2/2 1899.

AND HANDED TO

F. M. A.

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Wright, J. E. (m)
Cobb County
To Those Heretofore Paid.

1900.

NO. 651

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. J. E. Wright

Cobb County
Widow of J. E. Wright

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Feb 13 1900,

AND HANDED TO

Nembres

GEO. W. HARRISON, STATE PRINTER, ATLANTA

STATE OF GEORGIA

FOR WIDOWS HERETOFORE AWARDED PENSIONS

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

J. E. Wright

who, being sworn, says on oath, that she is a bona fide resident of said county of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since 1850 That she is the Widow of

who was a soldier in Company 56 of the 56th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of April 1864 and served in the Army up to Decr. 17th 1864 That he lost his life on the 17th day of Decr. 1864 (State here

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

That while in the Confederate Army in the State of Alabama about the first of December 1864 was attacked with Typhoid fever was taken to the hospital at Tuskegee Ala and died on the 17th 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 wife in the year 1849

I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this 1st day of Feb 1899. J. E. Wright Post Office Roomer Ga. Ordinary.

State of Georgia, Cobb County. I, J. M. Stone Ordinary of said County, certify that I am well acquainted with Mrs. J. E. Wright who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1st day of Feb 1850

Given under my official signature and seal this the 1st day of Feb 1899. J. M. Stone Ordinary of Cobb County.

Official Seal.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

J. E. Wright

who, being sworn, says on oath, that she is a bona fide resident of said county of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since 1850 That she is the Widow of

who was a soldier in Company 56th of the 56th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of April 1864 and served in the Army up to Decr. 17th 1864 That he lost his life on the 17th day of Decr. 1864 (State here

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

That while in the Confederate Army in the State of Alabama about the first of December 1864 he was attacked with typhoid fever was taken to hospital at Tuskegee Alabama and died of said disease on 17th Decr. 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 wife in the year 1849

I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this 2nd day of Feb 1900. J. E. Wright Post Office Roomer Ga. Ordinary.

State of Georgia, Cobb County. I, J. M. Stone Ordinary of said County, certify that I am well acquainted with Mrs. J. E. Wright who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1st day of Feb 1850

Given under my official signature and seal, this the 2nd day of Feb 1900. J. M. Stone Ordinary of Cobb County.

Official Seal.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colch County.

I, J E Wright hereby authorize

J M Hembree of Roswell

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

me at Roswell

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10

day of January 1901.

J E Wright [L. S.]

Executed in presence of

N N St John

STATE OF GEORGIA,

Colch County.

I, J E Wright, hereby authorize

J M Hembree of Roswell

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

J E Wright at Roswell

In Witness Whereof, I have hereunto set my hand and seal, this 10

day of January 1902.

J E Wright [L. S.]

Executed in presence of

H J Kelly

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO

Mrs J E Wright

Colch

County.

Widow of J E Wright

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan 10 1901,

AND HANDED TO

J M Hembree

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

1902.

No. 280

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs J E Wright

OF

Colch County,

Widow of J E Wright

Co. F Regiment 24 ga

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan 6 1902

AND HANDED TO

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of *Cobb*

Personally Comes Mrs.

J E Wright

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

Cobb

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

continuously ever since *1850*

That she is the Widow of

J E Wright

who was a soldier in Company

4 of the *56th*

Regiment of *Go*

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

April

186*2* and served in the Army up to

Dec 17th

186*4*

That he lost his

life on the

day of

18

(State here

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

That while in the Confederate Army in the State of Alabama about the 14th December 1864 was attacked with typhoid fever was taken to Hospital at Tuscaloosa Alabama and died of said disease on 17th 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 wife in the year 1849

I have been allowed a pension as a resident of

Cobb

County for the year ending

February 15th, 1900, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this

7th day of *January* 1901.

J E Wright

Ordinary.

Post Office

State of Georgia,

County.

John Aubrey

Ordinary of said County, certify that I am well acquainted

with Mrs. *J E Wright*, who made the above affidavit and am satisfied

that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the day of 18

Given under my official signature and seal, this the *7th* day of *January* 1901.

John Aubrey

Ordinary of *Cobb* County.

Official Seal.

STATE OF GEORGIA,

County of *Cobb*

PERSONALLY COMES MRS.

J E Wright

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

Cobb

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

continuously ever since

1850

That she is the Widow of

J E Wright

who was a soldier in Company

4

of the

56

Regiment of

Go

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

April

186*2*, and served in the Army up to

December

186*4*

That he lost his

life on the

17th

day of *Dec*

186*4*

(State here

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

That while in Confederate Army in the State of Alabama about the 14th December 1864 was attacked with typhoid fever was taken to Hospital at Tuscaloosa Alabama and died of said disease on 17th 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 wife in the year 1849

I have been paid a pension as a resident of

Cobb

County for the

year ending December 31, 1901, and now apply for the pension provided by law for the year ending

December 31, 1902.

Sworn to and subscribed before me,

this *6th* day of *Jan* 1902.

J E Wright

Ordinary.

Post-Office

Riswell Go

State of Georgia,

County.

John Aubrey

Ordinary of said County, certify that I am well

acquainted with Mrs. *J E Wright*, who made the above affidavit and

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

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

day of 18

Given under my official signature and seal, this the *6th* day of *Jan* 1902.

John Aubrey

Ordinary of

County.

Official Seal.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, J E Wright, hereby authorize
J M Hembree of Roswell

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

In Witness Whereof, I have hereunto set my hand and seal, this 7
day of January 1903.

J E Wright [L. S.]
mark

Executed in presence of

J E Hembree

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, J E Wright, hereby authorize
J M Hembree of Roswell

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

In Witness Whereof, I have hereunto set my hand and seal, this 2
day of January 1904.

J E Wright [L. S.]
mark

Executed in presence of

J E Hembree

To Those Heretofore Paid.

1903.

No. 239

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

Mrs. J E Wright
Cobb OF Cobb County,

Widow of

Co. Regiment

JOHN W. LINDSEY,

Commiss. Genl. of Pensions.

WARRANT ISSUED

1903.

1/23

AND HANDED TO

Hembree

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

TO THOSE HERETOFORE PAID.

1904.

No. 129

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. J E Wright
Cobb County,

Widow of

J E Wright

Co. #1 Regiment 56

JOHN W. LINDSEY,

Commiss. Genl. of Pensions.

WARRANT ISSUED

1904.

AND HANDED TO

Hembree

Geo. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of Cobb } J. E. Wright
who, being sworn says on oath, that she is a bona fide resident of said County of
Cobb State of Georgia, and that she has RESIDED in said State
continuously ever since J. E. Wright 1850 That she is the Widow of
J. E. Wright who was a soldier in Company
A of the 56 Regiment of Co.
Volunteers, that he enlisted in said regiment on or about the month of April
1862, and served in the Army up to Dec 17 1864. That he lost his
life on the 17 day of December 1864 (State here
particulars of the husband's death, when, where and from what cause.)

That while in the Confederate Army in the State of Alabama, about the 1st of December 1864 he was attacked with Typhoid fever and was taken to Hospital at Mobile Alabama and died of said disease

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1849

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1902, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, } J. E. Wright
this 5 day of Jan 1903. } mark
John A. Henry, Ordinary. } Post-Office Roswell

State of Georgia, } I, John A. Henry
Cobb County. } Ordinary of said County, certify that I am well
acquainted with Mrs. J. E. Wright, who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of 18.

Given under my official signature and seal, this 25 day of Jan 1903.

{ Official Seal }

Ordinary of Cobb County.

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of Cobb } J. E. Wright
who, being sworn says on oath, that she is a bona fide resident of said County of
Cobb State of Georgia, and that she has RESIDED in said State
continuously ever since 1850 That she is the Widow of
J. E. Wright who was a soldier in Company
A of the 56 Regiment of Co.
Volunteers, that he enlisted in said regiment on or about the month of April
1862, and served in the Army up to Dec 1864. That he lost his
life on the 17 day of Dec 1864 (State here
particulars of the husband's death, when, where and from what cause.)

While in the Confederate Army in the State of Alabama he was attacked with Typhoid fever and died Dec 17 1864 at Hospital at Mobile

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

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, } J. E. Wright
this 1 day of Jan 1904. } mark
John A. Henry, Ordinary. } Post-Office Roswell

State of Georgia, } I, John A. Henry
Cobb County. } Ordinary of said County, certify that I am well
acquainted with Mrs. J. E. Wright, who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of 18.

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

{ Official Seal }

Ordinary of Cobb County.

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

STATE OF GEORGIA,

Cobb County.

I, T. E. Wright, hereby authorize

T. M. Hembree of Roswell

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

me at Roswell

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

day of January 1905.

T. E. Wright [L. S.]
mark

Executed in presence of

L. C. Hembree

STATE OF GEORGIA,

Cobb County.

I, Tempe E. Wright, hereby authorize

T. M. Hembree of Roswell

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

me at Roswell

In Witness Whereof, I have hereunto set my hand and seal, this 4th

day of January 1906.

Tempe E. Wright [L. S.]
mark

Executed in presence of

J. B. Wright

Wright, Tempe E.
Cobb County
To Those Heretofore Paid.
1905.
No. 338
PAID TO
Tempe E. Wright
OF
Cobb County,
Widow of T. E. Wright
Co. 34 Regiment 56 g
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
1/23 1905.
AND HAND TO
T. M. Hembree
The Franklin Printing and Publishing Co., Atlanta,
Geo. W. Hartsman, Manager, FOR STATE PRINTER.

Wright, Tempe E.
Cobb County
To Those Heretofore Paid
1906.
No. 123
PAID TO
Mrs. Tempe E. Wright
OF
Cobb County,
Widow of Thasde E. Wright
Co. 34 Regiment 56 g
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
1/22 1906.
AND HAND TO
H. H. Hembree
The Franklin Printing and Publishing Co., Geo. W. Hartsman, Manager.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Mrs. J. E. Wright

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since 1857.

That she is the Widow of J. E. Wright who was a soldier in Company 56th of the 56th Regiment of Volunteers, that he enlisted in said regiment on or about the month of April 1862, and served in the Army up to Dec. 17th 1864. That he lost his life on the 17 day of Dec. 1864 (State here particulars of the husband's death, when, where and from what cause.)

While in the army in Ala. about Dec. 1st 1864 was attacked with dysentery in and in hospital at Tusculum Dec. 17th 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 wife in the year 1849.

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me, this 7 day of Jan'y 1905. John A. Wray Ordinary. Post-Office mark

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

day of 18 1905.

Given under my official signature and seal, this 7 day of Jan'y 1905.

Official Seal. John A. Wray Ordinary of Cobb County.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Jempie E. Wright

who, being sworn, says on oath that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since 1857. That she is the Widow of Thorton J. Wright who was a soldier in Company 56th of the 56th Regiment of Volunteers, that he enlisted in said regiment on or about the month of May 1862, and served in the Army up to September 1864. That he lost his life on the 17 day of Dec. 1864 (State here particulars of the husband's death, when, where and from what cause.)

Died in Hospital

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 Cobb County, for the year ending December 31, 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me, this 7 day of Jan'y 1906. John A. Wray Ordinary. Post-Office mark

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

day of 1842 1906.

Given under my official signature and seal, this 7 day of Jan'y 1906.

Official Seal. John A. Wray Ordinary of Cobb County.

NOTE.—All blank spaces must be filled. Voucher and Affidavit must bear date after January 1st, 1906.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Jempe E Wright hereby authorize
Or M Hembree Roanoke

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

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

Jempe E Wright [L. S.]

Executed in presence of
H. E. Sherman

Wright, Jempe E.
Cobb County
to those Heretofore Paid.

1907.

No. 222-17

WIDOW'S PENSION

For Year ending Dec. 31, 1907.
PAID TO

Mrs Jempe E Wright
OF
Cobb County,

Widow of _____
Co. _____ Regiment _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

121 1907.

AND HANDLED TO

Hembree

Geo. W. Barbour, State Printer, Albany.

STATE OF GEORGIA

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cash

PERSONALLY COMES MRS.

Thompson & Wright

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

Cash

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

continuously ever since

That she is the Widow of

Thompson & Wright

who was a soldier in Company

4

of the

56

Regiment of

64

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

186, and served in the Army up to

186

That he lost his

life on the

day of

18

(State here

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

Died in Hospital

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a

soldier, and that she has never married since his death aforesaid, and that she became his wife in

the year 18

I have been paid a pension as a resident of

Cash

County, for the

year ending December 31, 1906, and now apply for the pension provided by law for the year ending

December 31, 1907.

Sworn to and subscribed before me

this

day of

January

1907.

Leahy & Wright

Ordinary.

Post Office

State of Georgia,

Cash

County

Ordinary of said County, certify that I am well

acquainted with Mrs. Thompson & Wright, who made the above affidavit, and

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

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

day of

18

Given under my official signature and seal, this the

4

day of

January

1907.

Official Seal

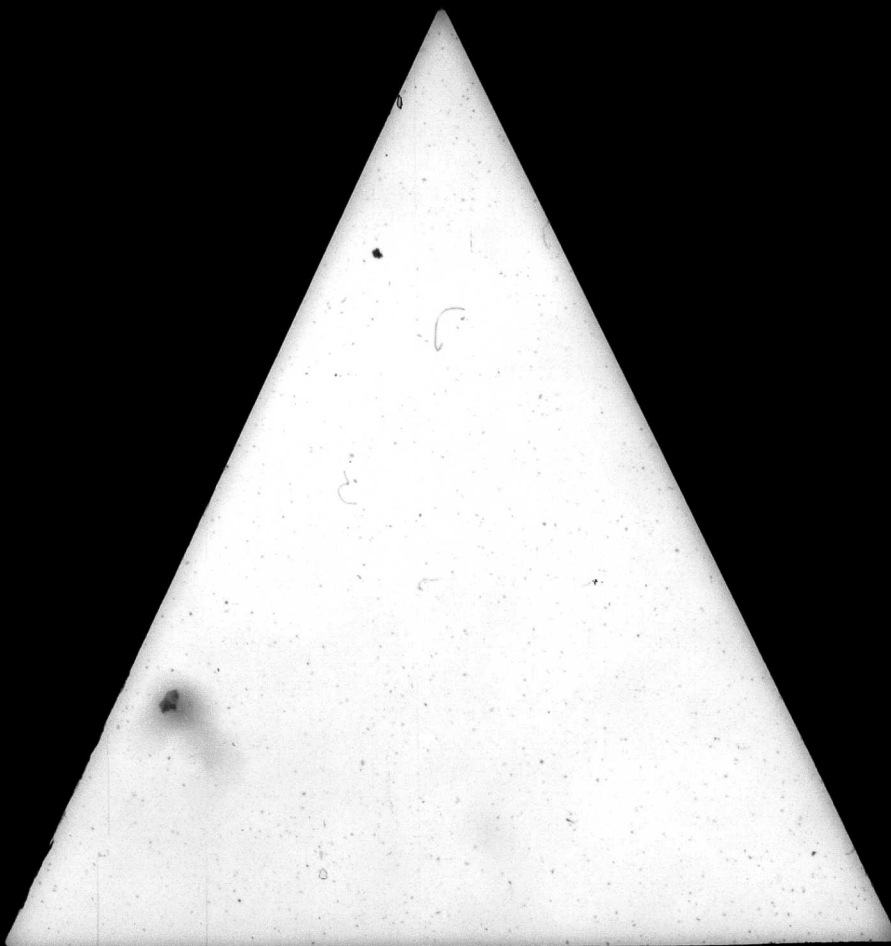
Ordinary of

Cash

County.

NOTE.—All blanks must be filled.

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



Ordinary's Certificate

STATE OF GEORGIA,

County

County

I, _____

A. D. Reader

Ordinary of said County, do certify

that I know _____

the applicant for pension. She

is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know _____

D. A. Thompson

the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this _____ 25 _____ day of _____ August, 1919 _____ 19 _____

(SEAL)

A. D. Reader Ordinary,

County

County

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You shall give all the truth, so help you God." 2. Additional affidavits may be attached if blank spaces are insufficient. 3. Only widows who married prior to January 1st, 1881, are entitled. 4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County

Name

Widow of

Company

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

No. _____

10-30-1919

Newton

COUNTY.

I, A. D. Meador

Ordinary of said County, do certify

that I know the applicant for pension. She

is the person she represents herself to be and she is a bona fide continuing resident citizen of said County

and was on the 4th November 1908; that I also know D. A. Thompson

the witness who swears to the service of husband; that both of them are now residents of said County and

were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-

worthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 25 day of August 1919 19

(SEAL)

A. D. Meador Ordinary,

Newton County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."

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

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

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

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

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County

Name

Widow of

Company

Regiment

Approved

J. W. LINDSEY,

Commissioner of Pensions.

Byrd Printing Co., State Printer, Atlanta.

Questions for Applicant

STATE OF GEORGIA,

COUNTY.

Personally before me comes Angelina 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? Angelina Wylie2. How long and since when have you been a continuing resident of the State of Georgia? all my life3. When, where and to whom were you married? Dec. 1890, Cobb County, Ga.4. Have you married since the death of first and soldier husband? no

5. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-

federate Army or Georgia Militia? (State the arms and class of Service) July 1864, Union Co.6. Was your husband personally present at the time of the surrender or discharge of this command? Yes. My recollection is that he was.7. If he was not present state clearly where he was? He had been home on bond funding8. Where was his command when he left? Augusta, Ga.a. For what cause did he leave his command? War endedb. By whose authority did he leave his command? War endedc. For how long was he granted leave of absence? War endedd. What was his physical condition when he left his command? bade. What effort did he make to return to his command? War overf. In what way was he prevented from going back to Command? War overg. Was he captured by the enemy at any time? no

h. 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? Nov. 10, 1916k. Were you residing together when he died? Yesl. If not, how long had you resided apart? no were living togetherm. Are you now a widow? Yes9. Have you or your husband heretofore been paid a pension by the State? no

If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me this the

4 day of Sept 1919

J. W. Lindsey

Cobb

County.

(SEAL)

I hereby certify that Angelina Wylie is a bona-fide citizen of this county and Her statement is entitled to full faith and credit.

J. W. Lindsey Ordinary,
Cobb County, Ga.

STATE OF GEORGIA,

Newton

COUNTY.

Personally before me comes D. A. Thompson who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? D. A. Thompson
Covington Ga
2. How long and since when have you known Mrs. W. H. Wylie applicant?
since 1861
3. How long and since when has she continuously resided in this State? (Give date.)
All her life
4. When and to whom was she married? W. H. Wylie Dec 1879 how do you know? information
5. How long and since when did you know W. H. Wylie her husband?
since 1861
6. When and where did W. H. Wylie ~~near Marietta Cobb Co Ga~~
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? ---
9. When, where and in what Company and Regiment did W. H. Wylie enlist?
July 1864, Newton Co. Ga. Co "B" 4th, Ga Militia.
10. Were you a member of the same Company? Yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? July 1864 to April 9, 1865
12. When and where did his Command surrender, and was discharged? April 9, 1865
Augusta Ga.
13. Were you personally present when it was surrendered? No If not, where were you home on furlough and how came you there? furlough
sick - for 30 days
14. Was the husband of applicant personally present at surrender? I do not know If not where was he? I think he was at home on furlough When, where and for what cause did he leave Command? (Give date.) sick By whose authority did he leave his Command? officer in charge And how long was he granted leave? 30 days How do you know all this?
by personal knowledge and reliable information
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? surrender
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? none that I know of the war was ended

Sworn to and subscribed before me this the

25 day of August 1919

A. J. Menden Ordinary
of Newton County.

(SEAL)

GEORGIA, COBB COUNTY.

Received of J.M. GANN, Ordinary of Said County, One Hundred Dollars,
being payment for Funeral Expense of MRS. ANN WYLIE, Deceased Pensioner.

This December 22, 1920.

Mayes Ward

*Wylie, ANN (Mrs)
Cobb Co.*

For COBB County

19 30.

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1904)
(To pay expenses of last illness and funeral)

J. M. GANN Ordinary

For MRS. ANN WYLIE

Date of Death November 1, 19 30.

Amount \$ 100.00

Approved and ordered paid of.

Dec. 15-1930 R. del. Lawrence
John W. Gann
Commissioner of Pension.

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

STATEMENT
MAYES WARD & CO.
FUNERAL DIRECTORS AND EMBALMERS
AMBULANCE SERVICE

TELEPHONE 540
DAY OR NIGHT

FUNERAL HOME
218 LAWRENCE ST.

MARIETTA, GA. November 15, 1920.

M. Estate of Mrs. Ann Wylie.

Deceased. Marietta, Ga.

To Casket,	140 00
Dress,	22 50
Embalming,	15 00
Hearse,	10 00
Vault,	105 00
Flowers,	10 00
	<u>\$302 50</u>
By Cash,	<u>202 50</u>
Balance, -----	\$100 00

Georgia, Cobb County.

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

Mayes Ward
Funeral Director.

Sworn to and subscribed
before me, this 15, day of November 1920.

J. M. Gann
Ordinary, Cobb County, Ga.

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

GEORGIA, Calhoun County.
Personally before me, the Ordinary of said County, comes H. S. Wyllie
..... of said County, who, after being sworn, on oath
says that he knew Mrs. Ann Wyllie of said County, and that said Pensioner
was on the Pension Roll of said County at the time of death, which occurred in Calhoun
County, in this State, on the 17 day of November, 1930,
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 \$ 200.50, per sworn statements fully and completely
ITEMIZED hereto attached.

Sworn to and subscribed before me,
J. M. Gamm, Ordinary
Calhoun County
(Seal of Ordinary)

H. L. Wyllie

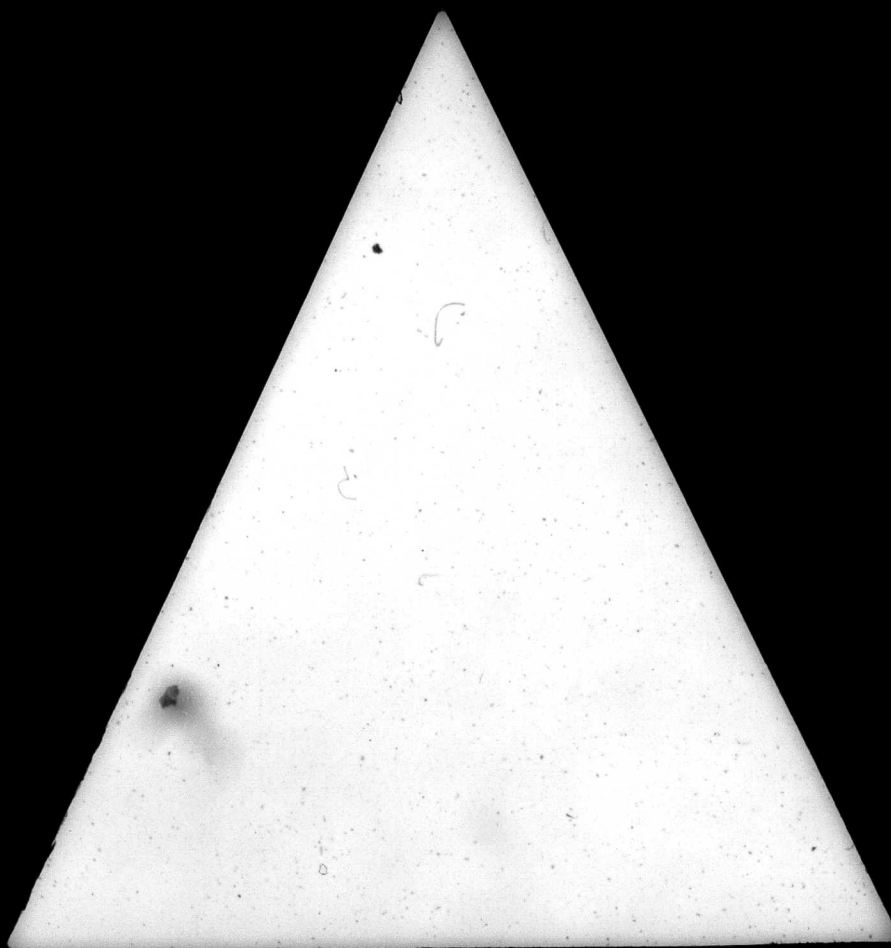
CERTIFICATE OF ORDINARY

GEORGIA, Calhoun County.
I, J. M. Gamm, Ordinary of said County, do certify
that I personally know H. S. Wyllie, who is a resident
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full
faith and credit; that I also knew Mrs. Ann Wyllie while in life and that this was
the same person whose name appears on the Pension Roll of Calhoun County, and
was paid a Pension of Two hundred (\$ 200) Dollars
in said County for 1930, and I now believe said pensioner to be dead; and that the instructions at
the foot of this voucher have been carefully observed in making up this voucher and the bills which are
attached hereto.

Given under my hand and official seal, this 17 day of November, 1930.
(Seal of Ordinary) J. M. Gamm, Ordinary
Calhoun County

INSTRUCTIONS:

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form:
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of....., who died without owning sufficient property to pay this bill.
- 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, properly receipted, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.



Wagley, J. W.
Cahoon Co.

No.

**Confederate
Soldier's Application.**

UNDER ACT 1910.

County Cahoon

Name Gov. Wagley

Company E

Regiment 1st Ga. State Troops

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

STATE OF GEORGIA,

Cobb County.

Roderic Harper of said State and County is hereby presented as a witness in support of the application of *Mary Myler* for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded answers as follows:

1. What is your name and where do you reside? *Roderic Harper Cobb County Ga.*
2. How long and since when have you known *Do not know* the applicant?
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? *Do not know*
4. When, where and in what Company and Regiment did *E. W. Myler* enlist during war from 1861 to 1865? (Give date and place) *July 1863, Richmond Cobb Co Ga.*
5. How did you obtain your information of this Service? *I was in same Co and Regiment*
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) *Until in April 1865, Capt. Myler and the Co. surrendered. But returned March 1, 1865.*
7. When and where was his Command surrendered or discharged (give date and place) *We were in battle at Columbus & being captured by Gen. Sherman's escaped Capt. E. W. Myler was one that captured. and we went to Milledgeville and from there to Milledgeville where we remained until April and we were all transferred to Milledgeville and I never saw Mr. Myler again.*
8. Were you personally present at the Surrender?
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender?
11. If not where was he and how came him there?
12. When did he leave his Command? Where was his Command when he left it? for what cause did he leave? By whose authority did he leave and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically).
13. In what way was he prevented from returning to his Command? How do you know?
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner. If so, when and where? In what prison was he held? and when released

Sworn to and subscribed before me, this the

22nd day of April 1914

J. M. Gamm
Ordinary
of Cobb County.

R. Harper

R. Harper
Ordinary
of Cobb County.

STATE OF GEORGIA.

Cobb County.

Personally before me comes who on oath says that they are freeholders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.)
2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension?

Sworn to and subscribed before me, this the
day of 1914
of Ordinary,
County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

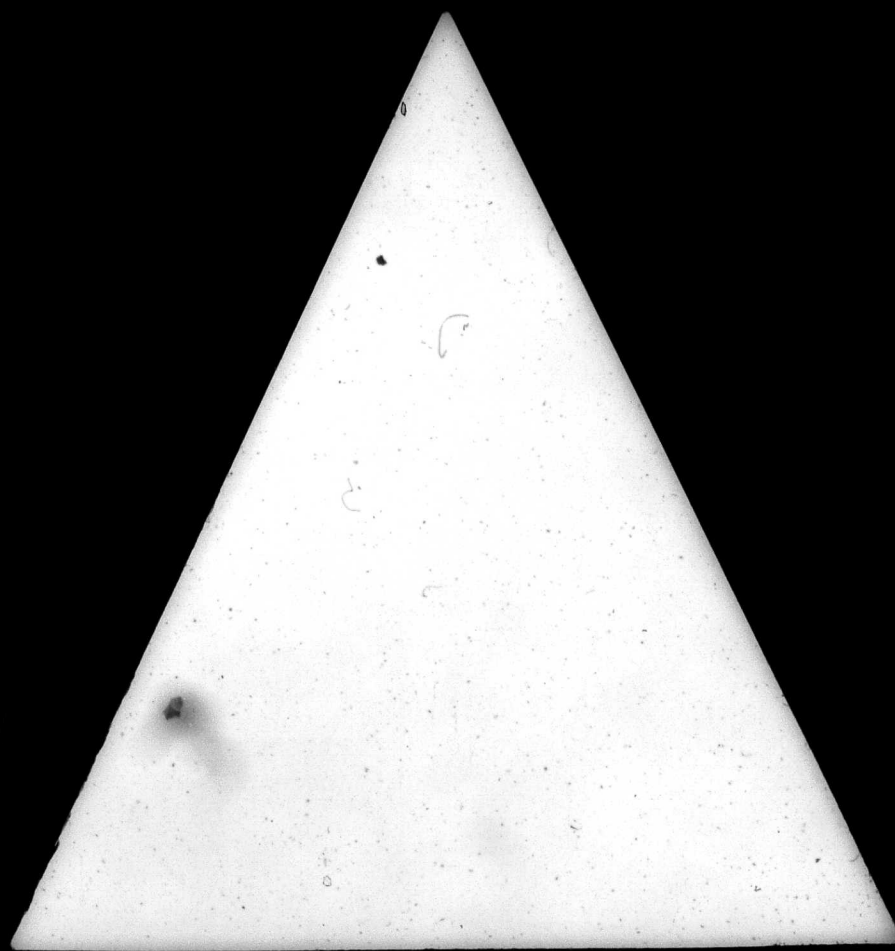
Cobb County.

I, *J. M. Gamm* Ordinary of said County, certify that I know the applicant for Pension is the person he represents himself to be and resides in said County. That I also know *Roderic Harper* the witness swearing to the service and who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of shows that and wife value for tax is in 1908 \$ for 1909 \$ for 1910 \$ for 1911 \$ for 1912 \$ for 1913 \$

Sworn under my hand and official seal of office this 22nd day of April 1914

J. M. Gamm Ordinary,
of Cobb County.

- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.



Wylie James L
Cobb County

Act 24th October, 1887.

No. _____

INVALID
SOLDIER'S PENSION.

1897.

Name

County

Disability

Amount, \$

RICHARD JOHNSON,

Commissioner of Pensions.

Warrant Handled to

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

5/10/97

1/12/98

Pension Dept 3/22/1897
The affidavit made by the
physicians does not support
the applicants claim as fully
as to justifying a pension -
They are asked to say what
witness now exists as to the
injury mentioned so far they
can discover by examination
and what is the present con-
dition of the hand & arm &
in their opinion to what is
such condition traceable -

Rich Johnson
Com of Pension

Pension office 12/15/1897
The proofs are not satisfactory
if applicants should say
"I have" some witness if it
would exist, discoverable by the
physicians - How the second
injury was occasioned no one
can tell from the witness, nor the
extent thereof - The infirmity
proven is insufficient, unless
the injury or injuries caused
it - Rich Johnson
Com of Pension

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

COUNTY, }

I, _____ hereby authorize

of _____ to receive and receipt for the pension allowed and

request that he remit same to _____

by _____ at _____

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

day of _____ 1897.

[L. S.]

Executed in the presence of

STATE OF GEORGIA,
COUNTY.

I, _____ hereby authorize _____
of _____ to receive and receipt for the pension allowed and
request that he remit same to _____
by _____ at _____
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of _____ 1897.

Executed in the presence of

[L. S.]

STATE OF GEORGIA,
COUNTY.

PERSONALLY appears James S. Wylie of Cobb
County, State of Georgia, who being duly sworn says on oath that he was born on the 20th
day of December 1834, that he is a bona fide citizen and resident of Georgia, and
has been continuously since the 20th day of December 1834,
that he enlisted in the military service of the Confederate States (or the State of _____)

() during the war between the States, and served as a
3rd Lieutenant in Company L of 10th Regiment
of Volunteers Wofford's Brigade; that whilst engaged in
such military service, and in line of duty in the State of Virginia on the
day of May 1863, he was disabled or wounded as follows:

By a piece of Shell Shattering the right Shoulder
and injuring the right Side. I was further injured
by a Contusion of the Muscles of the right Arm
at the Battle of Appomattox Virginia. My
right hand is practically useless - being
drawn and contracted so much so that
I can not use it for any purpose of labor.
In addition to this I can raise my right hand to
my face - as the result of the wound in my
Shoulder. I was Captured at the Battle of Appomattox
Virginia.

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.

Sworn to and subscribed before me, this the

22nd day of July 1897.

J. H. Bone
Ordinary.

James S. Wylie
Post Office, Wrentham Ga

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

The Instructions as set out in the Notes MUST be observed.

*Wylie James S.
Cobb Co. Ga.*

*Preside Sept 3/22/1897
The applicant is made by the
physicians does not support
the applicant's claim as fully
as to justify a pension.
They are asked to say what
wound now exists as to the
injury mentioned so far the
can do even by examination
and what is the present con-
dition of the hand & arm &
in their opinion to what is
such condition traceable -
Rich Johnson
(Com of Pensions
Pension Office # 1575707)
The proofs are not satisfactory
If applicant should say it
was a wound, some witness of it
would exist discoverable by the
physicians - How the second
injury was occasioned as one
can tell from the evidence, not the
in fact third - The infirmity
shown is itself a wound, and
the injury or injury caused
it - Rich Johnson
Com of Pensions*

**INVALID
SOLDIER'S PENSION.**

1897.

Name James S. Wylie
County Cobb
Disability Right Arm
Amount, \$ 50

1897.

RICHARD JOHNSON,
Commissioner of Pensions.

Warrant Handed to

Geo. W. Harrison, State Printer, Atlanta

*2-23/97
1/12/98
570.57*

Amdavit for Three Witnesses.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears before me, the undersigned, Ordinary in and for said County, *John*
St. Russell, *Samuel G. Fry*
 and *John Dunn* personally known to me to be trustworthy citizens,
 each of whom, being duly sworn according to law, severally say, under oath, that they are personally well
 acquainted with *James L. Wylie*
 whose application is herewith presented for a pension, that he has resided in this State continuously since
 the day of *1858*, that he served in Company
L of the *Phillips* Regiment of *Volunteers*, *Artillery*, and from our
 personal knowledge he was injured by the service as follows: (give full statement, and tell in your own
 language when and how the injury happened, and how badly applicant is disabled from work. If he does any
 labor, or can do any, state what.)

He was wounded at the Battle of
 Chancellorsville in May 1863 by a piece of shell
 shattering his right shoulder and injuring his
 side. He was afterwards injured by having his
 right arm injured by a contusion or blow
 at *Chancellorsville* *permanently injured by this wound*
 and rendered unable to perform manual labor -
 His right hand is contracted and drawn
 in to his head - and he is unable to raise
 it to his head. He was a good
 Soldier. He was captured at *Fort Mifflin*
 and carried to *Point Lookout*. We were
 Members of his Company, and subsisted with
 the Applicant in March 1862 & served until
 after the Surrender.
 We personally know above stated facts. We were with him in the army, and have known him ever
 since. He was honorably *discharged* or *retired* from the service on
 of *June* 1865 at *Point Lookout Maryland*
 Applicant is permanently disabled as stated, and has been so
 to our certain knowledge ever since 1861. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this

day of *July* 1897.

Ordinary.

J. I. Barwell
Samuel G. Fry
John Dunn
 Witnesses

Note 1.-The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are
 legally qualified to the same.
 2.-Witnesses are asked to make their statements full and explicit.
 3.-All blank spaces must be filled when signed.
 4.-Three witnesses are required.

STATE OF GEORGIA

Cobb County.

PERSONALLY comes before me *J. M. Stone* Ordinary of said County,
Gilbert Tennant and *C. J. Nolan* both known to
 me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully
 examined *James L. Wylie* and after such personal examination, say
 that the present condition of applicant is as follows:
 He claims to have received a Contused Wound
 of right shoulder and chest from piece of shell
 at *Chancellorsville*, and is unable to perform manual labor
 in that arm, and is unable to do manual labor with
 that arm in our opinion
 and that the condition is permanent.

We further say that said condition arises from the following facts:

Law 1897
 Being to this Wound he is unable to raise right hand
 to head, Ring finger of right hand is contracted, and *index*
 of *4* *adducted* *index* *is* *as* *much* *contracted* *as* *to* *stand*
 on *palms* *of* *hand*, *rendering* *arm* *of* *hand* *painful*, *if* *any*
 hand *being* *pressed* *upon* *it*
 We have treated applicant professionally for *10* years, and his condition, as above
 stated, does arise from hereditary or congenital causes, or from vicious or
 intemperate habits.

Sworn to and subscribed before me this the

day of *July* 1897.

Ordinary.

Note 1.-The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability
 resulting therefrom.
 Note 2.-If claim is for disability resulting from disease, state how the disease is 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 careful to fill every blank space in oath.

STATE OF GEORGIA

Cobb County.

I, *J. M. Stone* Ordinary of said County,
 do certify that I am well acquainted with *James L. Wylie* the
 applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said
 affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to
 be, and that he resides in this County. I also certify that the foregoing witnesses to wit:
J. I. Barwell, *Samuel G. Fry*, and *John Dunn*
 are persons of respectability, that their statements are worthy of full credit and belief, and that the full
 text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal this *10* day of *July* 1897.

Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, James L. Wylie hereby authorize J. M. Stone
of Marietta

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

me
at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16th
day of February, 1890.

James L. Wylie [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, James L. Wylie hereby authorize J. M. Stone
of Marietta

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

me
at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6th
day of March, 1900.

Executed in presence of

J. J. Haubty [L. S.]

CODE SECTION 122A.

(For These Already Enrolled.)

No. 3187

INVALID

SOLDIER'S PENSION.

1899.

Name J. L. Wylie
County Cobb
Disability Armed
Amount, \$ 50
Wm 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA

CODE SECTION 122B.

(For These Already Enrolled.)

No. 1300

INVALID

SOLDIER'S PENSION.

1900.

Name J. L. Wylie
County Cobb
Disability Armed
Amount, \$ 50
Warrant issued Mar 7 1900.

JOHN W. LANDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *James L. Wylie* hereby authorize *J. M. Stone*
of *Marietta*

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

me
at *Marietta*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *16th*
day of *February*, 1890.

James L. Wylie [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *James L. Wylie* hereby authorize *J. M. Stone*
of *Marietta*

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

me
at *Marietta*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *6th*
day of *March*, 1900.

Executed in presence of

James L. Wylie [L. S.]
T. J. Maubry

CODE SECTION 123A.

(For These Already Enrolled.)

No. *3187*

INVALID

SOLDIER'S PENSION.

1899.

Name *J. L. Wylie*
County *Cobb*

Disability *Armed*

Amount, \$ *50.* 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
J. M. Stone

GEO. W. HARRISON, STATE PRINTER, ATLANTA

CODE SECTION 123B.

(For These Already Enrolled.)

No. *1300*

INVALID

SOLDIER'S PENSION.

1900.

Name *J. L. Wylie*
County *Cobb*

Disability *Armed*

Amount, \$ *50.*
Warrant issued *Mar 7* 1900.

JOHN W. LANDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J. M. Stone

GEO. W. HARRISON, STATE PRINTER, ATLANTA

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. L. Wylie of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 20 day of Decr. 1834; 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 L, of Phillips Legion of Georgia Volunteers, Wafford's Brigade; that whilst engaged in such military service in the State of Ga., on the 5 or 6 day of May 1863, he was wounded, injured or diseased as follows:

By shell bursting and a piece striking right breast and also was struck by his captain's boot heel, said captain's leg being shot off by shell, on right arm and thereby rendering applicant incompetent to perform ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1899. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$50. Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 15th day of Feb'y 1899. POST OFFICE Marietta Ga.

M. Stone

STATE OF GEORGIA,

Cobb County.

I, J. W. Stone Ordinary of said County, do certify that I am well acquainted with J. L. Wylie 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 Feb'y 1899.



Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. L. Wylie of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the 20 day of December 1834; 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 L, of Phillips Legion of Ga. Volunteers, Wafford's Brigade; that whilst engaged in such military service in the State of Ga., on the 5 or 6 day of May 1863, he was wounded, injured or diseased as follows:

By shell bursting and piece striking right breast, and also was struck by his captain's boot heel, said captain's leg being shot off by shell, on right arm thereby rendering applicant incompetent to perform the ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1900. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$50. Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 6th day of March 1900. POST OFFICE Marietta Ga.

M. Stone

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this 6th day of March 1900.



Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *J. L. Wylie* hereby authorize
John Antriey of *Marietta Ga.*
 to receive and receipt for the pension paid hereon and request that he remit same to
me by *hand*
 at *Marietta*

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *4th*
 day of *January* 1901.

James L. Wylie [L. S.]

Executed in presence of

Thos. J. Newby

Wylie, James L.
Cobb Co.

CODE SECTION 150

(For Those Already Enrolled.)

No. *177*

DISABLED

SOLDIER'S PENSION.
1901.

Name *J. L. Wylie*
 County *Cobb*
 Disability *Wounds*
 Amount, \$ *50.*

Jan. 15 1901.

JOHN W. LINDSEY

Commissioner of Pensions.

WARRANT HANDED TO

John Antriey

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *James L. Wylie* hereby authorize
John Antriey 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 *11*
 day of *Jan* 1902.

Executed in presence of

John Antriey

James L. Wylie [L. S.]

Wylie, James L.
Cobb County

CODE SECTION 150

(FOR THOSE ALREADY ENROLLED.)

No. *307*

DISABLED

SOLDIER'S PENSION.
1902.

Name *James L. Wylie*
 County *Cobb*
 Co. *1st Regt. Ala. Inf.*
 Disability *50*
 Amount, \$ *7/16* 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordy

Geo. W. Harrison, State Printer, Atlanta.

no data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, }
Personally appears *J L Wylie* of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *20* day of *Dec* 1834; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Sergeant* in Company *L*, of *Phillips* Legion of *Ga.* Volunteers, *Mafford*'s Brigade; that whilst engaged in such military service in the State of *Ga.*, on the *5 or 6* day of *May* 1863, he was wounded, injured or diseased as follows:

By shell bursting and piece striking right breast and also was struck by his Captains boot heel, said Captains leg being shot off by shell, on right arm thereby rendering applicant incompetent to perform ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore, under said law as a resident of *Cobb* County been allowed an invalid pension of *\$50.* Dollars, for the year 1900.

Sworn to and subscribed before me, this the *4th* day of *January* 1901. } *James L Wylie*
Postoffice *Marietta, Ga.*

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

STATE OF GEORGIA,

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

Given under my official signature and seal, this *4th* day of *January* 1901. *John Awtrey*
Ordinary *Cobb* County.



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County, }
Personally appears *J L Wylie* of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *December* 1834; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Sergeant* in Company *L*, of *Phillips* Legion of *Ga.* Volunteers, *Mafford*'s Brigade; that whilst engaged in such military service in the State of *Ga.*, on the *5 or 6* day of *May* 1863, he was wounded, injured or diseased as follows:

By shell bursting and piece striking right breast and also was struck by his Captains boot heel, said Captains leg being shot off by shell on right arm thereby rendering applicant incompetent to perform ordinary avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$50* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *4th* day of *Jan* 1902. } *James L Wylie*
John Awtrey Post-office

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

STATE OF GEORGIA,

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

Given under my official signature and seal, this *4th* day of *Jan* 1902. *John Awtrey*
Ordinary *Cobb* County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Copy
County. }

I, James L. Wythe hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1903.

J. L. Wythe [L. S.]

Executed in presence of

J. McKinn

POWER OF ATTORNEY.

STATE OF GEORGIA,

Copy
County. }

I, James L. Wythe hereby authorize _____

of Marion

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

by hand

at his office

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2nd

day of January 1904.

James L. Wythe [L. S.]

Executed in presence of

J. McKinn

CODE SECTION 149.
(FOR THOSE ALREADY ENROLLED.)

No. 303

DISABLED

SOLDIER'S PENSION

1903.

Name J. L. Wythe

County Cobb

Regiment 2nd

Disability 100%

Amount, \$ 57 1/33 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

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

No date

CODE SECTION 150.
(FOR THOSE ALREADY ENROLLED.)

No. 804

DISABLED

SOLDIER'S PENSION

1904.

Name James L. Wythe

County Cobb

Co. 1st Regiment 2nd

Disability 100%

Amount, \$ 57 00 JAN 25 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

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

No date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears J. L. Wylye of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 1834; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company N, of Phillips' Regiment of 9th Volunteers, Jefferson's Brigade; that whilst engaged in such military service in the State of GA, on the 5th day of May 1863, he was wounded, injured or diseased as follows:

By shell bursting and being struck right in his breast and also was struck by his Captains foot heel and Captains leg being shot off by shell on right arm, being rendering applicant incompetent to perform ordinary avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1903. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 5.00 Dollars, for the year 1902.

Sworn to and subscribed before me, this the 1st day of Jan 1903. J. L. Wylye Post-office.

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

STATE OF GEORGIA,

Cobb County.

I, John Austrey Ordinary of said County, do certify that I am well acquainted with J. L. Wylye 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 22 day of Jan 1903.

Ordinary Cobb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears J. L. Wylye of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of December 1834; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Sergeant in Company L, of Phillips' Regiment of 9th Volunteers, Jefferson's Brigade; that whilst engaged in such military service in the State of GA, on the 5th day of May 1863, he was wounded, injured or diseased as follows:

By shell bursting and being struck right in his breast and also was struck by his Captains foot heel, Captains leg being shot off by shell on right arm, being rendering applicant incompetent to perform ordinary avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 5.00 Dollars, for the year 1903.

Sworn to and subscribed before me, this the 1st day of Jan 1904. James L. Wylye Post-office.

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

STATE OF GEORGIA,

Cobb County.

I, John Austrey Ordinary of said County, do certify that I am well acquainted with James L. Wylye 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 22 day of Jan 1904.

Ordinary Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

John L. Wylic hereby authorize
John L. Wylic of *Cobb Co.*
 to receive and receipt for the pension paid hereon, and request that he remit same to
 by
 at.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this *20th*
 day of *January* 1905.
Nancy E. Wylic [L. S.]
 Executed in the presence of *Wife of J. L. Wylic*

STATE OF GEORGIA,

Cobb COUNTY.

John L. Wylic hereby authorize
John L. Wylic of *Marionetta*
 to receive and receipt for the pension paid hereon, and request that he remit same to
 by *hand*
 at *his office*

In WITNESS WHEREOF, I have hereunto set my hand and seal, this *1st*
 day of *January* 1906.
James S. Wylic [L. S.]
 Executed in the presence of

Wylic, J. L.
 Cobb Section 1250.
 (FOR THOSE ALREADY ENROLLED) *362*
 No. *362*
 DISABLED
 SOLDIER'S PENSION
 1905.
 Name *J. L. Wylic*
 County *Cobb*
 Co. *Phillips Legion*
 Disability *disabled after breast*
 Amount, \$ *50*
 JAN 23 1905.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
John L. Wylic
 The Pensioners and Pensions Co., Agents,
 100 N. 1st St., St. Louis, Mo.

Wylic, James S.
 Cobb Section 1250.
 (FOR THOSE ALREADY ENROLLED) *296*
 No. *296*
 DISABLED
 SOLDIER'S PENSION
 1906.
 Name *J. S. Wylic*
 County *Cobb*
 Co. *Phillips Legion*
 Disability *disabled arm*
 Amount, \$ *50*
 1906.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
no data
 The Pensioners and Pensions Co., Agents, 100 N. 1st St., St. Louis, Mo.

STATE OF GEORGIA, Cobb County.

To the Ordinary of said County.

The Petition of J. C. Reed showeth
that James L. Myler of Cobb county, has recently
become Insane, and is therefore
at this time a fit and proper subject to be committed to the Lunatic Asylum of this State.

That the same adult relatives of the said
James L. Myler have been advised with notice are willing to this proceeding, and
waive the notice required by law to be given, and consent
that 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 J. C. Myler is subject to
be committed to said Asylum or not.

Sworn to and subscribed before me,

Ordinary.

STATE OF GEORGIA, Cobb County.

To the Sheriff or his Lawful Deputy, or Lawful Constable of said County.

J. C. Reed having applied to me for Commission
to enquire into the mental condition of James L. Myler
of said County, with the view of committing him to the Lunatic Asylum of said State,
and having shown that the notice required by law to be given the
nearest adult relatives of said James L. Myler has been given

is waived by said relatives. You are hereby required to summon the following persons, as
Jurors, to be and appear at the Residence of James L. Myler
in said County, on Thursday the 17th day of November, 1904, at
9 o'clock, A. M. promptly, to enquire into the mental condition of the said

James L. Myler

PROCEEDINGS IN LUNACY.

J. C. Reed
versus
James L. Myler

1876
1877
1878
1879
1880
1881
1882
1883
1884
1885
1886
1887
1888
1889
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Albert J. Jernett M.D.
C. L. Phillips
W. S. Richardson
J. C. Thomas
J. M. Skunk
J. B. Blackwell
J. J. Brown
W. H. H.
J. C. Hoston
C. M. Hicks
J. B. Glover
J. W. Albatt
A. B. Albert

McGowan
R. M. Brown
J. W. Hargrave
M. H. King
J. M. Ledy

Given under my hand, November 17, 1904.

J. L. Anthony

Ordinary.

QUESTION OF INSANITY.

J. C. Reed
Jas. L. Thylis

And now comes J. C. Reed and says that
Jas. L. Thylis of Cobb County, is
Insane, and of this he puts himself on the County.

You and each of you do swear, that you will faithfully and impartially try the issue of
insanity about to be submitted to you, and a true verdict give according to the evidence; So
help you God.

Charles L. Phillips
Albert J. Jernett M.D.
J. M. Skunk
W. S. Richardson
J. B. Blackwell
J. C. Thomas

Sworn to before me, November 17, 1904.

J. L. Anthony

Ordinary.

CERTIFICATE OF JURY.

We, the Jury, find the defendant,
to be Insane, of
and a fit and proper person to be
committed to the Lunatic Asylum of this State, and we further find that
sufficient means to defray the expenses of trying the case, and conveying
to said Asylum, sufficient means to support or maintain self in
said Asylum.

Foreman.

19

ORDER OF COURT.

WHEREUPON, it is Considered, Ordered and Adjudged by the Court, that
is Insane and a fit subject
for the Lunatic Asylum, and as such, that be committed to the Lunatic Asylum of
this State by the Sheriff, his Deputy, or by some other proper person. And it is further
adjudged, that the said has
sufficient means with which to support self in said Asylum.

Ordinary.

19

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, James L. Nyble, hereby authorize
John W. Lindsey of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
_____ by _____
at _____

In WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of May 1907.

Executed in presence of

James L. Gann

James L. Nyble [s.]

COCKE SECTION 1250.
(FOR THOSE ALREADY ENROLLED)

No. 260

**DISABLED
SOLDIER'S PENSION
1907.**

Name James L. Nyble
County Cobb
Co. 3rd Cavalry Regiment
Disability aim
Amount, \$ 50.00

JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

not done

PETITION

MADETTA JOURNAL PRINT

State of Georgia---Cobb County.

ORDINARY'S OFFICE--ss.

I, J. M. GANN, Clerk of the Court of Ordinary of said County, do hereby
certify that I have compared the foregoing copy of Proceedings
in favor of Jas L Nyble

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.

In TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the
Court of Ordinary, this 2nd day of May 1907.

J. M. Gann

Clerk Court of Ordinary.

State of Georgia,

Cobb County.

Personally appears James L. Wylie of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of _____ 18____; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a _____ in Company B, of 4th Regiment of Geo Volunteers Waffords's Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows:

Disables him

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 90 Dollars, for the year 1906.

Sworn to and subscribed before me, this the _____

day of July 1907,

Postoffice _____

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

State of Georgia,

Cobb County.

I, John A. Whyte Ordinary of said County,

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

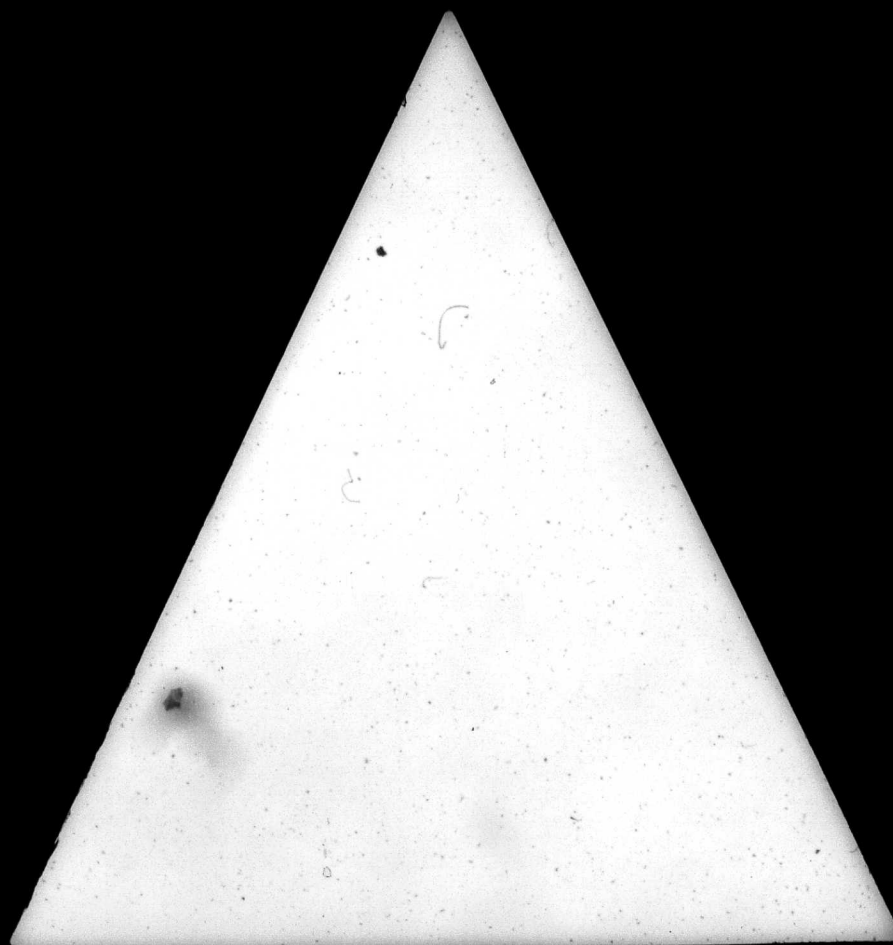
Given under my official signature and seal this _____

day of July 1907.

John A. Whyte
Ordinary _____ County.

AMK
your
seal
here

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



Power of Attorney.

STATE OF GEORGIA,

County. }

I, _____ of _____ hereby authorize

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

Witness my hand and seal, this _____ day of _____ 1900.
[L. 8.]

Executed in presence of _____

INDIGENT PENSION,
1900.

Name S. S. Garbrough

County Cobb
Co. A. Cobb Legion

Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

Geo. W. Harrison, State Printer, Atlanta.

9/13-1901

County. }

I, _____ hereby authorize _____ of _____ to receive and receipt for the pension allowed, and request that he remit same to _____ at _____ by _____ day of _____ 1900. [L. S.]

Witness my hand and seal, this _____ day of _____ 1900.

Executed in presence of _____

INDIGENT PENSION,

1900.

Name S. S. Garbrough
County Cobb
Approved Geo. A. Cobb
Approved _____ day of _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

9/3-1901

County. }

Cobb County. }
Samuel S. Garbrough of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office)
Sam S. Garbrough, in Cobb County, Ga. P.O. Vinings.

2. How long and since when have you been a resident of this State?
Have lived in Georgia since 1840.

3. When and where were you born? Jacksonville Fla 1838.

4. When and where and in what company and regiment did you enlist or serve? Geo A. Cobb, Legion Infantry, in August 1861 at Corinth Miss.

5. How long did you remain in such company and regiment? I remained in that Regt 3 years, was then transferred to Philip's Legion of Infantry same time.

6. When and where was your company and regiment surrendered and discharged? Surrendered with Gen. Lee Apr 9, 1865 at Appomattox Va.

7. Were you present with your company and regiment when it was surrendered? I was.

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I stuck with my command until the hand of Chieftain Lee said quit & lay down my gun.

9. How much can you earn (gross) per annum by your own exertions or labor? About 1 1/2 a sufficient

10. What has been your occupation since 1865? Various kinds of Manual Labor

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? Infirmary & Poverty.

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I am a great sufferer with piles and back troubles, crippled to some extent all the while, and general failure of health and strength resulting from these troubles.

13. What property, real or personal, or income, do you possess, and its gross value? I own no property whatever.

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? Nothing at all.

15. In what County did you reside during those years, and what property did you then return for taxation?

Resided in Fulton County from about 1881 to 1899, returned no property, has none.

16. How were you supported during the years 1898 and 1899?

I worked all I could during these years, as Mechanic & Woodman.

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 on little, earned it myself.

18. What was your employment during 1898 and 1899? What pay did you receive in each year?

Successive pay as Mechanic, in 1899, & Woodman in 1898 about 50¢ per day work.

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 help me a little around the house & garden. My wife owns a little household effects less than 100 dollars in value.

20. Are you receiving any pension? If so, what amount and for what disability? I am not receiving any pension.

21. Have you ever made an application for pension before? I applied in 1900 from Fulton.

22. How many applications have you ever made and under what class? I made one in 1900 for want of proof by Certificate. I was denied the State's County.

Sworn to and subscribed before me this the _____ day of _____ 1901.

11th day of Sept 1901.
S. S. Garbrough Applicant.
of Cobb County.

Every Question MUST be Answered.

STATE OF GEORGIA,

Cobb COUNTY.

L. S. Cox, of said State and County, having been presented as a witness in support of the application of _____ 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? L. S. Cox
2. Are you acquainted with Marcella Ga, the applicant; if so, how long have you known him? about forty years
3. Where does he reside, and how long and since when has he been a resident of this State? Vinings station inside in the State 52 years
4. When, where and in what company and regiment did he enlist, and how do you know? Company A, Cobbs Legion and transferred to Co. A. Phillips Legion
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? until the surrender
7. When and where was his command surrendered? Apr 9-1865 Appomattox Court House
8. Were you present when it surrendered? Yes
9. Was applicant present? Yes
10. If he was not present, where was he? When did he leave his command? Apr 9-1865 For what cause? Surrender
By what authority he left? Honorably discharged How do you know all of this?
I saw it

11. What property, effects or income has the applicant? (Give your means of knowledge.) None he pays no taxes
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? None
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? No
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? Yes on account of bad health & lumbago
16. How was he supported during the years 1898 and 1899? by day at 50¢ per day
17. What portion of his support for these two years was derived from his own labor or income? All that he 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 health and disease
19. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this 11th day of Sept, 1906. L. S. Cox
John Austrey Ordinary.

STATE OF GEORGIA,

Cobb COUNTY.

Personally came before me Samuel S. Harbrough Gilbert Tennant MD and E. J. Setze MD, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Samuel S. Harbrough, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He has a mental Hernia on right side, and on account of age and poverty, he is unable to earn a support at any manual labor

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 11th day of Sept, 1906.

Gilbert Tennant MD
E. J. Setze MD

John Austrey Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, John Austrey, Ordinary in and for said County, hereby certify that the applicant L. S. Harbrough resides in said County, and has been a bona fide resident of this State since the 1st day of Jan, 1894, and that the witnesses, viz: L. S. Cox, Percy Kenfelter, Gilbert Tennant MD and E. J. Setze MD are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1899 No Dollars of property, and in No Dollars of property.

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

Witness my hand and seal of office, this 11th day of Sept, 1906.

John Austrey Ordinary,
of Cobb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County Ybor

I, _____ hereby authorize _____

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1902.

[L. S.]

Executed in presence of _____

Ybor, Georgia, S.D.
Cobb County

CODE SECTION 124

(FOR THOSE ALREADY ENROLLED.)

No. 770

INDIGENT

SOLDIER'S PENSION

1902.

Name J. S. Ybor

County Ybor

Co. A. 1st Regt. Legion

WARRANT ISSUED

774 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

773

Geo. W. Hartsom, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1902.

[L. S.]

Executed in presence of _____

Ybor, Georgia, S.D.
Cobb County

CODE SECTION 124

(FOR THOSE ALREADY ENROLLED.)

No. 692

INDIGENT

SOLDIER'S PENSION

1902.

Name J. S. Ybor

County Cobb

Co. A. 1st Regt. Legion

WARRANT ISSUED

1117 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

App.

Geo. W. Hartsom, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb

County.

Personally appears

S. S. Garbrough of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *1848*; that he is *63* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4 yrs* in Company *A* of *Phillips Legion* of *Ga. Vols*; that his physical condition is as follows: *from infirmity & poverty he cannot support himself*

that his property consists of the following items

Nothing

of the value of *0* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this the

9th day of *Jan* 1902

Ordinary:

S. S. Garbrough

STATE OF GEORGIA,

Cobb

County.

I

John Aubrey

Ordinary of said County,

do certify that I am well acquainted with *S. S. Garbrough* 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* 1902

Ordinary

John Aubrey

County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb

County.

Personally appears

S. S. Garbrough of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *1846*; that he is *63* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4 yrs* in Company *A* of *Phillips Legion* of *Ga. Vols*; that his physical condition is as follows: *owing to infirmity and poverty he cannot support himself*

that his property consists of the following items

Nothing

of the value of *0* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this the

17th day of *Jan* 1902

Ordinary:

S. S. Garbrough

STATE OF GEORGIA,

Cobb

County.

I

John Aubrey

Ordinary of said County,

do certify that I am well acquainted with *S. S. Garbrough* 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* 1902

Ordinary

John Aubrey

County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of _____

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

at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1904.

[L. S.]

Executed in the presence of _____

STATE OF GEORGIA,

COUNTY.

J W Carr of said State and County, having been presented as a witness in support of the application of S S Garbrough for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J W Carr
Atlanta Ga
2. Are you acquainted with S S Garbrough, the applicant; if so, how long have you known him? Yes, since 1856
3. Where does he reside, and how long and since when has he been a resident of this State? Colt Co, I have known of his living in Ga since 1856
4. When, where and in what company and regiment did he enlist, and how do you know? 1861 1st August at Covington Ga, 100th Col Regt Infantry
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? in Ga. three years he was transferred to Mobile Ala in 1864
7. When and where was his command surrendered? I was not with him at the surrender
8. Were you present when it surrendered? Yes
9. Was applicant present? I do not know
10. If he was not present, where was he? _____ For what cause? _____

By what authority he left? _____ How do you know all of this? _____

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

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? _____

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? _____

14. What is the applicant's occupation and physical condition? _____

15. Is the applicant unable to support himself by labor of any sort, if so, why? _____

16. How was he supported during the years 1898 and 1899? _____

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 entitles him to a pension under Section 1254, Code? _____

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

Sworn to and subscribed before me, this _____ day of Sept 1904. Jno W Carr Witness.

John R Wickman Ordinary.

I certify that Jno W Carr is of trustworthy character and his testimony is entitled to full faith and credit.

Sept 13th 1901

John R Wickman
Ordinary Fulton Co Ga

CODE SECTION 1254

(FOR THOSE ALREADY ENROLLED.)

S Fulton Co - 1863

No. 604

INDIGENT

SOLDIER'S PENSION

1904.

Name J Garbrough

County Colt

Colt Co Regt of 100th

Infantry

WARRANT ISSUED

1 2 2

1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears S. J. Garbrough of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is 62 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 yrs in Company a, of Amesbury Shiloh Regiment of the 1st Division; that his physical condition is as follows: amenable to inquiry & family

that his property consists of the following items:

nothing

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of Cobb County been allowed a pension for the year 1903.

Sworn to and subscribed before me, this the 19 day of June, 1904. } S. J. Garbrough
John H. H. H. H. Ordinary.

STATE OF GEORGIA,

Cobb County.

I, John H. H. H. H. Ordinary of said County, do certify that I am well acquainted with S. J. Garbrough 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 June, 1904.
John H. H. H. H.
Cobb County.
 Ordinary



NOTE.—The blank spaces must be filled.
 NOTE.—Affidavits should not be attested before January 1st, 1904.

OFFICE OF
* JOHN A. WATREY *

ORDINARY, COBB COUNTY.

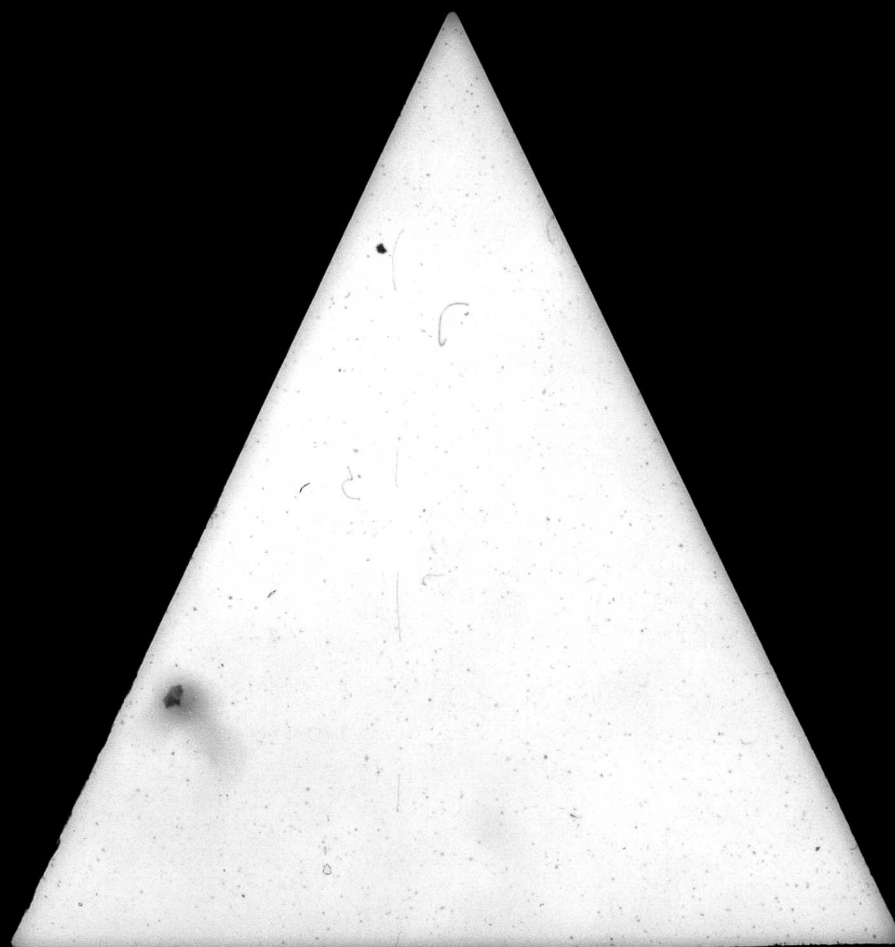
Marietta, Ga.,

1904.

Georgia, Cobb County
Personally Comes before
me John Watrey, Ordinary of and for said
County, Percy Newville a bona fide resident
of said County who being duly sworn
deposes and says that he is personally ac-
quainted with S. S. Garbrough, the applicant, living
a neighbor to him. Exponent says that said Garbrough
has no property of any kind, and on account of
age and infirmity is totally unable to earn a support
for himself. That applicant is badly ruptured
on one side, and otherwise in poor health.
Exponent has no interest in the recovery of
this pension -

Percy Newville.

Sworn to and subscribed
before me this Sept. 17th 1904.
John Watrey,
Ordinary



appeal Cobb Co
Rich Johnson
Ho. 402
York

INDIGENT PENSION
1895.

Name *J. J. York*
County *Cobb*

Ground _____

July 11 1895
RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County,

J. J. York

of

Monticello Ga.

hereby authorize

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

at

Witness my hand and seal this

1st

day of

April

1895.

Executed in presence of

[Signature]

By m following

J. J. York

POWER OF ATTORNEY.

STATE OF GEORGIA,

Carroll County.

Richard Johnson hereby authorize
~~*Richard Johnson*~~ of *Mountain* Ga.

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

at

Witness my hand and seal this

1 St day of *April* 1895.

by

Richard Johnson

Execution of

Richard Johnson

Richard Johnson

Edm Fleming

INDIGENT PENSION
1895.

Name

County

Ground

July 11 1895
RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Executed in presence of

STATE OF GEORGIA,
Cobb County

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? *Yes, 1 son & 2 girls, 10, 12, 13 years*
John, Laura, Mary, Andy, Ray, their own labor

1995.

Name *J. J. York*
County *Cook*

Ground

1843
 RICHARD JOHNSON,
 Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Sworn to and subscribed before me this the

1st day of April 1895.

of John M. Stone Ordinary

of Cobb County.

J. J. York Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb County.

I, J. J. York, of said State and County, having been presented as a witness in support of the application of J. J. York 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? J. J. York, Marietta Ga
2. Are you acquainted with J. J. York, the applicant, if so how long have you known him? Yes. Since 1860
3. Where does he reside, and how long has he been a resident of this State? Cobb County Ga Has been living in Cobb Co since 1860
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? Yes. Served in the Confederate Army. Was a member of Co "9" 7th Co Cavalry of which Company I was ordered, largest of Cavalry at Marietta Cobb Co Ga in 1863
5. When, where and in what company and regiment did he enlist? Enlisted in Co "9" 7th Co Cavalry at Marietta Cobb Co Ga in 1863
6. Were you a member of the same company and regiment? Yes
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Served until the Surrender - was a good true soldier - did his duty to the end - always there & always ready & willing
8. What property, effects or income has the applicant? (Give your means of knowledge.) As far as 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 week from old age weakness
11. Is the applicant unable to support himself by labor of any sort, if so, why? No - owing to ill health
12. How was he supported during the years 1893 and 1894? Cannot say
13. What portion of his support for these two years was derived from his own labor or income? Do not know
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? He is unable to work - he often made a faithful soldier - and now cannot help himself
15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this

the 1st day of April 1895.

J. M. Stone Ordinary

J. J. York Applicant

Witness

STATE OF GEORGIA,

Cobb County.

Personally came before me Dr. C. T. Nolan and Dr. Gilbert T. Durant, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully.

John J. York, applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:

He is suffering from the effects of a stroke of paralysis he had five years ago, from which he has never fully recovered. He also has slight attacks of rheumatism occasionally.

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 1st day of April 1895.

C. T. Nolan M.D. Gilbert T. Durant M.D. J. M. Stone

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, John M. Stone, Ordinary in and for said County, hereby certify that the applicant, John J. York, resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: J. B. Stone, Dr. C. T. Nolan & Gilbert T. Durant are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1893, no property - dollars of property, and in 1894, no property - dollars of property.

Witness my hand and seal of office, this 1st day of April 1895.

J. M. Stone Ordinary of Cobb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County. }
 I, *J. J. York* hereby authorize *J. M. Stone*
 of *Winnetta Ga*
 to receive and receipt for the pension paid hereon and request that he remit same to
me by *him*

at
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
 day of *July* 1897. *J. J. York* [L. S.]

Executed in presence of
E. M. Fleming

POWER OF ATTORNEY.

State of Georgia,

Cherokee County. }
 I, *J. J. York* hereby authorize *J. M. Stone*
 of *Winnetta Ga*
 to receive and receipt for the pension paid hereon and request that he remit same to
me by *him*

at
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
 day of *July* 1898. *J. J. York* [L. S.]

Executed in presence of
E. M. Fleming

York, J. J.
Cherokee County

ACT OF 15 DEC., 1894.
 (For Those Already Enrolled.)

No. *972*

INDIGENT

Soldier's Pension.

1897.

Name *J. J. York*
 County *Cherokee*

1/16 1897.

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDED TO
J. M. Stone
 SEC. W. JOHNSON, STATE PRINTER, ATLANTA.
No data

York, J. J.
Cherokee Co.

ACT OF 15 DEC., 1894.
 (For Those Already Enrolled.)

NO. *9178*

INDIGENT

SOLDIER'S PENSION,

1898.

Name *J. J. York*
 County *Cherokee*

WARRANT ISSUED
1/21 1898.

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDED TO
J. M. Stone
 SEC. W. JOHNSON, STATE PRINTER, ATLANTA.
No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. J. York of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 13 day of March 1845, that he is 73 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of about 3 yrs in Company 1, of 7th Regiment of

Ma. Cavalry; that his physical condition is as follows: by and on account of sciatica and paralysis, which renders me incompetent to do any labor that his property consists of the following items:

No property

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1897. I have heretofore as a resident of Cobb county been allowed a pension for the year 1896.

Sworn to and subscribed before me, this, the

5 day of Jan 1897.

J. M. Stone Ordinary.

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this

5 day of Jan 1897.

J. M. Stone Ordinary Cobb County.



NOTE.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. J. York of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 18 day of May 1813, that he is 74 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 yrs in Company 1, of 7th Regiment of

Ma. Vols. Cav.; that his physical condition is as follows: On account of age infirmity &c. is unable to make a support that his property consists of the following items:

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of Cobb county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the

17 day of Jan 1898.

J. M. Stone Ordinary.

State of Georgia,

Cobb County.

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

Given under my official signature and seal, this

17 day of Jan 1898.

J. M. Stone Ordinary Cobb County.



NOTE.—The blank spaces must be filled.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

I, J. J. York, hereby authorize
J. J. York of Marquette

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

by me

Witness my hand and seal this 5th day of January 1899.

Executed in presence of J. J. York (L. S.)

CODE SEC. 1284.
 (For These Already Enrolled.)

No. 1151

INDIGENT

SOLDIER'S PENSION,

1899.

Name

County

WARRANT ISSUED

1/14 1899

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

J. J. York
 Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

I, J. J. York, hereby authorize
J. J. York of Marquette

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

by him

Witness my hand and seal, this 17th day of January 1900.

Executed in presence of J. J. York [L. S.]

N. J. Hamby

CODE SEC. 1284.

(For These Already Enrolled.)

No. 123

INDIGENT

SOLDIER'S PENSION,

1900.

Name

County

WARRANT ISSUED

January 18 1900.

JOHN. W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

J. J. York
 Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. J. York of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 12th day of March 1845; that he is 75 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 yrs. in Company I, of 7th Regiment of Sta. Cavalry; that his physical condition is as follows: On account of age

Infirmary and poverty that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of Cobb county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, the 5th day of Jan 1899. J. M. Stone Ordinary.

State of Georgia,

Cobb County.

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

Given under my official signature and seal, this 5th day of Jan 1899. J. M. Stone Ordinary Cobb County.



NOTE.—The blank spaces must be filled.
NOTE.—A affidavit should not be attested before January 1st, 1899.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. J. York of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 12th day of March 1845; that he is 76 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 years in Company I, of 7th Regiment of Sta. Vols. Cavalry; that his physical condition is as follows: On account of age, infirmity

and poverty he is unable to support himself that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Cobb county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the 15th day of January 1900. J. J. York Ordinary.

State of Georgia,

Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with J. J. York 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 January 1900. J. M. Stone Ordinary Cobb County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I,

J. J. York

hereby authorize

John Lindsey

of

Marshall

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

at

Marshall

by

himself

Witness my hand and seal, this

7th day of *January* 1901.

[L. S.]

Executed in presence of

J. M. Bame

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I,

J. J. York

hereby authorize

of

Marshall

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

at

by

Witness my hand and seal, this

4 day of *Jan* 1902.

[L. S.]

Executed in presence of

(For Those Already Enrolled.)

No. *254*

INDIGENT

SOLDIER'S PENSION.

1901.

Name

J. J. York

County

Cobb

WARRANT ISSUED

Jan 15 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

John Lindsey

Geo. W. Martin, State Printer, Atlanta.

we take

CODE SECTION 121.

(FOR THOSE ALREADY ENROLLED.)

No.

559

INDIGENT

SOLDIER'S PENSION

1902.

Name

J. J. York

County

Cobb

Co.

I Regiment *7th*

WARRANT ISSUED

Jan 16 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Only

Geo. W. Martin, State Printer, Atlanta.

my data

STATE OF GEORGIA,

Cobb

County.

Personally appears

J. J. York of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *1st* day of *March* 18*45*; that he is *77* years old and by occupation a _____ that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the

States, and served for the term of *4 years* in Company *9*, of *7th* Regiment of *La. Cavalry*; that his physical condition is as follows: *on account of age infirmity and poverty*

that his property consists of the following items

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1900

Sworn to and subscribed before me, this the

7th day of *January* 1901.

J. J. York Ordinary.

STATE OF GEORGIA,

Cobb

County.

I, *John Antrim* Ordinary of said County, do certify that I am well acquainted with *J. J. York* 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* 1901.

John Antrim Ordinary *Cobb* County.



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

STATE OF GEORGIA,

Cobb

County.

Personally appears

J. J. York of *Cobb*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *1st* day of *March* 18*45*; that he is *78* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the

States, and served for the term of *4 years* in Company *9*, of *7th* Regiment of *La. Cavalry*; that his physical condition is as follows: *on account of age infirmity and poverty he is unable to support himself*

that his property consists of the following items

Nothing

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

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

Sworn to and subscribed before me, this the

day of _____ 1902.

John Antrim Ordinary.

STATE OF GEORGIA,

Cobb

County.

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

Given under my official signature and seal, this

day of _____ 1902.

John Antrim Ordinary *Cobb* County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, J. J. York hereby authorize John W. Lindsey of Marion, Ga. to receive and receipt for the pension allowed and request that he remit same to me at his office by hand

Witness my hand and seal, this 2nd day of January 1903.

Executed in presence of

J. J. York [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, J. J. York hereby authorize John W. Lindsey of _____ to receive and receipt for the pension allowed and request that he remit same to _____ at _____ by _____

Witness my hand and seal, this 2nd day of Jan 1904.

Executed in presence of

J. J. York [L. S.]

(FOR THOSE ALREADY ENROLLED.)

No. 529

INDIGENT

**SOLDIER'S PENSION
1903.**

Name J. J. York
County Cobb
Co. 2 5th Regiment Ga. Inf.

WARRANT ISSUED

23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordz

Geo. Harrison, State Printer, Atlanta.

(FOR THOSE ALREADY ENROLLED.)

No. 631

INDIGENT

**SOLDIER'S PENSION
1904.**

Name J. J. York
County Cobb
Co. 2 Regiment 7

WARRANT ISSUED

130 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordz

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears J. J. York of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1st day of March 1845, that he is 79 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 years in Company E, of 7th Regiment of 99th Cavalry; that his physical condition is as follows: from age & poverty he is unable to support himself

that his property consists of the following items:

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of Cobb county been allowed a pension for the year 1902

Sworn to and subscribed before me, this the 2nd day of January 1903. J. J. York Ordinary.

STATE OF GEORGIA,

Cobb County.

I, John Austin Ordinary of said County, do certify that I am well acquainted with J. J. York 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 2nd day of January 1903.

John Austin Ordinary Cobb County.

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



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears J. J. York of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1 day of March 1845, that he is 78 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 years in Company E, of 7th Regiment of 99th Cavalry; that his physical condition is as follows: On account of age & infirmity and poverty

that his property consists of the following items:

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 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 Cobb County been allowed a pension for the year 1903

Sworn to and subscribed before me, this the 1st day of January 1904. J. J. York Ordinary.

STATE OF GEORGIA,

Cobb County.

I, John Austin Ordinary of said County, do certify that I am well acquainted with J. J. York 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 2nd day of January 1904.

John Austin Ordinary Cobb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1904.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County of _____ 1905

Given under my official signature and seal, this _____

hereby authorize

to act and sign in my name in the County of _____
 to receive and receipt for the pension allowed, and request that the remittance be
 made to the applicant in the person of _____ and request that the remittance be
 made to the applicant in the person of _____ at _____

by _____ at _____

STATE OF GEORGIA

County of _____ 1905

[L. S.]

Executed in the presence of

County of _____ 1905

Signed to and subscribed before me, this the _____

County of _____ 1905

is entitled for the year 1905. I have heretofore as a resident of _____

1905 and the year immediately preceding and makes application for the pension to which he

is entitled to participate in the benefits of the act approved December 1904

and that he receives no pension but the one herein applied for

by his condition and he is unable to support himself by his own exertion or

by his labor. I have by reason of his _____

of _____ and now residing _____

that he is entitled to the pension to which he is entitled by reason of his _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

and served for _____ in the _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County of _____

hereby authorize

of _____

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

at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1905.

[L. S.]

Executed in the presence of

Code Section 1354.

(FOR THOSE ALREADY ENROLLED.)

No. 137

INDIGENT

SOLDIER'S PENSION

1905.

Name _____

County _____

Company _____

WARRANT ISSUED

1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

The Pensioner's Name and Post-office Co. W. Harrison, Minn.

York, J. J.



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Colt County.

Personally appears *J. J. York* of *Colt* 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 *1* day of *March* 18*91*; that he is *79* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4 years* in Company *2*, of *7* th Regiment of *Cavalry*; that his physical condition is as follows: *One account of age infirmity*

that his property consists of the following items:

Nothing

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

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

Sworn to and subscribed before me, this the

2 day of *Jan* 1905.

Ordinary.

STATE OF GEORGIA,

Colt County.

I, *John Anthony* Ordinary of said County, do certify that I am well acquainted with *J. J. York* 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 *Jan* 1905.

Ordinary.

Colt County.



NOTE.—The blank spaces must be filled.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Colt County.

Personally appears *J. J. York* of *Colt* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company _____ of _____ th Regiment of *Cavalry*; that his physical condition is as follows: *Age poverty & infirmity*

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the

2 day of *Jan* 1905.

Ordinary.

State of Georgia,

Colt County.

I, *John Anthony* Ordinary of said County, do certify that I am well acquainted with *J. J. York* 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 *Jan* 1905.

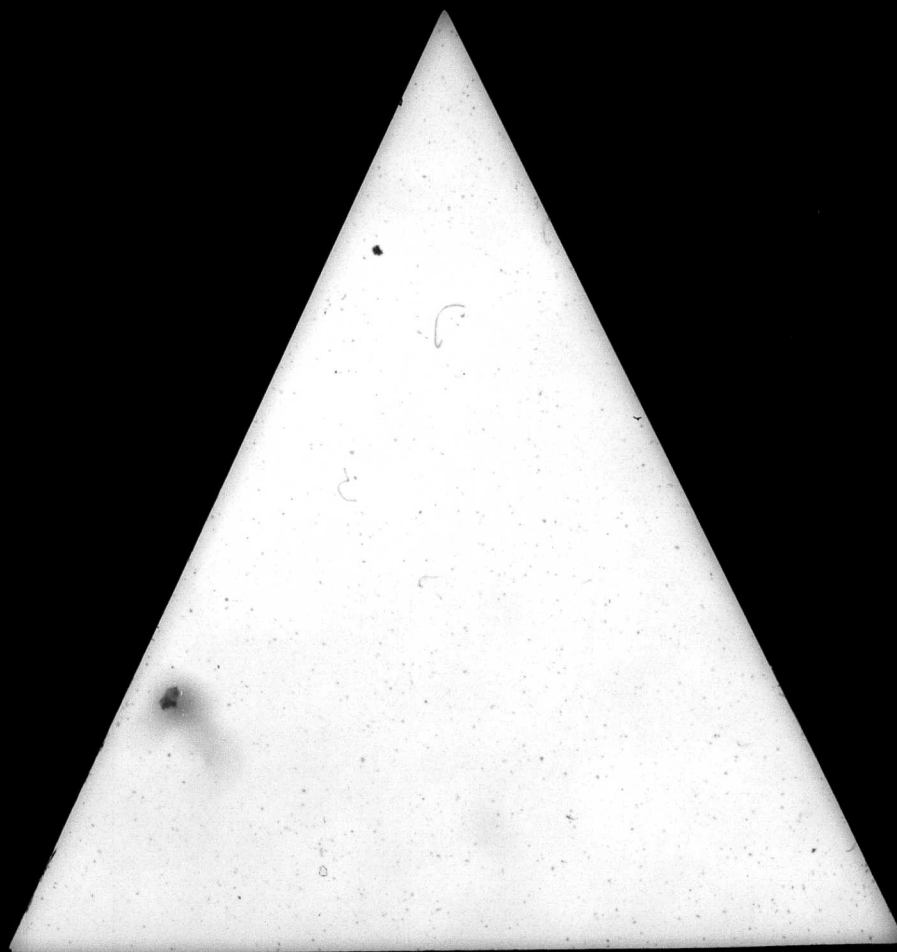
Ordinary.

Colt County.



NOTE.—The blank spaces must be filled.

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



Not now surrendered
Witness - surrendered
Application

York, Sizzie C.
No. 11/2/1914
Cobb County
La. Summit, Ga.
No. X

Widow's Pension

UNDER ACT 1910

✓
County Cobb

Name Mrs L. E. York

Widow of Perry G. York

C. D. 7th Co Inf

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Byrd, State Printer

11/2/1914

STATE OF GEORGIA,
Webb County,

Personally before me comes Laura G. York of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of _____, 1910, and submit testimony to make out the same, true answers makes to the following questions to-wit:

1. What is your name, and where do you reside? Laffie E. York
 2. How long and since when have you been a continuing resident of the State of Georgia? Sixty Six years
 3. When, where and to whom were you married? December 20 1866. Everett
E. Perry York
 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.) July 1860 in
C. A. 7th Co.
 5. When and where did the Commands of your husband surrender or discharge from the army? April 9th 1865 Appomattox Va
 6. Was your husband personally present at the time of the surrender or discharge of this Command? He was
 7. If he was not present state clearly where he was? He was present
 8. Where was his command when he left? He left at Appomattox Va
 a. For what cause did he leave his Command? He Surrendered
 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? No
 i. If so, when and where captured and where held as a prisoner, and when and for what cause released? _____

- j. When and where did your husband die? July 27, 1892, El Hamella Ga
 k. Were you residing together when he died? Yes
 l. If not, how long had you resided apart? We were residing together
 9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908? (State same by items.)
No property
 10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.)

11. What property of any description of any value have you now? *None*
Give list and cash value *22*
12. What are your annual earnings or income from any source and their value?
Nothing
13. Have you or your husband heretofore been paid a pension by the State? *No*
If so, when and for what cause were you or your husband placed on the Roll?

Sworn to and subscribed before me this the

31 day of October 1917
J. M. Gann Ordinary.
of Col. County

Widow's Pension

UNDER ACT 1910

County

Name _____

Widow of

C. H. 7th Co

J. W. LINDSEY,

Commissioner of Pensions

Chas. P. Byrd, State Printer

11/21914

Cobb County.
Personally before me comes Asa Danley who after being duly sworn true answers to make, to the following questions, answers as follows:
1. What is your name and where do you reside? Asa Danley Perry York
2. How long and since when have you known Ma Egge York applicant? yes
3. How long and since when has she continuously resided in this State? (Give date.)
4. When and to whom was she married? July 20, 1866 Perry York How do you know? Lived with them
5. How long and since when did you know Perry York her husband? All my life, more than 40 years.
6. When and where did Perry York the husband of Applicant die? Memphis Tenn
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? They were living together
Were they divorced? No.
9. When, where and in what Company and Regiment did Perry York enlist? July 1861 Cobb County Co. D. 7th Regiment
10. Were you a member of the same Company? yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? Until April 9, 1865
12. When and where did his Command surrender, and was discharged? April 1865 - Appomattox Va.
13. Were you personally present when it was surrendered? yes If not where were you? I was present and how came you there?
14. Was the husband of applicant personally present at surrender? yes If not where was he? he was present when, where and for what cause did he leave Command? (Give date.) was was over By whose authority did he leave his Command? and how long was he granted leave? How do you know all this? I was a member of the same Co. and Regiment 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? remained with Command to Service
Sworn to and subscribed before me this the 21 day of October 1914 } Asa Danley
of Cobb County. Ordinary.

Cobb County.
Personally before me comes Ma Egge York who on oath says that they are freeholders of said County and that they know Asa Danley on 4th Nov. 1908 and its cash value to be as set out by Schedule (A) as follows. that she has for property
Personal property any kind and that she has
Notes and accounts and she had with her money
Total Daughter 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 21 day of October 1914 } J. N. Shuckley
of Cobb County. Ordinary.

ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,

Cobb County.
I, J. N. Shuckley Ordinary of said County do certify that I know Ma Egge York the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th Nov., 1908. All her life
That I also know Asa Danley the witness who swears to the service of husband, and Thos. H. Shuckley who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all are truthful, trustworthy, and their statements are entitled to full faith and credit.
That the Tax Returns of Cobb Co. Returned for Tax is for 1908 \$0 for 1910 \$0 for 1911 \$0 for 1912 \$0 for 1913 \$0
Sworn under my hand and official seal of office this Oct 31 day of 1914
(SEAL.) J. N. Shuckley Ordinary, Cobb County.

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

GEORGIA, COBB COUNTY.
 Received of J.M. GANN, Ordinary, Cobb County, One Hundred Dollars,
 being payment for Funeral expense, Mrs. L.E. York, dec. eased.
 March 15, 1930.

Mayer Ward

County

For COBB

1929.

**Application for Pension
 Due Deceased Pensioner**

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

J.M. GANN

Ordinary

For *Mrs. L.E. York*

Date of Death OCTOBER 18, 1929.

Amount \$ 100.00

Approved and ordered paid

Not. 27, 1929
R. M. Lawrence
 Commissioner of Pensions.

Paid

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

October 19th

1929

Mrs. S.H. Hall

Bought of *Mayer Ward* Funeral Exp For Mrs L.E. York

Terms:

Matilda Da

To. Casket 1.50
 embalming 1.50
 Hearse trip & services 1.00
 Fair funeral notices 1.11
 Opening Grave & removal 1.00

Ital Cruz
 The above and foregoing account is rendered for funeral expenses of Mrs. L.E. York, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me,
 this 26 day of November 1929 *Jim. B. B...*

194 25
 94 25
 \$100.00

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, Coker County.
Personally before me, the Ordinary of said County, comes Mrs. J. W. Hare
of said County, who, after being sworn, on oath
says that he knew Mrs. S. E. York of said County, and that said Pensioner
was on the Pension Roll of said County at the time of death, which occurred in Coker
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 \$194.25, per sworn statements fully and completely
ITEMIZED hereto attached.

Sworn to and subscribed before me,
J. M. Gamm Ordinary
Coker County
(Seal of Ordinary)

Mrs. S. H. Hall

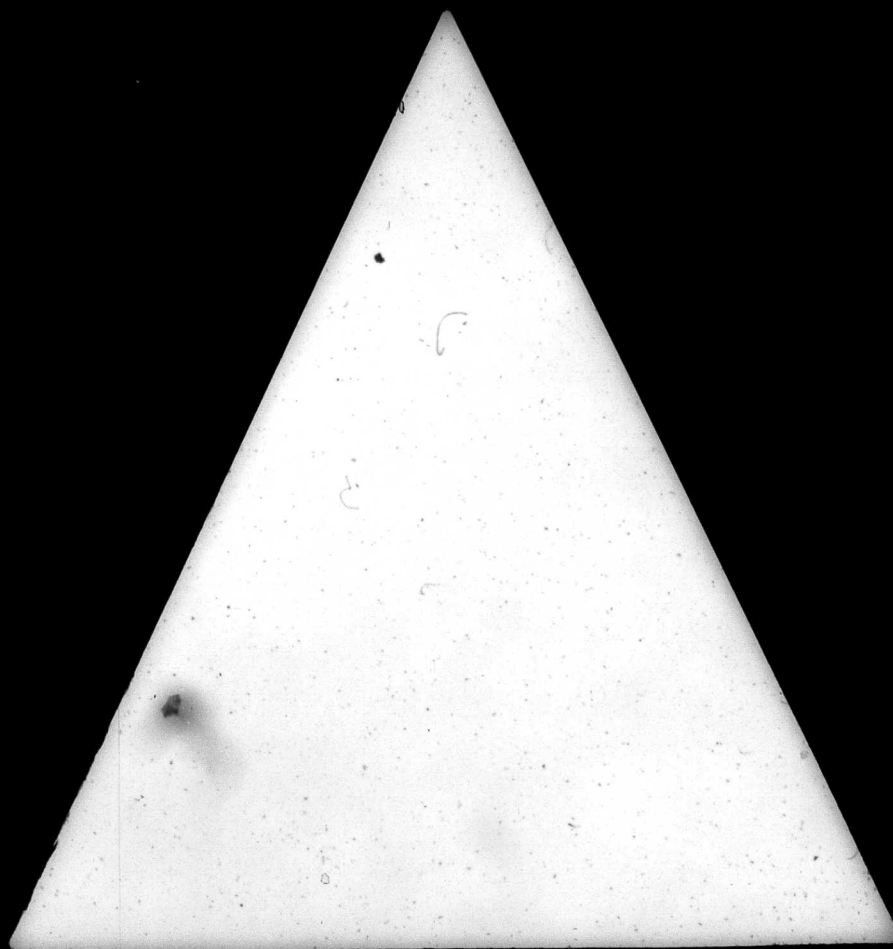
CERTIFICATE OF ORDINARY

GEORGIA, Coker County.
I, J. M. Gamm, Ordinary of said County, do certify
that I personally know Mrs. J. W. Hare, who is a resident
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full
faith and credit; that I also knew Mrs. S. E. York while in life and that this was
the same person whose name appears on the Pension Roll of Coker County, and
was paid a Pension of One Hundred (\$100.00) Dollars
in said County for 1929, and I now believe said pensioner to be dead; and that the instructions at the
foot of this voucher have been carefully observed in making up this voucher and the bills which are at-
tached hereto.

Given under my hand and official seal, this 22 day of November, 1929.
(Seal of Ordinary) J. M. Gamm Ordinary
Coker County

INSTRUCTIONS:

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "Just, true, due, unpaid," etc.)
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of _____, who died without owning sufficient property to pay this bill.
- 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, with your final settlement, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.



POWER OF ATTORNEY
STATE OF GEORGIA
County,

I, , hereby authorize of County, to receive and receipt for the pension allowed and that he remit the same to me at by his check or registered mail. Witness my hand this day of 190 .
Executed in presence of Ordinary, County, L. S.



Pension office
10/1-1906
Is the owner
of property of
a salable value
- not subject
to Lindsey
Court of law

York, Louisa E.
Cobb County
Disappears 10/1/1906

WIDOW'S
INDIGENT PENSION.
1904.

Name Louisa E. York
County Cobb
Widow of W. M. York

Approved 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1904.

Geo. W. Harrison, State Prison, Atlanta.

9/25/06

County.

I, _____ hereby authorize _____ of _____ County, to receive and receipt for the pension allowed and that he remit the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 1904.

Executed in presence of _____

Ordinary,

L. S.

County.

SEAL

County.

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

1. What is your name and where do you reside? (Give State, County and Post-Office)
Louisa E. York, Marietta Cobb County, Ga.

2. How long and since when have you been a resident of this State? Ever since the war between the States

3. When and where were you born? August, 1840, Franklin, Ga.

4. When and where was your husband born—state his full name, and when were you and he married? (Attach copy marriage license in every case.) March 1, 1838, Franklin, Ga.

5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States? December, 1862, Det. 1st Reg. Ala. Inf. D. 31st Ala.

6. How long did your husband serve in said Company and Regiment? July, 1863, the war

7. When and where did your husband's Company and Regiment surrender and was discharged? Captured at Port Hudson, La. and sent to Libby's Prison and remained

8. Was your husband present at the time and place when his Company and Regiment surrendered? He was not

9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority? As a private he had been captured and was in prison when the war closed

10. When and where did your husband die? Oct 4th 1904, Marietta

11. Which of the following grounds do you base your application for Pension, viz.: First—Age and Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty? Age Infirmary & Poverty

12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity, its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight? Four years for part

13. What has been your occupation since your husband's death? Nothing except such house work as I can do

14. How much can you earn gross, by your own exertion or labor? Nothing

15. What property, real or personal, or income do you have or possess, and its gross value? Copy house and barn in Marietta Val. \$1200—on half belonging to

16. What property, real or personal, did you possess at death of husband or he left you, and of the years 1899, 1900, 1901, 1902, 1903, 1904, and what disposition, if any, by sale or gift, have you made of the same? Intimidated by or taken away, above and a portion of same was husband's share

17. In what counties did you reside in 1899, 1900, 1901, 1902, 1903, and 1904, and what property did you return for taxation? In Cobb County, I returned as above stated since my husband's death

18. How have you been supported since death of husband, and especially for 1899, 1900, 1901, 1902, 1903 and 1904? By my children

19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? \$125-150 Nothing

20. What was your employment during 1899, 1900, 1901, 1902 and 1903—how much did you receive for each year? Nothing

21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property? Yes, my children one at 19 years & other 20 years both

22. Have you ever made application for pension before? No

23. How many applications have you made for a pension, and under what claim? None

Sworn to and subscribed before me, this the _____ day of _____ 1906 } Louisa E. York

John W. Lindsey Ordinary, _____ County.

WIDOW'S

INDIGENT PENSION.

1904.

Name Louisa YorkCounty CobbWidow of Wm York

Approved _____ 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO _____

1904.

9/25/06

until the war ended

my children who are of age

my husband's death

I have 10 children they are all married

STATE OF GEORGIA.

Cobb County.

of said State and County, having been presented as a witness in support of the application of Mrs. Marion B. York for a Pension under the Act of 1900, 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? Marion County State of Georgia
2. Are you acquainted with the applicant, Mrs. Marion B. York?
3. How long have you known her? I became acquainted with her in 1903
4. Where does she reside, and how long and since when has she been a resident of this State? Marion Co she became a resident of said State 1902
5. When and where was she born? Marion Co Ga
6. Were you ever acquainted with her husband? Yes
7. Where did she reside in 1861? Decatur Alabama
8. When and to whom was he married? 1848 George W York
9. When and where was he born? March 1 1835
10. How long have you known him? from 1848 up to his death
11. When and where did September 25-1861 enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? C & P Regiment
12. Were you a member of the same Company and Regiment? Yes

13. How long did he perform regular military duty? he was in regular duty up to 1867 July the 9 when he was captured and taken to Prison
14. When and where was his Company and Regiment surrendered and discharged from service? Prison at Vicksburg
15. Were you with the Command when it surrendered? no
16. Was the husband of applicant present? no he was in prison
17. If not present, where was he? in prison at Vicksburg
18. When and where did he leave his command? Port Hudson La July 14 1863

For what cause? he was a Prisoner of War
By whose authority he left? by the Rules of War
How do you know all this? (State fully and clearly.) I was with him from the time he captured up to the day he was taken Prisoner he was then Lieutenant in his company

19. When and where did he die? October 4 1906 Actonville Ga
20. Where did he reside at his death and how long had he been a resident of Georgia at his death? Marion Co he had been a resident of Ga 1864
21. Do you of your own knowledge know that applicant is the lawful widow of I do
22. Has she remained unmarried since her soldier husband's death, and is now his widow? Yes
23. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? I do not no just how much but not more than a small house and lot
24. What property, effects or income did applicant possess in 1899, 1900, 1901, 1902 and 1903, and what disposition did she make of it? I do not no just what
25. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? not as I recall

26. What is applicant's physical condition and her chances and ability to earn a support? she is old and feeble all her chances for a support is her labor

living by her own labor by her husband's labor

27. How was she supported for 1899, 1900, 1901, 1902 and 1903? by her husband's labor
28. How much did applicant contribute to her support for last two years? a little house work
29. Give a full and complete statement of applicant's physical condition? she is feeble from many years of toil and labor having reared a large family of children
30. What interest have you in the recovery of this pension by the applicant? no personal interest what ever

Sworn to and subscribed before me this 1st day of September 1906
Public State of Florida at Range
Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA,

Cobb County.

Personally before me comes Chas. N. Field and

physician of said County, who, being severally sworn, say on oath that he is a reputable physician of said County, who, having examined carefully Mrs. Louisa B. York, applicant for a Pension under act of 1900, and after such personal examination say that her physical condition is this:

she is old and feeble from many years of toil and labor having reared a large family of children and she has no interest in said pension if allowed

Sworn to and subscribed before me this 25 day of Sept 1906
John B. Burt Ordinary,
Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, John B. Burt Ordinary, in and for said County, hereby certify that the applicant, Mrs. Louisa B. York resides in said County, and has been a bona fide resident of this State since the 25 day of July 1899, and that the witnesses, Mr. Chas. N. Field and Jay

are of trustworthy character, and that their statements are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and subscribed.

I further certify that the tax digest of Cobb County shows that applicant returned for taxation in her own name in 1899 no dollars worth of property, and in 1900 no dollars worth of property, in 1901 no dollars worth of property, in 1902 no dollars worth of property, and in 1903 12.00 dollars worth of property.

Witness my hand and official seal this 25 day of Sept 1906

SEAL.

John B. Burt Ordinary,
Cobb County.

NOTES.—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are new widows. Those married since the 9th April, 1865, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

STATE OF GEORGIA,

Cobb

County,

Personally before me comes *Louisa E. York* of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of 1910, and submit testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? *Louisa E. York Marietta Cobb Co. Ga*
2. How long and since when have you been a continuing resident in the State of Georgia? *Over 50 years*
3. When, where and to whom were you married? *1857. Franklin E. York to York*
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.) *Co. B 27th Ala Infantry, Do not know*
5. When and where did the Commands of your husband surrender or discharge from the army? *No*
6. Was your husband personally present at the time of the surrender or discharge of this Command? *No*
7. If he was not present state clearly where he was? *He was captured at Port Hudson La.*
8. Where was his Command when he left? *—*
- a. For what cause did he leave his command? *—*
- b. By whose authority did he leave his Command? *—*
- c. For how long was he granted leave of absence? *—*
- e. What was his physical condition when he left his Command? *—*
- f. What effort did he make to return to his command? *—*
- g. In what way was he prevented from going back to Command? *—*
- h. Was he captured by the enemy at any time? *Yes*
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? *July 9 1863 Port Hudson La. Johnsons Island released after end of the war*
- j. When and where did your husband die? *October 4 1864, Asent with Cobb Co. Ga*
- k. Were you residing together when he died? *Yes*
- l. If not, how long had you resided apart? *—*
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) *One house lot value \$1000.00 this is all I have*
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) *None*
11. What property of any description of any value have you now? *One house lot in Marietta*
Give list and cash value? *1000.00*
12. What are your annual earnings or income and their value? *Nothing*
13. Have you heretofore been paid a pension by the State? *No*
If so, when and for what cause were you struck from the Roll? *—*

Sworn to and subscribed before me this the *27th* day of *Sept* 190*6*

Ordinary.

of *Cobb* County.

County

Cobb

Name *Louisa E. York*

Widow of *Frank E. York*

Esq. 27 Ala Infantry

Port Hudson

UNDER ACT 1910.

Widow's Pension

No. *4231*

6 months for 1917

Worked as a

J. W. LINDSEY,

Commissioner of Pensions

Chas. F. Byrd, State Printer.

STATE OF GEORGIA,
Suwannee County.

Personally before me comes Andrew J York, who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? Andrew J York, I reside in Suwannee County, Florida.
2. How long and since when have you known Elizabeth York applicant? over 25 years, since she was a child.
3. How long and since when has she continuously resided in this State? (Give date.) has continuously resided in Georgia since 1861.
4. When and to whom was she married? 29th Nov. 1861. How do you know? I was present at the ceremony.
5. How long and since when did you know L. L. York her husband? from 1846 until his death. He was my brother.
6. When and where did L. L. York the husband of Applicant die? about 1903 or 1904, near Wetumpka, Ga.
7. Where the Applicant and her husband living together as husband and wife at the date of his death? They were.
8. If not, how long did they live apart before his death? No.

Were they divorced? No.

9. When, where and in what Company and Regiment did L. L. York enlist? Dec. 25 1861, Lebanon, Ala., in Co. B, 27th Alabama.

10. Were you a member of the same Company? Yes.

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? Dec. 25 1861 until July 9 1863, when he was captured and carried to Johnson's Island, where he was held.

12. When, and where did his Command surrender, and was discharged? in 1865 in North Carolina.

13. Were you personally present when it was surrendered? No. If not where were you? I was in Augusta, Ga. and how came you there? I was sent there in a detachment.

14. Was the husband of applicant personally present at surrender? No. If not where was he? In prison on Johnson's Island. when, where and for what cause did he leave Command? (Give date.) July 9th 1863. By whose authority did he leave his Command? He was captured. and how long was he granted leave? How do you know all this?

I acquainted with him, and was with him until he was captured.

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

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Do not know.

Sworn to and subscribed before me this the 8th day of July 1916 at Augusta, Ga.
J. H. Garrison Ordinary,
Clerk Circuit Court.
Suwannee County, Florida.

STATE OF GEORGIA,
Cobb County.

Personally before me comes Elizabeth York, who on oath says that they are freeholders of said County and that they know Mrs. Elizabeth York of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows:

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

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

Personal property \$
Money, Notes and accounts \$

Schedule (C).
We also know what property she has now in her possession, use and control to wit:
one house lot in Marietta on Campbell St. \$1000.00
Horses and Mules \$
Cows and Hogs \$
Other property \$
Income and earnings \$
Total Value of all property and effects \$1000.00

Sworn and subscribed before me this the 7th day of October 1916 at Cobb County.
J. H. Garrison Ordinary,

ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
Cobb County.

I, J. H. Garrison Ordinary of said County do certify that, I know Elizabeth York the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov. 1908.

That I also know J. E. Dobb the witness who swears to the service of Elizabeth York and who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns Elizabeth York Returned for Tax is for 1908 \$820- for 1910 \$1125-

Sworn under my hand and official seal of office this 31st day of Oct 1916
SEAL. J. H. Garrison Ordinary,
Cobb County

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

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 office.

Witness my hand and seal of office, this 29th day of August, 1906.

V.C. Nelms
Ordinary.

MARRIAGE LICENSE

OF

AND

Issued _____ 19 _____

and Recorded on Page _____ Book _____

of Marriage Licenses.

Ordinary.

MARRIAGE LICENSE

OF

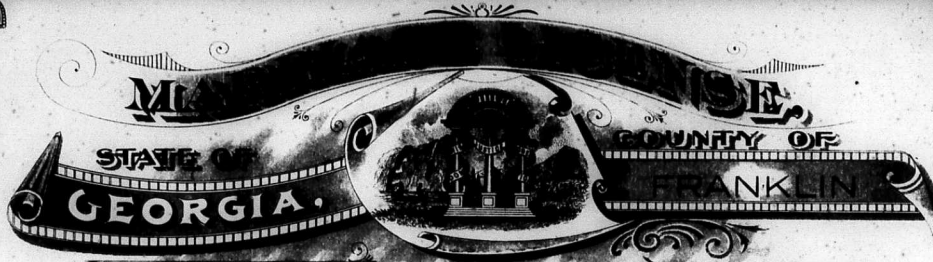
AND

Issued _____ 19____

and Recorded on Page _____ Book _____

_____ of Marriage Licenses.

Ordinary.



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

George W. York You are hereby authorized to join
and *Louise E. Dawson*
in the Holy State of Matrimony according to the Constitution and
Laws of this State and for so doing this shall be your License.
And you are hereby required to return this License to me with your
Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal this *31st* day of
Dec. 1857 *190*

John G. York (L.S.)
Ordinary.

STATE OF GEORGIA

CERTIFICATE

COUNTY OF FRANKLIN.

I Certify that the above named and parties
were joined in Matrimony by me this *31st* day of *Dec. 1857* *Eighteen Hundred*
and

Recorded

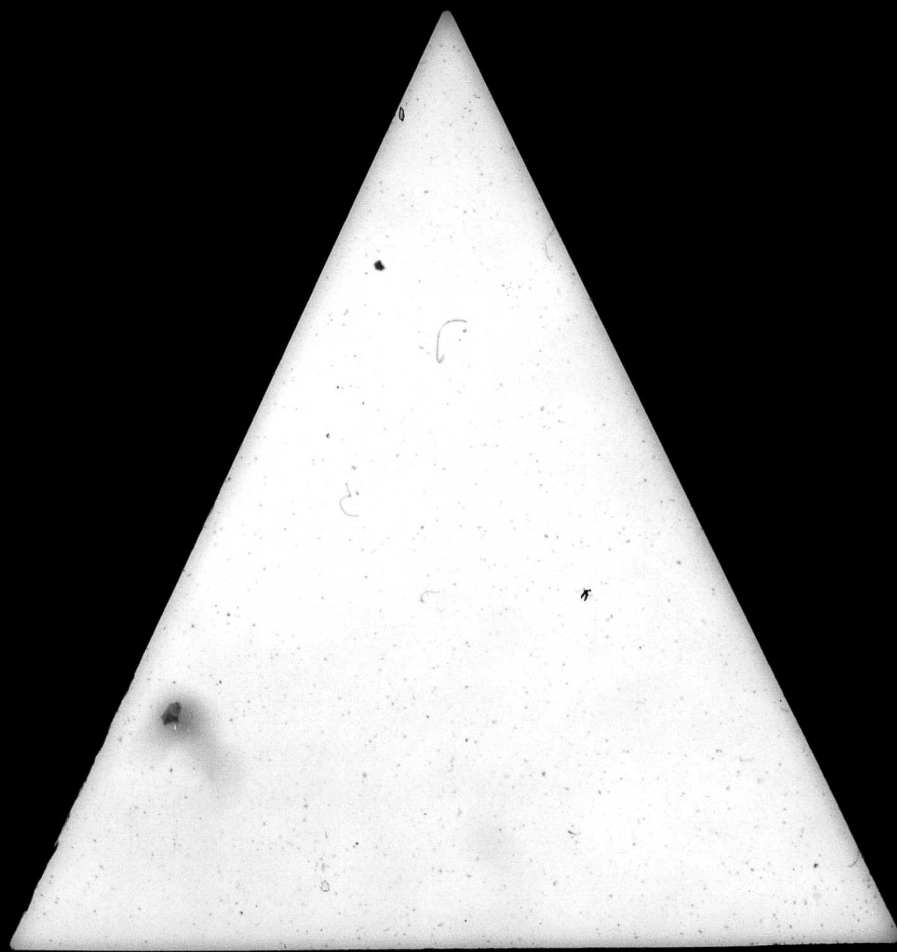
190

Ordinary

(over)

Thos Pulliam J.P.

FOOTE & DAVIS CO. ATLANTA



ORDINARY'S CERTIFICATE

STATE OF GEORGIA

OST

COUNTY

I, *J M Evans*

Ordinary of said County, do certify that I

know Mrs. *Wm J York* the applicant for this pension, and that she is the

person she represents herself to be, and that she is a bona fide continuing resident of said County, and was

on the _____ day of _____ 19____

That I also know *Wm Eggleston York* witness as to marriage, and I also know

before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this _____ day of _____ 19____

(SEAL) *J M Evans* Ordinary. *OST*

OST 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. Affidavits must be made before the Ordinary. 3. All affidavits must be made before the Ordinary. 4. All affidavits must be made before the Ordinary. 5. Affidavits must be made before the Ordinary. 6. Affidavits must be made before the Ordinary.

York, Mary J. (Mrs)
Cobb, County
No. *21*

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910—As Amended by Act of 1919.

County *Cobb*
Name *Wm J York*
Widow of *Oliver A York*
Company *A*
Regiment *2nd Ga. State Troop*
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10/20-1920

STATE OF GEORGIA.

COUNTY.

I, J. M. Davis Ordinary of said County, do certify that I know Mrs. Mary J. York the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County, and was on the _____ day of _____ 19____

That I also know Mrs. Lizzie E. York witness as to marriage, and I also know _____; that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 7th day of Oct 1920

(SEAL.)

Ordinary.

Cobb County.

- NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

York, Mary J. (wid)
Cobb, County
5 21
No.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910—As Amended by Act of 1919.

County Cobb

Name Mary J. York

Widow of Oliver J. York

Company A

Regiment 2nd Ga. State Troop

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Bird Printing Co. State Printers, Atlanta.

10/20-1920

STATE OF GEORGIA,

COUNTY.

Personally before me comes Mrs. Oliver Newton York of said County, who, after being duly sworn, says that she is the widow of Oliver Newton York to whom, in the County of Cobb State of Ga she was married on the 21st day of July 1859, and that she remained his wife, and resided with him to the date of his death in April 13th 1920 and that she has not since his death remarried. At the time of his death he was a resident of Fulton County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$100 in Cobb County for 1920 per annum, on account of being a soldier in Company A Regiment 2nd Ga. Inf. Regt. (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Fulton & Cobb and she all my life has so continuously resided since day of October 19

Sworn to and subscribed before me, this the

27th day of July 1920
J. M. Gamm Ordinary
of Cobb County.

(SEAL)

Mary J. York

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

STATE OF GEORGIA,

COUNTY.

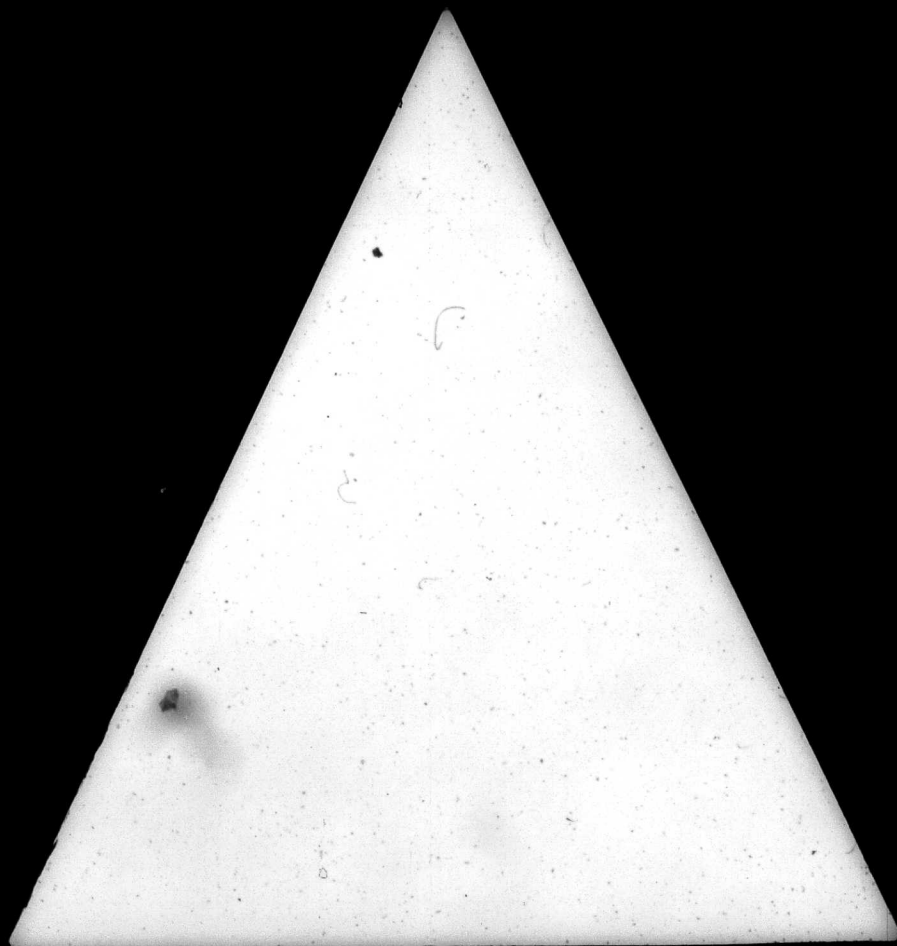
Personally before me comes Mrs. Lizzie E. York known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Oliver Newton York who made the foregoing affidavit, is the lawful widow of Oliver Newton York who died in Fulton County in said State of Ga on 13th day of April 1920, and that she has not since remarried. That she became the wife of Oliver Newton York on the 21st day of July 1859, and that she and he had resided together as man and wife continuously since 21st day of July 1859, and that the Oliver Newton York was the same man who was on the pension roll of said State Ga from Maricotta County Cobb when he died.

Sworn to and subscribed before me, this the

27th day of Oct 1920
J. M. Gamm Ordinary
of Cobb County.

(SEAL)

Mrs. Lizzie E. York



*York, Oliver N.
Capt. Co.
Oct for 1909*

No. _____

INDIGENT PENSION.

190_____

Name *Oliver N. York*

County *Cobb*

Co. *D. 2nd Ga. Hk.* Regt.

Approved _____ 190_____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

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

8/24/09

STATE OF GEORGIA. POWER OF ATTORNEY.

COUNTY. }

I, _____

of _____

herby authorize

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

at _____

by _____

Witness my hand and seal, this _____

day of _____

190_____

Executed in presence of _____

[L.S.]

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of

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

at

by

Witness my hand and seal, this _____ day of _____ 190_____

[L. S.]

Executed in presence of

INDIGENT PENSION.

190

Name Olive H. York

County Cobb

Co. A. 2nd Ga. State Regt.

Approved _____ 190_____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

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

8/24/05

STATE OF GEORGIA,

COUNTY.

Olive H. York of said State and County, desiring to avail himself of the Pension Act (Section 7254, Code) hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice.)

Olive H. York

2. How long and since when have you been a resident of this State? All my life

3. When and where were you born? June 1833, Sumner Co. Ga.

4. When and where and in what company and regiment did you enlist or serve? Enlisted Oct 1861, Sumner Co. Ga. 2nd State Troops, April 6th 1862

5. How long did you remain in such company and regiment? Six months and was mustered out of service having enlisted for only for six months the term having expired. This closed my military service.

6. When and where was your company and regiment surrendered and discharged? After being discharged as stated above I went into the Government Clothing and Bootmaking factory where I worked until close of war

7. Were you present with your company and regiment when it was surrendered?

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?

9. How much can you earn (gross) per annum by your own exertions or labor? Nothing

10. What has been your occupation since 1865? Farming

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty,"

second, "infirmary and poverty," or third, "blindness and poverty?" Age, infirmity, poverty

12. If upon the first ground, state how long you have been in such condition that you could not earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind and when and where you lost your sight. At the age of 10 years I lost sight and a General Engineer, accompanying old age renders me unable to perform any labor

13. What property, real and personal, or income, do you possess, and its gross value? None

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift, have you made of same? Nothing

15. In what County did you reside during those years, and what property did you then return for taxation?

Sumner Co. Ga. Nothing except home and land

16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?

By A. H. York, my son, who lives in Sumner Co. Ga.

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? About \$100 - Nothing

18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year? Nothing. Nothing. My son has supported me

19. Have you a family? If so, who composes such family? Give their means of support. Have they a home, or other property? Their ages and how employed? Yes, myself, wife, home - 40 wife age 66.

20. Are you receiving any pension? If so, what amount and for what disability? No

21. Have you ever made an application for pension before? Yes

22. How many applications have you ever made and under what class? One, under Indigent

Sworn to and subscribed before me this the

24 day of June

1905

John H. York Ordinary,

of

Cobb County.

County.

Applicant.

Every Question Must Be Answered.

STATE OF GEORGIA,

Chattahoochee COUNTY.

W. H. Strain of said State and County, having been presented as a witness in support of the application of O. N. York 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? Georgia
 2. Are you acquainted with O. N. York, the applicant; if so, how long have you known him? over fifty years
 3. Where does he reside, and how long and since when has he been a resident of this State? in Cobb County Ga over fifty years
 4. When, where and in what company and regiment did he enlist, and how do you know? in 1861 October 20th 7th Sth State Troops to April 6, 1862
 5. Were you a member of the same company and regiment? Yes
 6. How long did he perform regular military duty? 6 months
 7. When and where was his command surrendered? the regiment in to Government
 8. Were you present when it surrendered? was mustered out at Savannah Ga
 9. Was applicant present? was present
 10. If he was not present, where was he? present
- When did he leave his command? present For what cause? present
By what authority he left? authority in charge How do you know all of this?
I was with them

11. What property, effects or income has the applicant? (Give your means of knowledge.) don't know
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, did he make of same? don't know
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? don't know
14. What is the applicant's occupation and physical condition? not able to follow any occupation Physical condition bad
15. Is the applicant unable to support himself by labor of any sort; if so, why? on account of age and disability
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? don't know
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. his Physical condition was bad fifty years ago and age disables him
19. Who composes family? What property have they? Children's ages and their earning capacity? don't know
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 29th day of June, 1908.

W. H. Strain
Ordinary.
The above witness W. H. Strain is entitled to full faith and credit given by me as Ordinary.

STATE OF GEORGIA,

Cobb COUNTY.

Personally came before me Gilbert Clement M.D. and V. B. Bishop

of said County, who, being severally sworn, say on oath that they have examined carefully

Oliver N York, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He is seventy five years of age and very infirm. He is unable to work and at this business, that of Farmer and is very poor and is on out pension totally unable to earn a subsistence by his labor

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the

21st day of June, 1908.

John M. Bishop Ordinary.

Gilbert Clement M.D.
V. B. Bishop M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, John M. Bishop Ordinary, in and for said County, hereby certify that the applicant, Oliver N. York resides in said County, and has been a bona fide resident of this State since the 1st day of Jan. 1894 and that the witnesses, viz. C. D. Phillips and Wm. Phillips are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Cobb County shows that applicant turned for taxation in his name in 1901 \$0.00 Dollars of property, and in 1902 \$0.00 Dollars of property; in 1903 \$0.00 Dollars of property; in 1904 \$0.00 Dollars of property; in 1905 \$0.00 Dollars of property; in 1906 \$0.00 Dollars of property; in 1907 \$0.00 Dollars of property.

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

Witness my hand and seal of office, this 21st day of June, 1908.

John M. Bishop Ordinary.
of Cobb County.

NOTED.

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

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

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

Resides in Cobb County.

MARIETTA, GA., July 24 1918

I take pleasure in stating that I have known Mr. Oliver N. York the person applying for pension as an Infantry Soldier, I have known Mr. York for over fifty years; he comes of an excellent family & has always been on the side of right & correct living. He is a feeble man and ^{I would} not work at any honorable calling for an honest living had he the physical ability to do so. In my judgement he is entitled to relief. He was and is a true Confederate. He loves the South, its people its history & traditions. He ought not in his old age to be sent to the poor house simply because he is poor, & is unable to work.

C. D. Phillips

August 10th

I have known Mr. York this applicant since he was a boy 13 by. During I know him in the Confederate service, all his family were from Confederate, & he is a good citizen & I know all the days of his life is true & that he is now unable to support himself & entitled to the pension asked

C. D. Phillips

OFFICE OF
C. D. PHILLIPS,
ATTORNEY AT LAW

MARIETTA, GA.,

July 24 1918

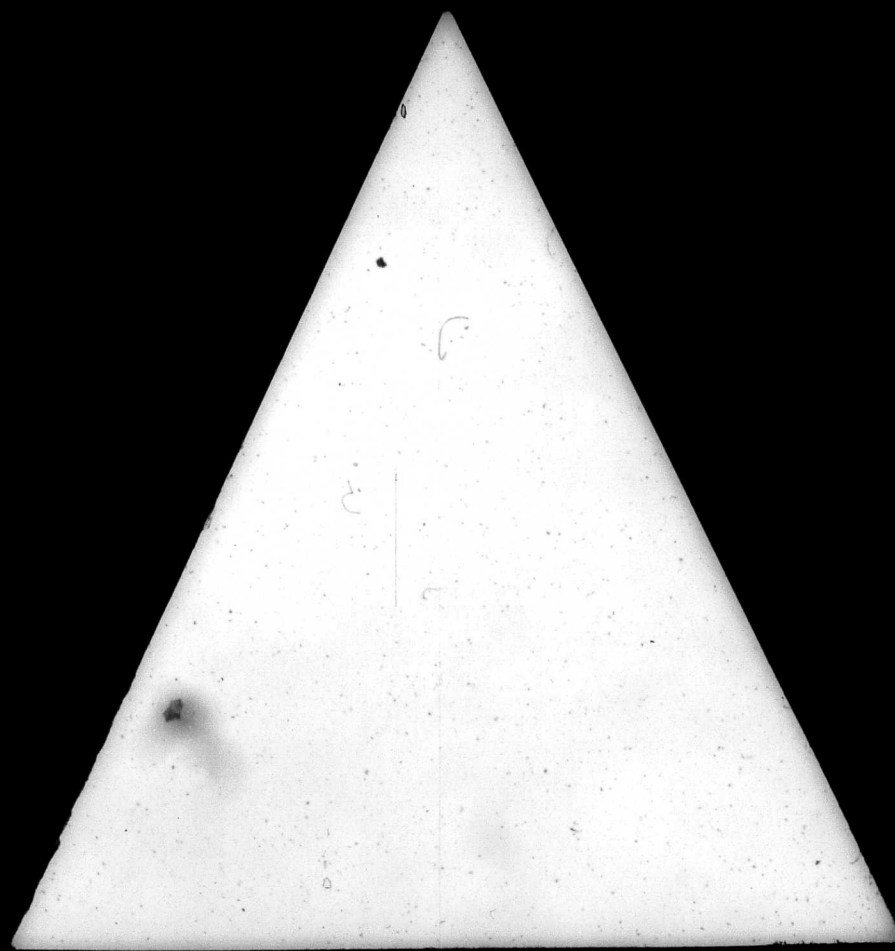
I take pleasure in stating that I have known Mr. Oliver N. York the person applying for pension as an Infantry Soldier, I have known Mr. York for over fifty years; he comes from a Excellent family & has always been on the side of right & correct living. He is a feeble man and ^{I would} ~~work~~ at any honorable calling for an honest living had he the physical ability to do so. In my judgement he is entitled to relief. He was and is a true Confederate. He loves the South, its people its history & traditions. He ought not in his old age to be sent to the poor house simply because he is poor, & is unable to work.

C. D. Phillips

August 10th

I have known Mr. York this applicant since he was a boy 13 by. In 1861 I knew him in the Confederate service, all his family were from Confederate, though good citizens I never saw him all the days of his life is true & that he is now unable to support himself & entitled to the pension asked

C. D. Phillips



POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY. }

I, _____ of _____
hereby authorize
to receive and receipt for the pension allowed and request that he remit same to _____
at _____ day of _____ 190____
Witness my hand and seal, this _____ day of _____ 190____
[Seal]
Executed in presence of _____

York Susan
Cobb County
on Roll
Oct 1907
ACT DEC. 16, 1901.

No. _____

WIDOW'S PENSION,

1906
Susan
Mrs. *J. J. York*
County of *Cobb*
Widow of *J. J. York*
Warrent issued _____ 190____
9 7 9a
and handed to _____

J. W. LINDSEY,
Commissioner of Pensions.

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

9/25/06

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 190 _____

[SEAL]

Executed in presence of _____

No. _____

WIDOW'S PENSION,

1906

Mrs. Susan York

County of Cobb

Widow of J. J. York

Warrent issued 9-7-90

and handed to _____

J. W. LINDSEY,

Commissioner of Pensions.

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

9/25/06

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

COUNTY OF Cobb

Personally came Mrs. Susan York

who says on oath she is the

widow of J. J. York

to whom, in the County of

Cobb

State of Georgia

she was married on the

20th

day of March

1849

that she remained his wife up to the 24th

day of February

1906

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

At the time of his death he was a resident of Cobb

County, in said State of

Georgia, and was on the Indigent

pension roll of the State of Georgia, having been allowed

a pension of \$60.00

per annum on account of being a soldier in Company S

7th Ga Cavalry

Regiment,

Volunteers or State

Georgia

What affliction have you and how does it affect you? None since birth

and general weaknesses from old age

What have you been doing to earn a support since 1st of January, 1900?

Nothing

What property or effects had you on 1st January, 1900?

Nothing, none

What have you acquired since, and what income have you now?

Nothing, none

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

purpose? None

Deponent further says that she is now a resident of Cobb

County, and has contin-

uously resided in the State of Georgia since the

day of

all her life

18

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

Sworn to and subscribed before me, this

11

day of

September

1906

Ordinary of

Cobb

County,

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

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, } Personally came C. D. Phillips
 COUNTY OF Cobb } Mr. Phillips and
 _____, known to me to be reputable and truthful person, who says
 on oath that from his own personal knowledge Mrs. Susan York
 who made the foregoing affidavit, is the widow of J. J. York
 who died in Cobb County and State of Georgia on the
24th day of February 1906, and that she has not since married; that she became his
 wife on the _____ day of _____ 18____, and so remained up to the time of his death,
 and that she has resided in this State continuously since the _____ day of _____ 18____. I know
that said J. J. York & Mrs. Susan York lived together as man & wife
With what affliction does she suffer? that this man known as Susan York be
2 wife since 1866. that this man known as Susan York be
they changed the name from Susan to Susan York
I don't think he was common name in our time
 What property or income had she on 1st January, 1900? _____

What has she in her possession and control now? Don't know

How was she supported in 1900 and 1901? _____

I have no personal interest in the pension asked for { Mr. Phillips
D. J. Keener

Sworn to and subscribed before me, this 19th day of September 1906.
John H. Harty
 Ordinary Cobb County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, } Personally came before me
 COUNTY OF Cobb } Gilbert Bennett Wood
 and Dr. J. Nolan Wood, both of whom are known to me to be reputable
 physicians, who say on oath that they personally know Mrs. Susan York
 mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her
 earning a support) decrepitude from old age, being
seventy six years old, being the mother of
ten children and is unable to earn any part
of a living from her own labor, as she is
utterly unable to work

Sworn to and subscribed before me, this 21 day of September 1906.
Gilbert Bennett Wood
 Ordinary of _____ County.

STATE OF GEORGIA, } I John H. Harty Ordinary,
 COUNTY OF Cobb } to and for said County of Cobb
 State of Georgia, hereby certify that I am acquainted with Mrs. Susan York
 the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to
 me by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia con-
 tinuously since the _____ day of _____ 18____, and has not lived out
 of the State since that date. I also certify that the witnesses, to-wit: Mr. Phillips
D. J. Keener
 whose testimony she presents to sustain her claim, are known to me to be truthful witnesses, entitled to full faith
 and credit as such, and that the full text of the affidavit was read to and understood by them before same was
 signed. I am fully satisfied that this claim is made in good faith, and I have caused the applicant and the
 witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 24
 day of September 1906.

{ SEAL }

John H. Harty
 Ordinary.

NOTES.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }

I, Susan York, hereby authorize
John Aubrey of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
_____ at _____

In Witness Whereof, I have hereunto set my hand and seal, this 5
day of July, 1907.

Susan York S.

Executed in presence of

William

York, Susan
Cobb County

To Those Heretofore Paid.

1907.

No. 176

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO

Mrs. Susan York

OF

Cobb County,

Widow of S. J. York

Co.

Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

176 1907.

AND HANDLED TO

York

Chas. W. HARRISON, State Printer, ATLANTA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Susan York

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

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

continuously ever since Jan 1/94 That she is the Widow of

W. J. York who was a soldier in Company

74 of the 92 Regiment of

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

180 and served in the Army up to 180 That he died on

the 24 day of July 1886.

John A. W. York

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 allowed an Indigent pension as a resident of Cobb

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

year ending December 31, 1907.

Sworn to and subscribed before me

this 5 day of July 1907.

John A. W. York, Ordinary.

Post Office.

State of Georgia,

Cobb County.

Ordinary of said County, certify that I am well

acquainted with Mrs. Susan York, who made the above affidavit, and

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

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

day of 18

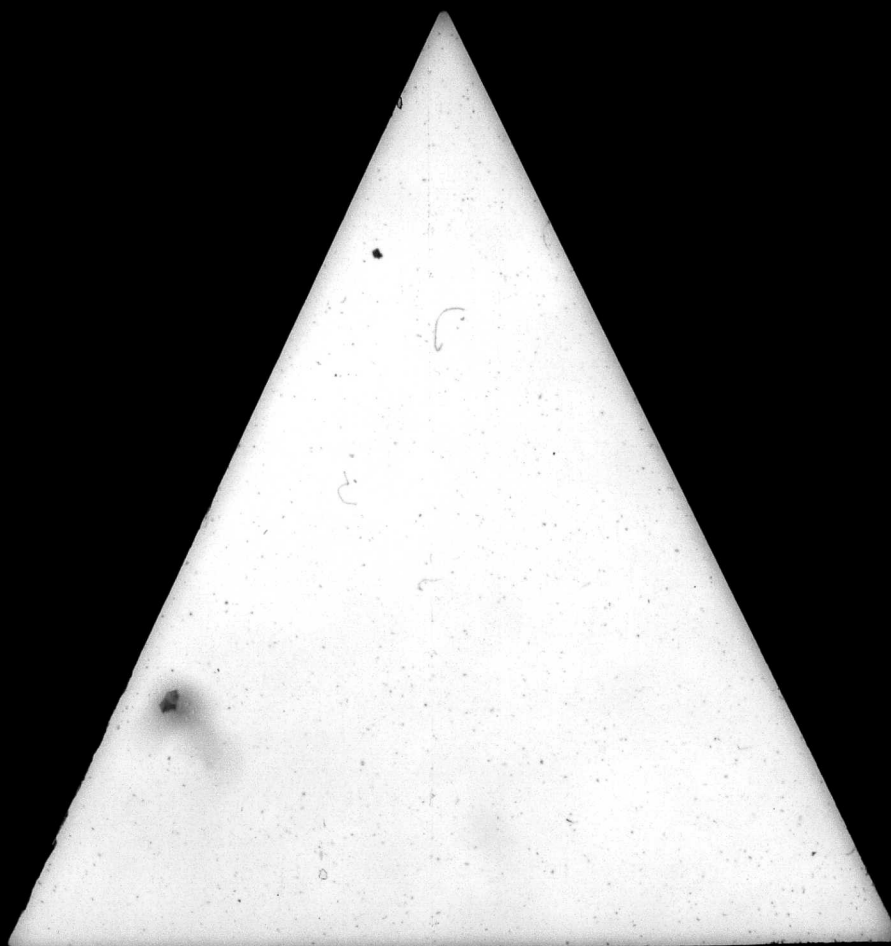
Given under my official signature and seal, this the 15 day of July 1907.

John A. W. York

Ordinary of Cobb County.

NOTE.—All blanks must be filled.

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



POWER OF ATTORNEY, STATE OF GEORGIA.

Know all Men by these Presents, That I,
County,

of
County, in said State, do hereby appoint

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

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

Executed in the presence of us: [L. S.]

DIRECTIONS.

If allowed, send amount by
me at _____, and oblige,



Young Annie E.
Cobb County
1891.

No. 2867

Widows' Pension

PAID TO

Mrs. Annie E. Young
OF
Cobb COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

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

[L. S.]

Executed in the presence of us:

DIRECTIONS.

If allowed, send amount by

to

me at

, and oblige,



Warrant Issued

1891

AND HANDLED TO

\$100.00.

COUNTY.

Widows' Pension

PAID TO—

Miss Annie E. Young

1891.

No. 2867

Young Annie E.
Cobb County

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary

County of Cobb

in and for the County of Cobb

Mrs. Annie E. Young, who being sworn according to law, says under

oath that she is the widow of James Young, who was a soldier in

the service of the Confederate States, and served as a member of Company 29, of the

5th Regiment of 2nd Volunteers; that he enlisted in said

service on or about the _____ day of Sept 1862, and was in the

5th Army up to Sept 1862. That while in the

Army, he was on the or about the _____ day of Sept 1862. (See Note No. 1)

he contracted Typhoid fever caused by exposure and at Frankfort Kentucky on the 27th day of Sept 1862 died from said disease contracted at above Dependent known of her own knowledge with her husband James Young enlisted in Co G 7th Florida Volunteer & from official reports & letters from comrades & friends that he was with his regiment in the Confederate Army in the 7th Florida Volunteer & that he died of Typhoid fever at Frankfort Kentucky. That on the 27th day of Sept 1862 she returned to her home in Marietta Cobb Co Georgia & has remained here continuously ever since Dependent 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 30th day of June 1857, and that she has resided in Georgia continuously since the _____ day of June 1862; 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. Dependent, 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 _____ 1891.

Wm. Stone
Ordinary.

Annie E. Young

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.

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

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

[L. S.]

Executed in the presence of us:

DIRECTIONS.

If allowed, send amount by

to

me at

, and oblige,



Warrant Issued

1891

AND HANDED TO

\$200.00.

Miss Annie E. Young
OF
Cobb County
Georgia

Widows' Pension

PAID TO

No. 2867

1891.

Young Annie E.
Cobb County

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,

In person came before me, the undersigned Ordinary

County of Cobb

in and for the County of Cobb

Mrs. Annie E. Young, who being sworn according to law, says under

oath that she is the widow of James Young, who was a soldier in the service of the Confederate States, and served as a member of Company _____

_____ Regiment of _____ Volunteers; that he enlisted in said

service on or about the _____ day of _____ 1862, and was in the

_____ Army up to _____ 1862. That while in the

Army, he was on the _____ day of _____ 1862. (See Note No. 1)

he contracted Typhoid fever caused by exposure and at Frankfort Kentucky on the 27th day of Sept 1862 died from said disease contracted at above Dependent known of her own knowledge that her husband James Young enlisted in Co. G 7th Regt Florida Volunteer & from official reports & letters from comrades & friends that he was with his command in the Confederate Army at Frankfort Kentucky & that he died of Typhoid fever at Frankfort Kentucky & that a slab with his name James Young Co. G 7th Florida Volunteer C S & marked his grave at Frankfort Kentucky & she was married in Marietta Ga when she lived & afterwards returned to her husband James Young to Florida where he enlisted in the Confederate Army that about _____ day of _____ 1862 she returned to her former home in Marietta Cobb Co Georgia & has remained here continuously ever since Dependent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the _____ day of _____ 1857, and that she has resided in Georgia continuously since the _____ day of _____ 1862; 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. Dependent, 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 _____ 1891.

Ordinary.

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

Affidavit for Three Witnesses.

STATE OF GEORGIA,

County of Alachua
Denton and S. H. Weigssand James Doig (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,Mrs. Annie E. Young, of the County of Alachua, State of Georgia, is the widow of James Young, who was a soldier in Company "E" of the "1st" Regiment of Florida Volunteers.That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of April 1862 That while in said service, or by reason of said service in the Army, he lost his life as follows: that said James Youngwhile under his command in the Confederate States Army, commanded by General Bragg, in what is known as the Kentucky Campaign, conducted by land force and from his death at Chattanooga while in the Army, died at Frankfort Kentucky and was there buried.We further swear that Mrs. Annie E. Young was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides inAlachua County of the State of Georgia. as we are informed by her

Sworn to and subscribed before me, this, the

9th day of May 1891.J. H. Carlisle
Ordinary
Clerk Circuit Court
Alachua County
FloridaIn person came before me, the undersigned Ordinary
in and for said County, witnesses. HCH. C. Denton
S. H. Weigss
J. Doig

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

STATE OF FloridaCounty of AlachuaState of Georgia, hereby certify that I am acquainted with Mrs.

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

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

9th day of May 1891.

SEAL

J. H. Carlisle
Clerk Circuit Court Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

Those whose husbands *contracted disease in the service*, and who after the war, died of the disease caused by the service. The disease *directly* causing the death.**No widow is entitled unless she was the wife of the soldier during the war, and has never remarried.**

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

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

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

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish *full* and specific instructions, and give ample opportunity to every claimant.If witnesses live in another County from that wherein applicant resides, they must *go before the Ordinary* and testify. The attestation of a Justice of the Peace or Notary will not answer.

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

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

By order of the Governor.

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

STATE OF GEORGIA.

I, Mrs. A. E. Young County, Cobb hereby authorize B. J. Frey of Cobb County, to receive and receipt for the pension allowed and that he remit the same to me at his office by his check or registered mail.

Witness my hand this 12th day of July 1901.

Executed in presence of

Ordinary,

L. S.

{ REAL }

STATE OF GEORGIA. Cobb County.

Mrs. A. E. Young of said State and County, desiring to avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed 1898, hereby submits her proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

What is your name and where do you reside? (Give State, County and Post Office.) Mrs. A. E. Young, Marietta, Ga.

2. How long and since when have you been a resident of this State? Since 1862

3. When and where were you born? 1831 In Suffolk S.C.

4. When and where was your husband born—state his full name, and when were you and he married? In 1856 June 27 near Columbus Ga. James Young June 27 1856 Marietta Ga.

5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? In Spring 1862 1st Battalion W. Florida Company 8th Regt. Capt. Williams

6. How long did your husband serve in said Company and Regiment? Until he died in Sept 1862

7. When and where did your husband's Company and Regiment surrender and was discharged? I don't know where Company was sent, my husband

8. Was your husband present at the time and place when his Company and Regiment surrendered? No he was dead

9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority? He was dead. Did with the 1st Battalion of his Company

10. When and where did your husband die? In Montfort, Ga. and a widow of which she was a widow and worked until 1862

11. Which of the following grounds do you base your application for Pension, viz: First—Age and Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty? On the first two

12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight. Now 70 years old and can not do any work at any calling. My hearing is very poor and I can not hear at any calling. My hearing is very poor and I can not hear at any calling.

13. What has been your occupation since your husband's death? Doing all teaching

14. How much can you earn gross, by your own exertion or labor? Nothing at all

15. What property, real or personal, or income do you have or possess, and its gross value? I have no income and no property from which to get a support

16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1899-1900, and what disposition, if any, by sale or gift, have you made of the same? Had some property in Florida + no more and used for emphysema and other things

17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation? In Cobb County no property

18. How have you been supported since death of husband, and especially for 1899 and 1900? I taught school for a while + received for 1899 + 1900 my husband's

19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? I don't think my people kept me. I earned nothing

20. What was your employment during 1899 and 1900—how much did you receive for each year? No employment. Made nothing + received nothing

21. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property? I have no family

22. Have you ever made an application for pension before? Yes in 1892. And my papers on file in Pension Office in Atlanta as a Confederate Widow + I have made

23. How many applications have you made for a Pension, and under what class? But the one application. That was in 1892 + it was allowed me and the law was repealed + I have not been able to get it. I am now in Atlanta, Ga

Sworn to and subscribed before me this July day of July 1901.

John A. Young Ordinary,

of Cobb County.

Young, Mrs. H. E. Cobb County No. 1901

The testimony - Submits not even a 100 period with by law - before a judge or a Court of Honor of Indigent widows the deal of his trust cannot be Corrupt and - therefore, the evidence that is given is not a sufficient evidence - this will not be - the proof of the Pension

WIDOW'S Indigent Pension. 1901.

Name A. E. Young County Cobb Widow of James Young 1831-1901

JOHN W. LINDSEY, Commissioner of Pensions

WARRANT HANDED TO

4/6-1903 3/21-1901

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

STATE OF GEORGIA,

County. }
Coch
Miss D. J. Baker

of said State and County, having been presented as a witness in support of the Application of Mrs. A. G. Young for a Pension under the Act of 1900, and after having been duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? Miss D. J. Baker
Monetta Ga
2. Are you acquainted with the applicant, Mrs. A. G. Young
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?
Monetta Ga since 1867
4. When and where was she born? Beaufort SC
5. Were you ever acquainted with her husband?
Yes
6. Where did he reside in 1861?
Florida
7. When and to whom was he married?
Miss Annie G. Treabolt
8. When and where was he born?
1836 Beaufort SC or Camden
9. How long have you known him?
Ever since 1867
10. When and where did James Young enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this?
in Florida but don't know the Company
11. Were you a member of the same Company and Regiment?
no
12. How long did he perform regular military duty?
don't know
13. When and where was his Company and Regiment surrendered and discharged from service?
don't know
14. Were you with the command when it surrendered?
no
15. Was James Young the husband of applicant present?
no (I saw (after marriage) James Young)
16. If not present, where was he?
he was dead
17. When and where did he leave his Command?
I don't know of my own
For what cause?
death
By whose authority he left?
How do you know all this? (State fully and clearly.)
18. When and where did James Young die?
Beaufort SC
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
I don't live together in Georgia
20. Do you of your own knowledge know that applicant is the lawful widow of James Young?
Yes
21. Has she remained unmarried since her soldier husband's death, and is now his widow?
Yes and is now his widow
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge?
she has no property she has lived with me and her son for a number of years
23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it?
none
24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom?
no
25. What is applicant's physical condition and her chances and ability to earn a support?
Her physical condition is bad not able to earn a support at any work or calling. She taught school as long as she was able but now is not able to do any thing.

physically able to work
27. How was she supported for 1899 and 1900?
By her sister
28. How much did applicant contribute to her support for last two years?
nothing
29. Give a full and complete statement of applicant's physical condition?
She is getting very old, feeble and not able to do any work. She has taught school and has co gone to school.
30. What interest have you in the recovery of this pension by the applicant?
none whatever
Sworn to and subscribed before me this 12
day of July 1901
John A. Young Ordinary,
Coch County.
Witnesses:
Mrs. J. T. Baker

Affidavits of Physicians.

STATE OF GEORGIA,

County. }
Personally before me comes J. D. Malone M.D. and E. J. Selzer M.D. both known to me to be reputable physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. A. G. Young applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this she is infirm and feeble from age, and is unable to do sufficient labor to earn a support
and we have no interest in said pension if allowed.
Sworn to and subscribed before me this 21st
day of July 1901
John A. Young Ordinary,
Coch County.
J. D. Malone M.D.
E. J. Selzer M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County. }
I, John A. Young Ordinary in and for said county, hereby certify that the applicant, Mrs. A. G. Young resides in said county, and has been a bona fide resident of this state since 1867 day of July 1901, and that the witnesses, Mr. J. D. Malone & E. J. Selzer are of trustworthy character, and that their statements are entitled to full faith and credit.
I do further certify that before me questions, the applicant and said witnesses were sworn to the applicant and witnesses before the same and signed and subscribed.
I further certify that the tax no county shows that applicant returned for taxation in her own name no dollars worth of property, and in 1900 no dollars worth of property.
Witness my hand and official seal this 21st day of July 1901.
John A. Young Ordinary,
Coch County.

SEAL

NOTES—1. Before any questions are asked the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly and the evidence you shall be the whole truth; So help you God."
2. Additional affidavits may be taken.
3. All affidavits must be made before the Ordinary.
4. Only widows who were the wives of soldiers who died April, 1865, not entitled.
5. Those married and widows are necessary to make out claims.

County.

I, _____ hereby authorize _____ of _____ County to receive and receipt for the pension allowed and that he remit the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 190_____.

Executed in presence of _____

Ordinary,

L. S.

County.

[SEAL]

WIDOW'S INDIGENT PENSION.

Name *Annie E. Young*

County *Colt*

Widow of *James*

Ed. 7-36-1901

Approved _____

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO _____

C. P. BYRD, STATE PRINTER, ATLANTA, GA.

2-17-1910

County.

_____ of said State and County, desiring to avail herself of the pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed December 19, 1900, hereby submits her proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice).
Mrs. Annie E. Young, Reside in Marietta, Colt Co. Ga.
2. How long and since when have you been a resident of this State?
Resident 4 & 1/2 yrs since 1897 and several yrs prior to marriage in 1857
3. When and where were you born?
Born in 1831 in Beaufort, S. Carolina
4. When and where was your husband born—state his full name, and when were you and he married? (Attach copy marriage license in every case.)
James Young, married in Marietta in 1857 by Rev. Frank Johnson
5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States? For the Spring of 1862 in Gainesville Fla, enlisted in Comp. & Capt. S. B. McConnell of Col. The 1st Florida Vol.
6. How long did your husband serve in said Company and Regiment?
He served until his death in the fall of 1862
7. When and where did your husband's Company and Regiment surrender and was discharged?
Don't know
8. Was your husband present at the time and place when his Company and Regiment surrendered?
No, was dead
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? *Left command when too ill to serve longer*
10. When and where did your husband die?
in the fall of 1862 in the city of Frankfort, Ky. of Typhoid fever contracted in the army
11. Which of the following grounds do you base your application for pension, viz: First—Age and Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty? *On the ground of age being 79 and loss of property by war*
12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight?
Not until recently, from hemorrhage
13. What has been your occupation since your husband's death? *Teaching, sewing and writing, first one then the other occupation*
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?
Earn next to nothing at present. No property real or personal
16. What property, real or personal, did you possess at death of husband or he left you, and of the years 1905, 1906, 1907 and 1908, and what disposition, if any, by sale or gift have you made of the same?
Some land, negroes, stock, &c. all sold at his death for low money, except land
17. In what counties did you reside in 1905, 1906, 1907 and 1908, and what property did you return for taxation?
In Colt Co. This small tract of land, which had to be sold
18. How have you been supported since death of husband, and especially for 1905, 1906, 1907 and 1908?
Living with relatives and sewing when I could
19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income?
I do not remember, did not keep account, but little
20. What was your employment during 1905, 1906, 1907 and 1908—how much did you receive for each year?
Employment as above stated, when able
21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property?
A son, He has a wife & 4 children. Daily work
22. Have you ever made application for pension before? *Yes*
23. How many applications have you made for a pension, and under what class? *I signed 1st application in the last year of Joe Nathan's term, by gave me a pension as a widow, but law changed, no pension since. I once a pensioner always a pensioner*

I _____ day of *Feb* 190_____, Ordinary,
of *Colt* County.

Young Annie E.
Colt County
Sample

STATE OF GEORGIA,

County.

of said State and County, having been present as a witness in support of the application of Mrs. _____ for a Pension under the Act of 1900, 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?
2. Are you acquainted with the applicant, Mrs. _____?
- If so, how long have you known her?
3. Where does she reside, and how long since when has she been a resident of this State?
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 did _____ enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this?
11. Were you a member of the same Company and Regiment?
12. How long did he perform regular military duty?
13. When and where was his Company and Regiment surrendered and discharged from service?
14. Were you with the Command when it surrendered?
15. Was _____ the husband of applicant present?
16. If not present, where was he?
17. When and where did he leave his Command?
- For what cause?
- By whose authority he left?
- How do you know all this? (State fully and clearly.)
18. When and where did _____ die?
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
20. Do you of your own knowledge know that applicant is the lawful widow of _____?
21. Has she remained unmarried since her soldier husband's death, and is now his widow?
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge?
23. What property, effects or income did applicant possess in 1905, 1906, 1907 and 1908, and what disposition did she make of it?
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom?
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 and 1908?
28. How much did applicant contribute to her support for last two years?
29. Give a full and complete statement of applicant's physical condition?

30. What interest have you in the recovery of this pension by the applicant?

Sworn to and subscribed before me this _____ day of _____ 190____.

_____, Ordinary,
_____, County.

Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA,

County.

Personally before me comes _____ and _____ both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. _____ applicant for a pension under Act of 1900, and after such personal examination say that her physical condition is this _____
is afflicted with Chronic Bronchitis with constant Cough and expectoration. Her general physical condition is weak, and she unable to do any labor.
and we have no interest in said pension if allowed.

Sworn to and subscribed before me this _____ day of _____ 190____.

_____, Ordinary,
_____, County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, _____ Ordinary, in and for said County, hereby certify that the applicant, Mrs. _____ resides in said County, and has been a bona fide resident of this State since the _____ day of _____ 19____, and that the witnesses, Mr. _____ and _____ are of trustworthy character, and that their statements are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and subscribed.

I further certify that the tax digest of _____ County shows that applicant returned for taxation in her own name in 1905 _____ dollars worth of property, and in 1906 _____ dollars worth of property, in 1907 _____ dollars worth of property, and in 1908 _____ dollars worth of property.

Witness my hand and official seal this _____ day of _____ 190____.

[SEAL.] _____ Ordinary.

- NOTES—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; so help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
 3. All affidavits must be made before Ordinary.
 4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since the 9th of April, 1865, not entitled.
 5. Witnesses and two Physicians are necessary to make out claims.
 6. Attach certified copy of marriage license in every case, 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 Mrs Annie E. Young, and that the said James Young was a member of the said Company "G" of the 7th Florida Regiment.

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

A. J. Armstrong
Clerk Circuit Court,

By *W. D. Palmer* D.C.

J. S. Weathers

State of Florida
Levy County

Before me the undersigned
Authority, personally came D. M. Armstrong,
who being sworn deposes & says - that he
was a member Company "H" of 7th
Florida Regiment, that he was acquainted
with James Young, who enlisted as a
member of Company "G" same
Regiment, at Gainesville, Florida in
1862, that the said James Young served
with said Company & Regiment, & that
he died in the City of Frankfort,
Ky. while in the service of the
Army.

Sworn to &
subscribed in my
presence this 7th day
of February 1910
Frank E. Crawford
Notary Public, State of Florida
My commission expires June 8, 1918

D. M. Armstrong Seal 7

JOHN F. MCNAIR, PRESIDENT.

N. G. WADE, VICE PRESIDENT.

D. W. MCARTHUR, SECRETARY AND TREASURER.

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



FLORIDA LAND COMPANY

(INCORPORATED.)

LOCATIONS ON A.C.L. & S.A.L. RY.

SHIPPING PORTS, JACKSONVILLE & FERNANDINA.

USE SOUTHARDS CODE.

Montbrook, Fla. Jan. 25th 1900

Mrs. Annie E. Young -
Stirkwood, Ga.

Dear Madam:-

I beg to advise you as a member of Co. "H" 7th Fla. Regiment in Civil War, that I knew James Young, who enlisted in Company "G" in Gainesville Alachua County Fla. in 1862 - that I know he served honorably as a member of Co. "G" & that he died while in service, in the City of Frankfort, Ky. - Our Company was in that City at the time of his death -

I know all the details as well as if I was a member of his Company, & will be willing to & shall be more than glad to help you if I can, with an affidavit along the lines above stated - If you will send me the papers, I will swear to sign them -

Sebring J. Weather, of Le Roy, Fla., Henry P. Mattair of Williston, Fla. & John Mattair of Fort Ogden, Fla., are surviving members of Co. "G" 7th Regt.

Yours Very Truly
D. M. Armstrong

First Baptist Church,
Frankfort, Ky.

W. O. TAYLOR, - PASTOR.

FRANKFORT KY. - APRIL 1. 1899.

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 BEAUTIFUL 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 ITALY, WILL SOON STAND IN THE CENTER OF THE SPOT MAKING IT ONE OF THE MOST BEAUTIFUL AND MOST CONSPICUOUS PORTIONS OF THE ENTIRE CEMETERY. 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 BASE OF THE NEW MONUMENT IS NOW IN PLACE AND IS WITHIN A FEW FEET OF YOUR HUSBANDS GRAVE.

* MRS. MONTGOMERY AND OTHERS REMEMBER M. YOUNG WELL. HE IS REMEMBERED AS A KIND COURTEOUS GENTLEMAN WHOM THEY ALL LIKED. HE DIED AT HER HOUSE IN SEPTEMBER 1862, BUT THE DAY OF THE MONTH SHE COULD NOT TELL. HE DIED OF TYPHOID FEVER AND WAS SICK THREE WEEKS.

NOW IF ANY OTHER FACTS ARE NEEDED I SUPPOSE THEY CAN BE SECURED I SHALL BE GLAD TO SERVE YOU IN ANY WAY I CAN, AND HOPE YOU WILL FEEL AT LIBERTY TO CALL ON ME FOR ANY SERVICE THAT I MAY BE ABLE TO RENDER.

I MAY ADD THAT MRS. MONTGOMERY SAID THAT MR. YOUNG HAD A SERVANT WITH HIM TO WHOM SHE GAVE A LOCK OF YOUR HUSBANDS HAIR TO BE PRESENTED TO YOU SHOULD THE SERVANT EVER MEET YOU AGAIN.

HOPING THAT YOU MAY SUCCEED IN SECURING THE REDEMPTION I AM
YOURS, INCERELY,

W. O. Taylor

Letter from Capt Mc Connell to my
Mother telling of my husbands death
James Young 4th Reg Florida Volunteers
Comp G H. Young.

Camp near Harrisburg Ky
October 7th 1862

Mr. Frederick

Madam

It becomes my
painful duty to inform you of
the death of Mr James Young
of Marion Co Fla a member of
my Company. He died on the
morning of the 27th at Frankfurt
at the house of Mr Montgomery,
from whom he received every
attention - His disease was
Typhoid fever, from which
he suffered for three weeks.

He received the best medical
aid that the city could afford,
as well as the closest attention
from many kind friends
who visited him daily, but

Letter from Capt. Mc Connell to my
Mother telling of my husband's death
James Young 4th Reg Florida Volunteers
Comp G A. Young.

His constitution was so much
weakened by the fatiguing march
of the Regt across the mountains
that he could not rally under
the disease. Not knowing
Mr Young's address. I write
this letter to you so that you
may communicate to him
the melancholy intelligence
I would have written at
an earlier day, but until
now have had no means
of sending off a letter.

Mr Young's servant, is with
me. I will take care of him
until I can safely send him
home, when I will do so.

I remain

With much respect

E. Stannard McConnell

Capt - 4th Reg Fla Vol

Letter from Capt. Mc Connell to my
Mother telling of my husbands death
James Young 4th Reg Florida Volunteers
Comp G A.E. Young.

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Mr Young's servant is with
me. I will take care of him
until I can safely send him
home, when I will do so.

I remain

With much respect

L. Stannard McConnell

Capt - 4th Reg Fla Vol

FLORIDA
LEVY COUNTY

Before me, A Notary Public personally appeared D.M. Armstrong, well known to me, who being duly sworn deposes and says, that Company "G" 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, Florida on the 11th, or 12th, day of March 1862 where they served some two or three weeks in unloading a cargo of goods, after which all the above named Companies returned to Gainesville, Florida and remained 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

D.M. Armstrong

Sworn to and subscribed in my
presence the 18th, day of Feb'y. 1910-

Notary Public

Notary Public, State of Florida.

My commission expires June 8, 1912.

First Baptist Church,
Frankfort, Ky.

W. O. TAYLOR, - PASTOR.

FRANKFORT, KY. APRIL 1, 1891.

MY DEAR MRS. YOUNG.

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HOPING THAT YOU MAY SUCCEED IN SECURING THE PENSION I AM

YOURS SINCERELY,

W. O. Taylor



*Mrs Annie E Young
Marietta
Ga.*

June 1900 Confederate Veteran.

not only a veteran of the Confederate army, but did service in the United States army in the Mexican war.

SEVEN ABSENT ONES.

Young County Camp, No. 127, U. C. V., May 5, 1900: "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 I, 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, Anderson's Regiment; J. H. Pickett was a 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. MONTGOMERY.

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 refuge and her a sympathetic friend. No train of Confederate soldiers ever passed through Frankfort 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. In person she went with her carriage and brought to her 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 died in her house. One was buried in her cemetery lot. The three who died were Privates Young (whose widow still lives in Marietta, Ga.), Kersey, and Henderson—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-

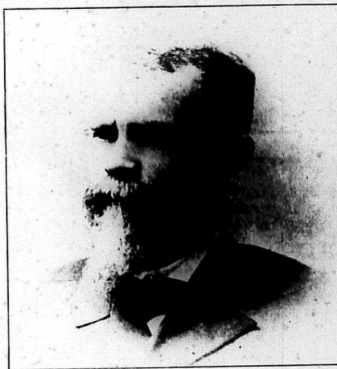


MRS. ARABELLA MONTGOMERY.

lico, Tenn., and F. G. Montgomery, of Covington, who was a child during the war, still live. Mrs. Montgomery died January 27, 1900. She was a loving mother, a loyal friend, and a consecrated Christian.

MAJ. 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 Robert's Guards, Hatch's Battalion, 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, a true friend, an honest man.



CAPT. F. V. DABNEY, C. S. A.

A sketch of Capt. Dabney was published in the May VETERAN, p. 249.

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-

June 1900

Confederate Veteran.

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CAPT. F. Y. DANNEY, C. S. A.

A sketch of Capt. Danney was published in the May VETERAN, p.230.

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patches. He started from Richmond, intending to run the blockade from Charleston, S. C., but he only pursued that route to Columbia. When he reached that place he found everything in confusion, for it was about to be evacuated. Across the Congaree River the camp fires could be seen as far as the eyes could reach. He next found it impossible to get out of the country by way of Wilmington, N. C., and then he resolved to make the trip through the enemy's lines. He began the journey March 4, 1865, paying \$500 for a seat in an ambulance going in the desired direction and \$1,000 for a suit of clothes to serve as a disguise. The country through which he journeyed was indeed desolate. For four years the contending armies had lived upon it, and it was almost depopulated. The silence was oppressive. Writing to us of this journey afterwards, Dr. Whistler said: "But O, the loneliness of that ride! Not a person did I meet to speak to. I passed by the charred ruins of more than one deserted village that marked the raids through the land. I often wished as I rode along that I might be back with my comrades in the field."

When Dr. Whistler reached the Chesapeake he unexpectedly met an old friend from Maryland, 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 device. 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 maker. 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 paddle—they 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 (Human 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 Appomattox 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.

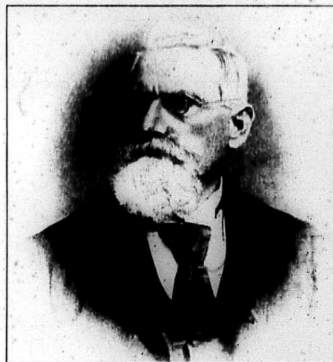
James McNeill Whistler, perhaps the most celebrated artist of the world, is a brother of the deceased. One of his most noted paintings is a portrait of his

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 year.

At the beginning of the great war Dr. Jennings was a member of the South Carolina Legislature, from Edgefield County. When his State passed the ordinance of secession he rendered his services to Gov. 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 Florida
County Marion

Before me, a Notary Public
in and for the County aforesaid

- Said personally appeared A. J. White who on oath states that he was a member of Capt. S. I. McConnell's Comp "G" Seventh Reg of Florida Volunteers Confederate States Army. That he knew James Young of Alachua County and that said James Young enlisted in said Comp "G" at Gainesville Fla in April 1862 and remained in the army until his death at Frankfort Kentucky during the time his regiment was there. Said James Young contracted typhoid fever of which he died while in the line of his duty in the said army. He was taken from the hospital by Mrs. Arabella H. Montgomery to her home in the said City of Frankfort, where after an illness of three weeks he died Sept 27th 1862 and now lies buried in the Confederate Cemetery of the above City.

A. J. White

Sworn to and Subscribed to
before me this 9th day of June A.D.
1902

B. F. Waterman
Notary Public
State of Large Florida
(Over)

State of Fla: Before me Geo. W. Miller a
Levy County) Notary Public in and for
the State of Florida at Large,
personally came J. W. Smith who upon being
duly sworn ~~deposes~~ and says That he
was a member of Co. "G" 7th Fla Regt
Confederate Volunteers. Capt. S. I. McConnell
Commanding. That one James Young
of Alachua County Florida deceased
was also a member of said Company.
That said Company "G" was organized
at Gainesville Florida in the early
spring of 1862 and was stationed
with the 7th Fla Regt Confederate vol.
at Camp Minnegau near Jacksonville
Florida after its organization until
the month of June 1862 at which
time the 7th Fla Regt aforesaid was
ordered to Tennessee and became
a part of the Western Army under
the command of General Kirby Smith.
That said James Young aforesaid while
on the march during the month of Aug
ust 1862, contracted typhoid fever from
which said fever he died at the home
of one Mrs. Montgomery at Frankfort
Kentucky some time during the month
of Sept of said year 1862. That deponent
together with William Standley, John Clark
and other members of said Co. "G"
aforesaid were detailed to bury the
dead body of said James Young
aforesaid which said dead

State of Florida.
Monroe County.

I, J. T. Sistrunk Clerk of a
Court of record do hereby certify
that A. J. White is ^{at least} worthy of full
character and his statements are
worthy of full faith and credit.

This March 26th 1903

J. T. Sistrunk
Clerk of the
Monroe Co Fla
By H. C. Sistrunk D.C.

was buried at Frankfort Kentucky
by deponent and others
Sworn to and subscribed
before me this 6th day
of Oct 1896

Geo. W. Mills

Notary Public

State Fla. at Large

J. H. Smith

Florida
State of ~~Kentucky~~ 3
County of Marion & S. S.

Before me, Richard W. Bennett,
County Judge in and for the County
aforesaid personally appeared
John W. Waters who on oath
states that he was a member
of Captain McConnell's Company
"G" Seventh Regiment Florida
Volunteers Confederate States
Army. That he was well ac-
quainted with James Young
of Abachua County Florida.
That said James Young enlisted
in said Company "G" at Gaines-
ville Florida on the day of
~~March~~ April 1862, and remained
in the army until his death
at Frankfort Kentucky during
the time that his regiment
was there under General Bragg.
Said James Young contracted
the disease of which he died
while in the line of his duty in
the said army. That this affi-
ant is fitted to bury him at
said Frankfort.

John W. Waters

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

Accrued
3/24 1901

Madam

Your letter of the 20th is received.
I have been referred to this office for
reply. All I can say is - that Mrs. A. H. Young
of Cobb County, Ga. has application for
a Pension in this office now. I find
from my file docket, that Mrs. A. H. Young
made an application for a widows Pension
which was filed in this office Feb. 21, 1901.
It was passed on & denied on the ground
that the claim rested on the basis of the
application & returned to the ordering of
Cobb County May 16, 1901. Since that
date nothing more is known of
it. Mrs. Young has ~~her~~ application
in this office now - maybe by calling
at Ordnance office you can get some
trace of the one refused. I am sorry
for the good lady, but this office is
powerless to grant Pensions - on sympathy
& necessity alone. There must be a good
application supported by testimony. It would be
my pleasure to do all I can for this poor widow,
but all I can do would be done by authority.

Subscribed & sworn to before me
this March 30th 1891.

Richard W. Bonally
County Judge
Marion County Florida

State of Florida
Marion County 355

I, Simon T. Sistrunk Clerk of
the Circuit-Court in and for Marion
County Florida certify that on this day
appeared before me, John W. Watson and
made oath that the foregoing affidavits
were true and the statements therein
are true. I further certify that said
court is a Court of Record.

Witness my hand and the seal
of said Court this 5th October 1901

I J. Sistrunk Clerk
Circuit-Court Marion
County Florida

of the Court - So when verifying
Application is before me - It will
have my careful attention as soon
as possible - and that is the purpose
of the ~~document~~.

With best wishes I am
Yours Respectfully,

W. Lindsey
Clerk of Court

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

Atlanta, Ga., February 16th, 1901.

Commissioner of Pensions,
State of Georgia,
Atlanta, Ga.,

Sir:-

I was present at the marriage of Annie E. Thronon ^{holan} to Mr. James Young. I cannot remember the date, but it was before the war with the States. Her husband died in 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.

Respectfully,

Jas
J. W. Robertson

Deborah and
subscribed before me

Feb. 16 1901

W. H. Harrison

Not Pub. & Clerk C. J.

State of Kentucky
County of

Personally appeared before me J. G. Williams
Judge of the County Court in and for said
County, the said being a Court of Record, Mrs. A. C. Montgomery
who is known to me as a most worthy, reliable woman
and entitled to full confidence, and who being duly sworn
says that she was a resident of Frankfort, Ky. in the year
1862 and that sometime in September 1862

Mr. James Young, a Confederate soldier, and member
of the 4th Regiment Florida Volunteers was removed
from the Hospital in Frankfort to her house - that
Mr. Young was sick with typhoid fever contracted
in the army commanded by Genl. Bragg - that she
removed Mr. Young into her house and cared for and
nursed him because he was a Confederate soldier
and a gentleman, until he died at her house on
the 27th day of Sept 1862 - that Mr. Young was buried
in the cemetery at Frankfort and that a marble
was placed at the head of his grave with the name
"J. Young, 4th Fla. Inf." inscribed upon it - that
the base of the new Monument to the Confederate
soldiers who fell or died at or near Frankfort, now
being erected in the cemetery at that place, rests
very near the grave of Mr. Young - that she has
assisted in caring for this 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 Regiment - were from the facts
accompanying his being brought from the hospital
to her house and from comrades who were Confederate
soldiers, his own statement and his servants who
remained with him, and from information gather-
ed from his widow - Mrs. Annie E. Young of Marietta
Georgia by Capt. J. B. Montgomery who visited her
frequently during the time his command was at

STATE OF GEORGIA.
ADJUTANT GENERAL'S OFFICE.
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Respectfully,

Jas
J. W. Robertson

Subscribed before me
Feb. 16 1901

W. H. Harrison
Not Pub. & Clerk G. J.

State of Kentucky
County of

Personally appeared before me D. J. Williams
Judge of the County Court in and for said
County, the said being a Court of Record, Mrs. P. B. Montgomery
who is known to me as a most worthy, reliable woman
and entitled to full confidence, and who being duly sworn
says that she was a resident of Frankfort, Ky. in the year
1862 and that sometime in September 1862

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of the 4th Regiment Florida Volunteers was removed
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edge of Mr. James Young having been a Confederate
soldier and of his Regiment - were from the facts
accompanying his being brought from the hospital
to her home and from comrades who were Confederate
soldiers, his own statement and his servants who
remained with him, and from information gather-
ed from his widow - Mrs. Annie E. Young of Marietta
Georgia by Capt. J. B. Montgomery who visited her
frequently during the time his command was at

Georgia, Habersham County.

In person came before me, B. E. Edge,
Ordinary of said County, James W. Robertson,
of said County, who says under oath, that
he was present at, and witnessed the Marriage
ceremony, when Annie E. Trenholm was
married to James Young, at Marietta, Cobb
County, Georgia, on the 30th day of June 1867,
by the Rev F. C. Johnson, and that the said
Annie E. Young, nee Trenholm, is now the
widow of said James Young. She having
never married since the death of said Young,
who died, while in the service of the Southern
Confederacy, as a soldier, in the year 1862.
Deponent further says, that said Widow, Annie
E. Young, was a resident of Georgia on the
23rd day of December 1890, and that she has
not lived in any other State or Locality, since
said date.

J. W. Robertson

Sworn to and subscribed before me,

27th day of April 1891.

B. E. Edge, ordinary Habersham Co. Ga.

Office of Ordinary, Habersham Co. Ga.

I, B. E. Edge, Ordinary of said County, do hereby
certify, that the above named deponent, James W.
Robertson, is a reputable citizen and worthy of full
faith and credit as a witness.

Witness my official signature and seal of office.

This 27 day of April 1891.

B. E. Edge Ordina

Kennesaw Mountain, near the city of Marietta Ga.
and other sources of unquestioned information which
she deems absolutely reliable.

Sworn to and subscribed by Mrs A. H. Montgomery
before me this 11 day of May 1891.

A. H. Montgomery
D. G. Williams Judge
Hawkins Co. Court 1891

State of Kentucky } This is to certify that B. G.
County of Franklin } Mollen is Judge of Franklin
County } Court the same being a correct
Record and that his signature to the foregoing
affidavit of Mrs A. H. Montgomery is genuine.
Given under my hand and seal of Court
this 11 day of May 1891.

D. B. Smith Clerk
Franklin Co. Ky

Georgia
Cobb County In person came before me the undersigned
Ordinary in and for said County. H. C. Essie
Trenholm & Mrs. Jane Baker each known to said Attorney
officer as reliable, reliable & reputable citizens who generally
are under with that from their own personal knowledge
Mrs. Annie E. Young of the County of Cobb State of Georgia is the
widow of James Young who was soldier in a
Regiment in the Confederate States Army - that James
departs a credit as man & of undoubted authority James
Young died at Frankfort Kentucky while in the
Confederate States Army during the fall of 1862
that their sister Mrs. Anne E. Young nee Trenholm and
James Young were married at the home of one Mother
then living in Marietta Cobb Co Georgia on the 30th day
of June 1857 by Rev. F. C. Johnson & that Col. James
H. Robertson and residing in Henderson Co was one of the
witnesses. Deponent further deposes that Mrs. A. E. Young has
not remarried since the death of her husband James
Young and that she moved back to Marietta about
day of Summer 1862, & has remained in Georgia
continuously ever since.

Sworn to & subscribed before
me this 8th day of April 1891 Essie B. Trenholm
Jane T. Baker
J. M. Stone
Ordinary.

Office of Ordinary of Cobb County,
County of Cobb Georgia I, J. M. Stone Ordinary of said
County do hereby Certify that the above
named deponents Jane T. Baker and Essie
B. Trenholm are reputable citizens and worthy
of full faith and credit as witnesses.
Witness my Official Signature And
Seal of Office. This April 8th 1891
J. M. Stone
Ordinary

State of Georgia Clerk's Office
County of Dougherty Superior Court
In person came before
me Rev. F. C. Johnson, who being
duly sworn deposes and says
that he did on the 30th June 1857,
in the city of Marietta, in the
County of Cobb and State of
Georgia, unite in the holy
Bonds of wedlock in conformity
to the Constitution and laws of said
State, Miss Annie E. Trenholm
of Marietta, Georgia and Mr.
James Young of Alachua
County, State of Florida -
Sworn to & subscribed
before me this 15th
day of April 1891.
F. C. Johnson
J. P. Burns Clerk
S. C. D. C. G. A.

