Strickland, L.S.
Decatur County
No.
OK for 1906

INDIGENT PENSION.

1905

Name L S Strickland

County Decatur

Co. H 5th Fla 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.

9/18/05:

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, L S Strickland hereby authorize
W W Wright of Atlanta
to receive and receipt for the pension allowed and request that he remit same to
Ordinary at Bainbridge by check
Witness my hand and seal, this 22 day of April 1905

L S Strickland [L. S.]
Mt-15

Executed in presence of
J B Maxwell Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, L S Strickland hereby authorize
W W Wright of Atlanta
to receive and receipt for the pension allowed and request that he remit same to
Ordinary at Bainbridge by check

Witness my hand and seal, this 22 day of April 190 5

L S Strickland [L. S.]
Mark

Executed in presence of
F B Maxwell Ordinary.

INDIGENT PENSION.
190 5

No. 24 for 1905

Strickland, L S.
Decatur County

Name L S Strickland
County Decatur
Co. H 6 Fla 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. Harden, State Printer, Atlanta, Ga.

9/16/05.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Decatur COUNTY.

L S Strickland 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).
L S Strickland Decatur County Attapulgus Ga.
2. How long and since when have you been a resident of this State? All of my life
3. When and where were you born? Born in Decatur Co Ga 1830
4. When and where and in what company and regiment did you enlist or serve? I enlisted in Co H 6th Fla Regiment April 1862
5. How long did you remain in such company and regiment? Discharged about 1 1/2 Years Had it from April 62 to Sept 63 Regular Furlough 3 Months on detail duty
6. When and where was your company and regiment surrendered and discharged? Don't Know
7. Were you present with your company and regiment when it was surrendered? Was not
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 at home I left Command for detail duty by Commanding Officers Sept 1863 Was on detail duty about 1 1/2 mos I was then discharged by Med Surgeon Dr Adams
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? 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"? 1 2 & 3rd
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? For the last 3 years have not been able to Support my self Heart Trouble and old age. Nearly Blind
13. What property, real and personal, or income, do you possess, and its gross value? No income I own little personal 2 Cows & some house hold
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? Some personal property No land own during the about dates Personal Property used for Support
15. In what County did you reside during those years, and what property did you then return for taxation? Decatur County Personal Property returned
16. How were you supported during the years 1899, 1900, 1901 and 1902? By my Grown up 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? No account Kept of the Cost No Work done Not able
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? I did Some any employment No pay
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? My Family all Children grown. My Children had no home of their own My Wife dead
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?

Every Question MUST Be Answered.

On account of the burning of the Court House at Bainbridge Ga. I was at home when with others I

Sworn to and subscribed before me this the 22 day of April 1905.
F B Maxwell Ordinary,
of Decatur County.

L S Strickland
Mark
Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Decatur County.

Geo E Murry of said State and County, having been presented as a witness in support of the application of L S Strickland 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? Geo E Murry Decatur Co Ga
2. Are you acquainted with L S Strickland, the applicant; if so, how long have you known him? Have known him about 45 years
3. Where does he reside, and how long and since when has he been a resident of this State? He reside in Decatur Co a resident of the State ever since I know him
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted in Co H 5th Fla Reg in April 1862 at Rico Bluff Fla
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? to my knowledge about 1½ years
7. When and where was his command surrendered? At Appomattox C H Va 9th of April 1865
8. Were you present when it surrendered? Was not
9. Was applicant present? I dont think so
10. If he was not present, where was he? about Sept 1863 he was put on detail duty When did he leave his command? about Sept 1863 For what cause? Was not able to do military serv By what authority he left? Commanding officers How do you know all of this? I was there at the time but dont know of further service
11. What property, effects or income has the applicant? (Give your means of knowledge.) None that I know of
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? Dont know
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? dont know of any transaction of that nature
14. What is the applicant's occupation and physical condition? He is old and very feeble I dont think he is able to do but very little work
15. Is the applicant unable to support himself by labor of any sort; if so, why? He is not able to support himself on account of his feebleness and nearly blind
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? Dont know
17. What portion of his support for these four years was derived from his own labor or income? Dont know
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He served his country during the time he was there and he is now old and I dont think has any means for support
19. Who composes family? What property have they? Children's age and their earning capacity? His family that is living all about Grown and can earn their living
20. What interest have you in the recovery of a pension by this applicant? no

Sworn to and subscribed before me, this the 22 day of April 1905

George E Murry Witness.

T B Maxwell Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Decatur County.

Personally came before me Dr A J Chesnut and L H Peacock, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully L S Strickland, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows: Blind from cataract in both eyes thereby barring him from making any support for himself, also General senile debility. both caching him from making any support for self, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 22 day of April 1905

A J Chesnut M.D.

T B Maxwell Ordinary. L H Peacock M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I, T B Maxwell Ordinary, in and for said County, hereby certify that the applicant L S Strickland resides in said County, and has been a bona fide resident of this State since the 1 day of January 1894 and that the witnesses, viz.: Geo E Murry & T S Knight 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 Decatur County shows that applicant returned for taxation in his name in 1899 Nothing Dollars of property, and in 1900 Nothing Dollars of property; in 1901 Nothing Dollars of property; in 1902 Nothing Dollars of property.

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

Witness my hand and seal of office, this 6 day of May 1905

T B Maxwell Ordinary,
of Decatur 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.

(Address of Applicant)

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Decatur COUNTY.

T S Knight of said State and County, having been presented as a witness in support of the application of L S Stricklands 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? T S Knight
Decatur County Bainbridge Ga

2. Are you acquainted with L S Stricklands, the applicant; if so, how long have you known him? I have known about 50 years

3. Where does he reside, and how long and since when has he been a resident of this State?
He resides in Decatur Co Ga a Resident ever since I Know him

4. When, where and in what company and regiment did he enlist, and how do you know?
Don't Know What Co Regiment only as what he tells me when he returned from his service

5. Were you a member of the same company and regiment Was not

6. How long did he perform regular military duty? Don't Know

7. When and where was his command surrendered? Don't Know

8. Were you present when it surrendered? No

9. Was applicant present? He was not as both of us were at home

10. If he was not present, where was he? he was at home
When did he leave his command? About 1st 1864 For what cause? Disability
By what authority he left? Dis charged by Commanding Officer & army Surgeon How do you know all of this?
I lost my right Arm in Battle in 1863 & was discharged & at home The Applicant staying home about 1st of 1864 was discharged on account of being Feeble & not able to do Military duty when I was discharged & he was at home when I was discharged.

11. What property, effects or income has the applicant? (Give your means of knowledge.) Don't Know of any property that he owns.

12. What property, effects or income did the applicant possess in 1898, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? Don't Know of any

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? He is a physical Wreck Not able to do any work

15. Is the applicant unable to support himself by labor of any sort; if so, why? He is not able to do any Work that he could Support himself too old and nearly Blind

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? Don't Know

17. What portion of his support for these four years was derived from his own labor or income?
Don't Know of any income He could not have done much labor

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 needs the help

19. Who composes family? What property have they? Children's age and their earning capacity?
No family that I Know of

20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 6 day of May 1903
T B Maxwell Ordinary.

T S Knight
Witness.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, L D Strickland hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension allowed, and request that he remit same to
Ordinary at Bainbridge Ga
by check

WITNESS my hand and seal, this 16 day of Jan 1906.
L D Strickland [L. S.]
Mark

Executed in the presence of
T B Maxwell
Ordinary.

L. D. Strickland
Decatur County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 2473

INDIGENT
SOLDIER'S PENSION
1906.

Name L. D. Strickland
County Decatur
Co. H Regiment 5th
Ga

WARRANT ISSUED
JAN 30 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

The Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, L D Strickland, hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension allowed, and request that he remit same to
Ordinary at Bainbridge
by check

WITNESS my hand and seal, this 22 day of Jan 1907.
L D Strickland [L. S.]

Executed in presence of
T B Maxwell.
Ordinary

Strickland, Lewis D.
Decatur Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 4516.

INDIGENT
SOLDIER'S PENSION
1907.

Name L D Strickland
County Decatur
Co. H Regiment 5th
Ga

WARRANT ISSUED
FEB 6 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

No date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Decatur County.

Personally appears L D Strickland of Decatur 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 Jan 1874; that he is 57 years old and by occupation a No occupation, that he enlisted in the military service of the Confederate States (or of the State of Fla) during the war between the States, and served for the term of Nearly 2 yrs in Company H, of 5 th Regiment of Florida; that his physical condition is as follows: Very feeble nearly blind not able to do any work

that his property consists of the following items: No property

of the value of —— Dollars. I am now earning by my labor, No Earnings 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 Decatur County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 16 day of Jan 1906.
D B Maxwell Ordinary.

his
L D Strickland
mark

State of Georgia,
Decatur County.

I, D B Maxwell Ordinary of said County, do certify that I am well acquainted with L D Strickland 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 16 day of Jan 1906.
D B Maxwell
Ordinary Decatur County.

Affix your seal here

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

Milton's Artillery + Abel's Art. Florida.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Decatur County.

Personally appears L. S Strickland of Decatur 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 Jan 1874; that he is 76 years old and by occupation a No occupation, that he enlisted in the military service of the Confederate States (or of the State of Fla) during the war between the States, and served for the term of over 2 yrs in Company H, of 5 th Regiment of Florida; that his physical condition is as follows: Very feeble nearly blind Not able to do any work

that his property consists of the following items: No Property

of the value of —— Dollars. I am now earning by my labor, No Earnings 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 Decatur County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 22 day of Jan 1907.
D B Maxwell Ordinary.

L S Strickland
mark

State of Georgia,
Decatur County.

I, D B Maxwell Ordinary of said County, do certify that I am well acquainted with L S Strickland 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 1907.
D B Maxwell
Ordinary Decatur County.

Affix your seal here

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

NAME Strickland, L. S. YEAR 1906 COUNTY Decatur

WHEN AND WHERE BORN? 1830 - Decatur County, Georgia

ENLISTED WHEN AND WHERE? April 1862 -

RANK.

COMPANY AND REGIMENT? Company H, 5th Florida Regiment

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Discharged on account of hemorrhage of the lungs.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Does not state when or where command surrendered. (Witness states April 9, 1865 - Appomattox Court House, Virginia.)

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home -left command for detail duty by commanding officers September 1863 - was x on detail duty about three months, and was then discharged on account of hemorrhage of lungs, and was at home when war closed.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. George E. Murry - same command -- No data.

lw

Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

Know all Men by These Presents, That I, Martha J Strickland of Decatur County, in said State, do hereby appoint W A Wright 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 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 31st day of January 1895.

Martha J Strickland [L. S.]

Executed in the presence of us
J. Rockwell
C. Hammond

DIRECTIONS.

If allowed, send amount by _____ to me at _____, and oblige.

Ex. Sept. 23 Dy. 1895
Was applicant born in the State of Georgia?
Was her husband a Georgia Confederate soldier?
Make proof as to these points
Tuck Johnson
Sec

Additional Proof
Witness

Appd. 7 Feb 1895
Tuck Johnson
Sec
1895. Sec
Strickland Martha
Decatur
No. 3960

Widow's Pension.

For year ending February 15, 1895.

PAID TO
Mrs. Martha Strickland
OF
Decatur County,
Widow of Joseph L Strickland

Warrant Issued,
3/7 1895.
AND HANDED TO
W A Wright

ATLANTA, GA.
Geo. W. Hanstock, State Printer
(Franklin Publishing House,
6-71 Ivy Street.)

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Decatur COUNTY. }

Know all Men by These Presents, That I, Martha J Strickland of Decatur County, in said State, do hereby appoint T A Moffett 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 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 31st day of January 1895.

Martha J Strickland [L.S.]

Executed in the presence of us
J. Bradwell
C P Mumford

DIRECTIONS.

If allowed, send amount by to me at , and oblige.

Ex. Off. 23rd Dec 1895
Was applicant married in the State of Georgia?
Has her husband a Georgia Confederate record?
Made proof as to death of husband?
Paid Yes
Sec

Atlanta Ga
Mch 7th 1895
Sec
Strickland Martha J
Widow's Pension.
For year ending February 15, 1895.
PAID TO
Mrs. Martha J. Strickland
No. 3760

Warrant Issued,
3/7 1895.
AND HANDED TO
OF
Decatur County.
Widow of Joseph D Strickland

ATLANTA, Ga.
Geo. W. Harrison, Printer
(Franklin Publishing House)
45-71 Ivy Street.

Form No. 1.

Affidavit to be Made by the Widow.

STATE OF GEORGIA, }
COUNTY OF Decatur } In person came before me, the undersigned Ordinary in and for the County of

Mrs. Martha J Strickland, who being sworn according to law, says under oath that she is the widow of Joseph D Strickland, who was a soldier in the service of the Confederate States, and served as a member of Company G, of the 6th Regiment of Florida Volunteers; that he enlisted in said service on or about the 10th day of March 1862, and was in the Army up to April 1865. That while in the Army, he was on the day of 1863, (See Note No. 4) by a Cohunkamauga wounded in the thigh - previously he had contracted Diarrhoea from exposure - By which health was totally broken from his wounds from Disease, the Surgeons gave a Official Condition which died in October 1886

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the th day of April 1868, and that she has resided in Georgia continuously since the day of 1868; 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, 1895, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this the 30th day of January 1895.
C P Mumford Ordinary.

Martha J Strickland
POST OFFICE, Fowlstown

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 to the Army and not from any other cause.

Form No. 2.

Affidavit for Three Witnesses.

STATE OF GEORGIA, County of Decatur } In person came before me, the undersigned Ordinary in and for said County, witnesses M C Knight

J S Knight

and Thomas Strickland (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, FROM THEIR OWN PERSONAL KNOWLEDGE, Mrs. Martha J Strickland, of the County of Decatur State of Georgia, is the widow of Joseph D Strickland who was a soldier in Company I of the 6th Regiment of Florida Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 10th day of March 1862. That while in said service or by reason of said service in the Army, he lost his life as follows:

He contracted disease in Kentucky, but would rally & be duty until at the battle of Chickamauga, from he was shot through the thigh. He was connected with the Army doing light duty until the close of the war & remained in bad health until his death in 1886

Our opportunity for knowing the facts stated in reference to death of applicant's husband were

We served in the same Company & the boys & lived on his neighborhood after until his death

We further swear that Mrs. Martha J Strickland was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in Decatur County of the State of Georgia.

We further swear that we have no personal interest in the pension asked for.

Sworn to and subscribed before me, this, the 20th day of July 1895.

C J Mannerlyn Ordinary.

M C Knight

J S Knight

Thomas C Strickland

NOTE. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

2. If the husband died after the war of wounds or disease, state fully and particularly how you, as witnesses, know the service as a soldier was the immediate cause of his death.

Form No. 3.

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

STATE OF GEORGIA, County of Decatur } I, C J Mannerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Martha J Strickland 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 20th day of July 1895.

{SEAL.}

C J Mannerlyn *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.

No pension can be paid for previous years.

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

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

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

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

If the husband died since the war testimony by physicians must be produced.

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

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

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

If proofs must be made out of the State, the witnesses must be sworn before a *Judge of a Court of Record under Seal*, and the witnesses must be certified to as reliable, and that their signatures are genuine.

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

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

Widows whose husbands enlisted from another State or served in other Commands than Georgia Commands are not entitled to pensions unless they were born in Georgia and can make proof of that fact.

By order of the Governor.

RICH'D JOHNSON,

Sec. Ex. Department.

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C J Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Martha J Strickland 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 Joseph D Strickland 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 8th day of Jany 1896.

{SEAL} C J Munnerlyn Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

I, Martha J Strickland hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to me at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 8th day of Jany 1896.

Martha J Strickland

Executed in the presence of
J. D. Bradwell
C J Munnerlyn

Strickland, Martha J
Decatur, County
FOR THOSE HERETOFORE PAID

1896.

No. 525

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO
Mrs. Martha J Strickland
OF
Decatur County.
widow of Joseph D Strickland

WARRANT ISSUED
2/1 1896.

AND HANDED TO
AJ

Geo. W. Harrison, State Printer.

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C J Munnerlyn Jr Clk Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Martha J Strickland 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 Joseph D Strickland 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 21st day of Jany 1897.

{SEAL} C J Munnerlyn Jr Clk Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

I Martha J Strickland hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to C J Munnerlyn at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 21st day of Jany 1897.

Martha J Strickland

Executed in the presence of
C J Munnerlyn Jr
J. D. Bradwell

Strickland, Martha J
Decatur County
FOR THOSE HERETOFORE PAID

1897.

No. 3587

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO
Mrs. Martha J Strickland
OF
Decatur County.
widow of Joseph D Strickland

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
2/16 1897,

AND HANDED TO
NAW

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. Martha J Strickland

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 1840 That she is the Widow of Joseph D Strickland who was a Soldier in Company G of the 6th Regiment of Florida Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to April 1865 That he lost his life on the day of 18 (State here full particulars of the husband's death, when, where and from what cause.) (Died Oct 16th 1886 – from disease contracted in service

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 1858, 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 Decatur 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 8th day of Jany 1896. C J Hammerlyn Ordinary. } Martha J Strickland Post-office

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. Martha J Strickland

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 1857 That she is the Widow of Joseph D Strickland who was a Soldier in Company G of the 6th Regiment of Florida Volunteers, that enlisted in said regiment on or about the month of March 1862 and served in the Army up to the Surrender 1865 That he ~~lost his~~ died life on the 16th day of Oct 1886 (State here full particulars of the husband's death, when, where and from what cause.) Was wounded Sept 19th 1863. at Chickamaga – and died of Dropsy Oct 16th 1886

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 1858, 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 Decatur 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 21st day of Jany 1897. C J Hammerlyn Ordinary. } Martha J Strickland Post-office Attapulgus Ga

POWER OF ATTORNEY.

State of Georgia, Decatur County.

I, M J Strickland hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to C J Mummerlyn at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 18th day of Jany 1898.

M J Strickland [L. S.]

Executed in the presence of

C J Mummerlyn Jr

J D Bradwell

Strickland, M. J. Mrs
Decatur County
For Those Heretofore Paid.

1898.

NO. 2706

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. M J Strickland

OF

Decatur County,

Widow of Joseph D Strickland

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/12 1898.

AND HANDED TO

Wm

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia,
Decatur County.

I, M J Strickland hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to T B Maxwell Ordy at Bainbridge Ga by CK

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13 day of January 1899.

M J Strickland [L. S.]

Executed in presence of

J S Cockland

T B Maxwell Ordy

Strickland, Martha J.
Decatur Co
For Those Heretofore Paid.

1899.

NO. 3071

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs. M J Strickland

OF

Decatur County

Widow of J D Strickland

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/4 1899.

AND HANDED TO

W

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. Mrs M J Strickland

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since nearly all my life 18 That she is the Widow of Joseph D Strickland who was a Soldier in Company G of the 6th Regiment of Florida Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to 1865 That he lost his life on the day of 18 (State here full particulars of the husband's death, when, where and from what cause.)

Wounded at Chickamagua. and died Oct 16th 1886.

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 1858.

I have been allowed a pension as a resident of Decatur 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 18 day of Jany 1898. C J Munnerlyn Ordinary. } M J Strickland Post-Office Climax Ga

State of Georgia, Decatur County. } I C J Munnerlyn Ordinary of said County, certify that I am well acquainted with Mrs. M J Strickland 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 nearly all her life day of 18

Given under my official signature and seal this the 18 day of Jany 1898.

C J Munnerlyn

Official Seal.

Ordinary of Decatur County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. M J Strickland

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 1840 That she is the Widow of Joseph D Strickland who was a soldier in Company G of the 6th Regiment of Fla Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to Close of the War 1865 That he lost his life on the 16th day of Oct 1886 (State here full particulars of the husband's death, when, where and from what cause.)

He Was Wounded Sept 19th 1863 at Chickamauga And Contracted disease during his service in the war. from exposure which followed him to his grave. Dying with Dropsey Oct 16th 1886.

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 1858.

I have been allowed a pension as a resident of Decatur 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 13 day of Jan 1899. T B Maxwell Ordinary. } M J Strickland Post-Office

State of Georgia, County. } I T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. M J Strickland 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 1840

Given under my official signature and seal this the 13 day of Jany 1899.

T B Maxwell

Official Seal.

Ordinary of Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, M J Strickland hereby authorize
W A Wright of Atlanta Ga
to receive and receipt for the pension paid hereon and request that he remit same to
Ordinary at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12
day of Jan 1900.

M J Strickland [L. S.]

Executed in presence of
J T Morton
J B Maxwell Ordy.

Strickland, M. J. Mrs.
Decatur County

To Those Heretofore Paid.

1900.

NO. 1144

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. M J Strickland
OF
Decatur County,
Widow of J D Strickland

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
2-14 1900,
AND HANDED TO
Wright

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, M J Strickland hereby authorize
W A Wright of Atlanta Ga
to receive and receipt for the pension paid hereon and request that he remit same to
Ordinary at Bainbridge Ga

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

M J Strickland [L. S.]

Executed in presence of
J B Maxwell
Ordinary.

Strickland, Mrs. M J
Decatur Co

To Those Heretofore Paid.

1901.

No. 1426

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. M J Strickland
OF
Decatur County.
Widow of Joseph Strickland

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
2/11 1901,
AND HANDED TO
Wright

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

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. M J Strickland

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 1890. That she is the Widow of Joseph D Strickland who was a soldier in Company G of the 6th Regiment of Fla Volunteers, that he enlisted in said regiment on or about the month of March 186[illegible] and served in the Army up to [illegible] 186[illegible] That he lost his life on the 16 day of Oct 1886 (*State here particulars of the husband's death, when, where and from what cause*) Died from Dropsy Contracted while in Service. as is shown in application

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 1858.

I have been allowed a pension as a resident of Decatur 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 12 day of Jan 1900. J B Maxwell Ordinary. } M J Strickland Post Office Atlanta Ga

State of Georgia, Decatur County. } I J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. M J Strickland, 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 12 day of Jan 1880

Given under my official signature and seal, this the 12 day of Jan 1900.

{Official Seal.}

J B Maxwell
Ordinary of Decatur County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. M J Strickland

who, being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all my life. That she is the Widow of Joseph Strickland who was a soldier in Company G of the 6th Regiment of Florida Volunteers, that he enlisted in said regiment on or about the month of March 186[illegible] and served in the Army up to [illegible] 186[illegible] That he lost his life on the 16 day of Oct 1886 (*State here particulars of the husband's death, when, where and from what cause*) He Contracted Dropsy while in Service and Died 1886 with Disease as per proof filed

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 1858

I have been allowed a pension as a resident of Decatur 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 8 day of Jany 1901. J B Maxwell Ordinary. } M J Strickland Post Office

State of Georgia, Decatur County. } I J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. M J Strickland, 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 28 day of Dec 1880

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

{Official Seal.}

J B Maxwell
Ordinary of Decatur County.

COPY OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Mrs M A Strickland, hereby authorize
W A Wright of Atlanta Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 9
day of June 1902.

M A Strickland [L. S.]

Executed in presence of
J B Maxwell
Ordinary.

Strickland Martha J.
Decatur County

To Those Heretofore Paid.

1902.

No. 2614

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs. M J Strickland
OF
Decatur County,
Widow of J D Strickland
Co. G Regiment 6 Fla.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1902

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Mrs M J Strickland, hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 12
day of January 1903.

M J Strickland [L. S.]

Executed in presence of
J B Maxwell
Ordinary.

Strickland Martha J.
Decatur County

To Those Heretofore Paid.

1903.

No. 1920

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs. M J Strickland
OF
Decatur County,
Widow of Joseph D Strickland
Co. G Regiment 6 Fla.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1903

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA

FORM No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } PERSONALLY COMES MRS. Martha G Strickland

who, being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since All her life. That she is the Widow of Jos D Strickland who was a soldier in Company Jos of the 6th Regiment of Fla Volunteers, that he enlisted in said regiment on or about the month of March 186[illegible], and served in the Army up to April 186[illegible] That he lost his life on the 16 day of Oct 1886 (State here particulars of the husband's death, when, where and from what cause) Contracted Dropsy while in Service and died from the disease upon [illegible] Oct 1886

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[illegible]8.

I have been paid a pension as a resident of Decatur 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 9 day of Jan 1902. JB Maxwell, Ordinary. } M J Strickland Post-Office

State of Georgia, Decatur County. } I, JB Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. M G Strickland, 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 1 day of Jan 1890

Given under my official signature and seal, this the 9 day of Jan 1902.

(Official) (Seal.)

JB Maxwell Ordinary of Decatur County.

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

FORM No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } PERSONALLY COMES MRS. Martha J Strickland

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since All her life. That she is the Widow of Joseph D Strickland who was a soldier in Company G of the 6 Regiment of Florida Volunteers, that he enlisted in said regiment on or about the month of March 186[illegible], and served in the Army up to Close of the War 186[illegible]. That he lost his life on the 16 day of Oct 1886 (State here particulars of the husband's death, when, where and from what cause.) Died at home with Dropsy, Contracted while in service

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[illegible]8

I have been paid a pension as a resident of Decatur 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 19 day of Jany 1903. JB Maxwell, Ordinary. } M J Strickland Post-Office

State of Georgia, Decatur County. } I, JB Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. M J Strickland, 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 19 day of January 1870

Given under my official signature and seal, this the 19 day of Jany 1903.

{ Official Seal. }

JB Maxwell Ordinary of Decatur County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs Martha J Strickland hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13
day of Jan 1904.

Martha J Strickland [L. S.]

Executed in presence of
W B Maxwell Ordinary.

TO THOSE HERETOFORE PAID.

1904.

No. 2179

WIDOW'S PENSION
FOR
YEAR ENDING DECEMBER 31, 1904.
PAID TO
Mrs. Martha J Strickland
OF
Decatur County.
Widow of Joseph W Strickland
Co. G Regiment 6th Fla

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 19 1904.
AND HANDED TO
Author

Ga. W. Harrison, State Printer, Atlanta.

Strickland Martha J.
Decatur County

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Martha J Strickland, hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 20
day of Jan 1905.

M J Strickland

Executed in presence of
W B Maxwell Ordinary

To Those Heretofore Paid.

1905.

No. 2310

WIDOW'S PENSION,
For year ending Dec. 31, 1905.
PAID TO
Mrs M J Strickland
OF
Decatur County,
Widow of Joseph W Strickland
Co. G Regiment 6th Fla

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
MAR 2 1905.
AND HANDED TO

The Foote & Davies Co., Publishers, Atlanta, Ga.

Strickland Martha J.
Decatur County

Form No. 1.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Decatur } PERSONALLY COMES MRS. Martha J Strickland

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since All her Life. That she is the Widow of Joseph D Strickland who was a soldier in Company G of the 6 Regiment of Ala Volunteers, that he enlisted in said regiment on or about the month of March 186 2, and served in the Army up to April 186 5. That he lost his life on the 16 day of Oct 1886 (*State here particulars of the husband's death, when, where and from what cause.*) Died with Cancer from exposure while in Service

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 1868

I have been paid a pension as a resident of Decatur 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 13 day of Jan 1904. T B Maxwell Ordinary. } Martha J Strickland Post Office Attapulgus Ga

State of Georgia, Decatur County. } I, T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Martha J Strickland, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1890

Given under my official signature and seal, this the 13 day of Jan 1904.

Official Seal

T B Maxwell
Ordinary of Decatur County.

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

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } PERSONALLY COMES MRS. Martha J Strickland

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since All her Life. That she is the Widow of Joseph D Strickland who was a soldier in Company G of the 6th Regiment of Ala Volunteers, that he enlisted in said regiment on or about the month of March 186 2, and served in the Army up to Apr 186 5. That he lost his life on the 16 day of Oct 1886. (*State here particulars of the husband's death, when, where and from what cause.*) Died from Dropsy contracted while in Service

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 1868

I have been paid a pension as a resident of Decatur 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 20 day of Jan 1905. T B Maxwell, Ordinary. } M J Strickland Post-Office

State of Georgia, Decatur County. } I, T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Martha J Strickland, Who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1890

Given under my official signature and seal, this the 20 day of Jan 1905.

Official Seal.

T B Maxwell
Ordinary of Decatur County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Martha Strickland, hereby authorize W. A. Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bambridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 17 day of June 1906.

M J Strickland [L.S.]

Executed in presence of
T B Maxwell
Ordinary

Strickland, Martha J.
Decatur Co.

To Those Heretofore Paid.

1906.

No. 823

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs Martha J Strickland
OF
Decatur County,
Widow of J D Strickland
Co. G Regiment 6 Fla

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
[illegible] 1906,
AND HANDED TO
[illegible]

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MAN.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs M J Strickland hereby authorize W A Wright Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bambridge

In Witness Whereof, I have hereunto set my hand and seal, this 9 day of June 1907.

Martha J Strickland [L.S.]

Executed in presence of
T B Maxwell
Ordinary

Strickland, Martha J.
Decatur County

To Those Heretofore Paid.

1907.

No. 1232

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO
Mrs. M J Strickland
OF
Decatur County,
Widow of Jas D Strickland
Co. G Regiment 6 Fla

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 6 1907,
AND HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

FORM No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur } PERSONALLY COMES MRS. Martha J Strickland

who, being sworn, says on oath that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since All her Life. That she is the Widow of J D Strickland who was a soldier in Company F of the 6 Regiment of Fla V Volunteers, that he enlisted in said regiment on or about the month of ____ 1862, and served in the Army up to Sept 1863. That he lost his life on the 16 day of Oct 1866. (State here particulars of the husband's death, when, where and from what cause.) Died from Disease Contracted while in Service

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 1858.

I have been paid a pension as a resident of Decatur 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 17 day of Jan 1906. T B Maxwell, Ordinary. } Martha J Strickland

Post Office ____

State of Georgia, Decatur County. } I, T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Martha Strickland, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1890.

Given under my official signature and seal, this the 17 day of Jan 1906.

{ Official Seal }

T B Maxwell
Ordinary of Decatur County.

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

FORM No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur } PERSONALLY COMES MRS. Martha Strickland

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all my life. That she is the Widow of Jas D Strickland who was a soldier in Company F of the 6 Regiment of Fla Volunteers, that he enlisted in said regiment on or about the month of March 1862, and served in the Army up to April 1865. That he lost his life on the ____ day of Oct 1866. (State here particulars of the husband's death, when, where and from what cause.) Died from disease contracted while in Service

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 1858.

I have been paid a pension as a resident of Decatur 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 9 day of Jan 1907. T B Maxwell, Ordinary. } M J Strickland

Post Office Attapulgus

State of Georgia, Decatur County. } I, T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Martha Strickland, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1890.

Given under my official signature and seal, this the 9 day of Jan 1907.

{ Official Seal }

T B Maxwell
Ordinary of Decatur County.

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

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } PERSONALLY COMES MRS. Martha J Strickland

who, being sworn, says on oath that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since All her Life. That she is the Widow of J D Strickland who was a soldier in Company G of the 6 Regiment of Fla V. Volunteers, that he enlisted in said regiment on or about the month of _____ 186 2 and served in the Army up to Sept 186 5 That he lost his life on the 16 day of Oct 1866 (*State here particulars of the husband's death, when, where and from what cause.*) Dropsy Contracted while in Service & from exposure

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 1858

I have been paid a pension as a resident of Decatur 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 19 day of Jan 1906. T B Maxwell, Ordinary. } Mrs M J Strickland Post Office _____

State of Georgia, Decatur County. } I, T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Martha Strickland, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1890

Given under my official signature and seal, this the 19 day of Jan 1906.

{Official Seal}

T B Maxwell
Ordinary of Decatur County.

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

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } PERSONALLY COMES MRS. Martha Strickland

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all my life. That she is the Widow of Jas D Strickland who was a soldier in Company G of the 6 Regiment of Fla Volunteers, that he enlisted in said regiment on or about the month of March 186 2, and served in the Army up to April 186 5. That he lost his life on the _____ day of Oct 1866. (*State here particulars of the husband's death, when, where and from what cause.*) Died from Lung Contracts while in Service

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 1858

I have been paid a pension as a resident of Decatur 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 9 day of Jan 1907. T B Maxwell, Ordinary. } Mrs M J Strickland Post Office Attapulgus

State of Georgia, Decatur County. } I, T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Martha Strickland, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1890

Given under my official signature and seal, this the 9 day of Jan 1907.

{Official Seal}

T B Maxwell
Ordinary of Decatur County.

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

Given under my official signature and seal, this the 19 day of Jan 1906.

Official Seal

T B Maxwell

Ordinary of Decatur County.

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

Official Seal

T B Maxwell

Ordinary of Decatur County.

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

Strickland M. J. (1904)
Decatur Co.
1921

APPLICATION FOR PENSION DUE
DECEASED PENSIONER
UNDER ACT 1904.
(To pay expenses of last Illness or Funeral)

T. B. Maxwell Ordinary
For Mrs. M. J. Strickland
of Decatur County
of Co. Regiment
Died July 29 1921.
Amount $~~12.00~~ $68.00 $68.00

Approved and order paid. For
68.00 Feb 1921
12/13 1921.
J. W. LINDSEY.
Commissioner of Pensions.
Pay 68.00
Return 59.00

GORDON CHASON, M. D. R. F. WHEAT, M. D. W. L. WILKINSON, M. D.

Bainbridge, Ga., Aug 2 1921

Mrs. Martha Strickland

TO DRS. CHASON, WHEAT & WILKINSON, DR.

For Professional Services Rendered her during last illness

	$ 12	00
TO BILL RENDERED	$	
PAID ON ACCOUNT	$	
BALANCE DUE	$	

I certify that the above is a correct statement of account Mrs. Martha Strickland during her last illness.
R. F. Wheat, M.D.

STATEMENTS ITEMIZED UPON REQUEST ONLY

Witness:
Mrs. Willie Mae Bigram

Notary Public, Georgia, State of Ga. Received Payment
Address: Bainbridge, Ga.
My Commission expires May 9, 1922.

Application for Pension Due to a Deceased Pensioner

Under the Act of August 15, 1904

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

GEORGIA, Decatur County.

Personally before me, the Ordinary of said County, comes J S T Strickland of said County, who, after being sworn, on oath says that he knew Mrs M J Strickland of said County, and that she was on the Widows Pension Roll Decatur County at the time of her death, which occurred in Decatur County, in this State, on the 29th day of July 1921, and that a Pension of ($125.00) Dollars was due ~~her~~ and unpaid at the time of her death. That she left no ~~widow or dependent~~ children surviving ~~her~~, and no estate of any value sufficient to pay his funeral expenses, which amounted to the sum of $68.00 Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me this 3d day of Aug 1921.
T B Maxwell Ordinary.
Decatur County.

J S T Strickland

GEORGIA, Decatur County.

I, T B Maxwell Ordinary of said County, do certify that I personally know J S T Strickland, who is a resident citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew Mrs M J Strickland while in life; that she was the same person whose name appears on the Widows Pension Roll of Decatur County, and was paid a Pension of One hundred Dollars in said County for 1920, and I now believe her to be dead.

Given under my hand and official seal, this 3d day of Aug, 1921.

T B Maxwell Ordinary.

Decatur County.

BROUGHTON STREET
REAR FIRST NATIONAL BANK

TELEPHONES 478 864

BAINBRIDGE, GA., July 30 1921

M The Estate of Mrs M J Strickland

IN ACCOUNT WITH

The Ulmer Undertaking Company

R. C. ULMER, Manager

Funeral Director and Embalmer

FULL LINE OF COFFINS, CASKETS AND BURIAL SUPPLIES

PROMPT AND PERSONAL ATTENTION GIVEN ALL CALLS

1 Casket	50.00
1 Robe	6.00
	56.00

This is to certify, that the above is a true and correct account of The Estate of Mrs M. J Strickland for Funeral expense

Ulmer Undertaking Co.
By Ew Hall

W. Ames
E. E. Martin
W. P. Decatur Co. Ga.

Georgia
Decatur County } Personally appeared Dr L H Peacock who on oath says he Personally knew Mr Joseph D Strickland and have known him since the year 1858. He was then a very strong stout and an able bodded young man and Remained so until he went to the Army in the year 1862. He returned from the Army a reck as to Health. He first contracted bad health by Exposure then a ~~wound~~ wound in the thigh by a Gun shot ~~wound~~ from the Enemy. but Remaind in the Army during light duty, until the close of the war. He became a Patient of mine after his Return from the Army. At times he would seem to build up for a short time & then fall back suffering with as I thought and believed disease of the Kidnes — Amtimog to Nephritis — and being Combind Rheumatism, he was Confined to the House about half his time, Especially if any Laborious Work or Exercise was attempted. He lengered and lived on in this way — until He died — with Dropsy brought on as I honestly think by said Kidney Disease Contracted in the Army.

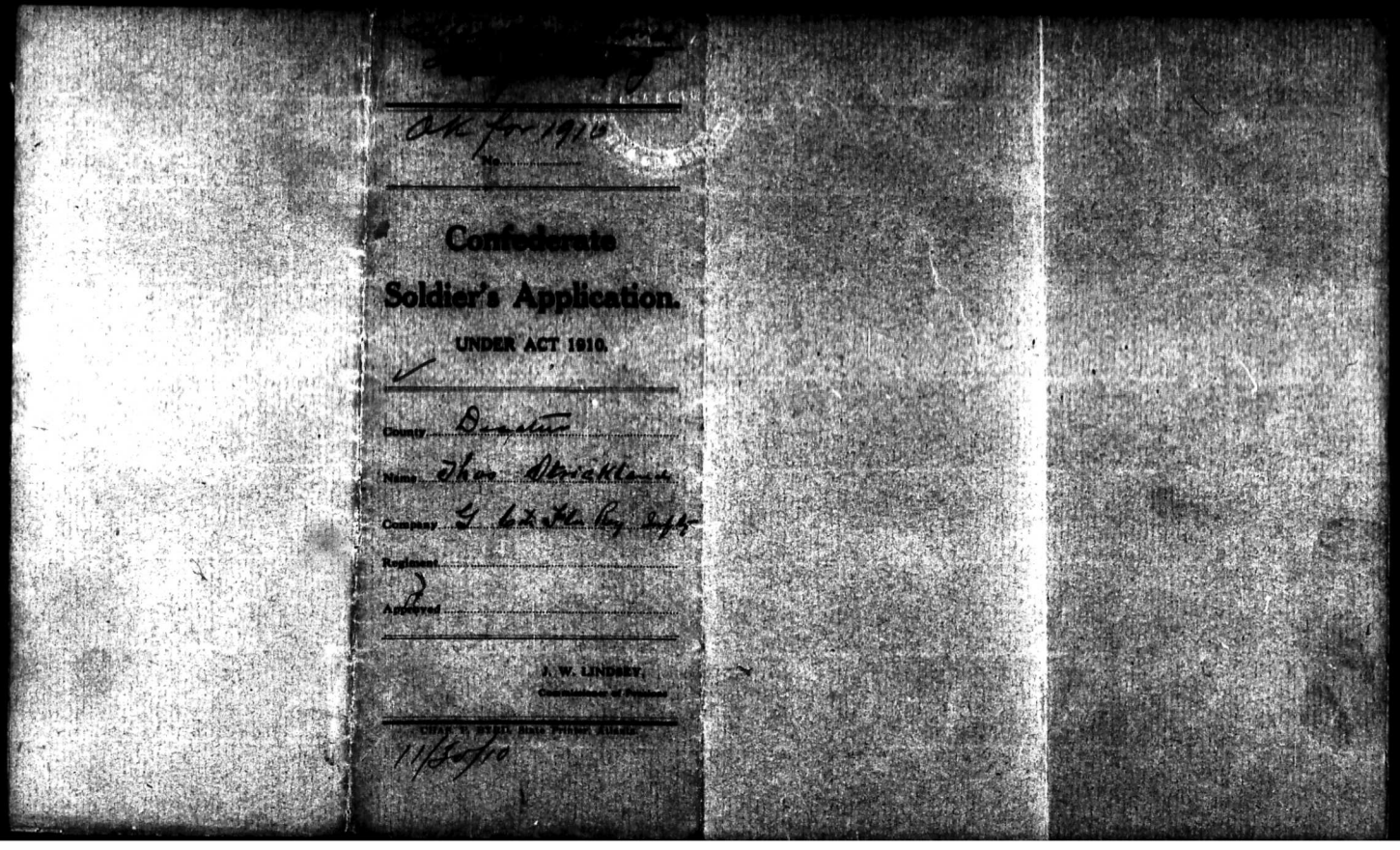
L. H. Peacock M.D.
Bainbridge Ga

Sworn to & subscribed before me this Oct 21st 1895
C H Cunningham
Ordinary

Georgia
Decatur County
Personally Came before the undersigned Dr L H Peacock & D Laing to me as trustworthy who on oath say they know that Mortha J Strickland was born in Georgia & that Joseph D Strickland was a Citizen of Georgia when he enlisted in the Confederate service —

Signed & Sworn to before me this 25th day of July 1895
C H Cunningham
Ordinary

L. H. Peacock M.D.
D X Laing
mk



[redacted]

OK for 1910

No.

Confederate Soldier's Application.

UNDER ACT 1910.

✓

County Decatur

Name Thos Strickland

Company G 6th Fla Reg Infty

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. STEEL, State Printer, Atlanta.

11/30/10

Strickland, Thomas
Decatur County

Ok for 1910
No.

Confederate Soldier's Application.

UNDER ACT 1910.

County Decatur

Name Thos Strickland

Company G 6th Fla Reg Inf

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

11/30/10

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,
Decatur County.

Thos Strickland of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office) Thos Strickland Bainbridge Ga

2. How long and since when have you been a continuous resident citizen of this State? Resident ever since my birth 1845 65 years ago

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Yes In Army of the Confederate States

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) In 1862 at Chattahoochee Fla in Co 4 6 Fla Infantry

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Until Mch 19 1865 Was Wounded & Sent to Hospital

6. When and where was your Company and Regiment surrendered or discharged from the Service? Best of my recollection Some place in N.C. I think Greensboro

7. Were you actually present with your Command when it was surrendered or discharged? No

8. If you were not actually present, state specifically and clearly where you were Was Wounded Mch 19 1865 at Bentonville & Sent to Hospital & Was in Atlanta Hospital when war closed

a. Where was your Command when you left it? At Bentonville N.C.

b. When did you leave the Command? Mch 20 1865

c. For what cause did you leave? Was Wounded & Sent to Hospital

d. By whose authority did you leave? Army Surgeon

e. For how long was your leave granted? In what way? Was Wounded and had no special limit.

f. Why did you not return to your Command after leave expired? Was not able to return

g. In what way were you prevented? Wounded

h. What effort did you make to return? None Was in hospital when war closed

i. Were you captured during the war? No

j. If so, when, and where? In what prison were you held and when were you released?

9. What property of every discription was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) 150 acres Land 450.00 Horses Cattle & Hogs & Hauser holds 200.00 Total Value 650.00 (Wife dead) The above described property belongs to My Son A Minor & I am only trustee & Control the property

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? None disposed of

11. What property of any discription of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). In Control of 150 acres Land and personal property both of the Value of about 650.00 (Wife dead) As described the property therefore belongs to My Son and has been for a number of years

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? No income No earnings except from the farm

13. Are you drawing a pension of any amount from this State or the United States? No

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the 6 day of Aug 1910 } Thos Strickland

J B Maxwell Ordinary,
of Decatur County.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Decatur County.

Henry King of said State and County is hereby presented as a witness in support of the application of Thos Strickland 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? Henry King Decatur County
2. How long and since when have you known Thos Strickland the applicant? I have known him over 60 years
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? He resides in Decatur County Ga as a resident of this State ever since I have known him
4. When, where and in what Company and Regiment did Thos Strickland enlist during war from 1861 to 1865? (Give date and place) At Chattahoochee Fla March 1862 Co F 6th Fla Regt
5. How did you obtain your information of this Service? I was in Co F 6 Fla Regiment I was together for 3 years or more
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) From March 1862 until after 1865
7. When and where was his Command surrendered or discharged (give date and place) At Greensboro NC April 1865
8. Were you personally present at the Surrender? Yes
9. If not, where were you and how came you there? —
10. Was the applicant personally present with his Command at surrender? No
11. If not where was he and how came him there? He was wounded and sent to Hospital March 20 1865
12. When did he leave his Command? March 20 1865 Where was his Command when he left it? At Boston with N C for what cause did he leave? Wounded By whose authority did he leave Army Surgeon and how long was he granted leave? Sent to Hospital not Furloughed How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I was present when he was carried with wounded
13. In what way was he prevented from returning to his Command? disabled How do you know? From Character of wound
14. What effort did he make to return to his Command and how do you know? He was never able to return account of character of wound
15. Was applicant captured as a prisoner No If so, when and where? In what prison was he held? and when released?

Sworn to and subscribed before me, this the 1 day of Nov 1910
D B Maxwell Ordinary
of Decatur County.

Henry X King his mark

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.
Decatur County.

Personally before me comes W J Wimberley & R C Sizemore who on oath says that they are free holders residing in said County and we know Thos Strickland 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.) Mr Strickland & Wife Neighbors 4 years and We know from the property on this pension roll is truly as stated for he owns So 180 acres land 1 Mule 1 cow some hogs by know that personal property which We Value at $ each Value for all $150.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908 Made in Folly or Hope Nothing that we know of
2. When and to whom was it sold or given to? —
3. What was the price paid or stated to be paid? —
4. What relation is the party to applicant? —
5. What disposition was made of the proceeds of the sale? —
6. Was the disposition of this property made in good faith and full values? or was it made to obtain a pension? —

Sworn to and subscribed before me, this the 1st day of Nov 1910
J B Maxwell Ordinary
of Decatur County.

R C Sizemore
W J Wimberley

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.
Decatur County.

I J B Maxwell Ordinary of said County, certify that I know the applicant Thos Strickland Pension is the person he represents himself to be and resides in said County. That I also know Henry King the witness swearing to the service and R C Sizemore & W J Wimberley who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of Tax Digest Decatur Co shows that Thos Strickland & wife value for tax is in 1908 $667.00 for 1909 $662.00 for 1910 $721.00

Sworn under my hand and official seal of office this 1st day of Nov 1910
J B Maxwell Ordinary
of Decatur 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 Free holders unnecessary.

Personally before me comes H J Wimberley & R C Sizemore who on oath says that they are free holders residing in said County and we know Thos Strickland 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.) Mr Strickland is a near neighbor of ours and we know that the property in his possession is truly as agent for his minor son 150 acres land, 1 mule 1 cow and possibly some other personal property which we place as a cash value for all $125.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov.

STRICKLAND, THOMAS
DECATUR CO.

1923 8

Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

Nell Maxwell Ordinary

For Thos. Strickland

of Decatur County

Old or New Class?

Died January 5, 1929

Amount, $ 100.00

Approved and ordered paid. 7 1928

John W. Clark 1928

18 Feby 29 JOHN W[illegible]
Commissioner of Pensions.

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

Bainbridge, Ga., January 8 1929 192

Mr. Thomas Strickland

Climax Ga

Funeral Expenses of
Mr Thomas Strickland

IN ACCOUNT WITH

BAINBRIDGE FUNERAL HOME

BEARDEN & COX, Props.

Funeral Directors and Embalmers

AMBULANCE SERVICE

TELEPHONE 164 TELEPHONE 164

1929

Jan 5 Casket 110. Embalming 25. Suit 30. Hearse 25. $190 00

The above and foregoing account is rendered for funeral expenses of Thos. Strickland, who died without owning sufficient property to pay this bill."

Sworn to before me this 8th day of January, 1929.

Nell Maxwell
Ordinary.

Eugene W. Cox
Undertaker

Application for Pension Due to a Deceased Pensioner

(Under the Act of August 15, 1904)

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

GEORGIA, Decatur County.

Personally before me, the Ordinary of said County, comes Z. B. Strickland of said County, who, after being sworn, on oath says that he knew Thos. Strickland of said County, and that said pensioner was on the Pension Pension Roll of Decatur County at the time of death, which occurred in Decatur County, in this State, on the 5th day of January 1929, and that a Pension of none Dollars was due pensioner and unpaid at the time of pensioner's death. That he left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $ 190.00 per sworn statement fully and completely itemized, hereto attached.

Sworn to and subscribed before me this 7th day of January 1929

Hall Maxwell, Ordinary.

Decatur County.

Z B. Strickland
Son of Thomas Strickland

AFFIDAVIT OF ORDINARY

GEORGIA, Decatur County.

I, T. B. Maxwell, Ordinary of said County, do certify that I personally know Z. B. Strickland, who is a resident citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew Thos. Strickland while in life and that this was the same person whose name appears on the Decatur Pension Roll of Decatur County, and was paid a Pension of $200.00 Dollars in said County for 1928, and I now believe said pensioner to be dead.

Given under my hand and official seal, this 7th day of January, 1929

(SEAL)

T. B. Maxwell
By Hall Maxwell Ordinary.

Decatur County.

INSTRUCTIONS:

1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and died without owning sufficient property to pay such expenses. The widow of a soldier, if she is living, has prior claim over these expenses, and must make application on yellow blank.

2nd. Require those claiming accounts for expenses of last illness, and expenses of funeral, to make out their account in fully itemized form, giving each item and the value of it, and each date.

3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.

4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms, "just, true, due, unpaid," etc.)

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

5th. The Ordinary must see to it that each bill is perfectly legitimate in every respect and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

6th. The completed voucher, this blank and the bills, must be sent to the Pension Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.

7th. The Ordinary signs pay-roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.

8th. Accept no bills for nursing until you write the Pension Office, stating the circumstances in very great detail. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.

9th. Return this application, and attached bills, with your final settlement to the Pension Office.

10th. Ordinary should see that the back of this blank, when folded, is filled out.

11th. Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.

T. B. MAXWELL
ORDINARY

Ordinary

Bainbridge, Ga. January 8, 1929.

Hon. John W. Clark,
Commissioner of Pensions,
Atlanta, Ga.,

Dear Col. Clark:

Enclosed Application For Funeral Expense Claim for Thos. Strickland, died January 5, 1929.

Mr. Thos. Strickland, was on Pension Roll of Decatur County, and was paid his fourth quarter dues on December 17th, 1928.

Mr. Z. B. Strickland, his son, swears that his father died without owning sufficient estate to settle his expenses. Funeral bill sworn to, is attached.

Yours very truly,

Hall Maxwell
Ordinary.

P. S. Thank you kindly for your information in letter received today in regard to a widow's claim for funeral expenses.

NAME Strickland, Thomas YEAR 1911 COUNTY Decatur.

[illegible] AND WHERE BORN? Resident since birth, 1845. (65 years)

[illegible] ENLISTED? 1862, Chattahoochee, Fla.

[illegible]

COMPANY AND REGIMENT? Company C 6th Fla. Inf[illegible].

NAME OF CAPTAIN AND COLONEL?

WOUNDED? March 19th 1865, at Bentonville, and sent to hospital, and was in Atlanta, Hospital when war closed.

CAPTURED? WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? I think Greensboro, North Carolina,

IF NOT PRESENT AT SURRENDER? WHERE WERE YOU? Was in Atlanta, Ga. hospital when war closed

DIED? WHEN AND WHERE?

BURIED?

WITNESSES. Henry King- Company C. 6th Fla Regt. No data

CB

GEORGIA DECATUR COUNTY.

This is to certify that I, Alex Strickland, son of Thomas Strickland, and brother of Z. B. Strickland, received a check of $100.oo from the Ordinary of Decatur County, for the funeral expenses of my deceased father Thomas Strickland, who was on the Pension Roll of Decatur County, who died on January 5th, 1929.

This the 22d day of June, 1929.

Alex Strickland

Signed in the presence of Nell Maxwell, Ordinary, this the 22d day of June, 1929.

Nell Maxwell
Ordinary

Stringfellow, W. H.

OK

No. 787

Decatur Co

INDIGENT PENSION

1895.

Name W H Stringfellow

County Decatur

Ground age & infirmity

1st Jany 1896 ~~1895.~~

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Atty

Geo. W Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Decatur County.

I, W H Stringfellow hereby authorize W H Wright of Alcorn

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

at Bainbridge by Clerk

Witness my hand and seal this 11th day of April 1895.

Executed in presence of

[illegible]

[illegible]

W H Stringfellow
Mr

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, W H Stringfellow hereby authorize W A Wright of Bainbridge

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

at Bainbridge by Check

Witness my hand and seal this 11th day of April 1895.

Executed in presence of
C H Merriman
J L Bradwell

W H X Stringfellow
his mk

Stringfellow W. H.
No. 787
Decatur Co

INDIGENT PENSION
1895.

Name W H Stringfellow
County Decatur
Ground for indigency 1st Aug 1894

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Atty

Geo. W. Harrison, State Printer, Atlanta.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Decatur County.

W H Stringfellow 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)
W H Stringfellow Decatur Co Bainbridge
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
Decatur Co since 1848
3. When and where were you born? South Carolina 1820
4. Did you volunteer in the Confederate Army or in the Georgia Militia? Confederate Army
5. When and where did you enlist? Coldwater Miller Co 1861
6. In what company and regiment did you enlist? Capt Kendrick 1st Reg State Troops
7. How long did you remain in that company and regiment? 6 months
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer? remained 6 months as above & then enlisted in Capt Sam Hale Co Howes Battalion
9. For how long a period did you discharge regular military duty? Served in this Organ
10. When, where and under what circumstances were you discharged from service?
At end of war - by Parol

11. What is your present occupation? Nothing
12. How much can you earn per annum by your own exertions or labor? Nothing
13. What has been your occupation since 1865? farming a little at Blacksmithing
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? Don't know how much - Can't do much
15. What is your present physical condition and how long have you been in such condition?
Extremely feeble - Chronic Diarrhea

16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? 2 first
17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?
2 years have been too feeble to do anything

18. What property, effects or income do you possess? Nothing

19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? Could work a little at my Trade in 1893 - in 1894 could not do anything

20. In what County did you reside during those years and what property did you then return for taxation?
Decatur County - No property

21. How were you supported during the years 1893 and 1894?
By the charity of a Daughter - Who is over 70 years old

22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Could do anything

23. What was your employment during 1893 and 1894? What pay did you receive in each year?
Worked a little at my Trade - but made Nothing - only helping about home of Daughter Husband

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?
A Widower - 3 Children - 2 Girls & One Son none here in Decatur Co

25. Are you receiving a pension under any law of this State, if so what amount and for what disability? none

Sworn to and subscribed before me this the 8th day of April 1895. } W H L Stringfellow mark Applicant.

C J Munnerlyn Ordinary of Decatur County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA, Miller County.

D. W. Lane, of said State and County, having been presented as a witness in support of the application of W. H. Stringfellor 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? D. W. Lane Decatur County
2. Are you acquainted with W. H. Stringfellor, the applicant, if so how long have you known him? forty years
3. Where does he reside, and how long has he been a resident of this State? Decatur Co. ever since 1848
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I served in the State service 6 months with him
5. When, where and in what company and regiment did he enlist? Fri Oct. 1861 At Savannah Company E 1st Georgia Regiment
6. Were you a member of the same company and regiment? I were
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? 6 months At the expiration of 6 months he was lawfully discharged
8. What property, effects or income has the applicant? (Give your means of knowledge.) He has none By taking his word under an oath.
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? He had nothing to dispose of.
10. What is the applicant's occupation and physical condition? No occupation and not able to follow any. His physical condition is such that he is not able to do anything
11. Is the applicant unable to support himself by labor of any sort, if so, why? By reason of his age blindness and poverty
12. How was he supported during the years 1893 and 1894? By his daughter
13. What portion of his support for these two years was derived from his own labor or income? none
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? Age & poverty Infirmity & poverty blindness & poverty
15. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this the 10th day of April 1895. } W. H. his mark Stringfellor Applicant.

James Lane Ordy M. C. D. W. Lane Witness

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA, County.

Personally came before me L. H. Peacock M.D. and A J Chesnut M.D., both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully W. H. Stringfellow, applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:

Very poor sight. chronic cystitis & Prostatitis. General senile debility and chronic Dysentery. and chronic Hepatitis. all of which troubles make him fully unable to support himself.

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 11th day of April 1895. } A J Chesnut M.D. L. H. Peacock M.D.

C J Munnerlyn Ordinary

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Miller County.

I, James Lane C J Munnerlyn, Ordinary in and for said County, hereby certify that the applicant Miller County W. H. Stringfellor 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: Doctors S J Chesnut & L H Peacock are of trustworthy character and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same were signed.

I further certify that the tax digests of County show that applicant returned for taxation in his name in 1893, Nothing dollars of property, and in 1894, dollars of property.

Witness my hand and seal of office, this 10th day of April 1895.

James Lane Ordinary of Miller County.

C J Munnerlyn Ordinary

NOTE. Decatur County

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

15. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this the 10th day of April 1895. } W. H. his mark Stringfellow Applicant.

James Lane [illegible] Wm. C. D. W. Lane Witness

of Miller County.

C J Munnerlyn
Ordinary
Decatur 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."

OFFICE OF
C. J. MUNNERLYN,
ORDINARY,
DECATUR COUNTY.

Bainbridge, Ga., 189

Mr Johnson

This Paper is in a blank form — the Ordinary of Miller not understanding the proper method of attestation — I have had to include my official endorsement with his internal attestation

I hope informality will not prevent you considering the application for it is one coming I think within the Law & the poor old fellow is a worthy man —

Very truly Yours
C J Munnerlyn
Ordinary

NAME Stringfellow, W.H. YEAR 1896 COUNTY Decatur

WHEN AND WHERE BORN? South Carolina

ENLISTED WHEN AND WHERE? Colquitt Miller County 1861.

RANK.

COMPANY AND REGIMENT? 1st. Company E. 1st. Brigade.
Captain Kendrick 1st, Regt. State Troops 6 months.
Reenlisted: Captain Sam Hall Co. Hood's Battalion.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? 1865

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. W.W. Lane. No data.

NAME Stringfellow, W.H. YEAR 1896 COUNTY Decatur

WHEN AND WHERE BORN? South Carolina

ENLISTED WHEN AND WHERE? Colquitt Miller County 1861.

RANK.

COMPANY AND REGIMENT? 1st. Company E. 1st. Brigade.
Captain Kendrick 1st, Regt. State Troops 6 months.
Reenlisted: Captain Sam Hall Co. Hood's Battalion.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? 1865

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. D.W. Lane. No data.

Swicord, Nancy
Apr 1912
Decatur County

No.

Widow's Pension

UNDER ACT 1910

County Decatur

Name Mrs Nancy Swicord

Widow of J. S. Swicord

D. 17 Ja.

ENTERED ROSTER OFFICE

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

9/1-1911
ENTERED ROSTER OFFICE

Swicord, Nancy
Decatur County
Ad Fm 1912

No.

Widow's Pension

UNDER ACT 1910

County Decatur

Name Mrs Nancy Swicord

Widow of J. S. Swicord

Ad. 17 Ga.

ENTERED ROSTER OFFICE

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

8/1-1911
ENTERED ROSTER OFFICE

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

STATE OF GEORGIA,
Decatur County.

Personally before me comes Mrs Nancy Swicord 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? Nancy Swicord Climax Ga
2. How long and since when have you been a continuing resident in the State of Georgia? A resident all my life 63 years
3. When, where and to whom were you married? J. S. Swicord in Decatur Co Ga July 1865
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) 1862 Co D 17th Ga Infantry Confederate army
5. When and where did the Commands of your husband surrender or discharge from the army? At Appomaddox Va April 1865
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? Present
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? 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? In Decatur Co May 21 1910
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.) None in my name
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 sold or given away.
11. What property of any description of any value have you now? Give list and cash value? 75 acres land 4 cattle 10 Hogs 1 Wagon 1 Buggy 1 Mule Household [illegible] 900.00 by appraisers
12. What are your annual earnings or income and their value? No Income My living is from the farm
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 1 day of Aug 1911

Mrs Nancy Swicord

T. B. Maxwell Ordinary.

of Decatur County.

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,
Decatur County.

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

1. What is your name and where do you reside? A. J. Kelly
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.) Residence of this State ever since I know her (over 40 years)
4. When and to whom was she married? J. S. Swicord How do you know? Generally known
5. How long and since when did you know J. S. Swicord her husband? Known him since Boyhood
6. When and where did J. S. Swicord the husband of Applicant die? At Home in Decatur Co 1910
7. Where the Aplicant and her husband living together as husband and wife at the date of his death? To my knowledge they were
8. If not, how long did they live apart before his death? —
Were they divorced? no
9. When, where and in what Company and Regiment did J. S. Swicord enlist? About the Spring 1862 he came to Co D 17th Ga Regiment (Infantry) of the Confederate Army
10. Were you a member of the same Company? I was
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From enlistment to end of the War April 9 1865
12. When, and where did his Command surrender, and was discharged? At Appomadox Va April 9 1865
13. Were you personally present when it was surrendered? I was If not where were you — and how came you there? —
14. Was the husband of applicant personally present at surrender? He was 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? Both together and was discharged at Close of the War
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 1 day of Aug 1911

A. J. Kelly his Mark

T. B. Maxwell Ordinary,

of Decatur County.

H. M. Emanuel Lieut Co D 17th Ga

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Decatur County.

Personally before me comes M. C. Knight who on oath says that they are freeholders of said County and that they know Mrs Nancy Swicord Near Neighbor of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows None to our knowledge

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 None to our knowledge	
Money, Notes and accounts	$

Schedule (C).

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

75	Acres of land worth	$ 750
1	Horses and Mules	$ 70
7	Cows and Hogs 19 Hogs	$ 100
	Other property including Household	$ 80
	Income and earnings No income	$
	Total Value of all property and effects	$ 1000.00

Sworn and subscribed before me this the 1 day of Aug 1911

M. C. Knight

T. B. Maxwell Ordinary,

of Decatur County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I T. B. Maxwell Ordinary of said County do certify that, I know Mrs Nancy Swicord 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 A. J. Kelly & H. M. Emanuel the witness who swears to the service of husband, and M. C. Knight 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 Mrs Nancy Swicord Returned for Tax is for 1908 $ — for 1910 $ — 1911 - $992.00

Sworn under my hand and official seal of office this 25 day of Aug 1911

SEAL.

T. B. Maxwell Ordinary,
Decatur 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.
4 All affidavits must be made before the Ordinary.
3 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 Decatur County

I J B Maxwell Ordinary of said county do certify that the within is a true copy of Marriage License & Marriage Certificate of the Marriage of James Swicord to Nancy Parker which appears of record in this Office Given under my hand & seal of Office This 26 th day of August 1911

J B Maxwell
Ordinary.

MARRIAGE LICENSE

OF

AND

Issued 19

and Recorded on Page Book

of Marriage Licenses.

Ordinary.

This 26 th day of August 1911

F B Maxwell

Ordinary.

MARRIAGE LICENSE

OF

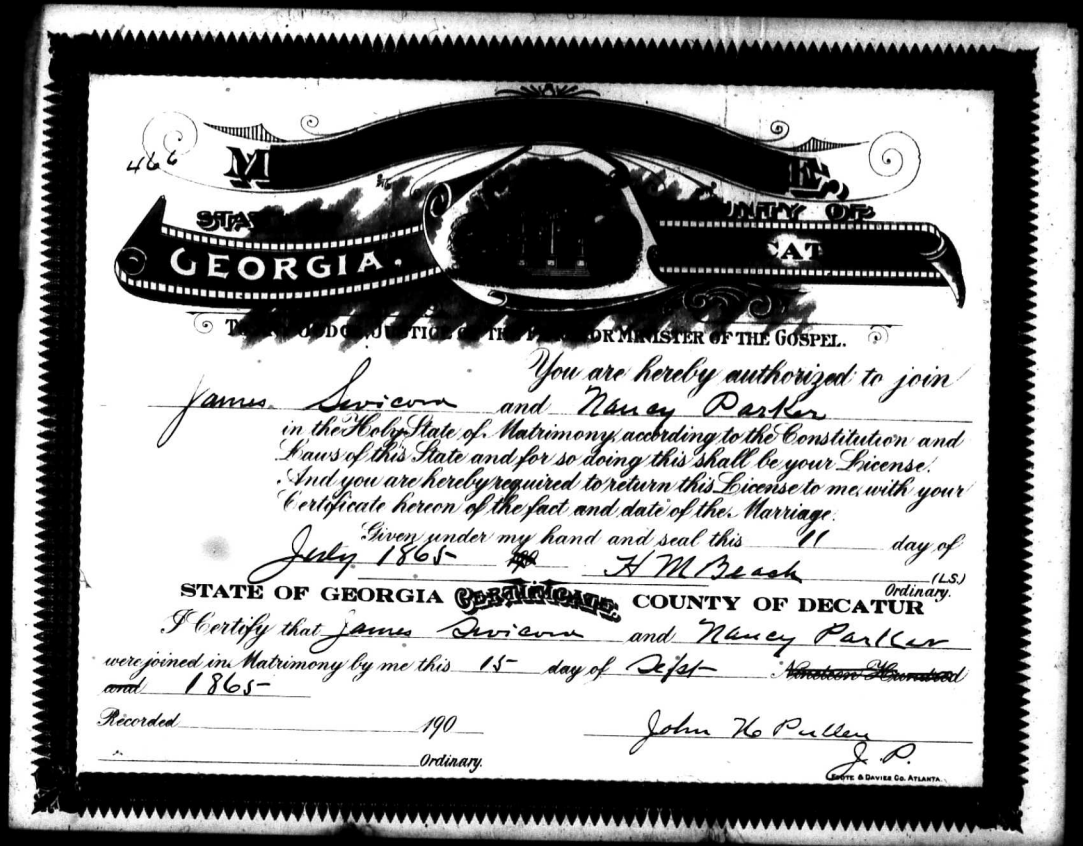
AND

Issued 19

and Recorded on Page Book

of Marriage Licenses.

Ordinary.



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M[illegible]E

STA[illegible] [illegible]UNTY OF

GEORGIA. [illegible]AT

T[illegible] [illegible]OR MINISTER OF THE GOSPEL.

You are hereby authorized to join James Sevicova and Nancy Parker 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 11 day of July 1865 ~~190~~ H M Beach (L.S.) Ordinary.

STATE OF GEORGIA CERTIFICATE COUNTY OF DECATUR

I Certify that James Sevicova and Nancy Parker were joined in Matrimony by me this 15 day of Sept ~~Nineteen Hundred and~~ 1865

Recorded _____ 190 _____ John H Pullen J. P.

_____ Ordinary.

Foote & Davies Co. Atlanta.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA. }
Fraser COUNTY. }

Know all Men by these Presents, That I, Lucinda Taylor of Stephens County, in said State, do hereby appoint Mrs A Wright 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 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 16th day of March 1894.

Lucinda Taylor [L. S.]

Executed in the presence of us
E. C. Wannamaker
C. C. Wannamaker

DIRECTIONS

If allowed, send amount by ..... to me at ....., and oblige.

Lucinda Taylor
Co. F 4th Ga Cav
Mar 16 1894

Mrs Lucinda Taylor
Widow of Co

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Decatur COUNTY. }

Know all Men by these Presents, That I, Lucinda Taylor of Stephens

County, in said State, do hereby appoint Mr A Wright

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 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 16th day of March 1894.

Lucinda Taylor [L. S.]

Executed in the presence of us
E. C. Mannerlyn
C. H. Mannerlyn

DIRECTIONS

If allowed, send amount by to me at , and oblige.

Ex Clerk's Office Feb 12 1894
Mr Brooks Ans sent
Clear Creek Ga
Capt has enrolled
in Georgia Troops in the
State
Mrs Lucinda Taylor
is a Pensioner
she was born in the
Nativity

Taylor, Lucinda & a
Decatur Co.

1894.

No. 4102

Widow's Pension.

for year ending February 15, 1894.

PAID TO

Mrs. Lucinda Taylor

OF

Decatur County.

Warrant Issued.

April 18 1894.

AND HANDED TO

ATLANTA, GA.:
Geo. W. Harrison, State Printer.
(Printing Done by Convicts.)

Form No. 1.

Affidavit to be Made by the Widow.

STATE OF GEORGIA, }
COUNTY OF Decatur } In person came before me, the undersigned Ordinary in and for the County of Decatur

Mrs. Lucinda Taylor, who being sworn according to law, says under oath that she is the widow of G W B Taylor, who was a soldier in the service of the Confederate States, and served as a member of Company B, of the 8th Regiment of Florida Volunteers; that he enlisted in said service on or about the day of 1862; and was in the Army up to April 1865. That while in the Army, he was on the day of 186, (See Note No. 1)

Discharged on account of ill health but went back to the Army & although suffering from ill health remained until the time above stated. He had an incurable Cough which caused until his death in 1885. He stated that his health & the consequent ill health was the cause of his discharge. If his service he deems been a man of sound Constitution & good health upon entering the Army

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the th day of May 1867 and that she has resided in Georgia continuously since the day of May 1874; 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, 1894, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this the 16th day of March 1894 Lucinda Taylor

C H Mannerlyn Ordinary. POST OFFICE Bainbridge

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 to the Army and not from any other cause.

Form No. 2.

Affidavit for Three Witnesses.

State of Georgia,
County of

In person came before me, the undersigned Ordinary in and for said County, witnesses E. Wimberley

Thomas Godwin & D. L. Lambert

and _____ (each known to said Attesting Officer as truthful, reliable ad reputable citizens), who severally say under oath, that, FROM THEIR OWN PERSONAL KNOWLEDGE, Mrs. Lucinda Taylor, of the County of Decatur State of Georgia, is the widow of G. B. Taylor who was a soldier in Company B of the 9th 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 May 186 2 That while in said service or by reason of said service in the Army, he lost his life as follows:

He became sick & was discharged from service & discharged & afterwards returned to his company & remained eight days in the Medical Department until the close of the war. He was sick & over powered & died with the disease of the bowels. Pvt. G. B. Taylor & therefore as a consequence death was the result of the service. He never received a wound or injury & died prior to the war & at the time of his enlistment.

Our opportunity for knowing the facts stated in reference to death of applicant's husband were that we were in the same Company & live near neighbors before & after the war up to his death.

We further swear that Mrs. Lucinda Taylor was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in Decatur County of the State of Georgia.

Sworn to and subscribed before me, this, the 16th day of March 1894

E. Wimberley Ordinary.

Thomas Godwin
Ezekiel Wimberley
D. L. Lambert

NOTE 1. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

2. If the husband died after the war of wounds or disease, state fully and particularly how you, as witnesses, know the service as a soldier was the immediate cause of his death.

Form No. 3.

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

STATE OF GEORGIA, } I, E. Wimberley Ordinary
COUNTY OF Decatur } in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Lucinda Taylor 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 16th day of March 1894.

{ SEAL. }

E. Wimberley 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.

No pension can be paid for previous years.

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

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

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

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

If husband died since the war testimony by physicians must be produced.

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

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

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

If proofs must be made out of the State, the witnesses must be sworn before a *Judge of a Court of Record under Seal*, and the witnesses must be certified to as reliable, and that their signatures are genuine.

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.

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, [redacted] Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Lucinda Taylor 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 G B Taylor 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 19th day of January 1895.

{SEAL} C P Munnerlyn Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, Lucinda Taylor of Decatur County in said State, do hereby appoint W A Wright 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 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 19th day of January 1895. Lucinda her X mark Taylor [L. S.]

Executed in the presence of us:
J. D. Bradwell
C P Munnerlyn

DIRECTIONS.

Send amount by ..... to me at ....., and oblige

Taylor, Lucinda
Decatur Co
FOR THOSE HERETOFORE PAID.

1895.

No. 3551

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO
Mrs. Lucinda Taylor
OF
Decatur County.
widow of G B Taylor

WARRANT ISSUED
2/9 1895.

AND HANDED TO
WM

Geo. W. Barrows, State Printer.

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C P Munnerlyn Ordinary in and for said County of ..... State of Georgia, hereby certify that I am acquainted with Mrs. Lucinda Taylor 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 G B Taylor 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 January 1896.

{SEAL} C P Munnerlyn Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

I, Lucinda Taylor hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to me at Bainbridge

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of January 1896.

Lucinda her X mark Taylor [L.S.]

Executed in the presence of
J. D. Bradwell
C P Munnerlyn

Taylor, Lucinda
Decatur County
FOR THOSE HERETOFORE PAID.

1896.

No. 527

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO
Mrs. Lucinda Taylor
OF
Decatur County.
widow of G B Taylor

WARRANT ISSUED
2/1 1896.

AND HANDED TO
WT

Geo. W. Barrows, State Printer.

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally Comes Mrs. Lucinda Taylor

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has *resided* in said State continuously ever since over 50 years 18 That she is the Widow of G B Taylor who was a Soldier in Company B of the 8th Regiment of Florida Volunteers, that he enlisted in said Regiment on or about the month of 1862 and served in the Army up to April 1865 That he lost his life on the day of 1885 or 86 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Died from Consumption created by service in the Wars

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 1855 or 56, 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 19th day of Jany 1895.
C P Mannaspe Ordinary.

Lucinda her X mark Taylor
Post-office

Form 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally Comes Mrs. Lucinda Taylor

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since over fifty years 18 That she is the Widow of G B Taylor who was a Soldier in Company B of the 8th Regiment of Florida Volunteers, that he enlisted in said regiment on or about the month of May 1860 and served in the Army up to 1865 That he lost his life on the day of 1886 (*State here full particulars of the husband's death, when, where and from what cause.*) (

from consumption produced by the service in Army

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 1857, 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 Decatur 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 Jany 1896.
C P Mannaspe Ordinary.

Lucinda her X mark Taylor
Post-office

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C. J. Mummerlyn Jr Clk Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Lucinda Taylor 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 G. B. Taylor 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 27th day of Jany 1897.

(SEAL) C. J. Mummerlyn Jr Clk Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

Lucinda Taylor hereby authorize Wm J Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to C J Mummerlyn at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 27th day of Jany 1897.

Lucinda her X Taylor mark [L. S.]

Executed in the presence of

C. J. Mummerlyn Jr

W. J. Bradwell

Taylor Lucinda Decatur County

For Those Heretofore Paid.

1898.

No. 2707

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs Lucinda Taylor

OF

Decatur County,

Widow of G. B. Taylor

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2 1/16 1898.

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Taylor Lucinda Decatur County

FOR THOSE HERETOFORE PAID.

1897.

No. 3586

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

Mrs Lucinda Taylor

OF

Decatur County,

widow of G. B. Taylor

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2 1/16 1897.

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia, Decatur County.

Lucinda Taylor hereby authorize Wm J Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to C J Mummerlyn at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 19th day of Jany 1898.

Lucinda her X Taylor mark [L. S.]

Executed in the presence of

C. J. Mummerlyn Jr

W. J. Bradwell

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, **Personally Comes Mrs.**
County of Decatur Lucinda Taylor

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all my life 18 That she is the Widow of G. B. Taylor who was a Soldier in Company B of the 8th Regiment of Florida Volunteers, that enlisted in said regiment on or about the month of May 1861 and served in the Army up to 1865 That he lost his life on the 27th day of Nov 1886 (*State here full particulars of the husband's death, when, where and from what cause.*) Died of Consumption contracted while in the Army.

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 1859, 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 Decatur 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 27th day of Jany 1897.
C. J. Mummerlyn Ordinary.

Lucinda her x mark Taylor
Post-office Attapulgus Ga

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, **Personally Comes Mrs.**
County of Decatur Lucinda Taylor

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 23d Oct 1840 That she is the Widow of G. B. Taylor who was a Soldier in Company B of the 8th Regiment of Florida Volunteers, that he enlisted in said regiment on or about the month of May 1861 and served in the Army up to ~~these~~ Surrender 1865 That he lost his life on the day of 1886 (*State here full particulars of the husband's death, when, where and from what cause.*)

Died of Consumption contracted in the army

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

I have been allowed a pension as a resident of Decatur 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 19th day of Jany 1898.
C. J. Mummerlyn Ordinary.

Lucinda her x mark Taylor
Post-Office

State of Georgia,
Decatur County.

I C. J. Mummerlyn Ordinary of said County, certify that I am well acquainted with Mrs. Lucinda Taylor 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 1840

Given under my official signature and seal this the 19th day of Jany 1898.

C. J. Mummerlyn
Ordinary of Decatur County.

Official Seal.

POWER OF ATTORNEY.

State of Georgia,
Decatur County.

I, L C Taylor hereby authorize W m A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to T B Maxwell Ordy at Bainbridge Ga by c/k

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15 day of June 1899.

L C Taylor [L. S.]
Mark

Executed in presence of
E Lassiter
T B Maxwell ordy

Taylor, L. C. Mrs.
Decatur Co

For Those Heretofore Paid.

1899.

NO. 3072

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mrs. L C Taylor
OF
Decatur County
Widow of L C Taylor

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
2/4 1899.
AND HANDED TO
W

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Lucinda Taylor hereby authorize W A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to Ordinary at Bainbridge

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12 day of January 1900.

Lucinda her X Taylor [L. S.]
mark

Executed in presence of
S T Morton
T B Maxwell

Taylor, Lucinda
Decatur County

To Those Heretofore Paid.

1900.

NO. 1045

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. Lucinda Taylor
OF
Decatur County,
Widow of L C Taylor

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Feb 14 1900,
AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. L C Taylor

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 1850 That she is the Widow of G B Taylor who was a soldier in Company B of the 8th Regiment of Florida Volunteers, that he enlisted in said regiment on or about the month of May 1860 and served in the Army up to Close of the War 186 That he lost his life on the 27 day of November 1886 (*State here full particulars of the husband's death, when, where and from what cause.*)

He Contracted Consumption while in service and which Grew worse until death came 27th November 1886.

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

I have been allowed a pension as a resident of Decatur 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 13 day of Jany 1899. T B Maxwell Ordinary. } L C her Taylor mark Post-Office Attapulgus Ga

State of Georgia, Decatur County. } I T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. L C Taylor 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 1850

Given under my official signature and seal this the 13 day of Jany 1899.

T B Maxwell

Official Seal. Ordinary of Decatur County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. Lucinda Taylor

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 1890. That she is the Widow of Green B Taylor who was a soldier in Company B of the 8th Regiment of Fla Volunteers, that he enlisted in said regiment on or about the month of May 1860 and served in the Army up to 1865 That he lost his life on the 27 day of Nov 1886 (*State here particulars of the husband's death, when, where and from what cause*)

Contracted Consumption while in service & died in November with fair decease as per proof in application

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

I have been allowed a pension as a resident of Decatur 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 12 day of Jan 1900. T B Maxwell Ordinary. } Lucinda her Taylor mark Post Office Attapulgus

State of Georgia, Decatur County. } I T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Lucinda Taylor, 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 1890

Given under my official signature and seal, this the 12 day of Jan 1900.

T B Maxwell

Official Seal. Ordinary of Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Mrs Louanda Taylor hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon and request that he remit same to
Ordinary at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10
day of January 1901.

her
Louanda Taylor [L. S.]
mx

Executed in presence of
Robt Bowen
T B Maxwell
Ordinary.

Taylor, Louanda
Decatur Co

To Those Heretofore Paid.

1901.

No. 1434

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs Louanda Taylor
OF
Decatur County.
Widow of W B Taylor

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
2/ 1901,
AND HANDED TO
Wright

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Mrs Louanda Taylor, hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 9
day of June 1902.

her
Louanda Taylor [L. S.]
mx

Executed in presence of
M W Bales
T B Maxwell Ordy.

Taylor, Louanda
Decatur County

To Those Heretofore Paid.

1902.

No. 2512

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs Louanda Taylor
OF
Decatur County,
Widow of W B Taylor
Co. B Regiment S C Vols

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1902
AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur } Personally Comes Mrs. Lorenda Taylor

who, being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all my life. That she is the Widow of G B Taylor who was a soldier in Company B of the 8 Regiment of Florida Volunteers, that he enlisted in said regiment on or about the month of May 186/ and served in the Army up to. 186[illegible]. That he lost his life on the day of November 18 86 (State here particulars of the husband's death, when, where and from what cause) Con tracted Consumption While in service which resulted in death [illegible]/886 as per proof

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 39

I have been allowed a pension as a resident of Decatur 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 10 day of January 1901. J B Maxwell Ordinary. } Lorenda her X mark Taylor Post Office Attapulgus Ga

State of Georgia, Decatur County. } I J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Lorenda Taylor, 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 23 day of Dec 1890

Given under my official signature and seal, this the 10 day of Jany 1901.

{Official Seal.}

J B Maxwell
Ordinary of Decatur County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur } PERSONALLY COMES MRS. Lorenda Taylor

who, being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since All her life. That she is the Widow of G B Taylor who was a soldier in Company B of the 8 th Regiment of Florida Volunteers, that he enlisted in said regiment on or about the month of May 186/, and served in the Army up to April 186[illegible]. That he lost his life on the 27 day of Nov 18 86 (State here particulars of the husband's death, when, where and from what cause) He contracted Consumption while in service which caused his death in Nov. 1886

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 39.

I have been paid a pension as a resident of Decatur 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 9 day of Jan 1902. J B Maxwell, Ordinary. } Lorenda her X mark Taylor Post-Office Fowlstown

State of Georgia, Decatur County. } I, J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Lorenda Taylor, 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 Jan 1890

Given under my official signature and seal, this the 9 day of Jan 1902.

{Official Seal.}

J B Maxwell
Ordinary of Decatur County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Lucinda Taylor, hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 20 day of January 1903.

Lucinda her x mark Taylor [L. S.]

Executed in presence of

T B Maxwell Ordinary
Jno R. Wilson

Taylor Lucinda
Decatur County

To Those Heretofore Paid.

1903.

No. 1919

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs Lucinda Taylor

OF

Decatur County,

Widow of G B Taylor

Co. B Regiment 8 Fla

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
2/12 1903.

AND HANDED TO
W A W

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs Lucinda Taylor hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18 day of Jan 1904.

Mrs Lucinda her x mark Taylor [L. S.]

Executed in presence of

T B Maxwell Ordinary
B. F. Hawes Jr

Taylor Lucinda
Decatur County

TO THOSE HERETOFORE PAID.

1904.

No. 2181.

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs Lucinda Taylor

OF

Decatur County,

Widow of G B Taylor

Co. B Regiment 8 Fla

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 19 1904,

AND HANDED TO
Cor R.

Geo. W. Harrison, State Printer, Atlanta.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } PERSONALLY COMES MRS. Lancinda Taylor

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since All her Life. That she is the Widow of G B Taylor who was a soldier in Company B of the 8 Regiment of Fla Volunteers, that he enlisted in said regiment on or about the month of May 1860, and served in the Army up to Close in April 1865. That he lost his life on the Mo day of May 1886 (State here particulars of the husband's death, when, where and from what cause.) Died at Home Decatur County with consumption ~~on~~ Decease contracted while in service for which he never received

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

I have been paid a pension as a resident of Decatur 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 20 day of Jany 1903. T B Maxwell, Ordinary. } Lancinda her X mark Taylor Post-Office Alaphrigus

State of Georgia, Decatur County. } I, T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Lancinda Taylor, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jany 1890

Given under my official signature and seal, this the 20th day of January 1903.

{ Official Seal. } T B Maxwell Ordinary of Decatur County.

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

Form No. 1.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Decatur } PERSONALLY COMES MRS. Lancinda Taylor

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since All her Life. That she is the Widow of G B Taylor who was a soldier in Company B of the 8 Regiment of Fla Volunteers, that he enlisted in said regiment on or about the month of May 1861, and served in the Army up to April 1865. That he lost his life on the 27 day of Nov 1886 (State here particulars of the husband's death, when, where and from what cause.) Died with consumption a disease contracted while in service as per proof

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

I have been paid a pension as a resident of Decatur 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 18 day of Jan 1904. T B Maxwell Ordinary. } Lancinda her X mark Taylor Post Office. Fowls town

State of Georgia, Decatur County. } I, T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Lancinda Taylor, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of January 1890

Given under my official signature and seal, this the 18 day of Jan 1904.

{ Official Seal } T B Maxwell Ordinary of Decatur County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Lou cinda Taylor, hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 23 day of Jan 1905.

Lou cinda her X m Taylor [L. S.]

Executed in presence of
F B Maxwell Ordinary.

Taylor, Lucinda
Decatur County

To Those Heretofore Paid.

1905.

No. 731

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs Lou cinda Taylor
OF
Decatur County,
Widow of G B Taylor
Co. B Regiment 8th Fla

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
MAR 2 1905.
AND HANDED TO W

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs Lucinda Taylor, hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 16 day of January 1906.

Lucinda her X Taylor Mark [L. S.]

Executed in presence of
F B Maxwell Ordinary

Taylor Lucinda
Decatur Co

To Those Heretofore Paid.

1906.

No. 825

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs. Lucinda Taylor
OF
Decatur County,
Widow of G B Taylor
Co. B Regiment 8 Fla

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
JAN 30 1906,
AND HANDED TO W

The Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr.

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } PERSONALLY COMES Mrs. Lucinda Taylor

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of G B Taylor who was a soldier in Company B of the 8 Regiment of Fla Volunteers, that he enlisted in said regiment on or about the month of 186 1, and served in the Army up to April 186 5. That he lost his life on the day of 18 86. (State here particulars of the husband's death, when, where and from what cause.) Died with Pulmonary disease contracted while in Service

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 69

I have been paid a pension as a resident of Decatur 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 23 day of Jan 1905. T B Maxwell, Ordinary.

her
Lucinda X Taylor
mark

Post-Office Attapulgus Ga

State of Georgia, Decatur County. } I, T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Lucinda Taylor, 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~~ 1st day of Jan 18 90

Given under my official signature and seal, this the 23 day of Jan 1905.

{ Official Seal. }

T B Maxwell
Ordinary of Decatur County.

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

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } PERSONALLY COMES Mrs. Lucinda Taylor

who, being sworn, says on oath that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since All her life. That she is the Widow of G B Taylor who was a soldier in Company B of the 8 Regiment of Fla Volunteers, that he enlisted in said regiment on or about the month of 186 2, and served in the Army up to April 186 5. That he lost his life on the day of Nov 18 86. (State here particulars of the husband's death, when, where and from what cause.) Died of Pulmonary disease Contracted while in 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, and that she became his wife in the year 18 69

I have been paid a pension as a resident of Decatur 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 16 day of Jan 1906. T B Maxwell, Ordinary.

her
Lucinda X Taylor
mark

Post Office

State of Georgia, Decatur County. } I, T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Lucinda Taylor, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 18 90

Given under my official signature and seal, this the 16 day of Jan 1906.

{ Official Seal }

T B Maxwell
Ordinary of Decatur County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs Lucinda Taylor hereby authorize
W A Wright Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 16
day of Jan 1907.

Mrs Lucinda her Taylor [L. S.]
mark

Executed in presence of
J B Mayfield
Ordinary

Taylor, Lucinda
Decatur County
To those Heretofore Paid.

1907.

No. 12324

WIDOW'S PENSION

For Year ending Dec. 31, 1907.
PAID TO
Mrs Lucinda Taylor
OF
Decatur County,
Widow of G B Taylor
Co. B Regiment 8th Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 1907,
AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Copy of original certificate filed with Decatur Co. Board of Health, Jan. 16. 1936-

M. A. Fort, M.D.
Commissioner of Health.
Decatur Co. Georgia

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } PERSONALLY COMES, MRS. Lucinda Taylor

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of G B Taylor who was a soldier in Company B of the 8 Lt Regiment of Florida Volounteers, that he enlisted in said regiment on or about the month of May 186 1, and served in the Army up to Close of the War 1865. That he lost his life on the day of 6th May 1886. (*State here particulars of the husband's death, when, where and from what cause.*)

Died from disease contracted while in service

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

I have been paid a pension as a resident of Decatur 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 14 day of Jan 1907. J B Maxwell, Ordinary.

Mrs Lucinda Taylor nee Lowe married

Post Office Faulkhouse

State of Georgia, Decatur County. } I, J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs Lucinda Taylor, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1890.

Given under my official signature and seal, this the 14 day of Jan 1907.

{ Official Seal }

J B Maxwell

Ordinary of Decatur County.

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

CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. Was disease or injury caused by dangerous or insanitary conditions or occupation? Where was disease contracted if not at place of death?

1. PLACE OF DEATH — County: Decatur — Militia District (Number): 1st — Registered No. 373 — State of Georgia — City or Town: Bainbridge — If outside city or town: Yrs. Mos. Da. NON-RESIDENT (Yes or No) — Street and Number (No.) (Street) — Ward — (If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME: Mrs. Lucinda Taylor — Residence (City or Town): Bainbridge — (Street and Number) — (State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female — 4. COLOR OR RACE: White — 5. CONDITION (Single, Married, Widowed, Divorced) (Write the word): Widowed

6. DATE OF BIRTH (month, day, year): Dec. 23 1824

7. AGE: Years 82 — Months 2 — Days 22 — If less than one day: Hours — Minutes

8. OCCUPATION: (a) Trade, profession or particular kind of work done, as spinner, weaver, sawyer, bookkeeper, etc.: Retired Farmer's Wife — (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. — (c) Date deceased last worked at this occupation (month and year) — (d) Total years spent in this occupation

9. BIRTHPLACE (P. O. Address): Dont Know

10. NAME: Dont Know — 11. BIRTHPLACE (P. O. Address): Dont Know — FATHER

12. MAIDEN NAME: Dont Know — 13. BIRTHPLACE (P. O. Address): Dont Know — MOTHER

14. INFORMANT: (Signed) Mrs. Lucinda Taylor — (Address) Bainbridge Ga. Rt 2

15. BURIAL PLACE (Cemetery or Church): Bainbridge Primary Cemetery — Date: Jan 16-1907

16. UNDERTAKER: (Signed) W. F. Wheat — (Address) Bainbridge Ga.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan 14 1907 — I saw deceased from Jan 7 1907 to Jan 14 1907 — I last saw him alive on Jan 7 1907 — Death is said to have occurred on the date and hour stated above.

17. The principal cause of death and related causes of importance in the order of their importance, if any, were:

a. Heart disease, valvular and Old Age

b. Contributory

c. Cause of Importance: Senility

What test confirmed diagnosis? (Specify whether autopsy, operation, laboratory, or clinical)

If death was due to external causes (violence) fill in also the following:

Was injury an accident, suicide, or homicide?

Where did injury occur (Specify city or town, if outside of limits, the county, and State)

Did injury occur in a home, public place or industry?

Manner of injury

Cause of injury

(Signed) W. F. Wheat M.D.

(Address) Bainbridge, Ga.

FILED Jan 16 1907

(Signed) Mrs. M. K. Fort C.

Taylor, Lucindy (Mrs.) 100.00

For DECATUR County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

Nell Maxwell, Ordinary

For: Mrs. Lucindy Taylor
(Name of Pensioner)

Date of Death January 14, 1936.

Amount: $ 100.00

PAID TO ORDINARY ON THIS CLAIM:

DATE 1935	FUND FROM WHICH PAID	$
8 31	Cx Dept 5 1936 Nell Maxwell Ordinary	100.00
+ 100	TOTAL	

Approved, and ordered paid,

JUL 6 1936, 193

A. L. HENSON,
Director, Veterans Service Office.

Pd O

BAINBRIDGE, GA., January 23, 1936

M State of Georgia

For Funeral expenses of Mrs. Lucinda Taylor

Atlanta, Georgia

IN ACCOUNT WITH

EUGENE W. COX
FUNERAL DIRECTOR

OFFICE TELEPHONE 164-J
RESIDENCE TELEPHONE 164-W

AMBULANCE SERVICE

1936				
Jan.	14	Casket $85.00, and Hearse Services $15.00	$100	00

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

This the 23 day of January 1936.

Geneva Edmunds
Assistant Undertaker

Sworn to and subscribed before me this the 23d day of January 1936.

Nell Maxwell
Ordinary Decatur County, Ga.,

100.00 ~~$30.00~~ Pension for ~~the Month of~~ Funeral Claim ~~193~~ No. 4

This 5 Day of September 1936

Received of NELL MAXWELL, Ordinary, Decatur County

One Hundred ~~Thirty and No / 100~~ & no/100 DOLLARS

IN FULL SETTLEMENT OF THE ABOVE NAMED AMOUNT, 100.00 FOR THE MONTH OF Funeral Claim

Mrs Lucinda Taylor
Deceased Pensioner

Bob Phillips
Witness

J & L Maxwell
Witness

E W Cox
Undertaker ~~Pensioner Sign Here~~

The Accompanying Check Will Not Be Paid Unless THIS RECEIPT Is Properly Signed, Witnessed and Remains Attached to Check

THE ART PRINTERS, BAINBRIDGE

COUNTY DIRECTORY

COUNTY COMMISSIONERS
JOHN E. DRAKE, CHAIRMAN, BAINBRIDGE, GA.
H. R. GARRETT, VICE CHAIRMAN, FACEVILLE, GA.
T. C. FUNDERBURKE, BAINBRIDGE, GA.
W. B. MILLER, ATTAPULGUS, GA.
J. J. HOWELL, CLIMAX, GA.
W. H. MILLER, ATTORNEY, BAINBRIDGE, GA.
C. E. HURST, CLERK, BAINBRIDGE, GA.
C. C. HARRELL, WARDEN, BAINBRIDGE, GA.

SUPERIOR COURT
B. C. GARDNER, JUDGE, CAMILLA, GA.
ROBT. B. SHORT, SOL.-GEN, NEWTON, GA.

Decatur County Georgia

REGULAR MEETINGS
OF
COUNTY COMMISSIONERS
FIRST TUESDAY EACH MONTH

Bainbridge, Ga.,

COUNTY DIRECTORY

BAINBRIDGE CITY COURT
P. D. RICH, JUDGE
M. E. O'NEAL, SOLICITOR, BAINBRIDGE, GA.
NELL MAXWELL, ORDINARY, BAINBRIDGE, GA.
W. J. CATLEDGE, SHERIFF, BAINBRIDGE, GA.
BEN KIRBO, CLERK SUPERIOR AND CITY COURTS, BAINBRIDGE, GA.
P. H. BATTLE, TAX COMMISSIONER, BAINBRIDGE, GA.
H. P. TOWNSEND, CHAIRMAN TAX ASSESSORS, BAINBRIDGE, GA.
LEE A. PARKER, TREASURER, BAINBRIDGE, GA.
ANDREW AVERY, COUNTY SCHOOL SUPT., BAINBRIDGE, GA.
W. B. INGRAM, CORONER, BAINBRIDGE, GA.
DR M. A. PORT, HEALTH COM., BAINBRIDGE, GA.

Received of Nell Maxwell, Ordinary Decatur County Georgia, balance due on funeral claim for the funeral services of Mrs. Lucindy Taylor, deceased Pensioner of Decatur County, who died on date of January 14, 1936. This pays the funeral claim in full for the amount of.....$100.00

This the 5th day of September 1936.

G. E. W. Co
Undertaker

Sworn to before me this
5th day of September 1936.
Nell Maxwell

Application for
Payment of Expenses of Last Illness and Funeral
(Under Act of 1919)
(To be disbursed by the Ordinary)

GEORGIA, DECATUR County:

Before me, the Ordinary of said County, comes _____, of said County, who, after being duly sworn, on oath says that he knew Mrs. Lucindy Taylor late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner ~~died~~ NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of $ 100.00, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,
this the 25 day of January, 1936.
Nell Maxwell, Ordinary.

his
G. E. X Poitevent
mark
Applicant.

CERTIFICATE OF THE ORDINARY

GEORGIA, Decatur County.

I certify that G. E. Poitevent who subscibed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew Mrs. Lucindy Taylor the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 25th day of January, 1936.

(Seal of Ordinary) Nell Maxwell, Ordinary.

INSTRUCTIONS:

1st. Certified copy of Burial Certificate must accompany this application.

2nd. 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.

3rd. Each account must be sworn to before the Ordinary, and in the following form:

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

4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.

5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.

6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.

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

Georgia
Decatur County

Personally came before the undersigned Levi H Peacock M D a Physician of said County & known to me as a Physician in high standing in his profession & of general high repute. Who on Oath says that he knew Green B Taylor before his enlistment in the Military service & that he was a man of good health & sound constitution — immediately after the war he was called to him as a Physician & found him suffering from Asthma & Bronchitis — & continued to treat him at intervals until his death in 1885 He the said Green B Taylor died from the diseases stated contracted as Deponent believes in the Army.

L. H. Peacock M.D.

Sworn to & signed in presence of C. Munnerlyn Ordinary March 24th 1894

Georgia
Decatur County

Personally came before the undersigned Thomas Godwin Ezekiel Wimberley & L H Peacock who being sworn say they know Green B Taylor & that he was a Citizen of Decatur County Georgia at the time of his enlistment in Capt Walters Co (a Georgia Company, attached to the 8th Florida & that he returned after the war he remained a Citizen of this County until his death — They further say that Lucinda Taylor was born in Decatur County & has uninterruptedly lived here to the present time & that she was the wife of G B Taylor from a time before the war & has not married since —

Sworn to & subscribed before me this 16th day of April 1894
C. Munnerlyn Ordinary

Ezekiel Wimberley
Thomas Godwin
L. H. Peacock M.D.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, W D Taylor, hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension allowed, and request that he remit same to T B Maxwell Ordy at Bainbridge by check.

Witness my hand and seal this 20th day of Jany 1899.

Executed in presence of
John Young
T B Maxwell Ordy

his W D Taylor mark (L. S.)

W D Taylor, W D
Decatur County
No. 3806

INDIGENT PENSION

1899.

Name W D Taylor
County Decatur
Approved 5/2 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
WAW

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

2/3/99

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, W D Taylor, hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension allowed, and request that he remit same to T B Maxwell Ordy at Bambridge by check

Witness my hand and seal this 20th day of Jany 1899.

Executed in presence of
John Yaum
T B Maxwell Ordy

his W D Taylor mark (L. S.)

K Taylor, W D
Decatur County
No. 3806

INDIGENT PENSION

1899.

Name W D Taylor
County Decatur
Approved 5/2 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
WAW

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

2/3.99

Questions for Applicant.

STATE OF GEORGIA,
Decatur County.

W D Taylor 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.) W D Taylor Decatur County Clermont 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? Irwin County Feby 18th 1831
4. When and where and in what company and regiment did you enlist or serve? At Bambridge Ga In Company I 31st Georgia Regiment In 1861
5. How long did you remain in such company and regiment? ~~At Bam~~ Until the Close of the War.
6. For how long a period did you discharge regular military duty? Nearly Four Years
7. When, where and under what circumstances were you discharged from service? I was discharged with Lee Army when he surrendered
8. What is your present occupation? Farming
9. How much can you earn (gross) per annum by your own exertions or labor? Not enough for Support
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"? First & Sec
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? About Ten Years Age & Poverty & Infirmity I was shot through my right hand & Arm one of my fingers shot off in battle during service This disables me from Manual Labor
13. What property, effects or income do you possess, and its gross value? Nothing except a few Hogs & house hold Goods
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897 and 1898, and what disposition, if any, did you make of same? Nothing except a few Hogs & House hold Goods
15. In what County did you reside during those years, and what property did you then return for taxation? Decatur Nothing except Hogs & House plunder $16 to 15
16. How were you supported during the years 1897 and 1898? by my work and what my wife could and what my Neighbors assist me
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I cant tell what it cost I do as much as my strength will allow me
18. What was your employment during 1897 and 1898? What pay did you receive in each year? I work on rented land My pay comes from my work as stated in 16
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Yes Wife We do all we can on the farm We have no home stead
20. Are you receiving any pension? If so, what amount, and for what disability? no

Sworn to and subscribed before me this the 20 day of Jany, 1899.

his W D Taylor mark Applicant.

T B Maxwell Ordinary,
of Decatur County.

Every Question MUST be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Decatur COUNTY.

John Gowen, of said State and County, having been presented as a witness in support of the application of W D Taylor 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? John Gowen In Decatur Co Ga
2. Are you acquainted with W D Taylor, the applicant; if so how long have you known him? Every since we was Little Boys
3. Where does he reside, and how long and since when has he been a resident of this State? He resides in Decatur Co & has been Resident of this State all his Life
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted at Bainbridge Ga In Co I 31st Ga Regiment in 1861
5. Were you a member of the same company and regiment? Yes
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? Until Close of the War He was a good Soldier He was Honorably discharged at Surrender of Lee
7. What property, effects or income has the applicant? (Give your means of knowledge.) He has no property except a few hogs We live in Same Neighborhood
8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what disposition, if any, did he make of same? He was on My place in 96 97 & 98 He has few hogs but not Sufficient for Support
9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? He dont not convey anything away as it was to eat
10. What is the applicant's occupation and physical condition? He is a farmer His Physical Condition Very poor on a/c of Rupture
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is not able to support himself on a/c of his Physical Condition
12. How was he supported during the years 1897 and 1898? He sick what he could on the farm & his Neighbors help him
13. What portion of his support for these two years was derived from his own labor or income? Very Little
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? Not able to do Manual Labor to support himself He ruptured while in Service & grows worse.
15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 1 day of Feby 1899.

John Gowen
Witness.

J B Maxwell
Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Decatur COUNTY.

Personally came before me V Berry and S. J. Carter, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Made by us on W D Taylor, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Examination we find him with Double inguinal Hernia and a Throat affection which together with his age renders him infirm and totally disable to earn for himself Entire Livelihood

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 1 day of Feby 1899.

V Berry M.D.
S. J. Carter, M.D.

J B Maxwell Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur COUNTY.

I, J B Maxwell, Ordinary in and for said County, hereby certify that the applicant W D Taylor resides in said County, and has been a bona fide resident of this State since the 1st day of Jany 1894 and that the witnesses, viz: John Gowen and V Berry & J T Carter 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 Decatur County show that applicant returned for taxation in his name in 1897 $19.00 Dollars of property, and in 1898 Twenty Dollars of property.

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

Witness my hand and seal of office, this 1st day of Feby 1899.

J B Maxwell Ordinary.
of Decatur 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,
Decatur County.

I, W D Taylor hereby authorize W A Wright of Atlanta to receive and receipt for the pension allowed, and request that he remit same to Ordinary at Bainbridge Ga by Check

Witness my hand and seal, this 22 day of Jany 1900.

W D his Taylor [L. S.]

Executed in presence of
S R Brinson
T B Maxwell Ordy

TAYLOR W D
DECATUR Co

CODE SEC. 1292
(For Those Already Enrolled.)
No. 2974
Decatur County

INDIGENT
SOLDIER'S PENSION,
1900.

Name W D Taylor
County Decatur Ga

WARRANT ISSUED
Jan 30 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Wright
Geo. W. Harrison, State Printer, Atlanta.

No Data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, W D Taylor hereby authorize W A Wright of Atlanta Ga to receive and receipt for the pension allowed and request that he remit same to Ordinary at Bainbridge Ga by Check

Witness my hand and seal, this 8 day of Jany 1901.

W D his Taylor [L. S.]

Executed in presence of
T B Maxwell Ordinary
J P Bradwell

TAYLOR W D
Decatur County
29

CODE SECTION 1292
(For Those Already Enrolled.)
No. 2539.

INDIGENT
SOLDIER'S PENSION.
1901.

Name W D Taylor
County Decatur

WARRANT ISSUED
2/1 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Wright
Geo. W. Harrison, State Printer, Atlanta.

No Data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears W D Taylor of Decatur 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 Jany 1894; 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 Ga) during the war between the States, and served for the term of Three & 4 Yrs in Company I, of 31 th Regiment of Ga; that his physical condition is as follows: Rheumatism Also suffer from an old Wound received while in servis

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 1900. I have heretofore as a resident of Decatur county been allowed a pension for the year 1899

Sworn to and subscribed before me, this the 22 day of Jany 1900.
J B Maxwell Ordinary.

his
W D Taylor
mk

State of Georgia,
Decatur County.

I, J B Maxwell Ordinary of said County, do certify that I am well acquainted with W D Taylor 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 January 1900.

Affix your seal here.

J B Maxwell
Ordinary Decatur 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,
Decatur County.

Personally appears W D Taylor of Decatur 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 Jany 1894; that he is 69 years old and by occupation a Little of Nothing; 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 About 3 Yrs in Company I, of 31 th Regiment of Georgia; that his physical condition is as follows: Lung Trouble & Rheumatism Not able to do Work

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 Decatur county been allowed a pension for the year 1900

Sworn to and subscribed before me, this the 8 day of January 1901.
J B Maxwell Ordinary.

his
W D Taylor
mk

STATE OF GEORGIA,
Decatur County.

I, J B Maxwell Ordinary of said County, do certify that I am well acquainted with W D Taylor 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 8 day of Jany 1901.

Affix your seal here.

J B Maxwell
Ordinary Decatur County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, W D Taylor hereby authorize W A Wright of Atlanta to receive and receipt for the pension allowed and request that he remit same to Ordinary at Bainbridge Ga by Check

Witness my hand and seal, this 4 day of Jan 1902.

W. D. his Taylor [L. S.]
m

Executed in presence of

J M Dollar
T B Maxwell Ordy.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, W D Taylor hereby authorize W A Wright of Atlanta to receive and receipt for the pension allowed and request that he remit same to Ordinary at Bainbridge Ga by Check

Witness my hand and seal, this 22 day of January 1903.

W D his Taylor [L. S.]
mark

Executed in presence of

T B Maxwell
Ordinary.

J. P. Bothwell

Taylor, W.D.
Decatur County 33

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 5777

INDIGENT
SOLDIER'S PENSION
1902.

Name W D Taylor
County Decatur
Co. I Regiment 31st

WARRANT ISSUED 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no data

Taylor, W. D.
Decatur Co

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 4272

INDIGENT
SOLDIER'S PENSION
1903.

Name W D Taylor
County Decatur
Co. I Regiment 31st

WARRANT ISSUED 2/12 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO W. A. W.

Geo. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Decatur **County.**

Personally appears W D Taylor of Decatur County, State of Geoogia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1 day of Jan 1894; 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 Ga) during the war between the States, and served for the term of About 3 yrs in Company I, of 31th Regiment of Georgia Vol; that his physical condition is as follows: Aged & General debility

that his property consists of the following items One Pony Horse One Cow & one Calf 3 Head Hogs & house hold Goods

of the value of about $75.00 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 Decatur county been allowed a pension for the year 1901

Sworn to and subscribed before me, this the 4 day of Jan 1902.
W D Taylor
T B Maxwell Ordinary.

STATE OF GEORGIA,
Decatur **County.**

I, ~~W D Taylor~~ T B Maxwell Ordinary of said County, do certify that I am well acquainted with W D Taylor 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 Jany 1902.

Affix your seal here

T B Maxwell
Ordinary Decatur 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,
Decatur **County.**

Personally appears W D Taylor of Decatur 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 January 1894; that he is 72 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 Nearly 4 yrs in Company I, of 31 th Regiment of Ga; that his physical condition is as follows: Old and Feeble not able to do much work

that his property consists of the following items: Pony horse Cow & Calf

of the value of Fifty 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 Decatur county been allowed a pension for the year 1902

Sworn to and subscribed before me, this the 22 day of January 1903.
W his X D Taylor Mark
T B Maxwell Ordinary.

STATE OF GEORGIA,
Decatur **County.**

I, T B Maxwell Ordinary of said County, do certify that I am well acquainted with W D Taylor 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 Jany 1903.

Affix your Seal here

T B Maxwell
Ordinary Decatur County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, W D Taylor hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension allowed and request that he remit same to
Ordinary at Bainbridge
by check

Witness my hand and seal, this 14 day of January 1904.
W D Taylor [L. S.]

Executed in presence of
[illegible]

Taylor W. D.
Decatur County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 5757

INDIGENT
SOLDIER'S PENSION
1904.

Name W D Taylor
County Decatur
Co. [illegible] Regiment [illegible]

WARRANT ISSUED
1/11 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, W D Taylor hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension allowed, and request that he remit same to
Ordinary at Bainbridge
by check

WITNESS my hand and seal, this 23 day of Jan 1905.
W D Taylor mark [L. S.]

Executed in the presence of
W B Maxwell Ordinary.

Taylor W. D.
Decatur County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 6457

INDIGENT
SOLDIER'S PENSION
1905.

Name W D Taylor
County Decatur
Co. 13 Regiment [illegible]
Hdrs

WARRANT ISSUED
MAR 2 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

GEO. W. HARRISON, MANAGER, FOR STATE PRINTER, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Decatur County.

Personally appears W D Taylor of Decatur 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 Jan 1894; 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 Ga) during the war between the States, and served for the term of Four 4 yrs in Company I, of 31 th Regiment of Ga; that his physical condition is as follows: Very Feeble not much good

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 1904. I have heretofore as a resident of Decatur County been allowed a pension for the year 1903

Sworn to and subscribed before me, this the 14 day of Jan 1904.

W D Taylor

J B Maxwell Ordinary.

STATE OF GEORGIA,
Decatur County.

I, J B Maxwell Ordinary of said County, do certify that I am well acquainted with W D Taylor 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 14 day of January 1904.

J B Maxwell

Affix your Seal here.

Ordinary Decatur 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,
Decatur County.

Personally appears W D Taylor of Decatur 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 Jan 1894; 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 Ga) during the war between the States, and served for the term of 4 yrs in Company I, of 31 th Regiment of Ga; that his physical condition is as follows: Very Feeble not able to do but- very little work

that his property consists of the following items: 1 Pony Horse 1 Cow

of the value of Sixty Dollars. I am now earning, by my labor, about 2.50 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 Decatur County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 23 day of Jan 1905.

his
W D Taylor
mark

J B Maxwell Ordinary.

STATE OF GEORGIA,
Decatur County.

I, J B Maxwell Ordinary of said County, do certify that I am well acquainted with W D Taylor 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 23 day of Jan 1905.

J B Maxwell

Affix your Seal here

Ordinary Decatur County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, W D Taylor hereby authorize W A Wright of Atlanta to receive and receipt for the pension allowed, and request that he remit same to Ordinary at Bainbridge Ga by check

WITNESS my hand and seal, this 15 day of Jan 1906.

W his x mark D Taylor [L. S.]

Executed in the presence of
T B Maxwell
Ordinary
J T Wilson

Taylor W.D.
Decatur County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 2624

INDIGENT
SOLDIER'S PENSION
1906.

Name W D Taylor
County Decatur
Co. I Regiment 31
Ga

WARRANT ISSUED
JAN 30 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
15

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MGR.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, W D Taylor, hereby authorize W A Wright of Atlanta to receive and receipt for the pension allowed, and request that he remit same to Ordinary at Bainbridge by check

WITNESS my hand and seal, this 15 day of Jan 1907.

W his x mark D Taylor [L. S.]

Executed in presence of
T B Maxwell
Ordinary

Taylor, W.D.
Decatur Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 4507

INDIGENT
SOLDIER'S PENSION
1907.

Name W D Taylor
County Decatur
Co. I Regiment 31
Ga

WARRANT ISSUED
FEB 6 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Decatur County.

Personally appears W D Taylor of Decatur 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 Jan 1894; 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 Ga) during the war between the States, and served for the term of 3 Yrs in Company I, of 31 th Regiment of Ga; that his physical condition is as follows: Very feeble and able to do but little work.

that his property consists of the following items: Little Personal Property

of the value of 75 00 Dollars. I am now earning by my labor, 3 00 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 Decatur County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 15 day of Jan 1906. W his D Taylor mark

T B Maxwell Ordinary.

State of Georgia,
Decatur County.

I, T B Maxwell Ordinary of said County, do certify that I am well acquainted with W D Taylor 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 th day of Jan 1906.

T B Maxwell

Ordinary Decatur County.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Decatur County.

Personally appears W D Taylor of Decatur 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 Jan 1894; 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 Ga) during the war between the States, and served for the term of 4 yrs in Company I, of 31 th Regiment of Ga; that his physical condition is as follows: old and feeble

that his property consists of the following items: no property

of the value of — Dollars. I am now earning by my labor, Very little Earnings 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 Decatur County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 15 day of Jan 1907. W his D Taylor mark

T B Maxwell Ordinary.

State of Georgia,
Decatur County.

I, T B Maxwell Ordinary of said County, do certify that I am well acquainted with W D Taylor 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 1907.

T B Maxwell

Ordinary Decatur County.

Affix your seal here

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

GEORGIA, Decatur County.

I, D B Maxwell, Ordinary of said county, do certify that I personally know Mrs M D Taylor, the applicant, and that she is the lawful widow of M D Taylor, and was on the Indigent Pension Roll of said Decatur county, and was paid a Pension from Grady county for 1917., and at the time of his death on the 18 day of Feby 1918, there was due to him and unpaid his Pension of Fifty Dollars from the State of Georgia, and I know R E Taylor, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 28 day of March 1918.

D B Maxwell Ordinary,

Decatur County.

Taylor, W. D.
Decatur Co.

No. _____ 1913

Application for Pension Due Deceased Soldier

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY

Mrs. M D Taylor

Widow of M D Taylor

of Decatur County

Co. I Regt. 3rd Ga Vols.

Approved and paid _____ 191

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.....Decatur.....County.

Personally before me comes Mrs. W. D. Taylor, of said county, after being duly sworn, on oath says that she is the widow of W. D. Taylor who was duly enrolled as a Indigent Pensioner from the county of Decatur and was paid a Pension of Quarterly Dollars from Grady county for 1912, and that the said W. D. Taylor died in Decatur county on the 18 day of Feby 1913, and at the time of his death a Pension of $60 was due him from Decatur county and unpaid for 1913.

Applicant further swears that she married the said W. D. Taylor on the 9 day of Oct 1877, in Decatur county and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 28 day of March 1913.

T. B. Maxwell Ordinary.
Decatur County.

Mrs. W. D. Taylor (L. S.)
her mark

AFFIDAVIT OF WITNESS.

GEORGIA, Decatur County.

Personally before me comes R. E. Taylor, who on oath says that he knew W. D. Taylor while in life and that he knows his Widow Mrs. W. D. Taylor the above applicant; that he knows that the said W. D. Taylor and Mrs. W. D. Taylor were in due form of law married in the county of Decatur in the State of Georgia on the 9 day of Oct 1877, and that they resided together as husband and wife from date of marriage to the day of his death on the 18 day of Feby 1913, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 28 day of March 1913.

T. B. Maxwell Ordinary.
Decatur County.

R. E. Taylor

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

13

MARRIAGE LICENSE

OF

AND

Issued 191

and Recorded on Page Book

of Marriage Licenses

Ordinary

Georgia in Decatur County

I D B Maxwell Ordinary of Said County do hereby certify that the within is a true copy of Marriage License & Certificate of Marriage of W D Taylor to Elizabeth Marsh which appears of record in my Office in Book of the record of Marriages B Page 302.

Given under my hand & Seal of Office

This 28th. day of March 1913

D B Maxwell

Ordinary

Decatur County

MARRIAGE LICENSE

OF

AND

Issued 191

and Recorded on Page Book

of Marriage Licenses

Ordinary

Georgia in Decatur County

I O B Maxwell Ordinary of Said County do hereby certify that the within is a true copy of Marriage License & Certificate of Marriage of W D Taylor to Elizabeth March which appears of record in my office in Book of the record of Marriages B Page 302.

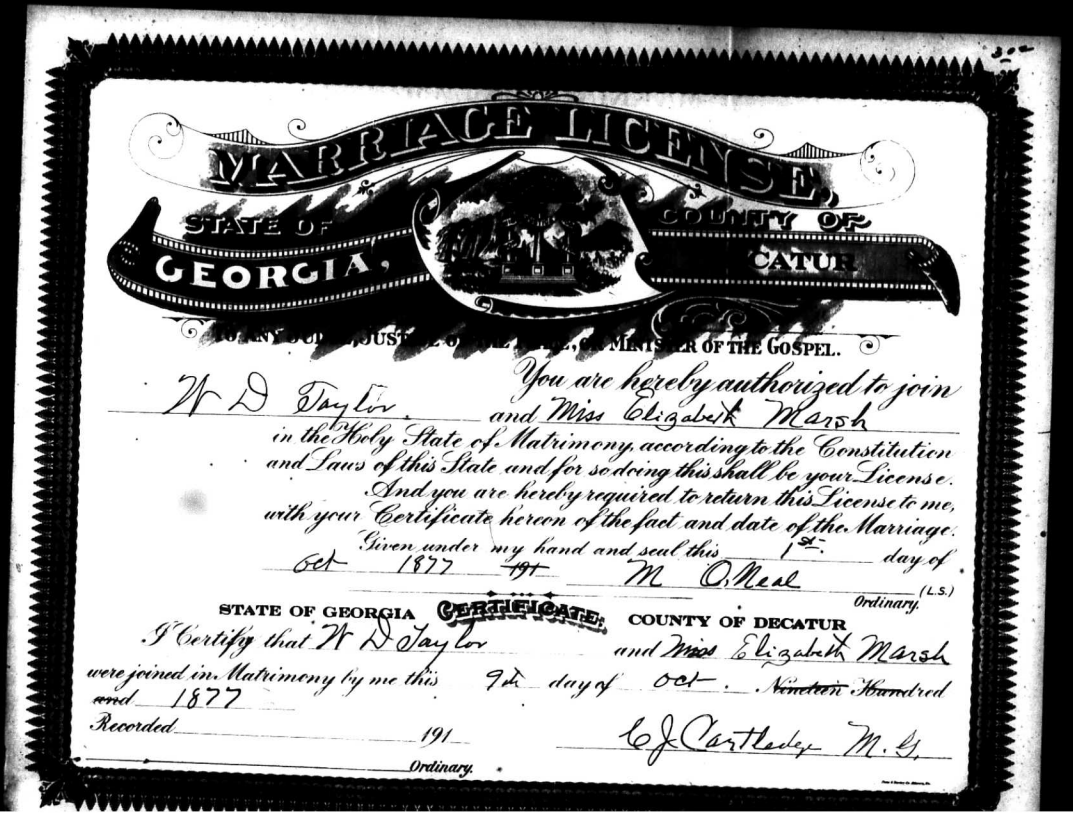
Given under my hand & Seal of Office

This 28th day of March 1913

O B Maxwell

Ordinary

Decatur County



MARRIAGE LICENSE.

STATE OF GEORGIA, COUNTY OF DECATUR

TO ANY JUDICIARY OFFICER OR MINISTER OF THE GOSPEL.

You are hereby authorized to join W D Taylor and Miss Elizabeth Marsh 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 1st day of Oct 1877 191

M O Neal (L.S.)
Ordinary.

STATE OF GEORGIA CERTIFICATE. COUNTY OF DECATUR

I Certify that W D Taylor and Miss Elizabeth Marsh were joined in Matrimony by me this 9th day of Oct. Nineteen Hundred and 1877

Recorded 191

C J Cartledge M. G.
Ordinary.

Decatur Co. file

GEORGIA, Grady County.

I, the undersigned, do certify that W D Taylor now Indigent Pensioner of this county, is on the Pension roll and draws a pension of Sixty Dollars for 1912. The bearer is the same man of I Company 31st Regiment, who enlisted on _____ day of _____ 1861, and was discharged on the 9th day of April 1865, was granted a pension $ 60/00 for 1912

Proven by John Yonn as witnesses.

Given under my hand and official seal this the 12th day of Oct 1912

P H Herring
Ordinary's L. S.

(SEAL)

NAME Taylor, W. D. YEAR 1899 COUNTY Decatur

WHEN AND WHERE BORN? February 18, 1831 - Irwin County, Georgia

ENLISTED WHEN AND WHERE? 1861 - Bainbridge, Georgia

RANK.

COMPANY AND REGIMENT? Company I, 31st Georgia Regiment

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Shot through right arm and hand, and fingers shot off in battle during service.

CAPTURED, WHEN AND WHERE?

RELEASED?

WHEN AND WHERE SURRENDERED? In service until close of war

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. John Yawn - same command - No data.
lw

Ternage, E.
Decatur Co
No.
C.H. Jan 1910

INDIGENT PENSION.

1909

Name E Ternage
County Decatur
Co. E C Fla 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.

9/30/09

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, E Ternage hereby authorize
W. A. Wright of Atlanta
to receive and receipt for the pension allowed and request that he send same to
Ordinary at Bainbridge by check
Witness my hand and seal, this 18 day of Aug 1909
E Ternage [L. S.]

Attested by
W. A. Wright
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, E Jernage hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension allowed and request that he remit same to
Ordinary at Bainbridge by Check

Witness my hand and seal, this 18 day of Aug. 1909

E Jernagan [L. S.]

Executed in presence of
J B Maxwell
Ordinary

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Decatur COUNTY.

E Jernage 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 Postoffice.)
E Jernage Decatur Co Ga Bainbridge Ga
2. How long and when have you been a resident of this State? A Resident of this State about 69 years
3. When and where were you born? Born in Co 16 1839 (70)
4. When and where and in what company and regiment did you enlist or serve? I enlisted at Chattahoochee Fla in Co C 6th Fla Apr 1862
5. How long did you remain in such company and regiment? From April 1862 to Sept 1862
6. When and where was your company and regiment surrendered and discharged? Don't know as I was not with Command
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 Wounded at Chickamauga Sept 1862. Lost the balance of the left in Hospital and by Surgeon Gordon Gen Hospital Atlanta Ga Was unfit for duty by reason of Wound
9. How much can you earn (gross) per annum by your own exertions or labor? Not able to work
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?" First & Second
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 Was Wounded in Side at Chickamauga 1863 and as I grow older this Wound Gives me trouble also I suffer with some heart disease. With the Two together I may die any time I am unfit to work or do any work
13. What property, real and personal, or income, do you possess, and its gross value? No income No property
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? No property to Own During the above Date
15. In what County did you reside during those years, and what property did you then return for taxation? Decatur County No property to return
16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? Supported by my Children
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? No account Kept Contributed very Little by my own work
18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year? No Special employment I Realize about 30 Dollars
19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? Have Wife and three Children they have a home Wife & the children 16 18 & 21 They work this Mothers place
20. Are you receiving any pension? If so, what amount and for what disability? None
21. Have you ever made an application for pension before? Now
22. How many applications have you ever made and under what class? —

Sworn to and subscribed before me this the 18 day of Aug 1909 — E Jernagan Applicant.
J B Maxwell Ordinary.
Decatur County.

Every Question Must Be Answered.

Jernage E.
Decatur Co
Ord. Dec 1910

INDIGENT PENSION.
1909

Name E Jernage
County Decatur
Co. C 6 Fla Regt.
Approved 190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Agent

Order to pay issued to Ordinary, Chairman and Treasurer of Board of County Commissioners

Agent

I Myself was in the Battle of Chickamauga Sept 19th 1863 I was wounded in the Left Side and Left Arm Was Sent to Gen Hospital at Atlanta Ga and was Sent home on Furlough for 60 days when I returned to the Army

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Decatur COUNTY.

A S McBride of said State and County, having been presented as a witness in support of the application of E Jernagin 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? A S McBride Bainbridge Ga
2. Are you acquainted with E Jernagin, the applicant; if so, how long have you known him? I have known him since about 1862
3. Where does he reside, and how long and since when has he been a resident of this State? He resides in Decatur Co Ga a resident since the War
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted at Chattahoochee Fla in Co E 6 Fla about 1862
5. Were you a member of the same company and regiment? Same Regiment
6. How long did he perform regular military duty? Until Sept 1863
7. When and where was his command surrendered? The best of my knowledge at Goldsboro N C about 1865
8. Were you present when it surrendered? Was not
9. Was applicant present? I don't think so
10. If he was not present, where was he? He was Wounded in Sept 1863
When did he leave his command? Sept 1863 For what cause? Wounded
By what authority he left? by Army Surgeon How do you know all of this? While engaged in the Battle of Chickamauga Sept 19 1863 Applicant was shot in left hip and disabled from further field service
11. What property, effects or income has the applicant? (Give your means of knowledge.) No property that I Know of Or income
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 of any property owned during above dates
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? Occupation Farmer Physical Condition Very poor
15. Is the applicant unable to support himself by labor of any sort; if so, why? He could not on account of age and infirmity
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. He is old and feeble and not able to support himself by his own labor
19. Who composes family? What property have they? Children's ages and their earning capacity? He has Wife + 3 Children I am informed that his Wife owns small place Ages of Children apparently 16 + 20
20. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this the 18 day of Aug 1907
O B Maxwell Ordinary.

A S McBride Witness.

I never saw him in any more during the war

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Decatur COUNTY.

Personally came Before me J D Chason M.D. and J D Chason M.D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully E Jernagin, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

76 years old has Cancer on right hand Eye sight bad pulse 96 beats per minute regular and general health good for age

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

Sworn to and subscribed before me, this the 18 day of Sept 1907
O B Maxwell Ordinary.

J D Chason M.D.
J D Chason M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur COUNTY.

I, O B Maxwell Ordinary, in and for said County, hereby certify that the applicant E Jernagin resides in said County, and has been a bona fide resident of this State since the 1 day of Jan 1864 and that the witnesses, viz.: A S McBride

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 Decatur County shows that applicant returned for taxation in his name in 1901 [illegible] Dollars of property, and in 1902 [illegible] Dollars of property; in 1903 [illegible] Dollars of property; in 1904 [illegible] Dollars of property; in 1905 [illegible] Dollars of property; in 1906 [illegible] Dollars of property; in 1907 [illegible] Dollars of property.

In my opinion the foregoing claim is [illegible] made in good faith.

Witness my hand and seal of office, this 18 day of Sept 1907
O B Maxwell Ordinary.
of Decatur County.

NOTE.

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

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Decatur County.

A S McBride of said State and County, having been presented as a witness in support of the application of E Jernagin 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? A S McBride Bainbridge Ga
2. Are you acquainted with E Jernagin, the applicant; if so, how long have you known him? I have known him Since April 1862
3. Where does he reside, and how long and since when has he been a resident of this State? He resides in Decatur Co Ga a resident from the War
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted at Chattahoochee Fla & Co E 6th April 1862
5. Were you a member of the same company and regiment? Same Regiment
6. How long did he perform regular military duty? Until Sept 1863
7. When and where was his command surrendered? The best of my Knowledge at Goldsboro N C April 1865
8. Were you present when it surrendered? Was not
9. Was applicant present? I don't think So
10. If he was not present, where was he? He was Wounded in Sept 1863
When did he leave his command? Sept 1863 For what cause? Wounded
By what authority he left? by Army Surgeon How do you know all of this? While engaged in the Battle of Chickamauga Sept 19 1863 applicant was shot in left hip and disabled from further field service
11. What property, effects or income has the applicant? (Give your means of knowledge.) No property that I Know of or income
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, Don't Know of any property owned during above dates
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? None that I Know of
14. What is the applicant's occupation and physical condition? Occupation Farmer Physical Condition Very poor
15. Is the applicant unable to support himself by labor of any sort; if so, why? He is unable Not on account of age and infirmity
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 He is old and feeble and not able to support himself by his own labor
19. Who composes family? What property have they? Children's ages and their earning capacity? He has Wife & 3 Children I am informed that his Wife owns small place Ages of Children Cannot tell
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 18 day of Aug 1907
O B McDaniel Ordinary.

A S McBride Witness.

I swear that I have known the applicant for the last 45 years

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Decatur County.

We, the undersigned, J D Thomas M.D. and [illegible] with known to us as reputable physicians of this County, who, being severally sworn, say on oath that they have examined carefully E Jernagin, applicant for pension under Section 1254, Code, and after such personal examination say that his present physical condition is as follows:

He is very old & has Varicose veins on right Leg and leg for Last Eight or ten years is very much swollen & he is unable to work for a living and is very feeble for age

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

Sworn to and subscribed before me, this the 18 day of Aug 1907
O B McDaniel Ordinary.

J D Thomas M.D.
B J Thomas M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I, O B McDaniel Ordinary, in and for said County, hereby certify that the applicant E Jernagin resides in said County, and has been a bona fide resident of this State since the 1 day of Jan 1865 and that the witnesses, viz.: A S McBride

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 Decatur County shows that applicant returned for taxation in his name in 1901 [illegible] Dollars of property, and in 1902 [illegible] Dollars of property; in 1903 [illegible] Dollars of property; in 1904 [illegible] Dollars of property; in 1905 [illegible] Dollars of property; in 1906 [illegible] Dollars of property; in 1907 [illegible] Dollars of property.

In my opinion the foregoing claim is [illegible] made in good faith.

Witness my hand and seal of office, this 18 day of Sept 1907
O B McDaniel Ordinary.
Decatur County.

SEAL

NOTICE.

1. Before any questions are answered, the Ordinary shall swear applicant, and the witnesses in the following words: "You solemnly swear that the answers to each of the questions about to be put to 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 reputation of the proof as above stated.

NAME Ternage, E. YEAR 1910 COUNTY Decatur

WHEN AND WHERE BORN? 1833- Born in North Carolina.
Resident of Georgia about 43 years.

ENLISTED WHEN AND WHERE? April 1862,- Chattahoochee, Florida.

RANK.

COMPANY AND REGIMENT? Co.E. 6th. Fla.

NAME OF CAPTAIN AND COLONEL?

SOLDIER? At Chicamauga, Sept. 1863,- Served the balance of the War in Hospital & detached service under Major White at Columbus,Ga., Wounded in hip,also heart disease. Infirm & cannot do any work.

CAPTURED, WHEN AND WHERE?

PARDONED.

WHEN AND WHERE SURRENDERED? Command surrendered: April 1865,- at Goldsboro, North Carolina. Witness states: (best of his knowledge)

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Wounded Sept.1863,- Served balance of the war in the Hospital & detached service under Major White at Columbus,Ga., Sent home on furlough under authority of Major White,Feb.or March 1865. At home when war closed.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. A.S. McBride,- Same Regiment- No data.

mh.

Thomas, Mary A
Decatur Co
O.K. Jan 1911
No.

Widow's Pension

UNDER ACT 1910.

County Decatur

Name Mrs M A Thomas

Widow of James J Thomas

Ubels Light Artly

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

10/25/11

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

STATE OF GEORGIA,
Decatur County.

Personally before me comes Mrs M A Thomas 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? M A Thomas Climax Decatur Co Ga
2. How long and since when have you been a continuing resident in the State of Georgia? All my Life 74 years-
3. When, where and to whom were you married? James J Thomas Jan 14 1857 in Decatur Co
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.) First enlisted at Bainbridge Ga in 1861 in Bainbridge City Light Artillery Co and in same year transferred to Abels Light Artillery
5. When and where did the Commands of your husband surrender or discharge from the army? Part of My regiment at Greensboro NC April 1865-
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? —
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? 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? He died in Decatur Co Dec 1886
   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.) No property in my name My husband left 200 acres land which belong to my self & 12 Children Each one Having an agreed entered Cash Value 1200$ My personal
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? No property except Give list and cash value? As before stated None
12. What are your annual earnings or income and their value? No one a person No one in my family Except what comes from my interest in above property
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 20 day of Oct 1910

J D Maxwell Ordinary.
of Decatur County.

Mrs Mother A Thomas
Mark

Returning Mary H. Thomas
Decatur Co
O.N. Dec 1911
No.

Widow's Pension

UNDER ACT 1910.

County Decatur

Name Mrs M A Thomas

Widow of James J Thomas

Ullo Light Artly

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

10/20/11

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,
Decatur County.

Personally before me comes J E Dickenson who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? J E Dickenson Farmer Decatur Co Ga
2. How long and since when have you known Mrs M A Thomas applicant?
3. How long and since when has she continuously resided in this State? (Give date.) Known of her about 1-41 Yrs A resident of this State ever since I have of her
4. When and to whom was she married? J J Thomas How do you know? They lived together as man & wife
5. How long and since when did you know J J Thomas her husband? I first met him about the Jan 1862
6. When and where did J J Thomas the husband of Applicant die? In Decatur County Ga don't remember date
7. Where the Aplicant and her husband living together as husband and wife at the date of his death? I never heard of anything to the Contrary
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 J J Thomas enlist? I Joined Abels Light Artillery in the Fall of 1862 and found J J Thomas in the Same Company
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? To my Knowledge from the Fall of 1862 to Close of the War after 1865
12. When, and where did his Command surrender, and was discharged? At Tallahassee Fla April 1865
13. Were you personally present when it was surrendered? I was If not where were you — and how came you there? —
14. Was the husband of applicant personally present at surrender? He was 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? I Know we were together in the Service from 1862 until the War ended after 1865
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 22 day of Oct 1910 — J E Dickenson

J B Maxwell Ordinary,
of Decatur County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Decatur County.

Personally before me comes J F Swicord and G W Boyett who on oath says that they are freeholders of said County and that they know Mrs M A Thomas 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. Her 1/3 interest in land in Dec Co Ga Cash Value of her interest personal property in Dec Co undivided $185.00
Notes and accounts due Don't Know of any $ —
Total $185.00

Schedule (B).

We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:
None that Personal property Know of Sold or Given away $ —
Money, Notes and accounts $ —

Schedule (C).

We also know what property she has now in her possession, use and control to wit:
1/3 interest 200 Acres of land worth $2000.00 her interest $185.00
Horses and Mules None $ —
1 Cows and Hogs 1 Cow & Calf $ 20
Other property None $ —
income and earnings None that we Know of $ —
Total Value of all property and effects $205.00

Sworn and subscribed before me this the 22 day of Oct 1910 — G W Boyett, J F Swicord

J B Maxwell Ordinary,
of Decatur County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I J B Maxwell Ordinary of said County do certify that, I know Mrs M A Thomas 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 Dickenson the witness who swears to the service of husband, and G W Boyett & J F Swicord 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 Mrs M A Thomas Returned for Tax is for 1908 $1096.00 for 1909 $1165.00 1910 $945.00 Which

Sworn under my hand and official seal of office this 25 day of Oct 1910

SEAL.

J B Maxwell Ordinary,
Decatur County

(SEAL.)

Prepared at the Witness for Swearing to the foregoing Affidavits

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.
4 All affidavits must be made before the Ordinary.
3 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.

of Decatur County.

2 Additional affidavits may be attached if blank spaces are insufficient.
4 All affidavits must be made before the Ordinary.
3 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 DECATUR COUNTY.

I- T. B. Maxwell Ordinary of said County do hereby certify that the within is a true copy of Marriage License and certificate of the marriage of James Thomas to Mary Ann Evans as appears of record in this Office in marriage record Book A page 236 Given under my hand and seal of Office This Oct 26 1910.

T B Maxwell

Ordinary Decatur County.

MARRIAGE LICENSE

OF

AND

Issued 19

and Recorded on Page Book

of Marriage Licenses.

Ordinary.

FOOTE & DAVIES CO., PRINTERS AND STATIONERS, ATLANTA.

This Oct 26 1910.

T B Maxwell

Ordinary Decatur County.

MARRIAGE LICENSE

OF

AND

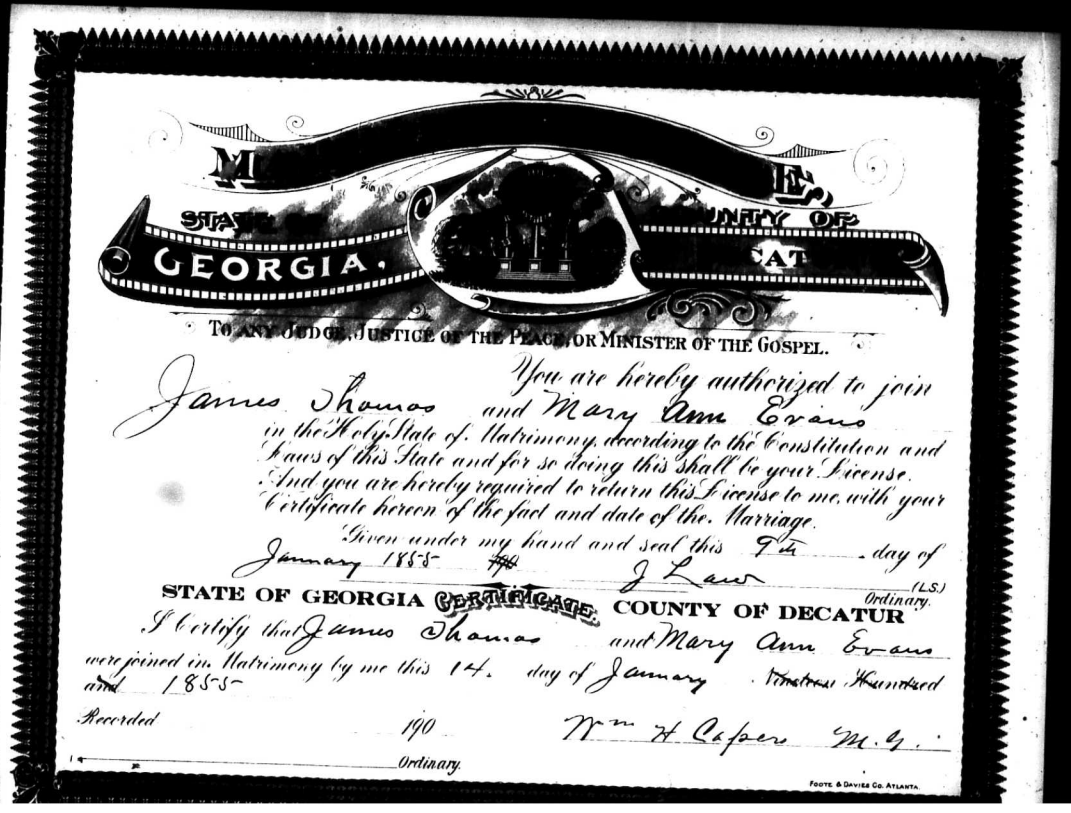
Issued _____ 19__

and Recorded on Page _____ Book

_____ of Marriage Licenses.

Ordinary.

POOTE & DAVIES CO., PRINTERS AND BINDERS, ATLANTA.



M[illegible]E

STA[illegible]UNTY OF

GEORGIA. [illegible]AT

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

You are hereby authorized to join James Thomas and Mary Ann Evans 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 9th day of January 1855 ~~1856~~

J Laws (L.S.)
Ordinary.

STATE OF GEORGIA CERTIFICATE. COUNTY OF DECATUR

I Certify that James Thomas and Mary Ann Evans were joined in Matrimony by me this 14. day of January One Thousand Eight Hundred and 1855

Recorded 190

Wm H Capers M.G.

Ordinary.

FOOTE & DAVIES CO. ATLANTA

Thompson, D. S.
[illegible]
[illegible]

No.

Confederate Soldier's Application.

UNDER ACT 1910.

County Decatur

Name D S Thompson

Company G Thomas Legion Infantry N.C.

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

8/30/10

Confederate Soldier's Application.

UNDER ACT 1910.

County Decatur

Name D S Thompson

Company G Thomas Legion

Regiment

Approved

J. W. LINDSEY.
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

8-3-10

Thompson D S
Co. G 29th Ga Inf
Pvt

No.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,
Decatur County.

D S Thompson of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office) D S Thompson Diffee Decatur Co Ga

2. How long and since when have you been a continuous resident citizen of this State? A Resident since Dec 1867

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Yes In March 1863 in Army of Confederate State

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Enlisted 1863 in Co G Thomas Legion Infantry No 6

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) From enlistment to 1865 to close of war April 1865

6. When and where was your Company and Regiment surrendered or discharged from the Service? Near Webster N C April 1865

7. Were you actually present with your Command when it was surrendered or discharged? Yes

8. If you were not actually present, state specifically and clearly where you were

a. Where was your Command when you left it? —

b. When did you leave the Command? At Surrender April 1865

c. For what cause did you leave? Discharged

d. By whose authority did you leave? —

e. For how long was your leave granted? In what way? —

f. Why did you not return to your Command after leave expired? —

g. In what way were you prevented? —

h. What effort did you make to return? —

i. Were you captured during the war? No

j. If so, when, and where? In what prison were you held and when were you released?

9. What property of every discription was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) 3 Acres Land 1 Mule 1 Cow & Calf 6 Hogs Household & Kitchen Furniture Tools &c all being about 275.00

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? None disposed of

11. What property of any discription of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). The Same as above with addition of 1 Cow Calf and One Mule Tools Value Now about 650.00 This property is situated in A Small Village

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? No Earnings at all My Wife is about 73 & in very poor health

13. Are you drawing a pension of any amount from this State or the United States? No

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the 6 day of Aug 1910

D S Thompson
his mark

J B Mayhew Ordinary,
of Decatur County.

QUESTIONS FOR WITNESS AS TO SERVICE.

North Carolina
~~STATE OF GEORGIA,~~
Jackson County.

P. P. Bradley of said State and County is hereby presented as a witness in support of the application of D. S. Thompson for the pension provided by the Act of 1910, 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? P. P. Bradley
Speedwell Jackson County North Carolina
2. How long and since when have you known D. S. Thompson the applicant?
five or six years before enlistment
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? Georgia Decatur County about 1865 or 1866
I know by my own knowledge
4. When, where and in what Company and Regiment did D. S. Thompson enlist during war from 1861 to 1865? (Give date and place) 1864 Jackson County N.C. Co. F. 64th Regiment
5. How did you obtain your information of this Service? For same company and
mess with him
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) about sixteen months
7. When and where was his Command surrendered or discharged (give date and place)
near Webster North Carolina
8. Were you personally present at the Surrender? yes
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender? yes
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) Of my own knowledge
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 28 day of August 1910
D R Moore Dpt. Clerk Superior Court. Ordinary.
of Jackson County. N.C.

P P Bradley

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.
Decatur County.

Personally before me comes D S Stephens J M Diffee who on oath says that they are free holders residing in said County and we know D. S. Thompson 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.) About 4 acres of land in the Within the incorporate limits of Diffee Smith County Ala. Mr Thompson owns property at Jones Valley the house 600.00
1 Mule 100.00 Wagon 50.00 $ Cattle 35.00 7 Hogs 15.00 Total Value of property 770.00

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.) No Property of the foregoing kind
2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full values? or was it made to obtain a pension?

Sworn to and subscribed before me, this the 29 day of Aug 1910
J B Malone Ordinary.
of Decatur County.

D S Stephens
J M Diffee

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I, J B Malone Ordinary of said County, certify that I know the applicant D S Thompson for Pension is the person he represents himself to be and resides in said County. That I also know Mr C the witness swearing to the service and D S Stephens J M Diffee who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of Decatur Co Digest shows that D S Thompson and wife value for tax is in 1908 $ 225.00 for 1909 $ 682.00 for 1910 $ 686.00

Sworn under my hand and official seal of office this 31 day of Aug 1910
J B Malone Ordinary.
of Decatur 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 Free holders unnecessary.

NAME **Thompson, D. S.** YEAR **1911** COUNTY **Decatur**

WHEN AND WHERE BORN? **Been a resident of Georgia since 1867.**

ENLISTED WHEN AND WHERE? **Spring of 1864, North Carolina.**
Witness states---------- Jackson County, North Carolina.
RANK

COMPANY AND REGIMENT? Company G. Thomas ~~or Thomas's~~ Legion, Inf. N. C.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED? WHEN AND WHERE?

RELEASED

WHEN AND WHERE SURRENDERED? Near Webster, North Carolina, April 1865.

IF NOT PRESENT AT SURRENDER? WHERE WERE YOU?

DIED? WHEN AND WHERE?

BURIED?

WITNESSES? F. P. Presley- Same command- No data.

CB

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, John Thrash, hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension allowed, and request that he remit same to T B Maxwell Ordy at Bainbridge by check

Witness my hand and seal this 18 day of Feby 1899.

Executed in presence of
P S Thompson } John his mark Thrash (L. S.)
T B Maxwell Ordy

---

ok Thrash, John
Decatur County
No. 3807

INDIGENT PENSION

1899.

Name John Thrash
County Decatur

Approved 5/2 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
WAW

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

2/13-99

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, John Thrash, hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension allowed, and request that he remit same to T. B Maxwell Ordy at Bainbridge by check

Witness my hand and seal this 1st day of Feby 1899.

Executed in presence of
P. S. Thompson } John his mark Thrash (L. S.)
T B Maxwell Ordy

Questions for Applicant.

STATE OF GEORGIA,
Decatur County.

John Thrash 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.) John Thrash Decatur County Ga Bainbridge Ga
2. How long and since when have you been a resident of this State? Since 1833
3. When and where were you born? 1833 Troup County Ga
4. When and where and in what company and regiment did you enlist or serve? Albany Ga May 6th 1862 Company D Cobbs Legion
5. How long did you remain in such company and regiment? until close of the war
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? 1865 At Bentonsville N C at Surrender
8. What is your present occupation? Nothing
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, "infirmity and poverty," or third, "blindness and poverty" Sec Third
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 not Physically able to do any labor at all I am Nearly Blind & have no property I am Paralyzed on left side
13. What property, effects or income do you possess, and its gross value? Nothing
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897 and 1898, and what disposition, if any, did you make of same? Nothing for each of those years except one ox sold him in 97 for supplies
15. In what County did you reside during those years, and what property did you then return for taxation? Decatur County. One ox
16. How were you supported during the years 1897 and 1898? By my Friends & Neighbors
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? Contributed nothing Dont Know Cost of Support
18. What was your employment during 1897 and 1898? What pay did you receive in each year? Nothing Nothing
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? No Family
20. Are you receiving any pension? If so, what amount, and for what disability? No

Sworn to and subscribed before me this the 1st day of Feby, 1899.
John his mark Thrash Applicant.
T B Maxwell Ordinary,
of Decatur County.

Every Question MUST be Answered.

Thrash John
Decatur Co.
No. 3807

INDIGENT PENSION
1899.

Name John Thrash
County Decatur
Approved 5/2 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
WAW

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

2/13-99

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Baker COUNTY.

J T Norris, of said State and County, having been presented as a witness in support of the application of John Thrash 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 T Norris
Newton Baker County Ga

2. Are you acquainted with John Thrash, the applicant; if so how long have you known him? Since 1861

3. Where does he reside, and how long and since when has he been a resident of this State?
In Decatur County Co. Ga never knew him until 1861

4. When, where and in what company and regiment did he enlist, and how do you know?
In 1862 in Albany Ga In Company D. Cobb Legion I was in the same company with him

5. Were you a member of the same company and regiment?

6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? About 4 years
He made a good Soldier he was discharged at the Surrender

7. What property, effects or income has the applicant? (Give your means of knowledge.)
Have have not seen him since the War

8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what disposition, if any, did he make of same?

9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom?

10. What is the applicant's occupation and physical condition?

11. Is the applicant unable to support himself by labor of any sort, if so, why?

12. How was he supported during the years 1897 and 1898?

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

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? The Above Question I can not answer but can Say he made a brave Soldier and I do not believe a brave man would Swear faulsly

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

Sworn to and subscribed before me, this the 7th day of Feb 1899. J T Norris Witness.

J B Maxwell Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Decatur COUNTY.

Personally came before me L H Peacock and S J Chesnut, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully John Thrash, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows: We find him Completly Paryalised in left Side and perfectly helpless he was Paryalised last October and has Remained in that Condition until the present and no hopes of recovery otherwise his health moderately good but feeble from the Confinement & pain

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 11 day of Feby 1899. L H Peacock M.D. S J Chesnut M.D.

T B Maxwell Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur COUNTY.

I, T B Maxwell, Ordinary in and for said County, hereby certify that the applicant John Thrash resides in said County, and has been a bona fide resident of this State since the 1st day of January 1894 and that the witnesses, viz: S S Dixon & Drs L H Peacock & S J Chesnut 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 Decatur County show that applicant returned for taxation in his name in 1897 Twenty Dollars of property, and in 1898 Nothing Dollars of property.

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

Witness my hand and seal of office, this 11 day of Feby 1899.

T B Maxwell Ordinary.
of Decatur 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.

State of Georgia Decatur County

S S Dixon of said State and County having been presented as a witness in support of the application of John Thrash for Pension Being duly sworn deposes and answers as follows Questions No 7 to 15

No 7 None that I Know of

8. If he had any property in 96 97 & 98
I dont Know of it We lived in half mile of each other in 97 & 98

9 He has not for the last 2 years as he had none to convey

10 Farming is his occupation that is up to Oct 1898 he was Stricken with Paralysis and has been unable to work every since he is

11

12 By his own Labor

13. No income all from his labor

14 Infirm and not able to do any work whatever

15 No Interest.

Sworn to and Subscribed before me this Feby 11th 1899
J B Maxwell
Ordinary

S. S. Dixon

State of Georgia
Baker County

I J B Perry Ordinary in and for said County do hereby Certify that the witness J T Morris of Baker County is of truthworthy Character and that his Statement is entitled to full full faith and credit.

I further Certify that before answering the foregoing questions the witness J T Morris the oath herein prescribed and the full text of the Affidavit was read to the witness before same was Signed

Witness my hand and Seal of Office this the 7th Day of February 1899.

J B Perry
Ordinary Baker County

T. B. Maxwell,
Ordinary Decatur County.

From
Decatur County

Bainbridge, Ga., 2/5 1899

Hon Tuck^d Johnson C. of P
Atlanta Ga

Dear Sir

I had the enclosed applications ready for several days but on account of one yet that is on the roll I delayed the matter of sending until his application was made. He is from what I can learn very feeble. & on a/c of Bad Weather has not been up. I will forward the application as soon as the Blank can be filled out

Yours very truly
T B Maxwell
Ordinary

NAME Thrash, John YEAR 1899 COUNTY Decatur

WHEN AND WHERE BORN? 1833 - Troup Co., Georgia

ENLISTED WHEN AND WHERE? May 6, 1862 - Albany, Georgia

RANK

COMPANY AND REGIMENT? Co D - Cobbs' Legion

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? 1865 - Bentonville, North Carolina

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J T Norris - same command - No data
mh

Thursby, J. E. Dr. Cather
Dis. Appl. Filed
1903
No. 1903

INDIGENT PENSION,

~~1900.~~
1901

Name J E Thursby

County Dr Cather
Co B - 29 Cavalry

Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

5/13-1901
10/26-1903

Pension Office
6/26-1901

Appl. appears to be the owner of property of a saleable value sufficient for present use - No so indicated as will authorize the grant of a Pension

J W Lindsey
Com of Pension

Amended 1903
8/28-1903

Thus [illegible] family, [illegible] & the use of the property they use & [illegible] sufficient for support

J W Lindsey
Com of Pension

Power of Attorney.

STATE OF GEORGIA,
Dr Cather County.

I, J E Thursby hereby authorize
Wm Wright of Atlanta
to receive and receipt for the pension allowed, and request that he remit same to
Ordinary at Bainbridge by M
Witness my hand and seal, this 15 day of Mch 1901.

J E Thursby [L. S.]

Executed in presence of
J B Maxwell
Ordinary.

Power of Attorney.

STATE OF GEORGIA,

Decatur County.

I, J E Thursby hereby authorize

W A Wright of Atlanta

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

Ordinary at Bainbridge by M

Witness my hand and seal, this 15 day of March 1904

J E Thursby [L. S.]

Executed in presence of

T B Mayo

Ordinary.

Pension Office 6/26-1901
Atl. Applies for
An increase of pension
to a Colorado rate
Certificate for increase
was issued to Atlanta
but as new action
is the grant of a
Pension
Jno W Lindsey
Com'r

Commenced 1903
6/26-[illegible]
Mar 1903
[illegible]
Com'r Pensions
For Copyist
Mar 5 1903
[illegible]
Com'r Pensions

Approved, 1903 — Dec. 1903 — Deather Co.

No. [illegible]

INDIGENT PENSION, 1900. 1907

Name J E Thursby

County Decatur Co. B-29 County 1900.

Approved

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT MAILED TO

Geo. W. Harrison, State Printer, Atlanta.

5/3-1907
6/26-1903

Questions for Applicant.

STATE OF GEORGIA,

Decatur County.

I, J E Thursby, 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 truly answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office) J E Thursby Decatur Co Lakeland 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? In Mcintosh County Ga 1835
4. When and where and in what company and regiment did you enlist or serve? Enlisted at Bainbridge Ga in Capt Campbells Div artillery Spring 1863 In the fall 1862 was transferred to Co B 29th Ga Battalion Cavalry
5. How long did you remain in such company and regiment? Until Close of the war 1865
6. When and where was your company and regiment surrendered and discharged? Part of us At Bainbridge Ga re enlisting The balance was Captured by the enemy in 1864
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?

Every Question MUST be Answered

9. How much can you earn (gross) per annum by your own exertions or labor? About 36$ per year
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"? 2nd
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? For the Last Two years I have not been able to earn a Support on ac of Rheumatism
13. What property, real or personal, or income, do you possess, and its gross value? Nothing
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? 1894 I owned 62½ acres land one house 1898 I sold it for Support and to Settle my indebtedness
15. In what County did you reside during those years, and what property did you then return for taxation? Decatur The above mentions property Val of 250 00
16. How were you supported during the years 1898 and 1899? $1900 By what little labor I could do & some assistance by friends
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? No account Kept about $36 of the Val Worken
18. What was your employment during 1898 and 1899? What pay did you receive in each year? Trying to Farm Nothing but Products of Farm
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Yes Wife & 4 Children They are supported By all of us working together They have a home Stead
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? —

Sworn to and subscribed before me this the 15 day of March 1904

T B Mayo Ordinary,

of Decatur County.

J E Thursby his mark

Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Decatur COUNTY.

~~W C Sutters~~ G.B. Moore, of said State and County, having been presented as a witness in support of the application of J E Thursby 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? ~~W C Sutters~~ G B Moore Bainbridge Ga
2. Are you acquainted with J E Thursby, the applicant; if so, how long have you known him? nearly 76 years.
3. Where does he reside, and how long and since when has he been a resident of this State? In Decatur County Ga ever since I know him
4. When, where and in what company and regiment did he enlist, and how do you know? in Campbells Sidge Artillery 1863 in the spring
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? I don't know he was transferred
7. When and where was his command surrendered? Part of regiment was captured in Dec 1864 The rest of us was at Bainbridge Ga
8. Were you present when it surrendered? I was
9. Was applicant present? Yes
10. If he was not present, where was he?

When did he leave his command? _____ For what cause? _____

By what authority he left? _____ How do you know all of this? We were both in Bainbridge Ga when the surrender waiting for orders

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 1896, 1897, 1898 and 1899, 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? He is a Farmer Don't Know his Physical Condition
15. Is the applicant unable to support himself by labor of any sort, if so, why? From appearance he could do light work
16. How was he supported during the years 1898 and 1899? Don't Know
17. What portion of his support for these two 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? He was a faithful Soldier and from his statement He has pass the Mark for manual Labor
19. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 15 day of Mch 1900. G. B. Moore Witness.

T B Maxwell Ordinary.

Sworn to and subscribed before me, this the 15 day of Mch 1900. G B Moore Witness.

T B Maxwell Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Decatur COUNTY.

Personally came before me J D Chason MD and _____, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully examined _____, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He is 68 years old. Has suffered in the past severely from Rheumatism which left heart lesion and upon fatigue lung on breathlessness

They further say on oath that the physical condition of applicant renders him unable to labor at some 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 15 day of Mch 1900. J D Chason MD

T B Maxwell Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur COUNTY.

I, T B Maxwell, Ordinary in and for said County, hereby certify that the applicant J E Thursby resides in said County, and has been a bona fide resident of this State since the 1 day of Jany 1894 and that the witnesses, viz: G B Moore 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 Decatur County show that applicant returned for taxation in his name in ~~1898~~ 1899 Two Hundred & Seventy Nine Dollars of property, and in ~~1899~~ 1900 Two Hundred & Sixty Dollars of property.

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

Witness my hand and seal of office, this 15 day of Mch 1900.

T B Maxwell Ordinary,
of Decatur 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,
Decatur COUNTY.

I, J E Thursby hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension allowed and request that he remit same to
Ordinary at Bainbridge by Check

Witness my hand and seal, this 24 day of Aug 1908
J E Thursby [L. S.]

Executed in presence of
W H Mayhorse Ordinary

Thursday J. E.
Decatur Co.

No. 1709

INDIGENT PENSION. 1908

Name J E Thursby
County Decatur Co. B 2nd Ga Cav Regt.
Approved 190
JOHN W. LINDSEY, Ordinary.
WARRANT HANDED TO
Witness will write name of applicant. Ordinary.
Applicant will write name of witness.
Paid $

Every Question Must Be Answered

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Decatur COUNTY.

To avail himself of the Pension Act (Session 1894, Code), hereby submits the proofs and their being duly sworn to answer to make as the following questions, depones and answers as follows:

1. What is your name and where do you reside? (Give Militia District, County and State.) J E Thursby Bainbridge Decatur Co Ga
2. How long and since when have you been a resident of this State? Born and raised in Dec Co
3. When and where were you born? Born in Wilkinson Co 1838
4. When and where and in what company and regiment did you enlist or serve? I enlisted at Bainbridge in Confederate Army Battle May 1863 in October 1863 Was transferred to Co B 2nd Batt of Cavalry
5. How long did you remain in such company and regiment? I remained through until the War
6. When and where was your company and regiment surrendered and discharged? Was Co Gilbert Pearson was first Captain at or near Greensboro Jan 1865 was sick when Left was discharged at Bainbridge Ga
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? I was of the Co Not Captured Was home on detail Duty in the Quarter Master Dept Bainbridge Ga
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? 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?" 1st & 2nd
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. For the past 2 Years I have been unable to earn support on account of my Old age & Rheumatism
13. What property, real and personal, or income, do you possess, and its gross value? None to speak of
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? My property & income Disposed of
15. In what County did you reside during those years, and what property did you then return for taxation? Decatur County My property & income
16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? Supported by what I could do & Help of Friends
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 & Rent & Cost Contributed by My Self
18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year? One Horse Mr Thursby's Farm
19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? Wife Aged 3 Children My present Wife has a Small place where we reside She owns it. Ages of Children 6 to 11 Not able to do any Work
20. Are you receiving any pension? If so, what amount and for what disability? None
21. Have you ever made an application for pension before? Yes
22. How many applications have you ever made and under what acts? One Second Class Georgia Act

Sworn to and subscribed before me this the 26 day of Aug 1908
W H Mayhorse Ordinary
at Bainbridge Decatur County.

J E Thursby Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Decatur COUNTY.

G B Moore of said State and County, having been presented as a witness in support of the application of J E Thursby for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? G B Moore Bainbridge Ga
2. Are you acquainted with J E Thursby, the applicant; if so, how long have you known him? J. Yes Have Known him 45 or 50 years
3. Where does he reside, and how long and since when has he been a resident of this State? He resides in Decatur Co & has resided in this State since the war
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted at Bainbridge in Co B 29th Batt of Cavalry
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? From Oct 1863 & Close of the War
7. When and where was his command surrendered? We surrendered at Bainbridge Ga We Were both present at the time of the Surrender at Bainbridge Ga
8. Were you present when it surrendered? We was
9. Was applicant present? He was
10. If he was not present, where was he? Present
When did he leave his command? April 1865 For what cause? War Closed
By what authority he left? Surrender How do you know all of this? We were together and We Honorably discharged together April 1865
11. What property, effects or income has the applicant? (Give your means of knowledge.) No property I live in same Neighborhood
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? No property Owns the above debts that I Owned as No disposition of any to my Knowledge
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? None to my Knowledge
14. What is the applicant's occupation and physical condition? Farming His physical condition Old and Feeble Not able to do Manual Labor
15. Is the applicant unable to support himself by labor of any sort; if so, why? He can Not on account of Age & Suffers of Rheumatism
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? By what he could do and help of others I Being One who helps
17. What portion of his support for these four years was derived from his own labor or income? Very little from his own Labor (Not Any)
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 Just about Worn out and deserves help
19. Who composes family? What property have they? Children's ages and their earning capacity? Wife and 3 Children Don't Know what they can buy they can by Grace to do work His wife Owns a Small place with a very Little Improvements on it
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 26 day of June 1907.
T B Maxwell Ordinary.

G B Moore Witness
James Burke his Mark

Hasn't no land down James Burke can't read

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Decatur COUNTY.

Personally came before me Gideon Chason MD and E E Morgan MD, both known to me as reputable physicians of said State, who, being severally sworn, say on oath that they have examined carefully J E Thursby, applicant for pension under Section 1254, Code, and after such personal examination say that his present physical condition is as follows: Suffers from Chronic Rheumatism and his general physical condition is much debilitated Pulsation Not Good Not able to do but very Little Manual Labor

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

Sworn to and subscribed before me, this the 26 day of June 1907.
T B Maxwell Ordinary.

Gideon Chason MD
E E Morgan MD

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur COUNTY.

I, T B Maxwell Ordinary, in and for said County, hereby certify that the applicant J E Thursby resides in said County, and has been a bona fide resident of this State since the 1 day of Jan 189 M and that the witnesses, viz., G B Moore & James Burke

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 Decatur County shows that applicant returned for taxation in his name in 1901 Dollars of property, and in 1902 Dollars of property; in 1903 Dollars of property; in 1904 Dollars of property; in 1905 Dollars of property; in 1906 Dollars of property; in 1907 Dollars of property.

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

Witness my hand and seal of office, this 1 day of Sept 1907.
T B Maxwell Ordinary.
of Decatur County.

INSTRUCTIONS.

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.

Georgia Decatur County

J E Thursby of said State & County hereby submits the following facts to amend his application for pension who after being duly sworn deposes and says that the property given in as his property for the years 1899 & 1900 is not his property but is the property of his wife she having the deeds to same which was given her & one child in the year 1893. He only acting as her agent.

Sworn to and subscribed before me this March 7th 1903 J E his Thursby mark

T B Maxwell Ordy.

State of Georgia
Decatur County

J S Thursby of said State & County having been presented as a witness in support of the deposition made by J E Thursby to amend application for pension after being duly sworn on oath says that he [illegible] & his brother & sister did make to Mrs J E Thursby in the year 1893 deed to 62 acres land & one horse & that J E Thursby the applicant is not the owner of any property whatever. & never owned any property in his own name to my knowledge.

Sworn to and subscribed before me this March 7th 1903 J S Thursby

T B Maxwell Ordinary.

DISAPPROVED

NAME Thursby, J. E. YEAR 1903 COUNTY Decatur

WHEN AND WHERE BORN? 1835, Wilkinson County, Georgia

ENLISTED WHEN AND WHERE? Spring of 1863, Bainbridge, Georgia

RANK.

COMPANY AND REGIMENT? Capt. Campbell's Seige Artillery
Fall of 1863 (Applicant says he was transferred fall of 1862.)
Trans. to Co. B, 29th Georgia Cavalry

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At Bainbridge, Georgia - recruiting.

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. G. B. Moore - same command - No data

88

State of Georgia
Decatur County

I J B Maxwell ordinary of said County hereby certify that the witness J A Thursby is of trustworthy character as far as I know and that his statement is entitled to full faith and credit and that he took the oath for scribe and that the full text of the affidavit was read to him before he signed it.

Witness my hand and seal of office this March 7-1909

J B Maxwell Ordinary.
Decatur County

NAME Thursbay, J. E. YEAR 1909 COUNTY Decatur

WHEN AND WHERE BORN? 1838, Wilkerson County, Georgia.

ENLISTED WHEN AND WHERE? May 1863, Bainbridge.
October 1863, transferred.

RANK.

COMPANY AND REGIMENT? Campbels Siege Artillary.
Transferred to - Co. B, 29th Bat. Cavalry.

NAME OF CAPTAIN AND COLONEL? Captain Hyde - Detach Service.

WOUNDED?

CAPTURED, WHEN AND WHERE? Co. was scattered and part captured at or near Savannah? January 1865, and what was left was discharged at Bainbridge, April 1865.

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Those of the Co. not captured were put on Detach Service, Jan. 1865, under Capt. Hyde. Headquarters at Bainbridge, Ga. Discharged at Bainbridge, April 9th 1865. Applicant was with this part of Company.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. G. B. Moore - Same Command. No data.

Tipton Harriett
1 Decatur Co

O.K.

No.

WIDOW'S
Indigent Pension.
1901.

Name Mrs Harriett Tipton

County Decatur

Widow of John D Tipton

D. 51. Ga

Approved ..... 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

..... 1901.

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

2/16/1907 - 7/15-1907

Office Com. Of Pensions.
4-18-1901.

Time and place of marriage is an important f act, and must not only be stated, but clearly proven by a witness or by record. Must furnish a witness that knows something of husbands discharge.

J. W. Lindsey.
Com Of Pensions.

Additional proof

POWER OF ATTORNEY.

STATE OF GEORGIA.
Decatur County.

I, Harriett Tipton hereby authorize W A Wright of Fulton County, to receive and receipt for the pension allowed and that he remit the same to me at Ordinary Bainbridge by his check or registered mail.

Witness my hand this 2nd day of Feby 1901

Executed in presence of
J B Maxwell Ordinary,
Decatur County.

Mrs Harriett Tipton L.S.

SEAL

POWER OF ATTORNEY.

STATE OF GEORGIA.

Decatur County.

I, Harriett Tipton hereby authorize W A Wright of Fulton County, to receive and receipt for the pension allowed and that he remit the same ~~to me~~ at Ordinary Bambridge by his check or registered mail.

Witness my hand this 22 day of Feby 1901

Executed in presence of
T B Maxwell Ordinary,
Decatur County.

Mrs Harriett her Tipton L. S.

SEAL

Office Com. Of Pensions.
4-18-1901.
Time and place of marriage is an important fact, and must not only be stated, but clearly proven by a witness or by record. Must furnish a witness that knows something of husbands discharge.
J. W. Lindsey.
Com Of Pensions.

Additional proof

Tipton Harriett
1 Decatur Co
O.K.
No.

WIDOW'S Indigent Pension. 1901.

Name Mrs Harriett Tipton
County Decatur
Widow of John S Tipton
Co. 51 Ga
Approved 1901.
JOHN W. LINDSEY, Commissioner of Pensions.
WARRANT HANDED TO
1901.
Com. of Pensions, Printer, Atlanta, Ga.
2/16/1907 - 7/15-1907

Questions for Applicant.

STATE OF GEORGIA,

Decatur County.

Mrs Harriett Tipton 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.*) Harriett Tipton Decatur County Lakland Ga
2. How long and since when have you been a resident of this State? About 49 years
3. When and where were you born? In Baker County Ga 1832
4. When and where was your husband born—state his full name, and when were you and he married? In Decatur County Ga 1831 John S Tipton Married in 1851
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? He enlist at Colquit Ga in Co D 51st Ga Regiment 1861
6. How long did your husband serve in said Company and Regiment? Until Close of the War
7. When and where did your husband's Company and Regiment surrender and was discharged? Waynesboro Ga
8. Was your husband present at the time and place when his Company and Regiment surrendered? He was
9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority?
10. When and where did your husband die? Died at Home 1880
11. Which of the following grounds do you base your application for Pension, viz: First—Age and Poverty; Second—Infirmity and Poverty, or Third—Blindness and Poverty? Infirmity and Poverty
12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight. Was thrown from a wagon about 6 years ago & received severe injury since then I have not been able to work
13. What has been your occupation since your husband's death? Domestic work about the house as best I could 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? Nothing
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? Nothing
17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation? Decatur County No property returned
18. How have you been supported since death of husband, and especially for 1899 and 1900? 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? Don't Know Nothing
20. What was your employment during 1899 and 1900—how much did you receive for each year? Nothing Nothing
21. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property? No family
22. Have you ever made an application for pension before? Yes
23. How many applications have you made for a Pension, and under what class? One But was never sent off

Sworn to and subscribed before me this 22 day of Feby 1901

Mrs Harriett her Tipton m

T B Maxwell Ordinary,
of Decatur County.

Questions for Witnesses.

STATE OF GEORGIA,
Decatur **County.**

J M Lane of said State and County, having been presented as a witness in support of the Application of Mrs. Harriett Lipton 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? J M Lane Decatur County
2. Are you acquainted with the applicant, Mrs. Harriett Lipton If so, how long have you known her? About 50 yrs
3. Where does she reside, and how long and since when has she been a resident of this State? Decatur County ever since I know her
4. When and where was she born? Baker County
5. Were you ever acquainted with her husband? I was
6. Where did he reside in 1861? in Miller County Ga
7. When and to whom was he married? Miss Harriett Johnson
8. When and where was he born? Don't Know
9. How long have you known him? about 30 yrs
10. When and where did John D Lipton enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? at Colquitt Ga in Co D 5 1st Ga
11. Were you a member of the same Company and Regiment? I was
12. How long did he perform regular military duty? about 4 years
13. When and where was his Company and Regiment surrendered and discharged from service? Discharged at Close of the War at Richmond Va 1865
14. Were you with the command when it surrendered? I was not
15. Was John D Lipton the husband of applicant present? He was
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.) I was home on a furlough when the War Closed I was first captured at Gettysburg & after was exchanged I then left Command on furlough from Lipton was with Command as a soldier when surrendered by Gen Lee
18. When and where did John D Lipton die? He died in Miller County 1880
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? Miller County resident of Ga ever since I know him
20. Do you of your own knowledge know that applicant is the lawful widow of John Lipton (Geo)
21. Has she remained unmarried since her soldier husband's death, and is now his widow? She has remained unmarried & is a widow yet
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? None at all We live near each Other
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? She has not- Nothing to convey
25. What is applicant's physical condition and her chances and ability to earn a support? Her physical condition very low & Nothing of support except from her Children
26. Is applicant able to earn a support at labor of any sort, if not why? No
27. How was she supported for 1899 and 1900? by her Children
28. How much did applicant contribute to her support for last two years? none
29. Give a full and complete statement of applicant's physical condition? She is old & very feeble
30. What interest have you in the recovery of this pension by the applicant? none

Sworn to and subscribed before me this 22 day of Feby 1901
I B Maxwell Ordinary,
Decatur County.

J M Lane
Witnesses.

Affidavits of Physicians.

STATE OF GEORGIA,
Decatur **County.**

Personally before me comes J D Chason & J J Chenault 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. Harriett Lipton applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this. She is now 69 Years old Very infirm from Rheumatism - One hand Crossed totally useless - and both weak with general debility

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 22 day of Feby 1901
I B Maxwell Ordinary,
Decatur County.

J D Chason M D
J J Chenault M D

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur **County.**

I, I B Maxwell, Ordinary in and for said county, hereby certify that the applicant, Mrs. Harriett Lipton resides in said county, and has been a bona fide resident of this State since 1 day of Jany. 189-, and that the witnesses, Mr. J M Lane 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 Decatur county shows that applicant returned for taxation in her own name in 1899 Nothing dollars worth of property, and in 1900 Nothing dollars worth of property.

Witness my hand and official seal, this 22 day of Feby 1901

{SEAL}

I B Maxwell Ordinary,
Decatur County.

NOTES—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 26th April, 1865, not entitled.
5. ..... Witnesses and two Physicians are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Mrs Harriet Tipton, hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 13 day of Jan 1902.

Harriet her x mr Tipton [L. S.]

Executed in presence of

T B Maxwell Ordy.
C. R. Tipton

Tipton, Harriet
Decatur County

To Those Heretofore Paid

1902.

No. 1035

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs Harriet Tipton

OF

Decatur County,

Widow of J D Tipton

Co. D 51st Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Harriet Tipton, hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 10 day of Jany 1903.

Harriet her x mr Tipton [L. S.]

Executed in the presence of

T B Maxwell Ordinary
Jno R Wilson

Tipton, Harriet
Decatur County

To Those Heretofore Paid.

1903.

No. 1137

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. Harriet Tipton

OF

Decatur County,

Widow of John S Tipton

Co. D 51st Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

2/12 1903

AND HANDED TO

W. A. W.

GEO. W. HARRISON, STATE PRINTER ATLANTA, GA.

Form No. 1.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Decatur

PERSONALLY COMES MRS.
Harriet Tipton

who, being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of J S Tipton who was a soldier in Company D of the 51st Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Spring 1861, and served in the Army up to Surrender 1865. That he died on the 13 day of April 1880.

Died with Dropsy.

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 1851

I have been allowed an Indigent pension as a resident of Decatur County, under Act 1900, for the year 1902, and now apply for the pension provided by law for the year ending December 31, 1902

Sworn to and subscribed before me, this 13 day of Jan 1902.
J B Maxwell, Ordinary.

her
Harriet X Tipton
mark
Post Office Letts Land Ga

State of Georgia,
Decatur County.

I J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Harriet Tipton, 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 1 day of Jan 1879

Given under my official signature and seal, this the 13 day of Jan 1902.

(Official Seal.)

J B Maxwell
Ordinary of Decatur County.

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

Form No. 1.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Decatur

PERSONALLY COMES MRS.
Harriet Tipton

who, being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 1851. That she is the Widow of John S Tipton who was a soldier in Company D of the 51st Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of April 1861, and served in the Army up to April 1865. That he died on the April 13th day of April 1880.

Died at home with Dropsy.

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 1851.

I have been allowed an Indigent pension as a resident of Decatur County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, this 10 day of Jany 1903.
J B Maxwell, Ordinary.

her
Harriet X Tipton
mark
Post-Office Letts Land Ga

State of Georgia,
Decatur County.

I, J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Harriet Tipton, 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 January 1880

Given under my official signature and seal, this the 10 day of Jany 1903.

(Official Seal.)

J B Maxwell
Ordinary of Decatur County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Harriet Tipton hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12 day of Jan 1904.

Harriet her + mark Tipton [L. S.]

Executed in presence of
J B Maxwell
G M Jones

Tipton, Harriett
Decatur County

TO THOSE HERETOFORE PAID.

1904.

No. 1431

INDIGENT
WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO
Mrs Harriet Tipton
OF
Decatur County,
Widow of John S Tipton
Co. D 51st Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 19 1904,
AND HANDED TO
Jordan

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Harriett Tipton, hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 16 day of January 1905.

Harriett her + mark Tipton [L. S.]

Executed in presence of
J B Maxwell Ordinary.

Tipton, Harriett
Decatur County

To Those Heretofore Paid.

1905.

No. 1870

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs Harriett Tipton
OF
Decatur County,
Widow of John S Tipton
Co. D 51st Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
MAR 2 1905.
AND HANDED TO
JY

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA.
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER.

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Decatur

PERSONALLY COMES MRS.
Harriet Tipton

who, being sworn, says on oath that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of John S Tipton who was a soldier in Company D of the 57 Ga. Regt Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 1861, and served in the Army up to Surrender 1865. That he died on the 18th day of April 1880

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 1857

I have been allowed an Indigent pension as a resident of Decatur County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me,
this 12 day of Jan 1904.
J B Maxwell Ordinary.

her
Harriet X Tipton
mark

Post Office Lake Land

State of Georgia,
Decatur County.

I, J B Maxwell
Ordinary of said County, certify that I am well acquainted with Mrs. Harriet Tipton, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1
day of Jan 1890

Given under my official signature and seal, this the 12 day of Jan 1904.

{Official Seal}

J B Maxwell
Ordinary of Decatur County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Decatur

PERSONALLY COMES MRS.
Harriett Tipton

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of John S Tipton who was a soldier in Company D of the 57 Ga. Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of 1861, and served in the Army up to 1865. That he died on the 13 day of April 1880.

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 1857

I have been allowed an Indigent pension as a resident of Decatur County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me,
this 16 day of Jan 1905.
J B Maxwell, Ordinary.

her
Harriett X Tipton
mark

Post-Office Lakeland Ga

State of Georgia,
Decatur County.

I, J B Maxwell
Ordinary of said County, certify that I am well acquainted with Mrs. Harriett Tipton, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1
day of Jan 1890

Given under my official signature and seal, this the 16 day of Jan 1905.

{Official Seal.}

J B Maxwell
Ordinary of Decatur County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Harriett Tipton, hereby authorize
W C Wright of Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 9
day of June 1906.

her
Harriett X Tipton [L. S.]
mark

Executed in presence of
T B Maxwell
Ordinary

To Those Heretofore Paid.

1906.

No. 7443

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO
Mrs Harriett Tipton
OF
Decatur County,
Widow of John D Tipton
Co. D 57 Ga Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
JAN 10 1906,
AND HANDED TO

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs Harriett Tipton, hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 9
day of June 1907.

her
Mrs Harriett X Tipton [L. S.]
mark

Executed in presence of
T B Maxwell
Ordinary

Tipton, Harriett
Decatur County

To Those Heretofore Paid.

1907.

No. 12376

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO
Mrs Harriett Tipton
OF
Decatur County,
Widow of J S Tipton
Co. D 57 Ga Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 6 1907.
AND HANDED TO

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Decatur

PERSONALLY COMES MRS. Harriet Tipton

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of John S Tipton who was a soldier in Company D of the 51st Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of _____ 186 1, and served in the Army up to April 186 5. That he died on the _____ day of Feby 1880.

Died at home in Decatur County

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 51

I have been allowed an Indigent pension as a resident of Decatur County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me this 7 day of Jan 1906.
J B Maxwell, Ordinary.

Harriett x Tipton
Post Office Lakeland Ga

State of Georgia,
Decatur County.

I, J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Harriett Tipton, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1894.

Given under my official signature and seal, this the 7 day of Jan 1906.

{Official Seal}

J B Maxwell
Ordinary of Decatur County.

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

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Decatur

PERSONALLY COMES MRS. Harriett Tipton

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of John S Tipton who was a soldier in Company D of the 51 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 186 1, and served in the Army up to April 186 5. That he died on the 13 day of April 1880

Infirmity Poverty

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 51

I have been allowed an Indigent pension as a resident of Decatur County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this 9 day of Jan 1907.
J B Maxwell, Ordinary.

Mrs Harriett her x Tipton mark
Post Office Lakeland Ga

State of Georgia,
Decatur County.

I, J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Harriett Tipton, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of Jan 1890.

Given under my official signature and seal, this the 9 day of Jan 1907.

{Official Seal}

J B Maxwell
Ordinary of Decatur County.

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

Given under my official signature and seal, this the 9 day of Jan 1906.

Official Seal

T B Maxwell

Ordinary of Decatur County.

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

Given under my official signature and seal, this the [illegible] day of [illegible] 1907.

Official Seal

T B Maxwell

Ordinary of Decatur County.

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

Georgia } In person appeared before
Miller Co } the undersigned Mollie
McGendon who being duly
sworn deposes on oath and says
that she was present and saw
John S. Tipton and Harriett Tipton (nee
Johnson. Married at Israel Johnson's
residence on day of - 1857.
in Baker County Georgia and
that Harriett Tipton who is making
application for person from Decatur Co Ga
is the same Harriett Tipton who
married John S. Tipton the above
date
Sworn to and subscribed
before me. July 12th 1901.
C C Bush J C M Co Mollie her mark McGendon



STATE OF GEORGIA

Court of Ordinary.

MILLER COUNTY.

W. R. DANCER,
ORDINARY.

Colquitt, Ga. June 26th 1901

Georgia Miller Co. } I W R Poole do certify and swear That John S. Tipton was wonded at the Bottle of Chasselsville, May 1863. At that time was furlowed by the Hospitle sergent. he came back to the Army in Sept. 1863. Transfered to the Ordinance department on account of his wound, served in that capasity till Nov. 1864 send to the Hospitle. And there he was indeffinitely furlowed, or redired untill called for, and then he never came back to the army. again. Cause. Surrender.

Sworn to and subscribed to in presence of This June 26 1901 W R Dancer ord M C } W. K. Poole

Ordinary's Certificate

STATE OF GEORGIA,
Decatur COUNTY.

I, T B Maxwell Ordinary of said County, do certify that I know Mrs Laura E Tonge 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 J H Baily 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 8 day of Oct 1923

(SEAL) T B Maxwell Ordinary,
Decatur 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.

Tonge, Laura E
Ck for 1924
No. Decatur Co.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Decatur
Name Mrs Laura E Tonge
Widow of Mr D Tonge
Company G
Regiment 13th Virginia Infty
Approved [signature]
Commissioner Pensions
Date of marriage not proven

~~J. M. HANDSEY~~,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10/30/1923

Ordinary's Certificate

STATE OF GEORGIA,
Decatur COUNTY.

I, T B Maxwell Ordinary of said County, do certify that I know Mrs Laura E Tonge 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 J H Bailey 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 8 day of Oct- 19 23

(SEAL) T B Maxwell Ordinary,
Decatur 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.

Recd. Jan 1924
O. K. to file
No.

Widow's Pension
Under Act 1910—as Amended by Act of 1919.

County Decatur
Name Mrs Laura E Tonge
Widow of W H Tonge
Company G
Regiment 13th Virginia Inf
Approved T. B. Maxwell Ordinary
Date of marriage per affin 10/20/1873

Jno. W. Holt
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

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

Questions for Applicant

STATE OF GEORGIA,
Decatur COUNTY.

Personally before me comes Laura E Tonge 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 E Tonge, Bainbridge Ga
2. How long and since when have you been a continuing resident of the State of Georgia? June, 1870
3. When, where and to whom were you married? June 15th 1870, Baltimore Md W H D Tonge
   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.) Company G (Company K) 13th Va Regiment as a Private, Infantry
5. When and where did the commands of your husband surrender or discharge from the army? Don't know, see Bailey's affidavit attached
6. Was your husband personally present at the time of the surrender or discharge of this command? No, at Bainbridge, Ga, Mfg Clothing for Confederate Government and Address of the Company
7. If he was not present state clearly where he was? See answer above
8. Where was his command when he left? Halifax Va, See Bailey's Affidavit
   a. For what cause did he leave his command? Sickness in Hospital Chase Halifax Va.
   b. By whose authority did he leave his command? Confederate Government
   c. For how long was he granted leave of absence? Indefinately
   e. What was his physical condition when he left his command? Sick, Pneumonia
   f. What effort did he make to return to his command? See Bailey's Affidavit
   g. In what way was he prevented from going back to Command See Bailey's Affidavit
   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? Dec 14th 1910, Mrs Tonge - my only husband
   k. Were you residing together when he died? Yes
   l If not, how long had you resided apart? ✓
   m. Are you now a widow? Yes
9. 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 8 day of Oct- 1923
T B Maxwell Ordinary
of Decatur County.
(SEAL)

Mrs Laura E Tonge

Georgia, Decatur County.

In the matter of the application for pension Mrs Laura E. Tonge, widow of W.G.D.Tonge, a confederate soldier, who enlisted May 28th 1861 at Harper's Ferry age 18 years from the State of Maryland, in the army of the Confederate States of America. He was afterwards honorably discharged and sent to Bainbridge Georgia by the Confederate Government to assist in making clothes in the cotton factory of his father for the soldiers of the Confederate Army.

Personally appeared before me the undersigned authority, J.H. Bailey aged eighty two years, formerly in the eighth Georgia infantry Confederate army of America, who first being duly sworn says and deposes that he is well acquainted with the military and domestic history of W.G.D.Tonge, now dead, formerly in the Confederate Army of America. That he married Miss Laura E. Taylor of Baltimore Maryland who survives him and is the applicant for a pension as the widow of the said W.G.D.Tonge, and deponent knows that she was the legal wife of W.G.D.Tonge and that they lived together as man and wife for more than fifty years and until the death of the said W.G.D.Tonge, and raised a large family of children in Bainbridge Georgia, consistong of two girls and five boys.

Deponent says that he first met the said W.G.D.Tonge at his father's cotton factory in Bainbridge Georgia. That the next time he met the said W.G.D.Tonge was in Virginia near Halifax Virginia, and the said W.G.D.Tonge was then a soldier in the Confederate Army, and was in the hospital of the Confederate Army; that deponent was delegated by Captain McLary of Calhoun County, Georgia to nurse the said W.G.D.Tonge, Captain McLary was an officer of the Confedrate Army. At the time deponent nursed the said W.G.D.Tonge, the said Tonge was then a private in the Confederate Army of America, and that after he the said Tonge was nursed by deponent back to health, that the father of the said W.G.D.Tonge came from Bainbridge Georgia, obtained from the Confederate Government permission to take the said W.G.D.Tonge to Bainbridge Georgia where the father owned a factory, and needed the said W.G.D.Tonge to assist him in manufacturing clothing for the soldiers of the Confederate Army. The said W.G.D.Tonge under authority of the Confederate Government did go to Bainbridge and assisted his father in manufacturing goods for the Confederate Army of America and was so occupied when the war ended.

Sworn to and subscribed before me J. H. Bailey L.S.
this April 19th, 1923.
T. B. Maxwell
Ordinary Decatur Co. Ga

Georgia, Decatur County.

In the matter of the application for pension of Mrs Laura E. Tonge, of Bainbridge, Georgia, the widow of W.G.D.Tonge, a confederate soldier who enlisted May 28th, 1861 at Harper's Ferry, Va. at the age of eighteen years, from the State of Maryland, in the army of the Confederate States of America. He was afterwards honorably discharged and sent to Bainbridge Georgia by the Confederate Government to assist in making clothes in the cotton factory of his father for the soldiers of the Confederate Army.

Personally appeared before me the undersigned authority, the affiant Mrs Laura E. Tonge, known by me to be said person, the widow of W.G.D.Tonge deceased, who being duly sworn deposes and says that she was married to said W.G.D.Tonge on June the 15th 1870 in Baltimore Maryland, and that she lived with him as his wife ever since and until his death which occurred February 14th, 1910, and this is the only marriage that she ever contracted. She attaches hereto a letter from the Adjutant General —War Department— Washington D.C. dated February 20th, 1922—as a part of this affidavit and also respectfully refers to the affidavit of J.H. Bailey hereto attached. Deponent says that it is a matter of family history that her husband W.G.D. Tonge at the beginning of the War was a citizen of Baltimore Maryland and as such was not subject to conscription by the Confederate Government notwithstanding made his choice in favor of the South, and volunteered and entered and served in the Confederate Army. She knew him personally before then, and at that time, and saw him go off into the Confederate Army; and after the War was over she married him in Baltimore as aforesaid. During the War while serving in Company "G" or "K" as a private in the 13th Virginia Infantry Regiment, he was taken down sick with pneumonia and confined in a hospital of the Confederate Army near Halifax Virginia and when he was able to leave the hospital, his father Samuel Davis Tonge who lived in Bainbridge Decatur County, Georgia at that time, and owned a cotton factory there, where he was manufacturing cloth or clothing which he voluntarily donated to the Confederate Soldiers and Army—came to the hospital and obtained authority from the Confederate Government to take his son the said W.G.D.Tonge who was then convalescing, back to Bainbridge in order to have him assist in the manufacture of clothing and cloth for the soldiers and Army of the Confederate Government as aforesaid, in which work he continued until the end of the War.

Sworn to and subscribed before me Mrs Laura E. Tonge
this October 8th, 1923.
T B Maxwell Ordinary Decatur Co Ga

(COPY)

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON.

A.G. 201
(Tonge, W. G. D.(2-15-22)ORD

February 20, 1922.

Hon. Frank Park,
House of Representatives.

My dear Sir:

In returning herewith letter of Mr. L. H. Tonge of Bainbridge, Georgia, who desires the military record of W. G. D. Tonge, said to have been a member of Company K, 13th Virginia Regiment, and in response to your letter of the 15th instant in which you request the same be furnished to you, I have the honor to advise you as follows:

The records show one W. G. D. Tonge as a private of Company G, 13th Regiment Virginia Infantry, Confederate States Army, (formerly known as Capt. Talisferro's and Capt. Hill's Company) Lanier Guards. He enlisted May 28, 1861, at Harpers Ferry, age 18 years, from State of Maryland, and on roll for May 28 to June 30, 1861, his presence or absence is not stated; for July and August, 1861, he is shown as present; for September and October, 1861, as absent sick in hospital; for November and December, 1861, presence or absence not shown, and for February 28 to May 28, 1862, (last on file) he is shown as present. Note on roll signed by James A. Walker, colonel, 13th Virginia Infantry, shows that Company G, composed of Marylanders whose term had expired, not being subject to conscription, were mustered out May 28, 1862. No later record of him as of above organization has been found. The records further show W. G. D. Tonge to have been enlisted as a recruit in 1st Battalion subsequently 1st Regiment Maryland Cavalry, C.S.A., at Richmond, Virginia, September 25, 1863, by Samuel T. Bayley, A. A. Gen. Born in Baltimore County, Maryland- Eyes, brown; hair, light; complexion, light; height, 5ft. 6in. No further record of him has been found. Name not found on rolls of any company of the 1st Maryland Cavalry, C.S.A.

It is proper to add, however, that the collection of Confederate records on file in this Department is far from complete, and the failure to find the complete record of any person thereon is by no means conclusive proof that the person who bore that name did not serve as alleged during some period not covered by the records on file in this Department.

Very respectfully,

The Adjutant General.

1 Incl.

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I, Annie E Tool of Decatur County, in said State, do hereby appoint Wm A Wright of Atlanta 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 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 16th day of May 1891

Annie E Tool [L. S.]
mark

Executed in the presence of us:
J. W. Bradwell
C. Illuminati Ga

DIRECTIONS.

If allowed, send amount by Express to me at Bainbridge Ga., and oblige, Annie E Tool mark
C. Illuminati Ga

Decatur County
1891.
Ga
No. 2998

Widows' Pension
—PAID TO—
Mrs. Ann E Tool
—OF—
Decatur County.

$100.00.

Warrant Issued
1891
AND HANDED TO

Geo. W. Harrison, State Printer Atlanta.

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I, Annie E Tool of Decatur County, in said State, do hereby appoint Wm A Wright of Atlanta 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 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 16th day of Mar 1891

Annie E Tool [L. S.]
mark

Executed in the presence of us:
J. W. Bradwell
C. Illunnerbyn Ord

DIRECTIONS.

If allowed, send amount by Express to me at Bainbridge Ga., and oblige, Annie E Tool mark
C. Illunnerbyn

Soldy Annie E.
Decatur County
1891.
No. 2998

Widows' Pension
—PAID TO—
Mrs. Ann E. Tool
—OF—
Decatur County.

$100.00.

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 Decatur

In person came before me, the undersigned Ordinary in and for the County of Decatur Mrs. Annie E. Tool, who being sworn according to law, says under oath that she is the widow of Irvin L. Tool, who was a soldier in the service of the Confederate States, and served as a member of Company —, of the 6th Regiment of Florida Volunteers; that he enlisted in said service on or about the 27th day of Sept 1861, and was in the Confederate Army up to Nov 1862 That while in the Army, he was on ~~the~~ about 28th day of Octr 1862, (See Note No. 1) taken sick and died in Marianna in Florida and was buried near Campbellton Fla; he died from a hemorrage of the lungs, a disease contracted while in the Army and in the line of duty.

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 21st day of March 1857, and that she has resided in Georgia continuously since the 21st day of March 1857; 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 11th day of Mar 1891.

Annie E Tool
mark

C. Illunnerbyn
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.

Form No. 2.

Affidavit for Three Witnesses.

STATE OF ~~GEORGIA~~ Florida,

County of Jackson

In person came before me, the undersigned ~~Ordinary~~ C.K.P.C. of in and for said County, witnesses Isaac Dodd, Calvin Dodd and J. J. Hicks (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. Dodd, of the County of Decatur, State of Georgia, is the widow of Joan L. Dodd, who was a soldier in Company G of the 6th Regiment of Florida Volunteers. That said soldier enlisted in the service of the Confederate States (~~or the Georgia State Troops~~) on or about the 20th day of Sept 1861 That while in said service, or by reason of said service in the Army, he lost his life as follows: he contracted a cold while in the line of duty, followed by pneumonia and other complications which resulted in his death – he was treated by Drs W. H. Wilson & Hood Keigh Scott both of whom are now dead – And the said Calvin Dodd further says that he was detailed to transfer the said Soldier to a safer and more comfortable place where while in route with him to Campbellton Fla he became worse & died at Marianna Fla – that he saw him die & helped to bury him –

We further swear that Mrs. Annie E. Dodd was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in Decatur County of the State of Georgia.

Sworn to and subscribed before me, this, the 12th day of May 1891.

Frank Philips
~~Ordinary.~~
C.K.P.C.C.

I. M. Dodd
J. J. Hicks
C. J. Dodd

Form No. 3.

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

STATE OF GEORGIA,

County of Decatur

I, C. Gilmore Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Annie E. Dodd 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 16th day of May 1891.

SEAL

C. Gilmore
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.

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C. Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Annie E Tool 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 Tom L Tool 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 20th day of Jany 1894.

SEAL

C. Munnerlyn Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, Annie E Tool of Decatur County in said State, do hereby appoint Wm A Wright 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 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 20th day of Jany 1894.

Annie E Tool [L. S.]

Executed in the presence of us:

J. D. Bradwell
C. Munnerlyn

DIRECTIONS.

Send amount by to me at , and oblige

Tool, Annie E
Decatur Co.
FOR THOSE HERETOFORE PAID.

1894.

No. 1017

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. Annie E Tool

—OF—

Decatur County.

WARRANT ISSUED

16 1894,

AND HANDED TO

W A WRIGHT

Geo. W. Harrison, State Printer, Atlanta.

Form No. 1

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally comes Mrs.
County of Decatur | Annie E. Toole

who being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has *resided* in said State continuously ever since 1856 That she is the Widow of Irin L Toole who was a Soldier in Company G of the 6th Regiment of ~~Florida~~ Georgia Volunteers, that he enlisted in said Regiment on or about the month of September 1861 and served in the Army up to November 1861 That he lost his life on the 17th day of Nov 1861 (*State here full particulars of the husband's death, when, where and from what cause.*) (Died in service from Pneumonia in Hospital at Marianna Fla.)

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 1874 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 20th day of Jany 1894. | Annie E. Toole
[illegible] Ordinary. | Post-office Bainbridge

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

Form No. 2.

STATE OF GEORGIA, County of Decatur

I, C. J. Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Annie E. Toole 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 Irvin L. Toole 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 30th day of January 1893.

SEAL

C. J. Munnerlyn Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, Annie E. Toole of Decatur County, in said State, do hereby appoint Wm A. Wright 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 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 January 1893

Annie E. Toole [L. S.]
mark

Executed in the presence of us:
C. J. Munnerlyn
A. C. Sellers

DIRECTIONS.

Send amount by check to me at Bainbridge, and oblige

Annie E. Toole
mark

Toole, Annie E.
Decatur County
FOR THOSE HERETOFORE PAID.
3/10

1893.

No. 979

Widows' Pension,

for year ending February 15th, 1893.

—PAID TO—
Mrs. Annie E. Toole
—OF—
Decatur County.

Warrant Issued
3/8 1893

AND HANDED TO
W. A. Wright

Geo. W. Harrison, State Printer, Atlanta.

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

Form No. 2.

STATE OF GEORGIA, County of Decatur

I, C. J. Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Annie E. Toole 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 Irvin L. Toole 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 8th day of January 1895.

SEAL

C. J. Munnerlyn Ordinary.

POWER OF ATTORNEY.

Form No. 3

STATE OF GEORGIA, Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, Annie E. Toole of Decatur County in said State, do hereby appoint W. A. Wright 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 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 8th day of January 1895.

Annie E. Toole [L. S.]
mark

Executed in the presence of us:
J. P. Bradwell
C. J. Munnerlyn

DIRECTIONS.

Send amount by to me at , and oblige

Toole, Annie E.
Decatur Co.
FOR THOSE HERETOFORE PAID.

1895.

No. 3552

WIDOW'S PENSION,

for year ending Febuary 15th, 1895.

—PAID TO—
Mrs. Annie E. Toole
—OF—
Decatur County.
widow of Irvin L. Toole

WARRANT ISSUED
2/4 1895.

AND HANDED TO
W. A. Wright

Geo. W. Harrison, State Printer.

Form No. 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally comes Mrs. Mrs Annie E Toole

who being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has *resided* in said State continuously ever since 1 1856 That she is the Widow of Irvin L Toole who was a Soldier in Company G of the 6th Regiment of Florida Volunteers, that he enlisted in said Regiment on or about the month of 1861 and served in the Army up to Nov 1861 That he lost his life on the 17 day of Nov 1861 (*State here full particulars of the husband's death, when, where and from what cause.*) (

He died at Marianna Florida from Pneumonia & Hemorrhage caused by exposure in service Nov. 1861 Said Irvin L. Toole was born and reared in Georgia and was a resident of Georgia at the time of his enlistment

)

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 1856 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 30th day of Jany 1893.
C J Munnerlyn Ordinary.

Post-office

Annie E her X mark Toole

Annie E her X mark Toole

Amendment sworn to before me Feby. 6th 1893.
C J Munnerlyn
Ordinary

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally Comes Mrs. Annie E Toole

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has *resided* in said State continuously ever since 30 Jany 1892 18 That she is the Widow of Irvin L Toole who was a Soldier in Company G of the 3d Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of Sept 1861 and served in the Army up to 186 That he lost his life on the 19th day of Nov 1861 (*State here full particulars of the husband's death, when, where and from what cause.*) (

from Pneumonia in Hospital in Marianna Florida

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 1856, 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 8th day of Jany 1895.
C J Munnerlyn Ordinary.

Post-office

Annie E her X mark Toole

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C J Mummerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Annie E Toole 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 Irvin L Toole 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 6th day of Jany 1896.

{SEAL} C J Mummerlyn Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

I, Annie E Toole hereby authorize Wm A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to me at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 6th day of Jany 1896.

Annie E her + mark Toole [L.S.]

Executed in the presence of

J. J. Beachwell

C J Mummerlyn

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C J Mummerlyn Jr Clk Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Annie E Toole 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 Irwin L Toole 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 18th day of Jany 1897.

{SEAL} C J Mummerlyn Jr Clk Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

I Annie E Toole hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to me at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 18th day of Jany 1897.

Annie E her + mark Toole [L. S.]

Executed in the presence of

C J Mummerlyn Jr

J. J. Beachwell

Toole, Annie E.
Decatur, County
FOR THOSE HERETOFORE PAID.

1896.

No. 528

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

Mrs. Annie E Toole

OF

Decatur County.

widow of Irvin L Toole

WARRANT ISSUED

2/1 1896.

AND HANDED TO

RT

Geo. W. Harrison, State Printer.

Toole Annie E.
Decatur County
FOR THOSE HERETOFORE PAID.

1897.

No. 3589

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

Mrs. Annie E Toole

OF

Decatur County.

widow of Irwin L Toole

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/14 1897,

AND HANDED TO

W. W. W.

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } **Personally Comes Mrs.** A E Toole

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 1834 That she is the Widow of Irwin L Toole who was a Soldier in Company G of the 64 Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of August 1861 and served in the Army up to November 1861 That he lost his life on the 19th day of Nov 1861 (*State here full particulars of the husband's death, when, where and from what cause.*) (in Hospital at Marianna Florida from Pneumonia

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 1834 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 Decatur 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 6th day of Jany 1896. C J Munnerlyn Ordinary. } Annie E her Toole Post-office Ebn

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } **Personally Comes Mrs.** Annie E Toole

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since I was married 1857 That she is the Widow of Irwin L Toole who was a Soldier in Company G of the ~~Volunteers~~ 6th Regiment of Georgia Volunteers, that enlisted in said regiment on or about the month of September 1861 and served in the Army up to November 17th 1861 That he lost his life on the 17th day of Nov 1861 (*State here full particulars of the husband's death, when, where and from what cause.*) Pneumonia

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 1856, 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 Decatur 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 18th day of Jany 1897. C J Munnerlyn Ordinary. } Annie E her + mark Toole Post-office Bainbridge Ga

POWER OF ATTORNEY.

State of Georgia, Decatur County.

I, A. E. Toole hereby authorize Wm A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to T B Maxwell Ordy at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this Jany 5th day of 1898.

Annie E her X mark Toole [L. S.]

Executed in the presence of

T B Maxwell Ordy

Chas Bingford

Toole, Annie E.
Decatur County

For Those Heretofore Paid.

1898.

NO. 2708

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. Annie E. Toole

OF

Decatur County,

Widow of [illegible] Toole

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/2 1898.

AND HANDED TO

Ward

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

State of Georgia,
Decatur County.

I, A E Toole hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to T B Maxwell Ordy at Bainbridge Ga by c/k

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 23 day of Jany 1899.

A E her X mark Toole [L. S.]

Executed in presence of

J P Bradwell

T B Maxwell Ordy

Toole, A. E. Mrs.
Decatur Co

For Those Heretofore Paid.

1899.

NO. 3073

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs. A E Toole

OF

Decatur County

Widow of Irvin L Toole

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/4 1899.

AND HANDED TO

W

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. A. C. Toole

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since March 22d 1856 That she is the Widow of Irvin L Toole who was a Soldier in Company G of the 6th Regiment of Ga Volunteers Volunteers, that he enlisted in said regiment on or about the month of Aug 18th 1861 and served in the Army up to Nov 19th 1861 That he lost his life on the Died day of Nov 17th 1861 (*State here full particulars of the husband's death, when, where and from what cause.*)

Pneumonia and hemorrhage of the Lungs

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 1856.

I have been allowed a pension as a resident of Decatur 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 5th day of Jany 1898. C J Munnerlyn Ordinary. } Annie E her X mark Toole Post-Office Bainbridge

State of Georgia, Decatur County. } I C J Munnerlyn Ordinary of said County, certify that I am well acquainted with Mrs. A. E. Toole 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 22d March day of 1856

Given under my official signature and seal this the 5th day of Jany 1898.

C J Munnerlyn

Official Seal. } Ordinary of Decatur County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. A E Toole

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 1856 That she is the Widow of Irvin L Toole who was a soldier in Company G of the Sixth Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Aug 18th 1861 and served in the Army up to Nov 17th 1861 That he lost his life on the 17 day of Nov 1861 (*State here full particulars of the husband's death, when, where and from what cause.*)

His Death was caused from attack of Pneumonia & hemorrhage of the Lungs while in actual service

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 1856

I have been allowed a pension as a resident of Decatur 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 23 day of Jany 1899. T B Maxwell Ordinary. } A E her X mark Toole Post-Office Bainbridge

State of Georgia, Decatur County. } I T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. A E Toole 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 1856

Given under my official signature and seal this the 23d day of Jany 1899.

T. B. Maxwell

Official Seal. } Ordinary of Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Mrs A E Toole hereby authorize
W A Wright of Atlanta Ga
to receive and receipt for the pension paid hereon and request that he remit same to
Ordinary at Bainbridge

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22
day of Jany 1900.

Mrs A E Toole [L. S.]

Executed in presence of
E. A. Morton
T B Maxwell Ordy.

Toole, A. E. Mrs.
Decatur County

To Those Heretofore Paid.

1900.

No. 1146

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. A E Toole
OF
Decatur County,
Widow of L. L. Toole

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Feb 14 1900,
AND HANDED TO
Wright

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, A E Toole hereby authorize
W A Wright of Atlanta Ga
to receive and receipt for the pension paid hereon and request that he remit same to
Ordinary at Bainbridge Ga

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

Mrs A E Toole [L. S.]

Executed in presence of
by Strickland
T B Maxwell Ordy.

Toole, Anna E.
Decatur Co

To Those Heretofore Paid.

1901.

No. 1627

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. A E Toole
OF
Decatur County.
Widow of Lewis L Toole

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
2/ 1901,
AND HANDED TO
Wright

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

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. A E Toole

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 1890. That she is the Widow of I L Toole who was a soldier in Company G of the 6th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Aug 1861 and served in the Army up to November 1861 That he lost his life on the 17th day of Nov 1861 (*State here particulars of the husband's death, when, where and from what cause*)

Hemorrhage of the Lungs & Pneumonia while in service, in the State of Florida

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 1856.

I have been allowed a pension as a resident of Decatur 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 22 day of Jany 1900.
T B Maxwell Ordinary.

A x E Toole
Post Office Bambridge Ga

State of Georgia, Decatur County. } I T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. A E Toole, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jany 1890

Given under my official signature and seal, this the 22 day of Jany 1900.

Official Seal.

T B Maxwell
Ordinary of Decatur County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. A E Toole

who, being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of Irvin L Toole who was a soldier in Company G of the 6 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Aug 1861 and served in the Army up to Nov 1861 That he lost his life on the 17 day of Nov 1861 (*State here particulars of the husband's death, when, where and from what cause*)

Died with an attack of Pneumonia while in actual service

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 1856

I have been allowed a pension as a resident of Decatur 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 8 day of Jany 1901.
T B Maxwell Ordinary.

A x E Toole
Post Office Bambridge Ga

State of Georgia, Decatur County. } I T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. A E Toole, 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 23 day of Dec 1890

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

Official Seal.

T B Maxwell
Ordinary of Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Annie E Toole, hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 3
day of Jan 1902.

Annie her X mark E Toole [L. S.]

Executed in presence of
J B Maxwell Ordy.

Toole Annie E.
Decatur County
To Those Heretofore Paid.

1902.

No. 2414

WIDOW'S PENSION,

For year ending Dec. 31, 1902.
PAID TO
Mrs. Annie E Toole
OF
Decatur County,
Widow of Irwin L Toole
Co. G Regiment 6 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1902

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY,

I, Mrs A E Toole, hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Atlanta Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 12
day of Janry. 1903.

A her X mark E Toole [L. S.]

Executed in presence of
W H Platt
J B Maxwell Ordy

Toole, A. E. Mrs.
Decatur County
To Those Heretofore Paid.

1903.

No. 1918

WIDOW'S PENSION,

For year ending Dec. 31, 1903.
PAID TO
Mrs. A E Toole
OF
Decatur County,
Widow of I L Toole
Co. G Regiment 6 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
2/12 1903.

AND HANDED TO
W. A. Wm.

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

FORM No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur | PERSONALLY COMES MRS. A E Toole

who, being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of Irwin L Toole who was a soldier in Company G of the 6th Ga Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of August 186 1, and served in the Army up to September 17 1861. That he lost his life on the 17 day of Nov 1861 (State here particulars of the husband's death, when, where and from what cause)

Died Pneumonia & Hemorrhage of the Lungs while in Service

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 1856

I have been paid a pension as a resident of Decatur 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 3 day of January 1902. J B Maxwell, Ordinary. | her Annie X E Toole mark, Post-Office Bainbridge Ga

State of Georgia, Decatur County. | I, J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. A E Toole, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Dec 1890

Given under my official signature and seal, this the 3 day of Jan 1902.

(Official Seal.) J B Maxwell Ordinary of County.

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

FORM No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur | PERSONALLY COMES MRS. Annie E Toole

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since All her Life. That she is the Widow of Irwin L Toole who was a soldier in Company 4 of the 6th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Aug 186 1, and served in the Army up to Nov 186 1. That he lost his life on the 17 day of Nov 18 61 (State here particulars of the husband's death, when, where and from what cause.)

He died in hospital at Pensacola Fla of Pneumonia & Hemorrhage

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 1856

I have been paid a pension as a resident of Decatur 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 12 day of Jany 1903. J B Maxwell, Ordinary. | her A X E Toole mark, Post-Office Bainbridge

State of Georgia, Decatur County. | I, Ordinary of said County, certify that I am well acquainted with Mrs. A E Toole, 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 Jany 1890

Given under my official signature and seal, this the 12 day of Jany 1903.

(Official Seal.) J B Maxwell Ordinary of Decatur County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs A E Toole hereby authorize Wm A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4 day of Jan 1904.

A E his x mark Toole [L. S.]

Executed in presence of
T B Maxwell
Ordinary
C. F. Harris Jr

Toole, Anna E.
Decatur County

TO THOSE HERETOFORE PAID.

1904.

No. 2182.

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO Mrs. A E Toole

OF Decatur County,

Widow of Irwin L Toole

Co. 3 Regiment 6th

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED FEB 19 1904,

AND HANDED TO Cook

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, A E Toole, hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 9 day of Jan 1905.

A his x mark E Toole [L. S.]

Executed in presence of
T B Maxwell
Ordinary.

Toole, Anna E.
Decatur County

To Those Heretofore Paid.

1905.

No. 2309

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs. A E Toole

OF Decatur County,

Widow of I L Toole

Co. 4 Regiment 8th Ga

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED MAR 2 1905.

AND HANDED TO 67

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

Form No. 1.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Decatur } PERSONALLY COMES MRS. Anna E Toole

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 1890. That she is the Widow of Irwin L Toole who was a soldier in Company G of the 6th Ga Regiment of Volunteers, that he enlisted in said regiment on or about the month of Aug 1861 1861, and served in the Army up to Nov 17 1861. That he lost his life on the 17 day of Nov 1861 (*State here particulars of the husband's death, when, where and from what cause.*) While in actual Service Contracted Pneumonia & died Nov 17 1861

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 1856

I have been paid a pension as a resident of Decatur 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 4 day of Jan 1904. J B Maxwell Ordinary. } her Anna E × Toole mark Post Office Bainbridge Ga

State of Georgia, Decatur County. } I, J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. A E Toole, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of January 1890

Given under my official signature and seal, this the 4 day of Jan 1904.

Official Seal

J B Maxwell

Ordinary of Decatur County.

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

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } PERSONALLY COMES MRS. A E Toole

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of Irwin L Toole who was a soldier in Company G of the 6th Regiment of 4a Volunteers, that he enlisted in said regiment on or about the month of Aug 1861, and served in the Army up to 1861. That he lost his life on the 17 day of Nov 1861. (*State here particulars of the husband's death, when, where and from what cause.*) Died in hospital with Pneumonia

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 1856

I have been paid a pension as a resident of Decatur 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 9 day of Jan 1905. J B Maxwell, Ordinary. } her Mrs A E Toole mark Post-Office Bainbridge

State of Georgia, Decatur County. } I, J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. A E Toole, Who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1890

Given under my official signature and seal, this the 9 day of Jan 1905.

Official Seal.

J B Maxwell

Ordinary of Decatur County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs Anna E Toole, hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 6 day of June 1906.

her
Anna E Toole [L. S.]
M

Executed in presence of
T B Maxwell
Ordinary

Toole, Anna E
Decatur Co

To Those Heretofore Paid.

1906.

No. [illegible]

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs. A. E. Toole
OF
Decatur County,
Widow of Irwin Toole
Co. 6 Regiment Fla

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
[illegible] 1906,
AND HANDED TO
[illegible]

Geo W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs Anna Toole hereby authorize W A Wright Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 15 day of Jan 1907.

her
Mrs Anna X Toole [L. S.]
mark

Executed in presence of
T B Maxwell
Ordinary.

Toole, Anna
Decatur County

To Those Heretofore Paid.

1907.

No. 1233

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO
Mrs. Anna Toole
OF
Decatur County,
Widow of Irwin Toole
Co. 6 Regiment Fla

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 6 1907,
AND HANDED TO
W

Geo W. Harrison, State Printer, Atlanta.

FORM No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } PERSONALLY COMES MRS. Anna Toole

who, being sworn, says on oath that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life That she is the Widow of Irwin L Toole who was a soldier in Company of the 6 Regiment of Florida Volounteers, that he enlisted in said regiment on or about the month of Aug 186 1 and served in the Army up to Nov 186 1 That he lost his life on the 17 day of Nov 1861 (State here particulars of the husband's death, when, where and from what cause.)

Died in hospital with Pneumonia

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 1856

I have been paid a pension as a resident of Decatur 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 6 day of Jan 1906. J B Maxwell, Ordinary. } Mrs A E Toole Post Office Bdx 4/11

State of Georgia, Decatur County. } I, J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. A E Toole, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1896

Given under my official signature and seal, this the 6 day of Jan 1906.

{ Official Seal }

J B Maxwell
Ordinary of Decatur County.

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

FORM No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } PERSONALLY COMES MRS. Anna Toole

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life That she is the Widow of Irwin Toole who was a soldier in Company of the 6 Regiment of Fla Volounteers, that he enlisted in said regiment on or about the month of Sept 186 1, and served in the Army up to 186 1 That he lost his life on the day of Nov 1861 (State here particulars of the husband's death, when, where and from what cause.)

Contracted Pneumonia while in Service and died Nov 1861

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 1856

I have been paid a pension as a resident of Decatur 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 15 day of Jan 1907. J B Maxwell, Ordinary. } her Mrs Anna X Toole mark Post Office Bainbridge Ga

State of Georgia, Decatur County. } I, J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Anna Toole, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1856

Given under my official signature and seal, this the 15 day of Jan 1907.

{ Official Seal }

J B Maxwell
Ordinary of Decatur County.

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

POWER OF ATTORNEY.

Form 5.

STATE OF GEORGIA,
Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, James Poole of Decatur County, in said State, do hereby appoint Wm A. Wright of Atlanta 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 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 2 day of May, 1891.

James Poole [L. S.]

Executed in the presence of us:
J. C. Bradwell
E. Allen Carlyn Ord

DIRECTION

If allowed, send amount by Express to me at Donalsonville Ga., and oblige,

James Poole

NOTES.

Form 6.

READ CAREFULLY.—In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

1. If an applicant has been wounded, the description of the wounds 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 papers are returned for correction and amendments are *added* to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.

5. Every application must be 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.

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

No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Department.

Rejected for further proof
Has not been sworn
1891.
Applicant cannot write
he has made his mark
Witness answers all questions

No. [illegible]

APPLICATION FOR ALLOWANCE

FOR

Applicant, James Poole
County, Decatur
Amount,
Entered on Record
1891.

SECRETARY EXECUTIVE DEPARTMENT

WARRANT HANDED TO

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

POWER OF ATTORNEY.

Form 5.

STATE OF GEORGIA,
Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, James Toole of Decatur County, in said State, do hereby appoint Mrs A. Wright of Atlanta 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 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 2 day of May 1891.

James Toole [L. S.]

Executed in the presence of us:

J. P. Bradwell
Gillionville Ga

DIRECTION

If allowed, send amount by Express to me at Donalsonville Ga., and oblige,

James Toole

NOTES.

Form 6.

READ CAREFULLY.—In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

1. If an applicant has been wounded, the description of the wounds 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 papers are returned for correction, and amendments are *added* to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.

5. Every application must be 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.

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

No payments can be made for any past year.

H. HARRISON,
Clerk Ex. Department.

Mch 19 1892 Ex.
Affidavit & Allowance
Not rec'd prior
1891.
Affdt. sent out and
to be filed with claim
when returned &
properly executed.
P. H. Mann Jr

APPLICATION FOR ALLOWANCE

—FOR—

Applicant, James Toole
County, Decatur
Amount,
Entered on Record 1891.

SECRETARY EXECUTIVE DEPARTMENT

WARRANT HANDED TO

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

Form 1.

For Use of Applicants Who Have Not Heretofore Drawn.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears James Toole of Decatur 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 continuously since the ____ day of 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 B, of 29th ~~Regiment~~ Battalion Cavalry of Georgia Volunteers, ~~Brigade~~, that whilst engaged in such military service, ~~at the battle of~~ ____ in the State of Florida, on the 6th day of July 1864, he was disabled as follows: Was wounded by "Bushwhackers" Ball entering left forearm breaking and shattering one of the bones of said arm ~~so that~~ there is now only one bone in said arm, cutting sinews, causing the fingers of the hand to draw so that said arm and hand is rendered useless

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the Acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26, 1891.

Sworn to and subscribed before me, this the 2 day of May 1891. James Toole

A. Gillionville Ga
Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability. If claim is based on disease, give *full and connected history* of disease, tracing it directly to the service.
NOTE.—Do not trouble to mention wounds which do not disable.

Form 2.

AFFIDAVIT FOR WITNESSES.

STATE OF GEORGIA,
County of Decatur

PERSONALLY appears before me, the undersigned Ordinary in and for said County, J. J. King, B. D. Roberts and H. F. Goulding each of whom, being duly sworn according to law, severally say, under oath, that they are personally well acquainted with James Poole whose application is herewith presented for a pension, and that they served with him in the army, and from our personal *knowledge* he was injured ~~by the service~~ as follows: (*Give full statement, and tell in your own language how badly applicant is disabled from work. If he does any labor, or can do any, state what.*)

While fighting deserters in Taylor County Florida in July 1864 he was wounded in the left arm by a gun shot from one of them, so that now his arm is very much shrunken and cannot make use of said arm, the fingers of the hand also being drawn

Our opportunities for knowing that his condition results from the service are as follows:

We were in the same company with applicant

Applicant is permanently disabled, and has been so to our certain knowledge ever since 1864

We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 2 day of May 1891.

C. J. Munnerlyn
ORDINARY.

J. J. King
B. D. Roberts
H. F. Goulding

NOTE.—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.

Form 3.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,
Decatur County.

PERSONALLY comes before me C. J. Munnerlyn Ordinary of said County, E. J. Morgan and V. Berry, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined James Poole and after such examination, say that the applicant has been injured as follows:

Was shot in lower third of left arm. Shattering ~~fracturing~~ the Ulna. the arm is very much wasted and three fingers are quite drawn thereby rendering said arm substantially essentially useless. The third and little fingers are drawn in the palm of the hand: and there is but little motion of the first and middle fingers. The cause is that the tendons were shot into and part of them removed in the operation thereby causing contraction and loss of motion.

We have treated applicant professionally for ____ years.

Sworn to and subscribed before me, this 2 day of May 1891.

C. J. Munnerlyn
ORDINARY.

E. J. Morgan M.D.
V. Berry M.D.

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

Form 4

STATE OF GEORGIA,
Decatur County.

I, C. J. Munnerlyn Ordinary of said County, do certify that I am well acquainted with James Poole the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and he is disabled, as he claims*, and I know he is the individual he represents himself to be, and that he resides in this County, I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this 2 day of May 1891.

C. J. Munnerlyn
Ordinary Decatur County.

STATE OF GEORGIA,
Decatur County.

I, C. J. Munnerlyn Ordinary of said county, do certify that I am well acquainted with James Toole 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 15th day of March 1892

C J Munnerlyn
Ordinary Decatur County.

New application
Decatur Co
No. 786
Toole, James

SOLDIER'S PENSION.
1892.
FOR THE YEAR ENDING OCTOBER 26, 1892.

Name James Toole
County Decatur
Disability Dis'd Arm
Amount, $ 50
Entered on record, March 21 1892.

W. H. HARRISON,
Secretary of Executive Department.

AGENT,
Mallonigh

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I James Toole of Decatur County, State of Georgia, do hereby appoint Wm A Wright 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 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 17th day of March 1893.

James Toole [L. S.]

Executed in the presence of us:
C J Munnerlyn
A F Campbell

DIRECTION.

Send money to me as follows, by Check to Donalsonville P. O. Decatur County, Georgia.

James Toole

Decatur Co
Toole, James
1893.

No. 786
Application for Allowance
For the Year Ending October 26, 1893.
FOR
Disab'l Arm
Applicant, James Toole
County, Decatur
Amount, 50
Date of Warrant, 3
Entered on record, 12 1893.

W. H. HARRISON
Secretary Executive Department.

WARRANT HANDED TO
W A WRIGHT.

Geo. W. Harrison, State Printer, Atlanta.
no date

For Applicants Heretofore Allowed Pensions.

Decatur County.

I, C. J. Munnerlyn Ordinary of said county, do certify that I am well acquainted with James Toole 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 15th day of March 1892

C. J. Munnerlyn

Ordinary Decatur County.

New application

Decatur Co

No. 782

Toole, James

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name James Toole

County Decatur

Disability Disarm

Amount, $ 50

Entered on record, March 31 1892.

W. H. HARRISON,

Secretary of Executive Department.

AGENT,

Wm A Wright

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

STATE OF GEORGIA,

Decatur County.

Know all Men by these Presents, That I James Toole of Decatur County, State of Georgia, do hereby appoint Wm A Wright 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 the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th day of March 1893.

James Toole [L. S.]

Executed in the presence of us:

C. J. Munnerlyn

A. F. Campbell

DIRECTION.

Send money to me as follows, by Check to Donalsonville P. O. Decatur County, Georgia.

James Toole

Decatur Co

Toole, James

1893.

No. 782

Application for Allowance

For the Year Ending October 26, 1893.

FOR

Disarm

Applicant, James Toole

County, Decatur

Amount, 50 $

Date of Warrant, 31

Entered on record, 1893.

W. H. HARRISON

Secretary Executive Department.

WARRANT HANDED TO

W. A. WRIGHT.

Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

****LIGHT PRINT OR BAD COPY ****

LIGHT PRINT OR BAD COPY

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears James Toole of Decatur 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 ..... day of ..... 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 B, Hood's Battalion of ..... th Regiment of Georgia Volunteers ..... 's Brigade; that whilst engaged in such military service at the battle of Taylor County in the State of Florida, on the ..... day of July 1864, he was wounded as follows: Ball entered left forearm breaking and shattering one of the bones of said arm, cutting ligaments, causing fingers to contract the arm very much, finished so that arm and hand have been rendered 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, 1892. I have heretofore been allowed a pension of ..... Dollars for .....

Sworn to and subscribed before me this the 15th day of March 1892. James Toole

C J Munnerlyn 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,
Decatur County.

Know all Men by these Presents, That I, James Toole of Decatur County, in said State, do hereby appoint Wm A. Wright of Atlanta 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 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 15th day of March 1892.

James Toole [L. S.]

Executed in the presence of us:
J. Bradwell
C J Munnerlyn

DIRECTION.

Send money to me as follows, by Check to C J Munnerlyn Ordinary Decatur to Bainbridge P. O.

County, Georgia.

James Toole

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears James Toole of Decatur 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 ..... 1832; 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 29th Regiment Battalion of Georgia Volunteers ..... 's Brigade; that whilst engaged in such military service at the battle of Desert Hunting in the State of Florida, on the 6th day of July 1864, he was wounded as follows: wounded in the left wrist resulting in entire loss of use of hand

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

Sworn to and subscribed before me, this, the 18th day of March 1893. James Toole

C J Munnerlyn 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,
Decatur County.

I, C J Munnerlyn Ordinary of said County, do certify that I am well acquainted with James Toole 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 C J Munnerlyn before whom the foregoing affidavits were made and power of attorney was signed, is a Ordinary of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 18th day of March 1893.

C J Munnerlyn
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

Know all Men by these Presents, That I, James Toole of Decatur County, State of Georgia, do hereby appoint Wm A. Wright of Atlanta 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 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 7th day of March 1894.

James Toole [L. S.]

Executed in the presence of us
J. P. Bradwell
C. Munnerlyn

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

Decatur Co
Toole, James
(For Those Already Enrolled.)
No. 781

Soldier's Pension.
1894.

Name James Toole
County Decatur
Disability Lip of Hand
Amount, $ Fifty
1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
WAWNER

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I, James Toole of Decatur County, State of Georgia, do hereby appoint W A Wright 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 30th day of Jany 1895.

James Toole [L. S.]

Executed in presence of us
J. P. Bradwell
C. Munnerlyn

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

Toole, James
Decatur Co
(For Those Already Enrolled.)
No. 1417

SOLDIER'S PENSION.
1895.

Name James Toole
County Decatur
Disability Lim of hand
Amount, $ 56
Feb 27 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.
No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears James Toole of Decatur 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 1836 (1836); 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 29th Battalion of Georgia Cavalry Volunteers 's Brigade; that whilst engaged in such military service ~~at the battle of~~ in Taylor Co. in the State of Florida on the 6th day of July 1864, he was wounded as follows: While his company was engaged in capturing deserters & Bushwhackers in said place he was shot from ambush in left arm. Ball entering wrist about 3 above wrist joint destroying one bone in said arm, causing said arm to perish away, the fingers on said hand being drawn and making said hand useless

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 Fifty dollars, for the year 189

Sworn to and subscribed before me, this, the 7th day of March 1894. James Toole
C. J. Munnerlyn Ordy

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,
Decatur County.

I, C. J. Munnerlyn Ordinary of said County, do certify that I am well acquainted with James Toole 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 1894.

Affix your seal here

C. J. Munnerlyn
Ordinary Decatur County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears James Toole of Decatur 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 1858; 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 29th Regiment Battalion of Georgia Cavalry Volunteers, 's Brigade; that whilst engaged in such military service at the battle of (bush whackers) in the State of Florida, on the day of July 1864, he was wounded as follows: Shot in left hand, resulting in total disease of hand

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 Fifty dollars, for the year 1894

Sworn to and subscribed before me, this, the 30th day of January 1895. James Toole
C. J. Munnerlyn 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,
Decatur County.

I, C. J. Munnerlyn Ordinary of said County, do certify that I am well acquainted with James Toole 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 30th day of January 1895.

Affix your seal here

C. J. Munnerlyn
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, James Toole hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to me by check at Bainbridge

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16 day of January 1896.

James Toole [L. S.]

Executed in presence of us
J. S. Bradwell
C. J. Munnerlyn

Toole, James
Decatur Co.
ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 1096

SOLDIER'S PENSION.

1896.

Name James Toole
County Decatur
Disability Wh. of hand
Amount, $ 50
2/28 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Att

Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, James Toole hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to C J Munnerlyn by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of February 1897.

James his X mark Toole [L. S.]

Executed in presence of
C J Munnerlyn Jr
J. S. Bradwell

Decatur Co
Toole, James
ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 966

INVALID

SOLDIER'S PENSION.

1897.

Name James Toole
County Decatur
Disability
Amount, $50
2/18 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Wm A W

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears James Toole of Decatur 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 Oct 30 1871 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 Private in Company K, of 29th ~~Regiment~~ Battn Bahlen of Georgia Volunteers, ____'s Brigade; that whilst engaged in such military service in the State of Florida, on the 6 day of July 1864, he was wounded, injured or diseased as follows:

Wounded in left arm caving top of arm of hand

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 Decatur county been allowed a pension of 50 dollars, for the year 1895.

Sworn to and subscribed before me, this, the 16th day of Jany 1896. James Toole

C J Munnerlyn 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,
Decatur County.

I, C J Munnerlyn Ordinary of said County, do certify that I am well acquainted with James Toole 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 Jany 1896.

Affix your seal here.

C J Munnerlyn

Ordinary Decatur County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears James Toole of Decatur County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ____ day of ____ 1830; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company B, of 29th ~~Regiment~~ Battn Cav. of Georgia Volunteers, Hood's Brigade; that whilst engaged in such military service in the State of Florida, on the ____ day of July 1864, he was wounded, injured or diseased of follows:

Wounded in the left arm above the wrist

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 Decatur county been allowed an invalid pension of Fifty Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 1st day of Feby 1897. James his x mark Toole

POST OFFICE Bayettville Ga

C J Munnerlyn

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,
Decatur County.

I, C J Munnerlyn Jr Clk Ordinary of said County, do certify that I am well acquainted with James Toole 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 Feby 1897.

Affix your seal here.

C J Munnerlyn Jr Clk

Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, James Toole hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to C J Munnerlyn by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25th day of Jany 1898.

James Toole [L. S.]

Executed in presence of
C J Munnerlyn Jr
J B Maxwell

Toole, James
Decatur Co

ACT OF 24 OCT., 1897.
(For These Already Enrolled.)
No. 1235

INVALID
SOLDIER'S PENSION.
1898.

Name James Toole
County Decatur
Disability Arm
Amount, $ 50.00
~~Warrant issued~~ 2/15 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Tran

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Mo 6/10

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, James Toole hereby authorize W A Wright of to receive and receipt for the pension paid hereon and request that he remit same to Ordinary by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22nd day of Jany 1900.

James his Ext Toole [L. S.]
m

Executed in presence of
T E Sutton
T B Maxwell Ordy.

Toole, James E
Decatur County

CODE SECTION 1230.
(For These Already Enrolled.)
No. 2916

INVALID
SOLDIER'S PENSION.
1900.

Name James E Toole
County Decatur
Disability Arm
Amount, $ 50.00
Warrant issued Mar 13 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Wright

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears James Toole of Decatur 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 1832; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company B, of 29th Regiment of Georgia Volunteers, Hoods Batalion's Brigade; that whilst engaged in such military service in the State of Florida, on the 6th day of July 1864, he was wounded, injured or diseased as follows:

Wounded in the left arm

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 Decatur county been allowed an invalid pension of Fifty Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 25 day of Jany 1898. James Toole POST-OFFICE

C. J. Mummerlyn

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,
Decatur County.

I, C. J. Mummerlyn Ordinary of said County, do certify that I am well acquainted with James Toole 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 25th day of Jany 1898.

Affix your seal here.

C. J. Mummerlyn
Ordinary Decatur County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears James Toole of Decatur 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 1884; 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 29th Regiment of Ga Battalion Cav Volunteers, 's Brigade; that whilst engaged in such military service in the State of Fla, on the 6 day of July 1864, he was wounded, injured or diseased as follows:

Was shot through the arm by a Bushwhacker near Madison Florida while on duty disabling his arm from use.

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 Decatur County been allowed an invalid pension of Fifty Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 22 day of January 1900. James E. his Toole POST OFFICE Irwin City Ga

T. B. Maxwell Ordy

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,
Decatur County.

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

Given under my official signature and seal, this 22nd day of January 1900.

Affix your seal here.

T. B. Maxwell
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I James E Toole hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon and request that he remit same to
Ordinary by Check
at Bainbridge Ga

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

James his E Toole [L. S.]
Mr

Executed in presence of

T B Maxwell
Ordinary
Robt Bowen

Toole, James E.
Decatur County

CODE SECTION 1250
(For Those Already Enrolled.)
No. Mills (1900)

DISABLED
SOLDIER'S PENSION.
1901.

Name James E Toole
County Decatur
Disability Arm
Amount, $50.00
January 2/1 1901.

JOHN W. LINDSEY.
[redacted]
Commissioner of Pensions.

WARRANT HANDED TO
W G W.

Geo. W. Harrison, State Printer, Atlanta.

no data

STATE OF GEORGIA
OFFICE OF
Ordinary
DECATUR COUNTY.

T. B. MAXWELL, ORDINARY.

Bainbridge, Ga., 1/22 1900

Hon J W Lindsey
The attached application of James Toole. You will observe States that he drew for the Year 1898 He was out of the State in the year 1899 & did not draw I remember the Circumstance very well. He was out of the State and I wrote him if he had made his residents in another State he would not receive his pension from this State He came back to this State in the Month of Aug 1899. He States that he intended to move from the State but did not make a final move I Know he did not receive the pension for last Year. Under the law he was not entitled at the time of paying off. I Know that he only remained out of the State a short while and as he is now a bonafide resident & has always been nearly all of his life. with the little Gap of part of last Year. He ought to receive the 50.00 Dollars due him for 1899. He is a poor man & has several in family & needs the money. & the State is due him for it. Unless he had remained out of the State & taken up his residents in another to remain

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur **County.**

Personally appears James E Tools of Decatur 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 26 day of Oct 1888; 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 29 th Regiment of Ga Battalion Volunteers, Gen's Brigade; that whilst engaged in such military service in the State of ____, on the ____ day of ____ 1864, he was wounded, injured or diseased as follows: Was shot through Arm while in Battle Permanently disabling my arm Suffers with Rheumatism and Cant work but Very little

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 Decatur County been allowed an invalid pension of Fifty Dollars, for the year 1900.

Sworn to and subscribed before me, this the 8 day of January 1901.

his
James E X Tools
mark
Postoffice Twilight Ga

I B Maxwell Ordy

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,
Decatur **County.**

I, I B Maxwell Ordinary of said County, do certify that I am well acquainted with James E Tools 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 8 day of January 1901.

Affix your seal here

I B Maxwell
Ordinary Decatur County.

POWER OF ATTORNEY

and not to return to this state Under the proper view in this Case I think he ought to receive it that is for 1899 as well as Now.

Yours Respectfully
I B Maxwell
Ordinary DC

Georgia
Decatur County

Personally appeared before me James Tools who after being duly Sworn Says on oath that he as ask Invalid Pension did not receive his pension for the Year 1899 on account of being out of the State at the time of paying off

his
James X Tools
mark

Sworn to and subscribed before me this January 22nd 1900
I B Maxwell Ordy.

NAME, Toole, James YEAR 1892 COUNTY Decatur

WHEN AND WHERE BORN? Resident Ga since 1833

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co B Hood's 29th Battn. of Cavalry
Ga Volunteers

NAME OF CAPTAIN AND COLONEL?

WOUNDED? In Florida- July 6, 1864 - wounded by bushwhackers' ball, entering left fore arm, breaking and shattering one of the bones, completely destroying one of the bones, which rendered the arm and hand useless.

CAPTURED, WHEN AND WHERE?

RELEASED.

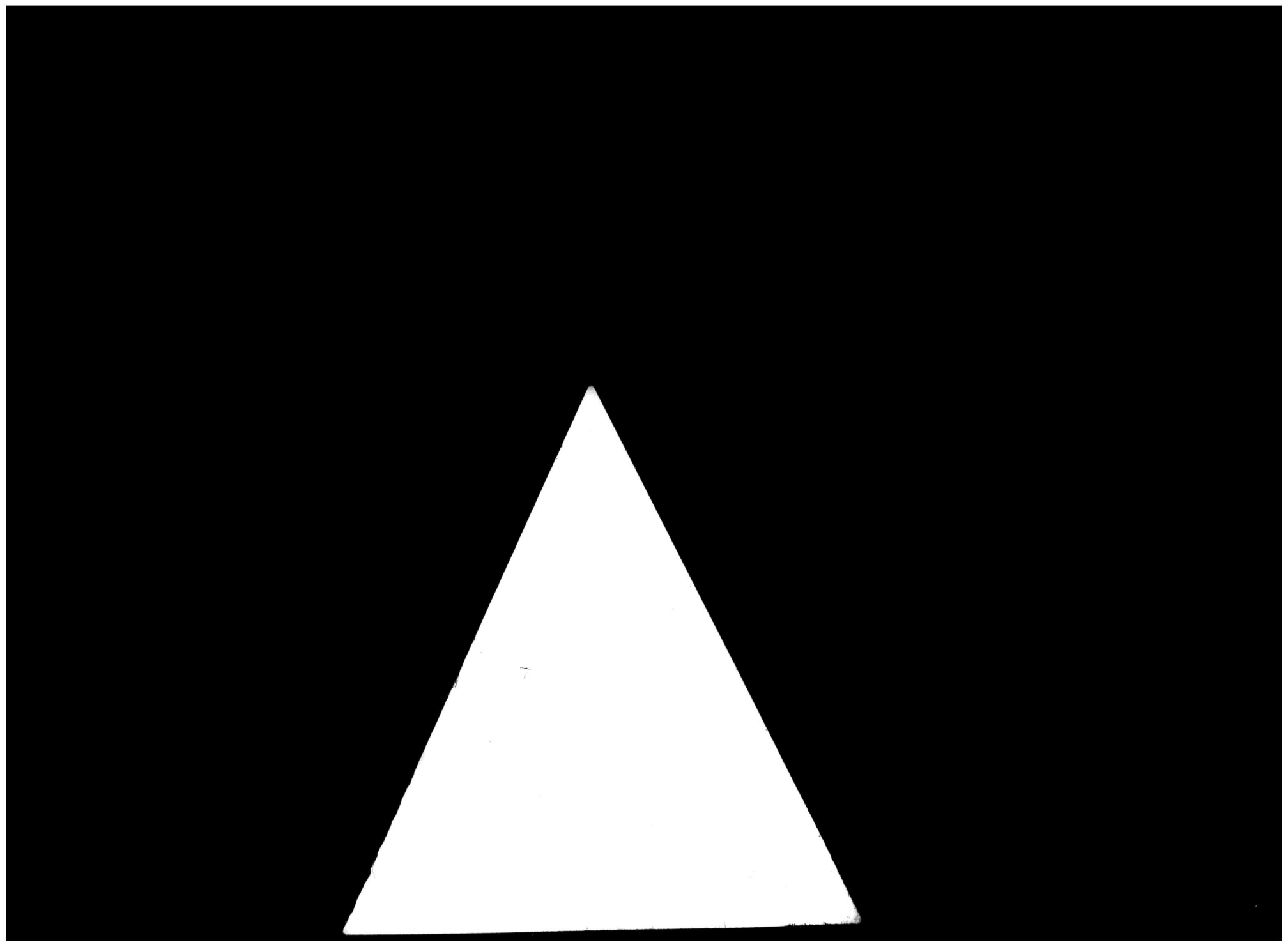
WHEN AND WHERE [illegible]?

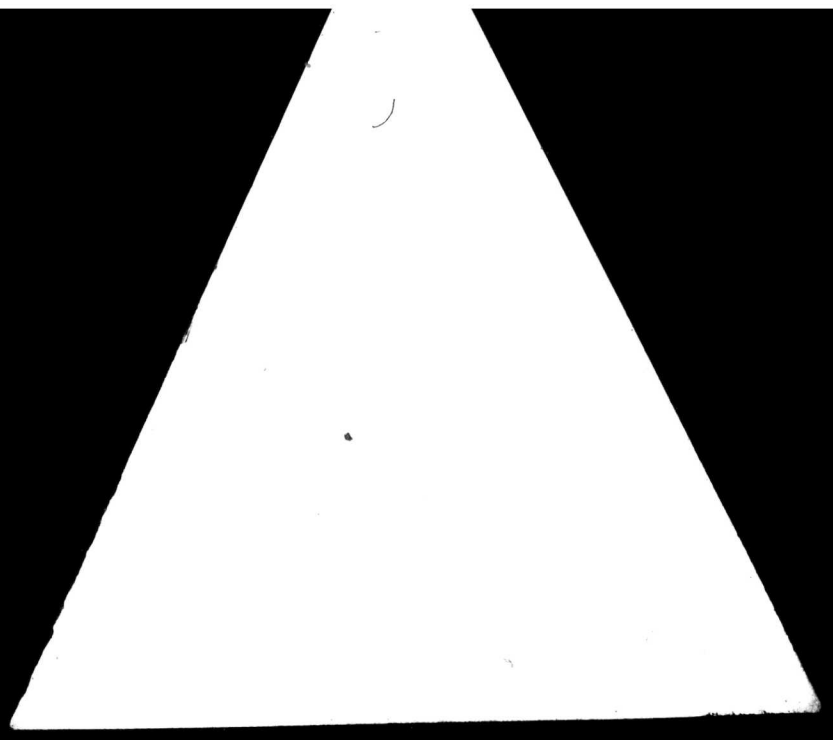
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J F King, B D Roberts, H F Gaulding No data





LIGHT PRINT OR BAD COPY *

###LIGHT PRINT OR BAD COPY ####

Brunswick, Ga. - Decatur Co.

Code Section 1280.

No. _____

INVALID
SOLDIER'S PENSION,
190

Name. E Francis

County Decatur

Co. K 2 4a Cavalry Regt.

Disability Back

Amount, $

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.

a/15/04

Pension office
9/20-1904
Call this case
[illegible]
[illegible]
[illegible]

Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, E Trawick hereby authorize W A Wright of Atlanta to receive and receipt for the pension allowed and request that he remit same to Ordinary by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18 day of May 1904

E Trawick [L. S.]

Executed in the presence of
T B Maxwell
Ordinary

Trawick, E. - Decatur Co.

Code Section 1250.

No.

INVALID
SOLDIER'S PENSION,
190

Name E Trawick
County Decatur
Co. K 2 Ga Cavalry Regt.
Disability Back
Amount, $
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.

a/5/04

Form No. 1.

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears E Trawick of said Decatur County, State of Georgia, who being duly sworn, says on oath that he was born on the 27th day of November 1844, that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the 1 day of January 1888, that he enlisted in the military service of the Confederate States (or the State of Ga) on the day of Spring 1862, during the war between the States, and served in Company K of 2nd th Regiment of Ga Cavalry (in Ga Cavalry) Forest Brigade, and was honorably discharged on the day of April 1865; that whilst engaged in such military service, and in line of duty in the State of Tenn, on the day of July 1862 he was disabled or wounded as follows: While in Line of Duty was fell upon by his horse his foot became entangled in the stirrup The horse rain for some distance dragging him over rough place his spinal cord being badly injured and injuries of other parts of his body. From these injuries he was in hospital 5 weeks unconscious. I was discharged & went home on account of disability After remaining home 3 months I reinlisted in the 29th Ga Bat & served on on light duty until Close of the War. The injury received has troubled me ever since the War reducing my strength until now I am not able to discarcely any work.

Where was command surrendered? Best of my recolection near Augusta Ga

Was applicant present? Was not If not, where was he? At Hospital How come there? On account disability

And by whose authority? State fully: Sent by authority of Officers in command. Disability caused from the old hurt by the horse.

Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 190

Sworn to and subscribed before me, this the 18 day of May 1904

E Trawick

T B Maxwell
Ordinary.

Post Office Fairchild 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 do 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.

Form No. 2.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County J H Adams R M Maxwell and W A Gaines 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 and well acquainted with E Trawick whose application is herewith presented for a pension, that he has resided in this State continuously since the 1 day of January 18 86, that he served in Company K of the 2 Ga Cavalry Regiment of Forrest Brigade, and from our personal knowledge he, while in line of duty, was injured by the service as follows: (*give full statement, and tell in your own language when, where, and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor or can do any, state what.*)

About the Month of July 1862 the Applicant while on duty his horse fell & the ground fell upon the applicant & while in this position his foot became entangled in the stirrup & the horse ran off dragging the applicant for quite a distance He received an injury in his back that disabled him for further field Service. He was sent to hospital. I never saw him any more until after Close of the War. He has been lame from this injury ever since the war and now unable to do manual labor all caused from the injury received while in line of duty. He was Stout & healthy before receiving this injury

Where was applicant's command surrendered? This Company K was surrendered in N C

Was he with it? he was not Were all of you present? I J H Adams (Present)

If not, where was he? Dont Know

Where were you all? J H Adams with Co when surrendered R M Maxwell Wounded & at Home W A Gaines Home on Detail duty

How do you know the facts you state to be true? We were all present when applicant was hurt.

We personally know above stated facts. We were with him in the army and have known him ever since. We knew he was discharged from Co K 2 Ga Cavalry in July or Aug 1862

He was honorably discharged or retired from the service on day of

186 . Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18

We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 1 day of June 1904
J B Maxwell
Ordinary.

J H Adams
R M Maxwell
W A Gaines

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, tracing disability to its true cause.
3.—All blank spaces must be filled when signed.
4.—Three witnesses are required.

Form No. 5.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,
County.

PERSONALLY comes before me Ordinary of said County, Dr A J Chisum and V Berry MD both known to me as reputable physicians of said County, who, being severally sworn, say, on oath, that they have carefully examined Mr E Trawick and after such personal examination, say that the present condition of applicant is as follows: General senile debility. Gastric Degeneration of the heart. Poor Digestion. General giving away in the spine due to an injury received some time in the past causing lameness of the back for which applicant suffers constantly and continuously. All of which cause applicant and that such condition is permanent. Said condition arises from the following facts: consist - empt for labor ism of Heart. Debility. poor Digestion and injury to Back.

We have treated applicant professionally for two years, and his condition, as above stated, does not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this 18 day of May 1904
J B Maxwell
Ordinary.

A J Chisum M D
V Berry M D

NOTE 1.—*State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as understood by affiants.*
NOTE 2.—The physicians will be careful to fill every blank space in oath.

Form 4

STATE OF GEORGIA.
Decatur County.

I, J B Maxwell, Ordinary of said County, do certify that I am well acquainted with E Trawick 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 and has been a bona fide resident since the 1 day of Jan 18 86

I also certify that the witnesses, to-wit: J H Adams R M Maxwell & W A Gaines and 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 3 day of June 1904

J B Maxwell
Ordinary Decatur County.

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.

Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, E Grawick hereby authorize W. A Wright of Attapulgus to receive and receipt for the pension allowed and request that he remit same to Ordinary by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11 day of May 1905

E Grawick [L. S.]

Executed in the presence of
D B Maxwell
Ordinary

Grawick, E.
Decatur Co.

Code Section 1250.

No. 1797

INVALID
SOLDIER'S PENSION,
1905

Name E Grawick
County Decatur
Co. K 2nd Ga Regt.
Disability Spine
Amount, $ 12.00
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. Hanson, Asst. Engr. Engrs.

1/2 965

Form No. 1.

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears E Grawick of said Decatur County, State of Georgia, who being duly sworn, says on oath that he was born on the 27 day of Nov 1844, that he is a *bona-fide* citizen and resident of Georgia, and has been continuously since the 13th day of 18, that he enlisted in the military service of the Confederate States (or the State of) on the day of 1862, during the war between the States, and served in Company K of 2nd Ga Regiment of Cavalry Volunteers Forest Brigade, and was honorably discharged on the day of April 1865; that whilst engaged in such military service, and in line of duty in the State of Tenn, on the day of July 1864 he was disabled or wounded as follows: While in line and in discharge of duty I was thrown from my horse My right foot was caught in the Stirrup, My horse ran dragging me for some distance & finally kicking me loose. I was picked up by some of the Co, and they were Ordered by General Forest to take me to a farm house, which was owned by William Worthington. I was incapacitated for 6 Weeks; The most effected part being my Spine. After 7 weeks of confinement I secured a furlough & remained at home until about July 1st 1863 & returned to Command but was discharged on account of disability. Later on I reenlisted in 27th Ga Cavalry & was placed on light duty & remained through out the War except about one or two weeks

Where was command surrendered? 27th Ga near Augusta

Was applicant present? Yes If not, where was he? At home How come there? On Furlough

And by whose authority? State fully: I was again sent, and by authority of Col Hood I was sent home. This was one or two weeks before Surrender. I have never reported from these Two furloughs being

Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 190—

Sworn to and subscribed before me, this the 11 day of May 1905
D B Maxwell
Ordinary.

E Grawick

Post Office Fairchilds

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 do 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.

Was disabled by a fall from my horse while in discharge of my duty. Was thrown from my horse, my right foot caught in the stirrup, horse ran dragging me for some distance & finally kicking me loose. Was picked up by some of the Co. & taken to a farm house. Was incapacitated for 6 weeks from my injuries. Am disabled in the right spine & hip. Have difficulty in walking any distance. Was in the War.

Form No. 2.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County R M Maxwell M A Gaines and J W D Gartman 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 and well acquainted with E Travicks whose application is herewith presented for a pension, that he has resided in this State continuously since the 1 day of January 1890, that he served in Company K of the 2nd Va Cav Regiment of Forrest Brigade, and from our personal knowledge he, while in line of duty, was injured by the service as follows: (*give full statement, and tell in your own language when, where, and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor or can do any, state what.*)

Some time in July 1862 Near Nashville Tenn While in a March the Applicant was thrown or he Horse that he was Wound up and fell upon the rider At any rate his foot was Caught in the Stirrup & the Horse ran and dragged him some distance before Coming to a halt. and when found he was in an unconscious Condition And apparently effected about the back & head I know this to be true as I was Clerking to Stay with him until other Arrangements could be Made I was by his Side 3 days and Nights After that he was taken to a farm house and did not See him any More until he returned to Command about July 1863 & was discharged And Live in Decatur County and have been living there ever since the War He always Complaining of his back hurting him & the same disables him from doing Manual Labour all Caused from this injury

Where was applicant's command surrendered? I learned that he was Paroled in 22d Va

Was he with it? I did not See him Were all of you present? after the War Closed

If not, where was he? Did not See him any more until after the War Closed

Where were you all? We Were With Command up until the War Closed 1865

How do you know the facts you state to be true? My self M A Gaines & W D Gartman We were With him the time he was thrown by his Horse 1862 & know above to be facts & further the Wound & injury he was always complaining of his back hurting him & the same disabled him from doing Manual Labour

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 the 20 K day of July 1863. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18__. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 14 day of May 1908
D B Maxwell Ordinary.

R M Maxwell
M A Gaines
J W D Gartman

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, tracing disability to its true cause.
3.—All blank spaces *must* be filled when signed.
4.—Three witnesses are required.

Form No. 3.

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA
Decatur County.

PERSONALLY comes before me D B Maxwell Ordinary of said County, J C Neely M.D. and S J Chesnutt M.D. both known to me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully examined Mr E Travick and after such personal examination, say that the present condition of applicant is as follows: At present age about 65. Murmurs at Base Irregular action and the same causing incoordination of lower limbs which interfere with locomotion, and the general physical condition is such that he is not able to earn a support by manual labor

and that such condition is permanent. Said condition arises from the following facts: Some part Traumatism.

We have treated applicant professionally for several years, and his condition, as above stated, does not arise from heredity or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this 11 day of May 1908
D B Maxwell Ordinary.

J C Neely M.D.
S J Chesnutt M.D.

NOTE 1.—*State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as understood by affiants.*
NOTE 2.—The physicians will be careful to fill every blank space in oath.

Form No. 4.

STATE OF GEORGIA,
Decatur County.

I, D B Maxwell, Ordinary of said County, do certify that I am well acquainted with E Travicks 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 and has been a bona fide resident since the 1 day of Jan 1890

I also certify that the witnesses to-wit: R M Maxwell W A Gaines and J W D Gartman 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 Aug 1908
D B Maxwell
Ordinary Decatur County.

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.

Trawick, E.
Decatur Co.
190__

Application for Pension Due Deceased Pensioner Under Act 1904.

J B Maxwell Ordinary.
For E Trawick
of Decatur County,
of Co. ____, ____ Regiment.

Approved and ordered paid

____ 190__

J. W. LINDSEY,
Commissioner of Pensions.

DISAPPROVED

NAME Trawick, E. YEAR 1904 COUNTY Decatur

WHEN AND WHERE BORN? November 27, 1844 - Resident of Georgia continuously since January 1, 1888.

ENLISTED WHEN AND WHERE? Spring of 1862 - Georgia

RANK.

COMPANY AND REGIMENT? Company K, 2nd Regt. Ga. Cavalry and 29th Ga. Battalion in Ga. Cavalry

NAME OF CAPTAIN AND COLONEL?

Tenn.

WOUNDED? July 1862 while in line of duty applicant's horse fell upon him, applicant's foot became entangled in stirrup - the horse ran for some distance dragging him over rough ground injuring spinal cord, and receiving injuries to other parts of body - was in hospital five weeks unconscious - discharged and went home - reenlisted in the 29th Ga. Battalion, and served on light duty until close of war.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In hospital on account of disability caused from the old hurt by the horse.

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J. H. Adams, R. M. Maxwell, W. A. Gaines - state they were in the army with applicant. -- No data

lw

Application for Pension Due to a Deceased Pensioner

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

Georgia, Decatur County.

Personally before me, the Ordinary of said County, comes W R Trawick of said County, who, after being sworn, on oath says that he knew E Trawick of said County, and that he was on the Invalid Pension Roll Decatur County at the time of his death, which occurred in Decatur County, in this State, on the 13th day of Feby 1914 and that a Pension of Fifty Dollars was due him and unpaid at the time of his death. That he left no widow or dependent children surviving him, and no estate of any value sufficient to pay his funeral expenses, which amounted to the sum of 55.00 Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me this 17 day of Feby 1914
T B Maxwell Ordinary
Decatur County

W R Trawick

Georgia, Decatur County.

I, T B Maxwell Ordinary of said County, do certify that I personally know W R Trawick, who is a resident citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew E Trawick while in life; that he was the same person whose name appears on the Invalid Pension Roll of Decatur County, and was paid a pension of Fifty Dollars in said county for 1914 and I now believe him to be dead.

Given under my hand and official seal, this 17 day of Feby 1914

T B Maxwell Ordinary,
Decatur County.

R. J. PERRY, President
J. W. CALLAHAN, Vice-President

DESIGNATED STATE DEPOSITARY

R. S. VARNER, Cashier
J. J. WALTERS, Asst. Cashier

BAINBRIDGE STATE BANK

CAPITAL $100,000.00

BAINBRIDGE, GA.,
Jan. 13, 1914.

Mr. T. B. Maxwell,
City.

Dear Sir:-

This is to advise you to turn over my pension check, which will be $50.00, to Bainbridge State Bank as this rinterest may appear.

Yours very truly,

E Trawick

Bainbridge Ga
January 13 1914 OK
T B Maxwell
Ordinary

50¢

$ 25.00 Bainbridge, Ga., JAN 13 1914 191
Mch 1 st after date I
promise to pay to the order of BAINBRIDGE STATE BANK
Twenty five Dollars
Payable at BAINBRIDGE STATE BANK, Bainbridge, Ga., Value received.

No
Due
P. O.

BAINBRIDGE STATE BANK PAID FEB 17 1914 BAINBRIDGE, GA.

With interest after maturity until paid at the rate of 8 per cent. per annum, also all cost of collection, including ten per cent. of principal and interest as attorney's fees if collected by law or through an attorney at law. Each of us, whether principal, security, guarantor, endorser, or other party hereto, hereby severally waives and renounces each for himself and family, any and all homestead or exemption rights, either of us, or the family of either of us, may have under or by virtue of the Constitution or laws of Georgia, or any other State, or the United States, as against this debt or any renewal thereof; and each of us expressly waives exemption of garnishment of daily, weekly or monthly wages; each of us, whether principal, security, guarantor, endorser, or other party hereto, further waives protest, and notice of demand, protest and non-payment, suit and all other requirements necessary to hold us, and agree that time of payment may be extended without notice to us of such extension. Given under the hand and seal of each of us.

E Trawick [SEAL]

WITNESS [SEAL]

[SEAL]

MORRIS PRINTING CO., BAINBRIDGE, GA.

of T Ffty Dollars in said county for 1914 and

I now believe him to be dead.

Given under my hand and official seal, this 17 day of Feby 1914

T B Maxwell Ordinary,

Decatur County.

Witness

E Trawick [Seal.]

[Seal.]

[Seal.]

MORRIS PRINTING CO., BAINBRIDGE, GA.

COUNTING HOUSE SERIES

February 17 1914

M

Bought of

Terms

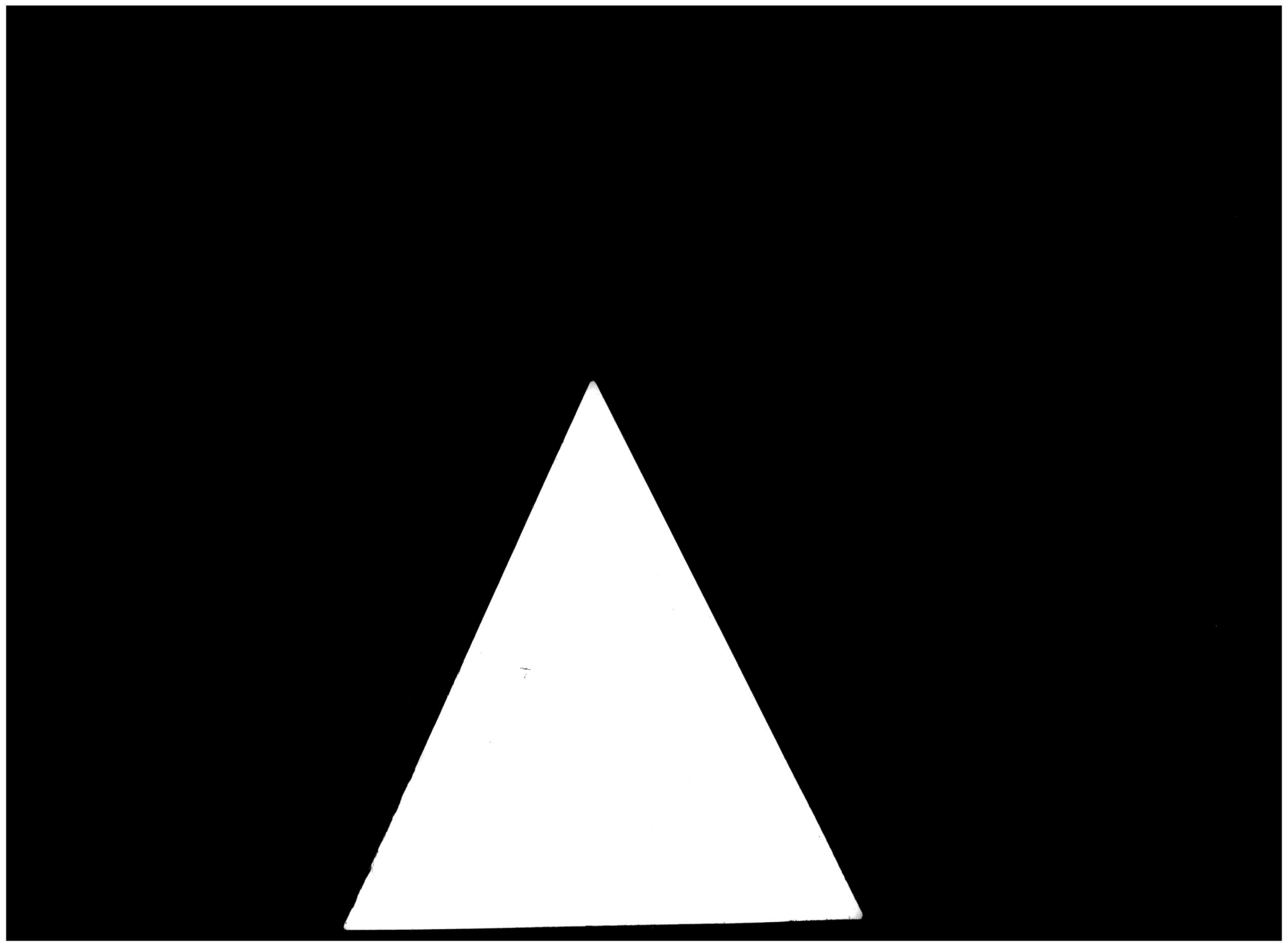
To 1 Coffin (Paid to C J Butler for E Trawick Feby 13 1914)	15 00	
Expense digging grave	3 00	
Term 1914 Sending 4 Miles for Coffin & Ferry fee	3 00	
Feb 12 Pd Dr Oliver for 1 Trip 10 miles	6 00	
" " " " Services & Medicine One Night Feby 12 1914	3 00	30 00

Georgia Decatur County

Personally appeared Dan Turnage Who on oath says the above account for funeral expenses. E Trawick deceased are true

Sworn to and subscribed before me this Feby 17 - 1914 T B Maxwell Ordinary

Dan Turnage



Ordinary's Certificate

STATE OF GEORGIA,

Decatur COUNTY.

I, T B Maxwell Ordinary of said County, certify that I know the applicant A J Trulock for pension is the person he represents himself to be and resides in said county. That I also know R A Raynolds the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 11 day of Aug 1920

T B Maxwell Ordinary

of Decatur County.

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses 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 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 of the county in which the applicant or witness resides and must be certified by such Ordinary.

Trulock A. J.
Decatur Co.

No. 6 H. Jan 1921

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Decatur

Name A. J. Trulock

Company I 3d Ga Reserves

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10/28/1920

Ordinary's Certificate

STATE OF GEORGIA,
Decatur COUNTY.

I, T B Maxwell Ordinary of said County, certify that I know the applicant A J Tomlock for pension is the person he represents himself to be and resides in said county. That I also know R A Reynolds the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 11 day of Aug 1920

T B Maxwell Ordinary
of Decatur County.
(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses 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 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 of the county in which the applicant or witness resides and must be certified by such Ordinary.

Tomlock, A. J.
Decatur Co. Ga.

No. C.M. for 1921

Confederate Soldier's Application
Under Act 1910—As Amended by Act of 1919.

County Decatur
Name A J Tomlock
Company I 3d Ga Reserves
Regiment
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10/20/1920

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

Questions For Applicants to Answer

STATE OF GEORGIA,
Decatur COUNTY.

A J Tomlock of said State and County, hereby applies for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give County and Post-office) A J Tomlock Climax Ga
2. How long and since when have you been a continuous resident citizen of this State? All my life 74 years
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Yes Army of the Confederate States
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) First of May 1864 in Co I 3d Ga reserves at Bainbridge Ga under Capt. Hopkins
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) From enlistment until close of the War April 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? At Macon Ga April 1865
7. Were you actually present with your command when it was surrendered or discharged? Yes
8. If you were not actually present, state specifically and clearly where you were —
   a. Where was your command when you left it? Macon Ga
   b. When did you leave the command? War closed
   c. For what cause did you leave? —
   d. By whose authority did you leave? —
   e. For how long was your leave granted? In what way? —
   f. Why did you not return to your command after leave expired? —
   g. In what way were you prevented? —
   h. What effort did you make to return? —
   i Were you captured during the war? No
   j If so, when, and where? In what prison were you held and when were you released? —
9. Are you drawing a pension of any amount from this State or the United States? Yes
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the 9 day of Aug 1920
T B Maxwell Ordinary
of Decatur County.
(SEAL)

A. J. Tomlock

Questions for Witness as to Service

STATE OF GEORGIA,
Decatur COUNTY.

R A Reynolds of said State and County is hereby presented as a witness in support of the application of A J Tomlock for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? R A Reynolds Decatur Co Ga

2. How long and since when have you known A J Tomlock the applicant? Over 55 years

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? At Climax Decatur Co Ga over time I know him

4. When, where and in what Company and Regiment did A J Tomlock enlist during war from 1861 to 1865? (Give date and place.) at Bainbridge Ga in Co I 8th Ga Inf May 1864

5. How did you obtain your information of this Service? We were together

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) from enlistment to close of War April 1865

7. When and where was his command surrendered or discharged (give date and place) At Macon Ga April 1865

8. Were you personally present at the surrender? Yes

9. If not, where were you and how came you there? —

10. Was the applicant personally present with his command at surrender? Yes

11. If not where was he and how came him there? —

12. When did he leave his command? close of the War April 1865 Where was his command when he left it? At Macon Ga For what cause did he leave? War closed 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 We enlisted together and was discharged at Same time April 1865

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 No If so, when and where? — In what prison was he held? — and when released —

Sworn to and subscribed before me, this the 11 day of Aug 1920

R A Reynolds

T B Maxwell Ordinary of Decatur County.

(SEAL)

STATE OF GEORGIA, Decatur **County**

I, T B Maxwell, Ordinary of said County, do certify that I personally know Mrs Susie M Trulock, the applicant, and that she is the lawful widow of A J Trulock, and was on the _____ Pension Roll of said Decatur County, and was paid a Pension from _____ County for 19__, and at the time of his death on the 3rd day of November 1921, there was due to him and unpaid his Pension of One hundred & Twenty Five Dollars from the State of Georgia, and I know P. H Trulock, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 21 of Dec, 1921.

(SEAL.)

T B Maxwell Ordinary

Decatur County.

Mrs Trulock A. J.
1921 Decatur Co. E

1921

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid his Widow or Dependent Children)

BY

Mrs. Susie M Trulock

Widow of A J Trulock

of Decatur County

Old or New New

Date of Death Nov 31 1921

Approved and ordered paid for 1921 Pay from Oct 1 1921 12/21 1921

J W Lindsey

J. W. LINDSEY,
Commissioner of Pensions.

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

GEORGIA, _____ County.

I hereby authorize and constitute _____, of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 192__, through my deceased husband, _____, who was on _____ Pension Roll and paid from _____ County for 19__.

Witness my hand this _____ day of _____, 192__.

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, Decatur County

Personally before me comes Mrs. A J Tmlock, of said County, who after being duly sworn, on oath says that she is the widow of A J Tmlock who was duly enrolled as a ____ Pensioner from the County of Decatur and was paid a Pension of ____ Dollars from ____ County for 19__, and that the said A J Tmlock died in Decatur County on the 3d day of Nov, 1921, and at the time of his death a Pension of $ 125.00 was due him from Decatur County and unpaid for 1921. Applicant further swears that she married the said A J Tmlock on the 26 day of Oct, 1902, in Decatur County and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 21 day of Dec, 1921.

T B Maxwell, Ordinary.
Decatur County.
(SEAL.)

Susie M Tmlock

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Decatur County

Personally before me comes W H Tmlock, who on oath says that he knew A J Tmlock while in life and that he knows Mrs. Susie M Tmlock, the above applicant; that he knows that the said A J Tmlock and Miss Susie M Averitt were in due form of law married in the County of Decatur in the State of Georgia on the 26 day of Oct, 1902, and that they resided together as husband and wife from date of marriage to the day of his death on the 3d day of Nov, 1921, and I know that she is his dependent widow.

Sworn to and subscribed before me this 21 day of Dec, 1921.

T B Maxwell, Ordinary.
Decatur County.
(SEAL.)

P H Tmlock

INSTRUCTIONS:

1st. This form can be used by guardian, or minor children, where there is no widow.
2nd. The Ordinary must, in all cases, send certificate of marriage attached hereto, if marriage is not proven by witness.
3rd. Avoid the use of the enormously large form of marriage certificate in common vogue throughout this State, suitable only for framing. Such a certificate is entirely too bulky for use in any sort of pension paper.
4th. This form is for widows of disabled soldiers who died after October 26th, and for widows and dependent children of Service soldiers who died after November 1st.
5th. The Ordinary should examine the blank carefully and see that it is fully and correctly completed, and the seals affixed, and that the back, when folded, is filled out.
6th. Pay out no money on this application until it is approved in the Pension Office, and returned to you as your authority to make the payment.
7th. Return this application with your final settlement to the Pension Office.
8th. The widow signs pay-roll for the pension of her husband, signing her name opposite his name thereon.
9th. The pension for only one year can be covered by one voucher. Each year's pension is a separate and distinct transaction and must be so treated. If widow of a "new" pensioner, who was due 1920 and 1921 pensions, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

3rd. Avoid the use of the enormously large form of marriage certificate in common vogue throughout this State, suitable only for framing. Such a certificate is entirely too bulky for use in any sort of pension paper.

4th. This form is for widows of disabled soldiers who died after October 26th, and for widows and dependent children of Service soldiers who died after November 1st.

5th. The Ordinary should examine the blank carefully and see that it is fully and correctly completed, and the seals affixed, and that the back, when folded, is filled out.

6th. Pay out no money on this application until it is approved in the Pension Office, and returned to you as your authority to make the payment.

7th. Return this application with your final settlement to the Pension Office.

8th. The widow signs pay-roll for the pension of her husband, signing her name opposite his name thereon.

9th. The pension for only one year can be covered by one voucher. Each year's pension is a separate and distinct transaction and must be so treated. If widow of a "new" pensioner, who was due 1920 and 1921 pensions, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

STATE OF GEORGIA

Marriage Certificate

COUNTY

This Certifies that A J Smelcer

and Miss Susie M Averitt

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By A E Boland M.G.

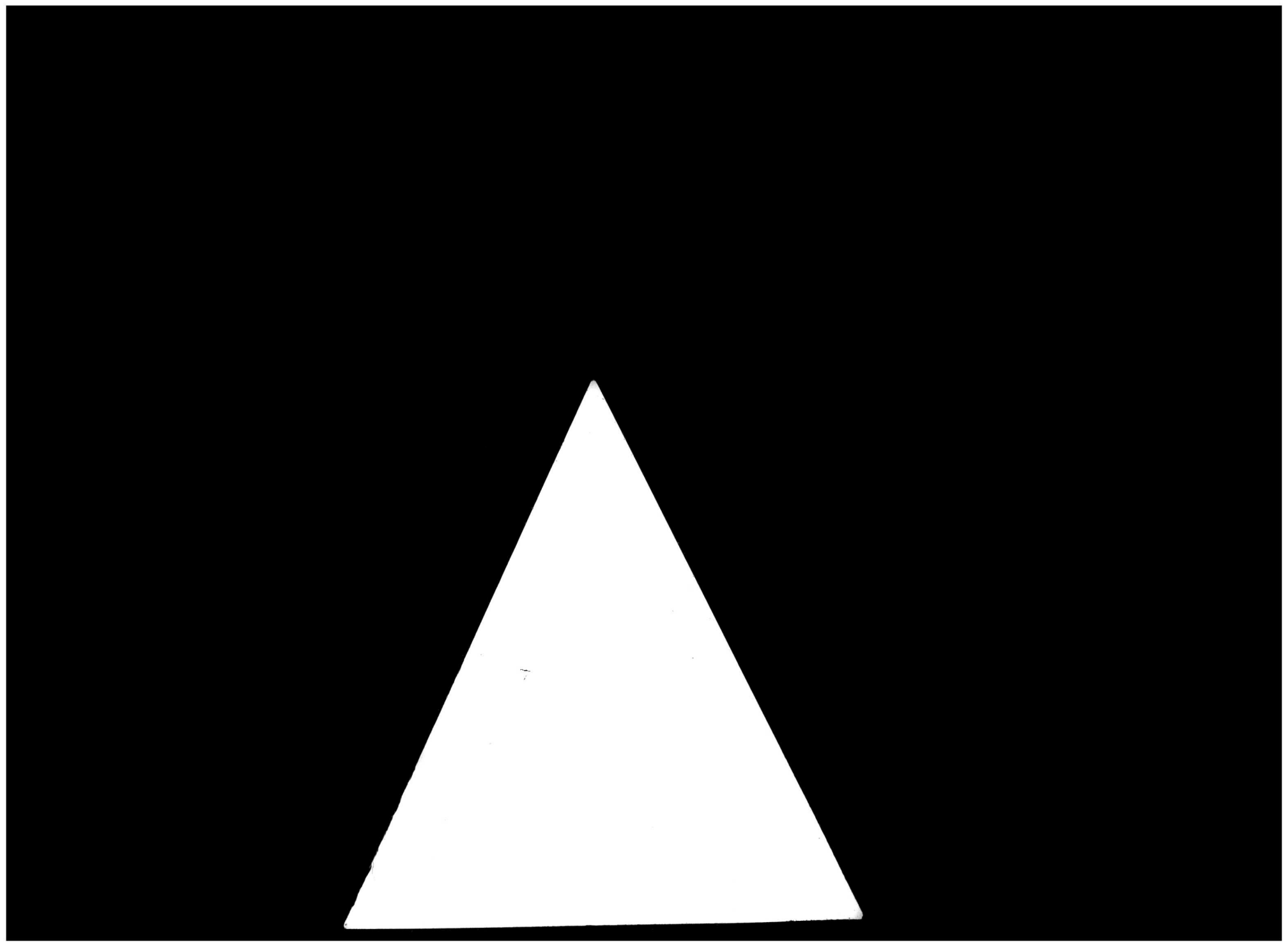
On the 26 day of Oct in the year of our Lord 1922

as appears of record in my office in Marriage Record, book D

page 461. This 21 day of Dec 1921

T B Maxwell

Ordinary.



Copy received.

Widow's Application

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.

County DECATUR
Name Mrs. Susie Trulock
Widow of A. J. Trulock
Date of Marriage Oct. 26, 1902.
Date of Husband's Death Nov. 3, 1921.
Company I.
Regiment 3d. Ga. Reserve Infantry
Approved [illegible] 193[illegible]
Director.

RECEIVED
JAN 8 1938
L. THOS. GILLEN,
DIRECTOR

FEB

Ordinary's Certificate

STATE OF GEORGIA,

DECATUR COUNTY.

I, Nell Maxwell, Ordinary of said County, do certify that I know Mrs. Susie Trulock the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know of A. J. Trulock, his record appears of Pension record in this office. She is ~~the witness who swears to the service of husband~~ and/or the marriage; ~~that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful~~ and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 6th day of January 193 8.

(SEAL OF ORDINARY) Nell Maxwell, Ordinary.

of Decatur County.

INSTRUCTIONS:

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 whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

Copy rec'd indeed

Record of Trulock Susie FOR FEB
Decatur Ga 1938

Widow's Application

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.

County DECATUR

Name Mrs. Susie Trulock

Widow of A. J. Trulock

Date of Marriage Oct. 26, 1902.

Date of Husband's Death Nov 3, 1921.

Company I.

Regiment 3d. Ga. Reserve Infantry

Approved 4/21/38 193

Director.

RECEIVED
JAN 8 1938
L. THOS. GILLEN,
DIRECTOR

FEB

Ordinary's Certificate

STATE OF GEORGIA,

DECATUR COUNTY.

I, Nell Maxwell, Ordinary of said County, do certify that I know Mrs. Susie Trulock the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know of A. J. Trulock, his record appears of Pension record in this office. ~~the witness who swears to the service of husband~~ and/or the marriage; ~~that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful~~ She is and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 6th day of January 1938.

(SEAL OF ORDINARY) Nell Maxwell, Ordinary.

of Decatur County.

INSTRUCTIONS:

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 whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

DECATUR COUNTY.

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

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County) Mrs. Susie Trulock Climax, Georgia
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? Fifty-Eight Years
Give date, or year, of your birth March 31, 1879 Age? 58 yrs
3. (1) When, (2) where and (3) to whom were you married? Oct. 26 1902, Fowlstown, Georgia, Andrew J. Trulock
   a. Have you married since the death of first and soldier husband? no
   b. When and where did your first husband die? Nov. 3, 1921
   c. Were you residing together when he died? yes
   d. If not, how long had you resided apart?
   e. Are you now a widow? yes
   f. Have you or your husband heretofore been paid a pension by the State? Husband had applied. Died before receiving check. Check paid 125.00 [illegible] check 125
   g. If so, when and for what cause were you or your husband placed on the roll? 1922, Service connected

SECTION II.

Answer the following questions if your husband was not a pensioner:

1. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
Private in Co. I 3d Regiment Georgia Reserve Infantry in 1864. Captain T. H. Hodgkiss and Col. E. J. Harris
2. When and where did the Commands of your husband surrender or discharge from the Service?
Captured April 30, 1865 Captain T. H. Hodgkiss
3. Was your husband personally present with his Command when it was surrendered or discharged?
Yes.
4. If he was not present, state specifically and clearly where he was? don't know
5. When did he leave the Command? Captured April 30, 1865
   a. For what cause did he leave? don't know
   b. By whose authority did he leave? don't know
   c. For how long was his leave of absence granted? don't know d. In what way?
   e. What was his physical condition when he left his Command? don't know
   f. What effort did he make to return to his Command? " "
   g. In what way was he prevented from going back to his Command?
   h. Was he captured by the enemy at any time? Captured, Macon Ga., April 30, 1865
   i. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the 5th day of January, 1938.

Nell Maxwell, Ordinary

of Decatur County.

(SEAL OF ORDINARY)

Mrs. Susie Trulock
Applicant.

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Miss Nell Maxwell, Ordinary,
Decatur County,
Bainbridge, Georgia.

WHEREAS:

M. A. SUSIE TRULOCK, WIDOW OF A. J. TRULOCK,

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore,

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of February, 1938, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 21 day of January 1938.

L. Thos. "Pat" Gilleon

Director, Confederate Division
State Department of Public
Welfare

VETERANS SERVICE OFFICE

408 STATE CAPITOL

ATLANTA, Ga., Aug. 14, 1937.

Unpublished records compiled for the State of Georgia by Lillian Henderson show that Andrew J. Trulock enlisted as a private in Co. I, 5d Regiment Georgia Reserve Infantry May 8, 1864. Captured, Macon, Ga., Apr. 20, 1865.

The captain of this company was T. H. Hodgkiss and the colonel of the regiment was E. J. Harris.

Above is true copy of record on file in this office.

Lillian Henderson.
Assistant Director.

Please attach this record to application.



STATE OF GEORGIA

[redacted]

COUNTY

This Certifies that A. J. Trulock

and Miss Susie M. Avitett

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By C. E. Boland, Minister of the Gospel

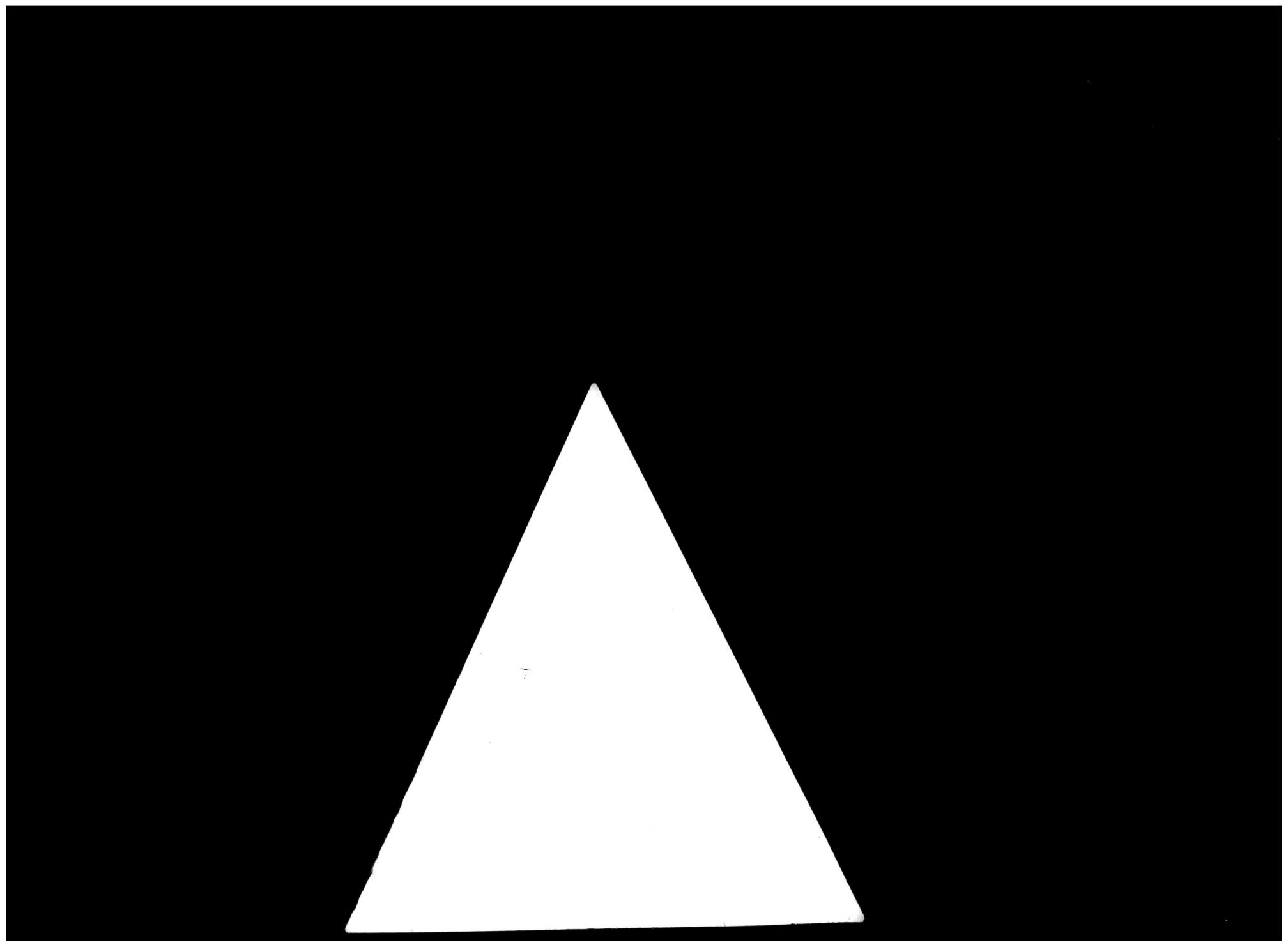
On the 26th day of October, in the year of our Lord ~~1902~~ 1902.

as appears of record in my office in Marriage Record, book "D",

page 461. This 5th day of January ~~1938~~ 1938.

Neil Maxwell

Ordinary.



Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I, Mrs Susan M. Tuggle of Decatur County, in said State, do hereby appoint Wm A. Wright of Atlanta 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 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 ~~Second~~ 3rd day of December 1891

Susan M. Tuggle [Seal]

Executed in the presence of us:
J. P. Bradwell
C. T. Munnerlyn Ord

DIRECTIONS.

If allowed, send amount by Express to me at Donalsonville Ga., and oblige

Susan M. Tuggle

Ex Dept Atlanta Ga
Dec 16 1891.

There must be proof by three witnesses that this applicant was the wife of John D. Tuggle during his service in the army - & that she has never married since his death.

There must also be a certificate by ordinary of Decatur as to identity of applicant & her residence in that County.

W. A. Harrison
Dec

Tuggle, Susan M.
Decatur County

M/3 1891.

No. 3918

Widows' Pension

PAID TO—
Mrs Susan M Tuggle
—OF—
Decatur COUNTY.

$100.00.

Warrant Issued
189
AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I, Mrs Susan M. Juggle of Decatur County, in said State, do hereby appoint Wm A. Wright of Atlanta 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 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 3rd day of December 1891.

Susan C M Juggle [L. S.]

Executed in the presence of us:
D. Bidwell
D. Mumerlyn O.D.

DIRECTIONS.

If allowed, send amount by Express to me at Decaturville Ga., and oblige

Susan C M Juggle

Ex Rec'd Atlanta Dec 16 1891.

Where married to the said deceased soldier.

Was the said applicant married to deceased soldier during his service in the army? If so, state when and where married.

Was married prior to the war between the States?

Was married subsequent to the war between the States?

Where married?

Where has applicant resided since the war between the States?

Has applicant ever been married? If so, state when and to whom.

Juggle Susan M. Decatur County

No. 3918

1891.

Widows' Pension

PAID TO—

Mrs Susan M Juggle

—OF—

Decatur COUNTY.

$100.00.

Warrant Issued

189

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta

Affidavit to be Made by the Widow.

Form No. .

STATE OF GEORGIA,
County of Decatur

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

Mrs. Susan M. Juggle, who being sworn according to law, says under oath that she is the widow of John F. Juggle, who was a soldier in the service of the Confederate States, and served as a member of Company G, of the 13th Regiment of Georgia Volunteers; that he enlisted in said service on or about the day of March 186[illegible], and was in the Confederate Army up to October 186[illegible]. That while in the Army, he was on the day of April 186[illegible], (See Note No. 1)

Wounded in the right hand [illegible] at Whitemarsh Island, near Savannah Ga, on account of which he obtained a 30 day furlough. At the end of his furlough he returned to his company which was then in Virginia. His wounded hand, in the mean time, never healed, but continued to grow worse until he died in the army hospital at Winchester Virginia, gangrene having set in. He has never returned.

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 2nd th day of January 18[illegible], and that she has resided in Georgia continuously since the 2nd day of January 18[illegible]; 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 3rd day of December 1891.

D. Mumerlyn Ordinary.

Susan C M Juggle
Post-Office Stem Hill, Decatur Co, Ga.

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.

Form No. 2.

Affidavit for Three Witnesses.

State of Georgia,
County of Early

In person came before me, the undersigned Ordinary in and for said County, witnesses B. R. Doster and [illegible] Wade Thos Williams (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Susan M Tuggle, of the County of Decatur, State of Georgia, is the widow of [illegible] Tuggle, who was a soldier in Company 4 of the 13 Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 9th day of [illegible] 1862 That while in said service, or by reason of said service in the Army, he lost his life as follows:

Was wounded in [illegible] Island near Savannah Tea sun after enlistment, came to Va [illegible] his Regiment had been ordered during his furlough. Being disabled was detailed as a nurse in Camp (and Dr Doster) sent him with Mrs Roland to Mechester where he died. So I was informed afterwards.

He never returned neither heard since. This was in Oct 1862 near Martinsburg Va.

Our opportunity for knowing the facts stated in reference to death of applicant's husband were as stated above by Dr Doster

We further swear that Mrs. Susan M Tuggle was the wife of said soldier during the service, ~~and that she has not intermarried since his death~~, and that she we hear resides in Decatur County of the State of Georgia.

Sworn to and subscribed before me, this, the 8th day of Dec. 1891.

W. H. Alexander
Ordinary. E. C.

B. R. Doster M.D.
J. W. Wade
Thos Williams 13 Ga

NOTE. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know

Form No. 3.

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

State of Georgia,
County of Early

I, W. H. Alexander Ordinary in and for said County of Early State of Georgia, hereby certify that I am acquainted with Mrs. Susan M Tuggle 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 Decatur 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 8th day of Dec 1891.

SEAL

W. H. Alexander
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 lawer or other agent to attend to these claims. The Department will furnish *full* and specific instructions, and give ample opportunity to every claimant.

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

If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of Record under seal, and the witnesses must be certified to as reliable, and that their signatures are genuine.

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.

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C. J. Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Sill Tuggle 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 John M. Tuggle deceased, and as such has heretofore been allowed a pension for the year ending February 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 14th day of March 1893.

C. J. Munnerlyn Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

Know all Men by these Presents, That I, Sill Tuggle of Decatur County, in said State, do hereby appoint Wm. A. Wright 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 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 14th day of March 1893.

x Sill Tuggle [L. S.]

Executed in the presence of us:
A. L. Hawk.
C. J. Munnerlyn

DIRECTIONS.

Send amount by Check to me at Steam Mill, and oblige

x Sill Tuggle

Tuggle, Susan M.
Decatur County
FOR THOSE HERETOFORE PAID.

1893.

No. 980

Widows' Pension,

for year ending February 15th, 1893.

—PAID TO—
Mrs. Sill Tuggle
—OF—
Decatur County.

Warrant Issued
1893

AND HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C. J. Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of John M. Tuggle 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 8th day of February 1894.

C. J. Munnerlyn Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

Know all Men by these Presents, That I, Sill Tuggle of Decatur County in said State, do hereby appoint Wm. A. Wright 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 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 7th day of February 1894.

x Sill Tuggle [L. S.]

Executed in the presence of us:
J. M. Tuggle
G. M. Cook

DIRECTIONS.

Send amount by to me at , and oblige

x Sill Tuggle

Tuggle, S. M. Prince
Decatur Co.
FOR THOSE HERETOFORE PAID.

1894.

No. 1018

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—
Mrs. Sill Tuggle
—OF—
Decatur County.

WARRANT ISSUED
9/1 1894.
AND HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

Form No. 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally comes Mrs.
County of Decatur } Susan M Tuggle

who being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has *resided* in said State continuously ever since 1830 That she is the Widow of John M Tuggle who was a Soldier in Company G of the 13 Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of March 1862 and served in the Army up to October 1862 That he lost his life on the 31st day of October 1862 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Was wounded in South Carolina lingered from it & finally died at Winchester Virginia

)

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[illegible]; 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 14th day of March 1893. C F Mannelyn Ordinary. } Post-office S M Tuggle Steam Mill Geo

Form No. 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally comes Mrs.
County of Decatur } S. M. Tuggle

who being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has *resided* in said State continuously ever since 1862 That she is the Widow of John M. Tuggle who was a Soldier in Company G. of the 13th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of March 1862, and served in the Army up to October 1862. That he lost his life on the 31st day of October 1862. (*State here full particulars of the husband's death, when, where and from what cause.*) (Died at Winchester Virginia Oct 31st 1862 from wound received in battle in April 1862.

)

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 185[illegible]; 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 7th day of Feby 1894. G W Cook Ordinary. Notary Public } Post-office S M Tuggle Steam Mill Decatur Co Geo

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C. J. Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. S. M. Tuggle 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. F. Tuggle 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 26th day of January 1895.

{SEAL} C. J. Munnerlyn Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, S. M. Tuggle of Decatur County in said State, do hereby appoint W. A. Wright 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 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 26th day of January 1895. Sign Mrs S. M. Tuggle [L. S.]

Executed in the presence of us: By J. M. Tuggle

J. P. Bradwell
C. J. Munnerlyn

DIRECTIONS.

Send amount by to me at , and oblige

Tuggle, S. M. (Mrs) Decatur Co

FOR THOSE HERETOFORE PAID.

1895.

No. 3553

WIDOW'S PENSION,

for year ending Febuary 15th, 1895.

PAID TO Mrs. S. M. Tuggle

OF Decatur County.

widow of J. F. Tuggle

WARRANT ISSUED 2/9 1895.

AND HANDED TO W. W.

Geo. W. Harrison, State Printer.

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C. J. Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Susan M. Tuggle 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 John F. Tuggle 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 28th day of January 1896.

{SEAL} C. J. Munnerlyn Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

I, Mrs S. M. Tuggel hereby authorize C. J. Munnerlin of Decatur Co to receive and receipt for the pension paid hereon and request that he remit same to Mrs S. M. Tuggle at Greenwood Fla

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 21st day of January 1896.

Susan M. Tuggle [L.S.]

Executed in the presence of
W. H. Kimbell
J. M. Tuggle

Tuggle, Sarah Decatur County

FOR THOSE HERETOFORE PAID.

1896.

No. 529

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO Mrs. Susan M. Tuggle

OF Decatur County.

widow of John F. Tuggle

WARRANT ISSUED 2/1 1896.

AND HANDED TO W. W.

Geo. W. Harrison, State Printer.

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF ~~GEORGIA~~ Florida, County of Washington | Personally Comes Mrs. S M Tuggle

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has *resided* in said State continuously ever since Mch 15th 1862 That she is the Widow of J F Tuggle who was a Soldier in Company G of the 13th Ga Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of March 1862 and served in the Army up to Oct 31st 1862 That he lost his life on the 31st day of October 1862 (*State here full particulars of the husband's death, when, where and from what cause.*) (he was wounded a Whitmans Island near Savannah Ga on the 16th day of April 1862 and died in Winchester Virginia on the 31st day of October AD 1862 of said 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, that she became his wife in the year 1850, 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 7th day of Jany 1895. G W Cook J. P. ~~Ordinary~~. | Sign S M Tuggle Post-office Chipley Fla

Only at Chipley as visitor & sick [illegible] order

Form 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur | Personally Comes Mrs. Mrs S. M. Tuggle

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 1862 That she is the Widow of John F Tuggle who was a Soldier in Company G of the 13th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to Time of his death 1862 That he lost his life on the 31 day of October 1862 (*State here full particulars of the husband's death, when, where and from what cause.*) (in the of Virginia at Winchester in Va caused from a wound received on the battle field

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1851, 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 Decatur 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 21 day of January 1896. W. H. Kimbell ~~Ordinary~~ Justice of the Peace | Susan M Tuggle Post-office Greenwood Fla

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C. H. Hammerlyn Jr Clk Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. L. M. Tuggle 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 John F. Tuggle 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 22 d day of Feby 1897.

[SEAL] C. H. Hammerlyn Jr Clk Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

I, L. M. Tuggle hereby authorize Wm. A. Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to C. H. Hammerlyn at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 18 th day of Feby 1897.

L. M. Tuggle [L. S.]

Executed in the presence of

W. H. Reinhardt

W. F. Merriweather

Tuggle, L. M. Mrs.
Decatur County

FOR THOSE HERETOFORE PAID.

1897.

No. 3743

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

Mrs. L. M. Tuggle

OF

Decatur County,

widow of John F. Tuggle

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/24 1897.

AND HANDED TO

Mann

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia, Decatur County.

I, L. M. Tuggle hereby authorize Wm. A. Wright of Decatur to receive and receipt for the pension paid hereon and request that he remit same to C. H. Hammerlyn at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 15 th day of Feby 1898.

Mrs. L. M. Tuggell [L. S.]

Executed in the presence of

C. H. Hammerlyn

G. F. Mercier

Tuggle, L. M. Mrs.
Decatur County

For Those Heretofore Paid.

1898.

No. 3658

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. L. M. Tuggle

OF

Decatur County,

Widow of John F. Tuggle

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/8 1898.

AND HANDED TO

Mann

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally Comes Mrs. Mrs S M Tuggle

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since Born & raised in Ga 18 That she is the Widow of John F Tuggle who was a Soldier in Company G of the 13 Regiment of Ga Volunteers, that enlisted in said regiment on or about the month of March 9th 1862 and served in the Army up to Virginia 1862 That he lost his life on the in the army day of April 1862 (*State here full particulars of the husband's death, when, where and from what cause.*) It was from a wound received at Whit Marsh Island near Savannah Ga died at Winchester Va about the last of October 1862

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 1850, 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 Decatur 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 18 day of Feby 1897.
W H Kimbell ~~Ordinary~~.
Justice of the Peace

Mrs S M Tuggle
Post-office Greenwood Fla

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally Comes Mrs. S. M. Tuggle

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since her birth 1832 That she is the Widow of J F Tuggell who was a Soldier in Company G of the 13th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to Oct Dued 1862 That he lost his life on the about 30 day of October 1862 (*State here full particulars of the husband's death, when, where and from what cause.*) was Wounded at ~~was~~ Whitmarsh Island near Savannah about the 16th of April 1862 and died at Winchester about the last of October 1862

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 1851.

I have been allowed a pension as a resident of Decatur 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 15 day of Feby 1898.
W H Kimbell ~~Ordinary~~.
Justice of the Peace

Mrs S M Tuggell
Post-Office Greenwood Florida

State of Georgia,
County.

I C S Mummerlyn Ordinary of said County, certify that I am well acquainted with Mrs. S. M. Tuggle 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 15th day of Feby 1898.

C S Mummerlyn
Ordinary of Decatur County.

Official Seal.

OFFICE OF

R. A. WILLIS,

PHYSICIAN & SURGEON,

Dealer in DRUGS, CHEMICALS, ETC.

Prescriptions Carefully Compounded.

Greenwood, Fla., Feb 15th 1898

To whom it may concern, This is to certify that Mrs. S. M. Tuggle is physically unable to travel without jeopardizing her life

R. A. Willis M.D.

[illegible]

Greenwood Fla
Feb. 18 1897

This is to certify that I have been personally acquainted with Mrs S. M. Tuggle also her Physician for ~~[illegible]~~ year and that Mrs S. M. Tuggle is not physically able to take the travel to Bainbridge Ga.

Very Truly
Wm M Milligan M.D.

P.S. This pillar is in Fla but she lives in this Decatur County

[illegible]

Chipley Fla.
[illegible] 1894.

Mr. O. L. Hanperign

Dear Sir I rec'd the blank and have filled it the best [illegible] I do hope it will be all right. I do thank you sincerely for your kindness, I feel that it was Providentially sent. My Daughter's illness makes me feel the need of help even more than I have ever done. I [illegible] if the Good Lord permits me to keep her with me, if not his will is for the best. If there is any mistake in the blank can you correct it [illegible] Oblige

Yours Truly,
Mrs S. M. Tuggle.

This old Lady I know
has absent attorney her
sick Daughter — She
has had it filled
accordy to direction & I
hope it will be approved
C G Munnerlyn
Ordinary

[illegible]

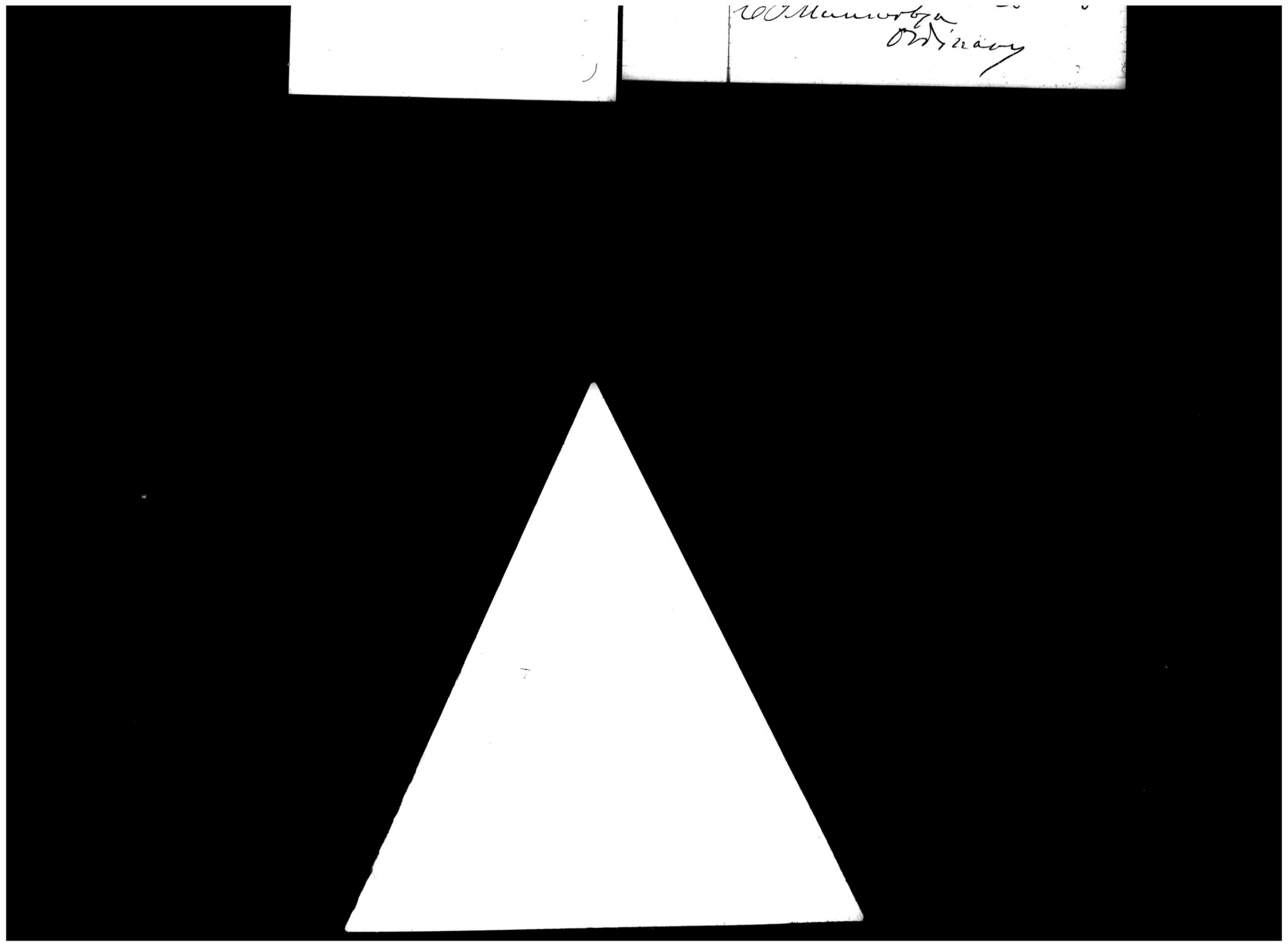
Georgia, Decatur County } In person came before me F. B. Williams, E. C. Mosely and J. M. Truggle who on oath say that they are acquainted with Mrs Susan M. Truggle of said county and know that she was the wife of John F. Truggle during his service in the Confederate army and that she has never married since his death.

Sworn to & subscribed before me Dec. 28th 1891
C G Munnerlyn
Ordinary

F B Williams
E C Mosely
J. M. Truggle

Georgia, Decatur County } Ordinary's Office of said County

I hereby certify that I am personally acquainted with Mrs Susan M. Truggle, the within applicant for pension, and know that she is a resident of this county This December 28th 1891. I further certify that I know the above witnesses and know them to be worthy of belief
C G Munnerlyn
Ordinary



Tyson S.H.
Decatur Co.

No. on 1907

INDIGENT PENSION.

1905

Name S H Tyson

County Decatur

Co. I 3rd Ga Res 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.

9/25/06

9/18/05

Pension office 9/30/05

Not an aged man. It is not sufficient for Drs. to state infirmity, but it is all important to them to say without qualification the extent the infirmity has impaired his earning capacity. The law requires it to be such that he cannot earn his support at any kind of labor. He seems to be the owner of some property Not indigent.

J.W. Lindsey
Com. Of Pens.

Amended 1906

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, S H Tyson hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension allowed and request that he remit same to
Ordinary at Bainbridge by check
Witness my hand and seal, this 6th day of July 1905
S H Tyson [L. S.]

Executed in presence of
T B Maxwell
Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, S H Tyson hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension allowed and request that he remit same to
Ordinary at Bainbridge by check

Witness my hand and seal, this 6th day of July 1905

S. H. Tyson [L. S.]

Executed in presence of
T B Maxwell
Ordinary.

Pension office 9/3/05

Not to be used yet. It is not sufficient for the applicant to state in writing that he is all to poor to pay, but must state the extent of his infirmity, has impaired his earning capacity. The law requires it to be such that he cannot earn his support at any kind of labor. He are is to be the judge of poverty in the case.

Commissioner
Gen. Gr Pens.

Examined 1906

INDIGENT PENSION.

No. on 1907

190 5

Name S H Tyson
County Decatur
Co. I 3rd 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.

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

9/25/05

Tyson S H
Decatur Co.

1/18/05

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Decatur COUNTY.

S H Tyson 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).
S H Tyson Decatur Co Vada Ga
2. How long and since when have you been a resident of this State? A resident of the State all my life
3. When and where were you born? Born in Lee Co Ga 1846
4. When and where and in what company and regiment did you enlist or serve? I enlisted at Bainbridge Ga in Co I 3rd Ga regiment in April 1864
5. How long did you remain in such company and regiment? about 12 mos or until Close of the War 1865
6. When and where was your company and regiment surrendered and discharged? Surrendered at Macon Ga April 1865
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? Present
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? Principally 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"? 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? For the last 5 or 6 years I have not been able to do full manual labor Being Ruptured on both Sides I am now Failing Rapidly and will Call upon Some Mason for Support
13. What property, real and personal, or income, do you possess, and its gross value? No property
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? No property Owned in the above dates except a little personal property in 1900 & 1901
15. In what County did you reside during those years, and what property did you then return for taxation? Decatur County No property returned by exemption
16. How were you supported during the years 1899, 1900, 1901 and 1902? I Supported my Self up to 1902 Since then I was not able to do Manual Labor
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? Don't Know Cost I Contributed all up to 1902
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? Farming & Working in Lumber I received about pay to 1902
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? Yes Wife and Daughter Daughter about 18 years old She has no employment only about the house & in the Farm. They have no home of their own Wife owns a little personal 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? —

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 6 day of July 1905

S. H. Tyson
Applicant.

T B Maxwell Ordinary,
of Decatur County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Decatur COUNTY.

R A Reynolds of said State and County, having been presented as a witness in support of the application of S H Tyson for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? R A Reynolds Decatur County
2. Are you acquainted with S H Tyson, the applicant; if so, how long have you known him? I have known over 40 years
3. Where does he reside, and how long and since when has he been a resident of this State? He lives in Decatur Co Resident ever since I know him
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted at Bainbridge Ga in Co I 3rd Ga reserves April 1864
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? until Close the War 1865
7. When and where was his command surrendered? Surrendered at Macon Ga April 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? Present

When did he leave his command? April 1865 For what cause? Discharged

By what authority he left? Commanding Officer How do you know all of this? I was present

11. What property, effects or income has the applicant? (Give your means of knowledge.) I dont know
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? Dont know
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Dont know
14. What is the applicant's occupation and physical condition? Farmer by occupation Dont know his Physical condition apparently diseased
15. Is the applicant unable to support himself by labor of any sort; if so, why? From his apparent condition I dont think he is able to support himself not over one half
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? Dont know
17. What portion of his support for these four years was derived from his own labor or income? Dont know
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 a very stout and apparently diseased and from what he states a very poor man
19. Who composes family? What property have they? Children's age and their earning capacity? Dont know as to his family we live long distance apart
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 6 day of July 1905

R A Reynolds Witness.

T B Maxwell Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Decatur COUNTY.

Personally came before me V Berry MD and H H Cheatham, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully S H Tyson, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Ruptured on both sides but wears a truss and is unable to do much manual labor

We V Berry MD & H H Cheatham MD further examining S H Tyson & say that his condition is of such nature that he is unable to perform manual labor sufficient to make a living & continues to grow worse.

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

Sworn to and subscribed before me, this, the 6 day of July 1905

V Berry MD
H H Cheatham MD
T B Maxwell Ordinary.

V Berry MD
H H Cheatham MD
May 19/06

ORDINARY'S CERTIFICATE

Sworn to before me this May 19 1906
T B Maxwell Ordinary

STATE OF GEORGIA,
Decatur COUNTY.

I, T B Maxwell Ordinary, in and for said County, hereby certify that the applicant S H Tyson resides in said County, and has been a bona fide resident of this State since the 1 day of Jan 1894 and that the witnesses, viz.: R A Reynolds 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 Decatur County shows that applicant returned for taxation in his name in 1899 Personal property 89.00 Dollars of property, and in 1900 Nothing Dollars of property; in 1901 Personal property $136.00 Dollars of property; in 1902 Nothing 1903 Nothing 1904 Nothing No property 1905 Dollars of property.

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

Witness my hand and seal of office, this 6 day of July 1905

T B Maxwell Ordinary,
of Decatur 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,
Decatur County.

I, J H Tyson, hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension allowed, and request that he remit same to
Ordinary at Bainbridge Ga
by Check

WITNESS my hand and seal, this 7 day of Jan 1907.

J. H. Tyson [L. S.]

Executed in presence of
J B Maxwell
Ordinary.

Tyson J. H.
Decatur Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 4 5 0 8.

INDIGENT
SOLDIER'S PENSION
1907.

Name J H Tyson
County Decatur
Co. I Regiment 3rd
Ga. Cav.

WARRANT ISSUED
FEB 6 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Decatur County.

Personally appears S H Tyson of Decatur 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 Jan 1894; 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 Ga) during the war between the States, and served for the term of One year in Company 3d, of 3d th Regiment of Ga reserves; that his physical condition is as follows: Infirm from General debility Cause from Rupture

that his property consists of the following items: none

of the value of ——— Dollars. I am now earning by my labor, 4 or 5 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 Decatur County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 7 day of June 1907. S H Tyson

T B Maxwell Ordinary.

State of Georgia,
Decatur County.

I, T B Maxwell Ordinary of said County, do certify that I am well acquainted with S H Tyson 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 June 1907.

T B Maxwell
Ordinary Decatur County.

Affix your seal here

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

State of Georgia
DeKalb County

C C Cliett of said State and County having been presented as a witness in support of the Amended Application of D H Tyson And after being duly Sworn on oath says that he is well acquainted with the said D H Tyson having Known him for 20 years and Know of my own Knowledge that he is badly ruptured and is not able to support himself by labor of any kind suffficent to earn a support I Know of my own Knowledge that he is not the Owner of any property whatever He is a poor man and deserves a Pension from this State.

Sworn to and subscribed before
Me this May 19th 1906
T B Maxwell Ordinary

C C Cliett

State of Georgia
DeKalb County

I T B Maxwell Ordinary of said County hereby certify that the Witness C C Cliett is of trust worthy Character and that the full text of the affidavit was read by him before the same was Signed and that his statement is entitled to full faith and Credit

Witness my hand and seal of office this 19th day of May 1906

T B Maxwell
Ordinary DeKalb County

Amended 1906

State of Georgia
DeKalb County,

Personally appeared D H Tyson of said County and State who being duly Sworn on oath says to amend his application for Pension Submits the following Statement to Wit: I am not an old man I will admit though I am 60 years old I Served in Co I 3rd Ga Reserves of the late War between the State, from April 1864 to the Close of the War April 1865. I became ruptured while in Service and have never recovered I am now suffering with this trouble which disables me from doing Manual labor suffficent to earn an support. I dont Own any property whatever I am supported principally by my family on rented land, My Wife owns ~~three Negroes~~ some personal property which She Owned at the time of our Marriage which is Valued at $150.00 I am poor indeed and ask for a pittance from my State

Sworn to and subscribed
before Me this May 19 1906
T B Maxwell Ordinary
DeKalb County

D H Tyson

this 19th day of May 1906

T B Maxwell

Ordinary DeKalb

County

Pension office 11-1-15

It seems that the husband of applicant died in Richmond Va. in 1907 Were ~~whsswehexfamilyxxx~~ Were he and family residing in Va. at that time, or was his death at that time. State and prove just where his residence was at his death, and had been prior thereto.

J.W Lindsey, Com of Pensions.

[illegible]

6/3-1914

No. 10/23-1915

Amended

Widow's Pension

UNDER ACT 1910

County Decatur

Name Mrs A C Underwood

Widow of J L Underwood

L 30 ~~20~~. Va Reg

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer

10/7/13 4/9-1914

Amended

Pension office 11-1-13

It seems that the husband of applicant died in Richmond Va. in 1907 ~~whosexhxfamilyxxx~~ Were he and family residing in Va. at that time, or was his death at that time. State and prove just where his residence was at his death, and had been prior thereto.

J.W Lindsey, Com of Pensions.

Widow's Pension

UNDER ACT 1910

No.

County Decatur

Name Mrs A C Underwood

Widow of J K Underwood

Co K 20 Ala Reg

J. W. LINDSEY,
Commissioner of Pensions.

Chief Pens. Stat. Pensions

10/7/13 - 9-1914

Allowed

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

STATE OF GEORGIA,
Decatur County.

Personally before me comes Mrs. A. C. Underwood 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? A. C. Underwood Cyrus Ga
2. How long and since when have you been a continuing resident of the State of Georgia? A resident of Ga since 1865 - 48 years.
3. When, where and to whom were you married? Near Augusta in Ga. 1861 to Rev J L Underwood
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.) Jas Mobile Ala, Co I 20th Ala Regt Private, Later on entered in 20th Ala Regiment as Chaplain
5. When and where did the Commands of your husband surrender or discharge from the army? Don't remember
6. Was your husband personally present at the time of the surrender or discharge of this Command? No
7. If he was not present state clearly where he was? at home
8. Where was his command when he left? West of my recollection in K.Y.
   a. For what cause did he leave his Command? Disable for service
   b. By whose authority did he leave his Command? Army Surgeon
   c. For how long was he granted leave of absence? First discharge
   e. What was his physical condition when he left his Command? Pneumonia
   f. What effort did he make to return to his Command? none
   g. In what way was he prevented from going back to Command? Sickness
   h. Was he captured by the enemy at any time? Yes
   i. If so, when and where captured and where held as a prisoner, and when and for what cause released? at Vicksburg July 4 1863 Was exchanged at Vicksburg & returned to Command and remained on duty the latter part of 1864. Was discharged from Army.
   j. When and where did your husband die? In Richmond Va 1907
   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.) None
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None
11. What property of any description of any value have you now? None Give list and cash value
12. What are your annual earnings or income and their value? No income Supported by my family
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 19 day of June 1913

J. B. Maxwell Ordinary.

of Decatur County.

Mrs A. C. Underwood

17 day of June 1923

T B Maxwell Ordinary.

of Decatur County.

Underwood, A. C. (Mrs.)
Decatur Co.
"OLD" CLASS 1921

1921

Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

T B Maxwell Ordinary

For Mrs A C Underwood

of Decatur County

Old or New Class? old

Died Nov 18 1921

Amount $ 125

Approved and ordered paid. 1/2

1921.

J. W. LINDSEY,
Commissioner of Pensions.

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

Index Printing Co., Atlanta, Ga.

BROUGHTON STREET
REAR FIRST NATIONAL BANK

TELEPHONES 478 364

BAINBRIDGE, GA., Dec. 1. 1921

M Estate of Mrs Amy Cuny Underwood
Cyrene, Ga.

IN ACCOUNT WITH

The Ulmer Undertaking Company

R. C. ULMER, Manager

Funeral Director and Embalmer

FULL LINE OF COFFINS, CASKETS AND BURIAL SUPPLIES

PROMPT AND PERSONAL ATTENTION GIVEN ALL CALLS

Nov. 18	To metal casket	300 00
"	" Embalming body	25 00
"	" Truck to Bldg 20 6 pr gloves 2 10	22 10
"	" Engraving name plate	1 50
		$348 60

Georgia Decatur County
The above bill for Funeral expenses for Mrs A C Underwood is correct
Sworn to and subscribed before me
Dec 19 1921 T B Maxwell
Ordinary

R C Ulmer Mgr.

Received on the above account from T B Maxwell Ordinary, Pension Claim for Mrs A C Underwood 125.00 This Jan 2 1922. R C Ulmer Mgr.

Application for Pension Due to a Deceased Pensioner

(Under the Act of August 15, 1904)

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

GEORGIA, Decatur County.

Personally before me, the Ordinary of said County, comes W C Underwood of said County, who, after being sworn, on oath says that he knew Mrs A C Underwood of said County, and that said pensioner was on the Widows Pension Roll of Decatur County at the time of death, which occurred in Decatur County, in this State, on the 18th day of Nov 1921, and that a Pension of One hundred & Twenty Five Dollars was due pensioner and unpaid at the time of pensioner's death. That he left no ~~widow or~~ dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $348.60 per sworn statement fully and completely **itemized**, hereto attached.

Sworn to and subscribed before me this 21 day of Dec 1921

T B Maxwell Ordinary.
Decatur County.

W. C. Underwood

AFFIDAVIT OF ORDINARY

GEORGIA, Decatur County.

I, T B Maxwell Ordinary of said County, do certify that I personally know W C Underwood, who is a resident citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew Mrs A C Underwood while in life and that this was the same person whose name appears on the Widows Pension Roll of Decatur County, and was paid a Pension of One Hundred (100) Dollars in said County for 1920, and I now believe said pensioner to be dead.

Given under my hand and official seal, this 21 day of Dec, 1921

(SEAL) T B Maxwell Ordinary.
Decatur County.

INSTRUCTIONS:

1st For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and died without owning sufficient property to pay such expenses. The widow of a soldier, if she is living, has prior claim over these expenses, and must make application on yellow blank.

2nd Require those claiming accounts for expenses of last illness, and expenses of funeral, to make out their account in fully itemized form, giving each item and the value of it, and each date.

3rd Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.

4th Each account must be sworn to before the Ordinary, and in the following form (Do not use the terms "just, true, due, unpaid," etc.)

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

5th The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

6th The completed voucher, this blank and the bills, must be sent to the Pension Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.

7th The Ordinary signs pay-roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.

8th Accept no bills for nursing until you write the Pension Office, stating the circumstances in very great detail. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.

9th Return this application, and attached bills, with your final settlement to the Pension Office.

10th Ordinary should see that the back of this blank, when folded, is filled out.

11th Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.

Georgia - Early County -

Personally appeared before me G D Ohier Ordinary of Early Co Ga the undersigned citizens of Early Co Ga who on oath say that they personally knew John L Underwood while in life. That Blakely Early County Ga was the residence of said John L Underwood at the time of his death - that his death in the State of Virginia was due to the fact that he had been taken from Blakely Ga to a hospital in Richmond Va for treatment -

Sworn to & subscribed before me Jany 5th 1914
G D Ohier Ordinary
Early Co Ga

Byron R. Collins
James T. Freeman

9th Return this application, and attached bills, with your final settlement to the Pension Office
10th Ordinary should see that the back of this blank, when folded, is filled out
11th Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.

STATE OF GEORGIA
CONSTITUTION
OFFICE OF
Court of Ordinary.

T. B. MAXWELL
ORDINARY

BAINBRIDGE, GA. Sept 5 1913

Personally appeared before me Mrs M C Meriwether and Mrs E C Bennett Who after being duly Sworn Saith that they Know Mrs A C Underwood Widow of J L Underwood. That they were Married in Edgefield Co S.C. in the Year 1861
That Mrs Underwood is Our Sister, and that both of us Were present When Mr J L Underwood and Our Sister the Applicant for Pension Were Married. And they lived together as man & Wife until Mr J L Underwood's death Which happened in the Year 1907. in Richmond Va.

Sworn to and Subscribed before me this Sept 5 1913.
T B Maxwell
Ordinary Decatur Co

Mrs. E. C. Bennett
Mrs. M. C. Meriwether

CLERK OF THE CHANCERY COURT
W. R. PISTOLE
LAUDERDALE COUNTY
MERIDIAN, MISS.

State of Mississippi,

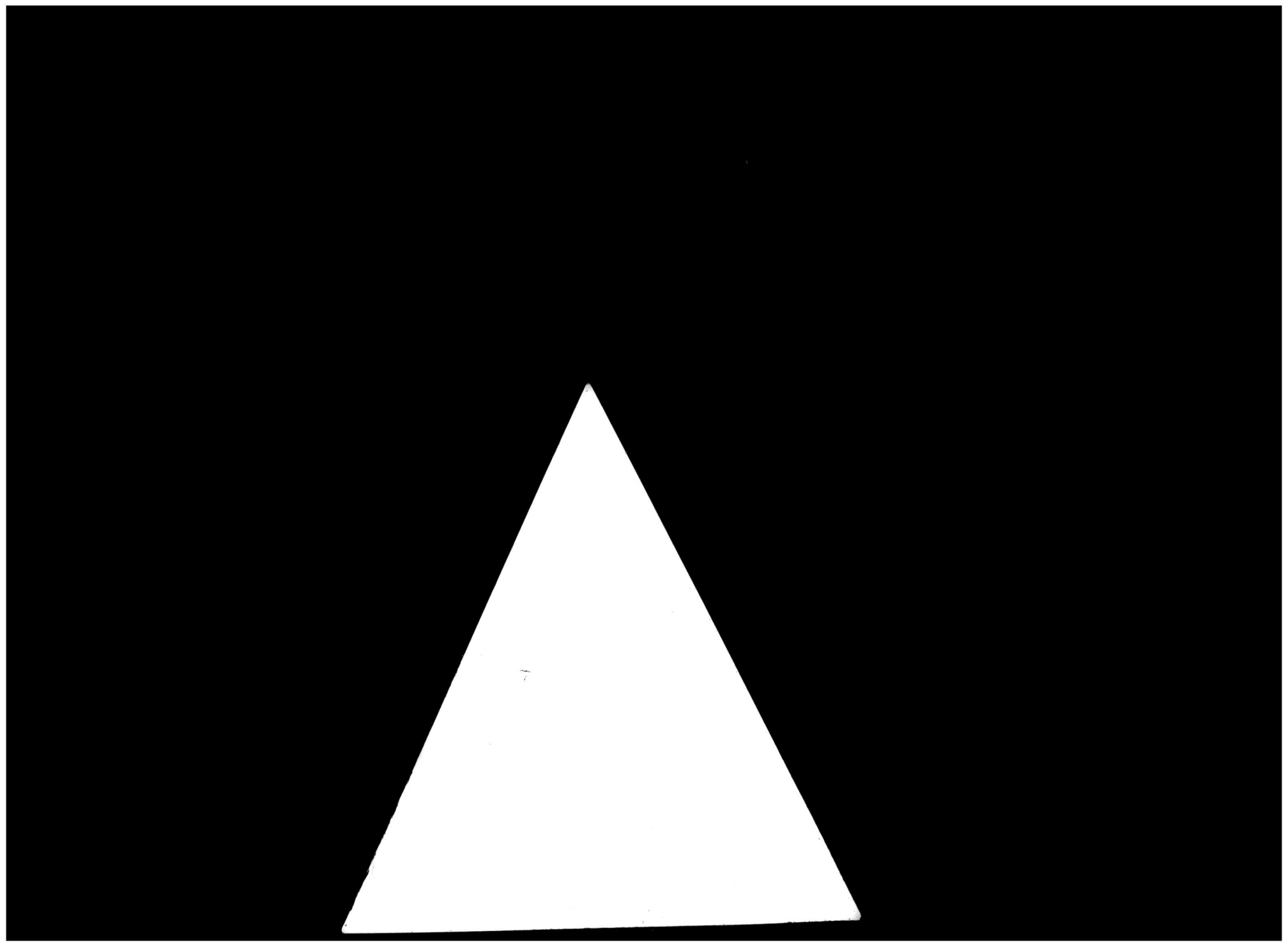
Lauderdale County.

Personally appeared before me, W.R.Pistole, Clerk of the Chancery Court in and for the said county and state, J.D.Harwell, who after being duly sworn deposeth and saith he has known John L.Underwood since childhood, and he and Underwood both belonged to Company "I" 20th Alabama Infantry in war between the states in 1861-65, he further deposeth and saith that the said Under wood made good and faithful soldier, first as a private, and later as Sargeant Major, up to the Spring of 1863 when he was made Chaplain of the 30th Alabama Regiment in Col C.M.Shelly's Regiment, Genl E. W. Pettus Brigade and further deposeth and saith that the said Underwood served in the said capacity until about 1864 when he was discharged- Honorably- on account of ill health.

Sworn to and subscribed before me this July 16th 1913.

J. D. Harwell

W R Pistole
Clerk.



L.N. 1027

~~Veal, L. N.~~

No. 882 Decatur Co

APPLICATION FOR

Arm

FOR CONFEDERATE SOLDIER.

L N Veal

County Decatur

Limb Arm above elbow

Amount $60

Date of Warrant March 6th 1880

Page

[illegible] be
a certificate of the
ordinary [illegible]
to the applicant

Have this entered
by Col Avery
Mch 6th [illegible]

Vet. L. N. 1327
Veal, L. N.
No. 882 Decatur Co

APPLICATION FOR

Arm

For Confederate Soldier.

L N Veal

County Decatur

Limb Arm above elbow

Amount $60

Date of Warrant March 6th 1880

Page

[illegible]
by [illegible]
Mch 6 [illegible]

STATE OF GEORGIA.

Decatur County.

Personally appeared before me L. N. Veal of the county of Decatur, State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a private in Company F 2d Regiment of Ga State Troops ~~Volunteers~~ that while engaged in such military service, to-wit: at the battle or engagement of Kennessaw Mountain in the State of Georgia on the 22d day of June 1864 he was wounded in the right arm, and that the same was amputated above the elbow that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has not supplied himself with an artificial arm; ~~and~~, not having done so, he prefers to supply himself with an artificial arm

Sworn to and subscribed before me this 27th day of December 1879.

[illegible]

L. N. Veal

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA.

Wilkinson County.

Personally came before me A. A. Beall of the county of Wilkinson, State of Georgia, who, being duly sworn, depose and says that he was Captain in Company F 2nd Regiment [illegible] and that L. N. Veal, the above deponent, was a private in said Company, and that this deponent knows that said L. N. Veal lost a arm in the military service as said in the above affidavit.

Sworn to and subscribed before me this 18th day of Dec 1879.

A. A. Beall

G. N. Beall Ordy

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

AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitu ion of 1877.

SECTION I. Be it enacted by the General Assembly of the State of Georgia, That any person now a *bona fide* resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such needful artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to-wit: For a leg extending above the knee, one hundred dollars; for a leg not extending above the knee, seventy-five dollars; for an arm extending above the elbow, sixty dollars, for an arm not extending above the elbow, forty dollars: Provided, the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

SEC. II. Be it further enacted by the said authority, That such application shall contain proof of such applicants being entitled to the benefits of this Act, and shall further state whether arm or leg has been supplied. If an arm, whether extending above the elbow or not; if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

SEC. III. Be it further enacted by the said authority, That no applicant shall receive the sum allowed under this Act oftener than once in five years.

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

HENRY R. GOETCHIUS,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate.
Approved, September 10th, 1879.

A. O. BACON,
Speaker House Representatives.
RUFUS E. LESTER,
President Senate.

ALFRED H. COLQUITT, *Governor.*

STATE OF GEORGIA,
Wilkinson County.

Personally came E. W. Clay and J. M. Boone who, being duly sworn, depose and say they are acquainted with L. H. Veal and know that he lost a [illegible] in the military service during the late war; that said [illegible] was amputated above the elbow; that he is a bona fide citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.

Sworn to and subscribed before me this 23rd day of Dec 1879
T. N. Beall
E. W. Clay
J. M. Boone

STATE OF GEORGIA,
Wilkinson County,

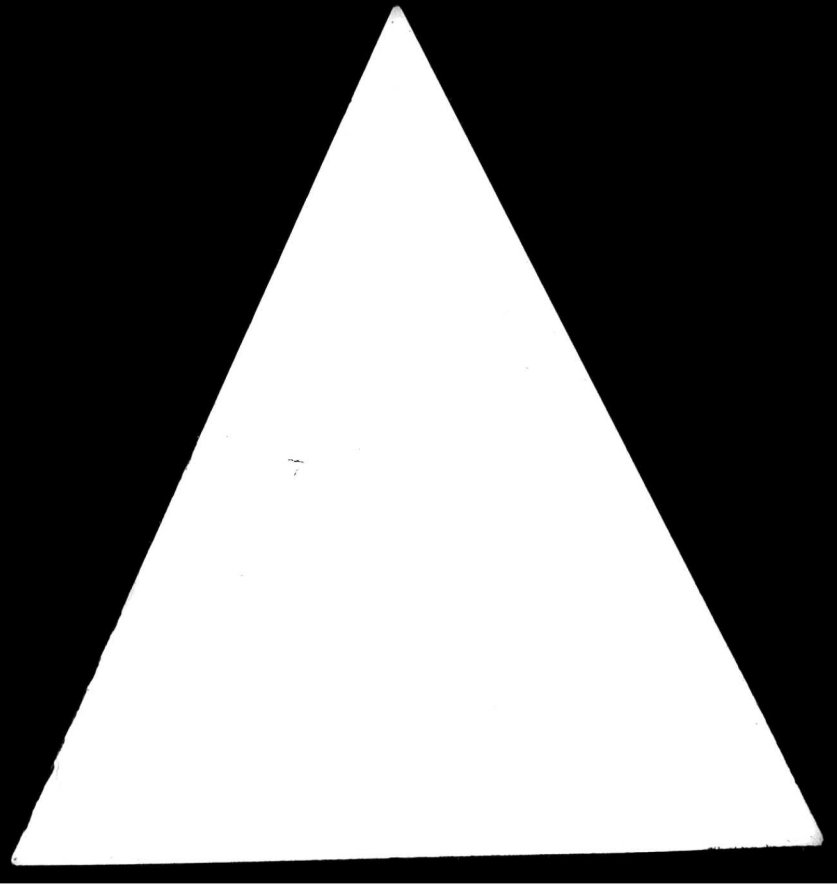
I, T. N. Beall, Ordinary of Wilkinson county, do certify that I am well acquainted with E. W. Clay & J. M. Boone ~~the applicant for an~~ ..... and am well satisfied that the facts stated by him in the foregoing affidavit are true, and that I am well acquainted with L. H. Beall of said County ~~the~~ citizens who make their affidavits that they are respectable citizens of this county, and that the facts stated by them are true.

Given under my hand and official seal, this twenty eighth day of December 1879
T. N. Beall O. [illegible]

Georgia
Decatur County } I. M. O'Neal Ordinary of Decatur County do certify that I am acquainted with L. H. Veal the applicant and am well satisfied that the facts stated by him in the foregoing affidavit are true.
Given under my hand & official signature & seal this 12 February 1880
Maston O'Neal
Ordy D.C.

Given under my hand & official
Signature & Seal this 12 February 1880

Maston O'Neal
Ordy D.C.



POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

County.

Know all Men by these Presents, That I, Elphie N. Wade of Decatur County, in said State, do hereby appoint Wm A. Wright of Atlanta 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 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 Eleventh day of April 1891

Elphie N. Wade [L. S.]
mark

Executed in the presence of us:

J. S. Bradwell

[illegible]

DIRECTIONS.

If allowed, send amount by Express to me at Bainbridge Ga., and oblige,

Elphie N. Wade
mark

Wade, Elphie N.
Decatur County

1891.

No. 1753

Widows' Pension

—PAID TO—

Mrs. Elphie N. Wade

—OF—

Decatur County.

$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I, Elphie N. Wade of Decatur County, in said State, do hereby appoint Wm A. Wright of Atlanta 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 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 Eleventh day of April 1891.

Elphie N. Wade [L. S.]
mark

Executed in the presence of us:

J. J. Bradwell

[illegible]

DIRECTIONS.

If allowed, send amount by Express to me at Bainbridge Ga, and oblige,

Elphie N. Wade
mark

Wade, Elphie N.
Decatur County
1891.
No. 1753

Widows' Pension
PAID TO
Mrs. Elphie N. Wade
OF
Decatur COUNTY.

$100.00.

Warrant Issued
1891
AND HANDED TO

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,
County of Decatur

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

Mrs. Elphie N. Wade, who being sworn according to law, says under oath that she is the widow of Hezekiah Wade who was a soldier in the service of the Confederate States, and served as a member of Company A, of the 50th Regiment of Georgia Volunteers; that he enlisted in said service on or about the day of May 1862, and was in the Confederate Army up to June 1862 That while in the Army, he was on the day of June 1862, (See Note No. 1) taken sick at Savannah Ga, of measles and died of it within a few days, his body being sent home

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the th day of 1861, and that she has resided in Georgia continuously since the day of 1861; 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 11th day of April 1891.

Elphie N. Wade
her
mark

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.

Form No. 2.

Affidavit for Three Witnesses.

STATE OF GEORGIA,

County of Decatur

In person came before me, the undersigned Ordinary in and for said County, witnesses J. B. Wooten, M. M. Lodge and H. N. Moyne (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Elphie N. Wade, of the County of Decatur, State of Georgia, is the widow of Hezekiah Wade, who was a soldier in Company F of the 50th Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (~~or the Georgia State Troops~~) on or about the day of May 1862 That while in said service, or by reason of said service in the Army, he lost his life as follows: At Savannah Ga in the army hospital, he died of measles, June 1862.

We further swear that Mrs. Elphie N. Wade was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in Decatur County of the State of Georgia.

Sworn to and subscribed before me, this, the 11th day of April 1891.

J B Wooten
M M. Lodge
H. N. Moyne

Ordinary.

Form No. 3.

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

STATE OF GEORGIA,

County of Decatur

I, C. Illuminatoya Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Elphie N Wade 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 11th day of April 1891.

SEAL

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.

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, [illegible], Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. E. N. Wade 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 [illegible] 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 7th day of February 1894.

[SEAL] [illegible] Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, E. N. Wade of Decatur County in said State, do hereby appoint Wm A Wright 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 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 7th day of February 1894.

E N Wade [L. S.]

Executed in the presence of us:

[illegible] Ord

[illegible]

DIRECTIONS.

Send amount by to me at , and oblige

Wade, E. N. (Mrs.) Decatur Co.

FOR THOSE HERETOFORE PAID.

1894.

No. 1133

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. E. N. Wade

—OF—

Decatur COUNTY.

WARRANT ISSUED [illegible] 1894,

AND HANDED TO [illegible]

GEO. W. HARRISON, State Printer, Atlanta.

Form No. 1

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally comes Mrs. Ed Wade

who being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has *resided* in said State continuously ever since 70 years 18 That she is the Widow of Hezekiah Wade who was a Soldier in Company F of the 50th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of March 1862 and served in the Army up to June 1862 That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Died from disease in Hospital at Savannah Ga

)

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 1860; 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 7th day of Feb 1894.
C. Hammond Ordinary.

Ed N. Wade
Post-office Bainbridge

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

Form No. 2.

STATE OF GEORGIA, County of Decatur

I, C J Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. E N Wade 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 Frederick Wade 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 8th day of February 1893.

SEAL

C J Munnerlyn Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, Decatur County

KNOW ALL MEN BY THESE PRESENTS, That I, E N Wade of Decatur County, in said State, do hereby appoint Wm A Wright 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 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 8th day of February 1893

E N X Wade [L. S.]
mk

Executed in the presence of us:
C J Munnerlyn
W M Jenkins

DIRECTIONS.

Send amount by Check to me at Bainbridge and oblige E N X Wade

Wade, E. N.
Decatur County
FOR THOSE HERETOFORE PAID.

1893.

No. 985

Widows' Pension,

for year ending February 15th, 1893.

—PAID TO—
Mrs. E N Wade
—OF—
Decatur County.

Warrant Issued
9/16 1893
AND HANDED TO
W C Ed

Geo. W. Harrison, State Printer, Atlanta.

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

Form No 2.

STATE OF GEORGIA, County of

I, C J Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. E N Wade 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 Frederick Wade 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 26th day of January 1895.

SEAL

C J Munnerlyn Ordinary.

POWER OF ATTORNEY.

Form No. 3

STATE OF GEORGIA, Decatur County

KNOW ALL MEN BY THESE PRESENTS, That I, E N Wade of Decatur County in said State, do hereby appoint Wm A Wright 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 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 26th day of January 1895.

E N X Wade [L. S.]
mk

Executed in the presence of us:
J P Bradwell
C J Munnerlyn

DIRECTIONS.

Send amount by to me at , and oblige

Wade, E. N.
Decatur Co
FOR THOSE HERETOFORE PAID.

1895.

No. 3554

WIDOW'S PENSION,

for year ending Febuary 15th, 1895.

—PAID TO—
Mrs. E N Wade
—OF—
Decatur County.
widow of Frederick Wade

WARRANT ISSUED
2/9 1895.
AND HANDED TO
W W

Geo. W. Harrison, State Printer.

Form No. 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally comes Mrs. E. N. Wade

who being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has *resided* in said State continuously ever since 1820 That she is the Widow of Hezekiah Wade who was a Soldier in Company F of the 50 Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of 1862 and served in the Army up to June 1862 That he lost his life on the day of June 1862 (*State here full particulars of the husband's death, when, where and from what cause.*) (Died from Measles in Hospital in Savannah

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 1860; 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 8th day of Feb 1893.
C. J. Munnerlyn Ordinary.

E. N. Wade
Post-office Bainbridge

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally Comes Mrs. E. N. Wade

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has *resided* in said State continuously ever since over 50 years 18 That she is the Widow of Hezekiah Wade who was a Soldier in Company F of the 50 Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of ~~[illegible]~~ March 1862 and served in the Army up to June 1862 That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) (Died from effect of Measles in Hospital at Savannah

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 1860, (She thinks) 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 26 day of Jany 1895.
C. J. Munnerlyn Ordinary.

E. N. Wade
Post-office Bainbridge

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C J Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. E N Wade 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 Hesekiah Wade 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 11th day of Jany 1896.

{SEAL} C J Munnerlyn Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

I, E N Wade hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to me at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 11th day of Jany 1896.

E N her x mark Wade [L.S.]

Executed in the presence of

J. J. Beachwell
C J Munnerlyn

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C J Munnerlyn Jr Clk Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. E N Wade 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 Hesakiah Wade 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 20th day of Jany 1897.

{SEAL} C J Munnerlyn Jr Clk Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

I, E N Wade hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to C J Munnerlyn at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 20th day of Jany 1897.

E N her x mark Wade [L. S.]

Executed in the presence of

C J Munnerlyn Jr.
J. J. Beachwell

Wade, E. N. (Mrs)
Decatur, County
FOR THOSE HERETOFORE PAID.

1896.

No. 533

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO
Mrs. E N Wade
OF
Decatur County.
widow of Hesekiah Wade

WARRANT ISSUED
2/11 1896.

AND HANDED TO
COT

Geo. W. Harrison, State Printer.

Wade E. N. (Mrs)
Decatur County
FOR THOSE HERETOFORE PAID.

1897.

No. 3590

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO
Mrs. E N Wade
OF
Decatur County.
widow of Hesekiah Wade

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
2/16 1897,

AND HANDED TO
W A W

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. E N Wade

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since over 60 years 18 That she is the Widow of Hesekiah Wade who was a Soldier in Company F of the 50 Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of Month 1862 and served in the Army up to June 1862 That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Died from Measles in Savannah

Married in the 50s

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Decatur 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 11 day of Jany 1896. C Mannerfeld Ordinary. } E N her X mark Wade Post-office

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. E N Wade

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since nearly all my life 18 That she is the Widow of Hesekiah Wade who was a Soldier in Company F of the 50th Regiment of Georgia Volunteers, that enlisted in said regiment on or about the month of 1862 and served in the Army up to his death in 1862 That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) Died of Measels at Savannah Ga

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 1867, 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 Decatur 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 27th day of Jany 1897. Ordinary. } E N her X mark Wade Post-office Bainbridge Ga

POWER OF ATTORNEY.

State of Georgia, Decatur County.

I, E. N. Wade hereby authorize Wm A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to T. B. Maxwell Ordy at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 15th day of Jany 1898.

E. N. Wade [L. S.]
his
X
mark

Executed in the presence of

T. B. Maxwell Jr
J. P. Blackwell

Wade, E. N. Mrs.
Decatur County

For Those Heretofore Paid.

1898.

No. 2712

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. E. N. Wade

OF

Decatur County,

Widow of E. N. Wade

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/12 1898.

AND HANDED TO

Mrs.

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

State of Georgia,
Decatur County.

I, E. N. Wade hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to T B Maxwell Ordy at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4 day of Jany 1899.

E. N. Wade [L. S.]
his
mark

Executed in presence of

J. P. Blackwell
T. B. Maxwell Ordy

Wade, E. N. Mrs.
Decatur Co

For Those Heretofore Paid.

1899.

No. 3074

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs. E. N. Wade

OF

Decatur County

Widow of Deceased Dead

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/4 1899.

AND HANDED TO

Y.

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. E. N. Wade

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since nearly all my life 18 That she is the Widow of H Wade who was a Soldier in Company F of the 50 Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to June 1862 That he lost his life on the day of 18 (State here full particulars of the husband's death, when, where and from what cause.)

Died of Measles in Hospital at Savannah Ga

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1861.

I have been allowed a pension as a resident of Decatur 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 15 day of Jany 1898. C J Munnerlyn Ordinary. } E N her x mark Wade Post-Office

State of Georgia, Decatur County. } I C J Munnerlyn Ordinary of said County, certify that I am well acquainted with Mrs. E N Wade 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 nearly all my life 18

Given under my official signature and seal this the 15 day of Jany 1898.

C J Munnerlyn

Official Seal. Ordinary of Decatur County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. E. N. Wade

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ~~ever since~~ from childhood ~~18~~ That she is the Widow of Hezekiah Wade who was a soldier in Company F of the 50th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to July 1862 That he lost his life on the day of July 1862 (State here full particulars of the husband's death, when, where and from what cause.) Died of measles in the hospital at Savannah

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 1860. or about that date

I have been allowed a pension as a resident of Decatur 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 4th day of Jany 1899. T B Maxwell Ordinary. } E. N. Wade Post-Office Bainbridge Ga.

State of Georgia, Decatur County. } I T. B. Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. E. N. Wade 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 4th day of Jany 1899

Given under my official signature and seal this the 4th day of Jany 1899.

T B Maxwell

Official Seal. Ordinary of Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, E N Wade hereby authorize
W A Wright of Atlanta Ga
to receive and receipt for the pension paid hereon and request that he remit same to
Ordinary at Bainbridge

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10
day of Jan 1900.

E N her + Wade [L. S.]
m

Executed in presence of
W G D Tonge
F B Maxwell

Wade, E. N. Mrs.
Decatur County
To Those Heretofore Paid.

1900. #31

NO. 1049

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. E N Wade
OF
Ho Wade Dec County,
Widow of H Wade

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Feb 14 1900,
AND HANDED TO
Wright

co. W. Harrison, State Printer, Atlanta.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur } Personally Comes Mrs. E M Wade

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 1890. That she is the Widow of Hezekiah Wade who was a soldier in Company F of the 50 Ga Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to June 1862 That he lost his life on the day of June 1862 (*State here particulars of the husband's death, when, where and from what cause*) Died in the Hospital with Measels Cause from exposure while on duty

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 1860.

I have been allowed a pension as a resident of Decatur 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 10 day of Jan 1900.
T B Maxwell Ordinary.

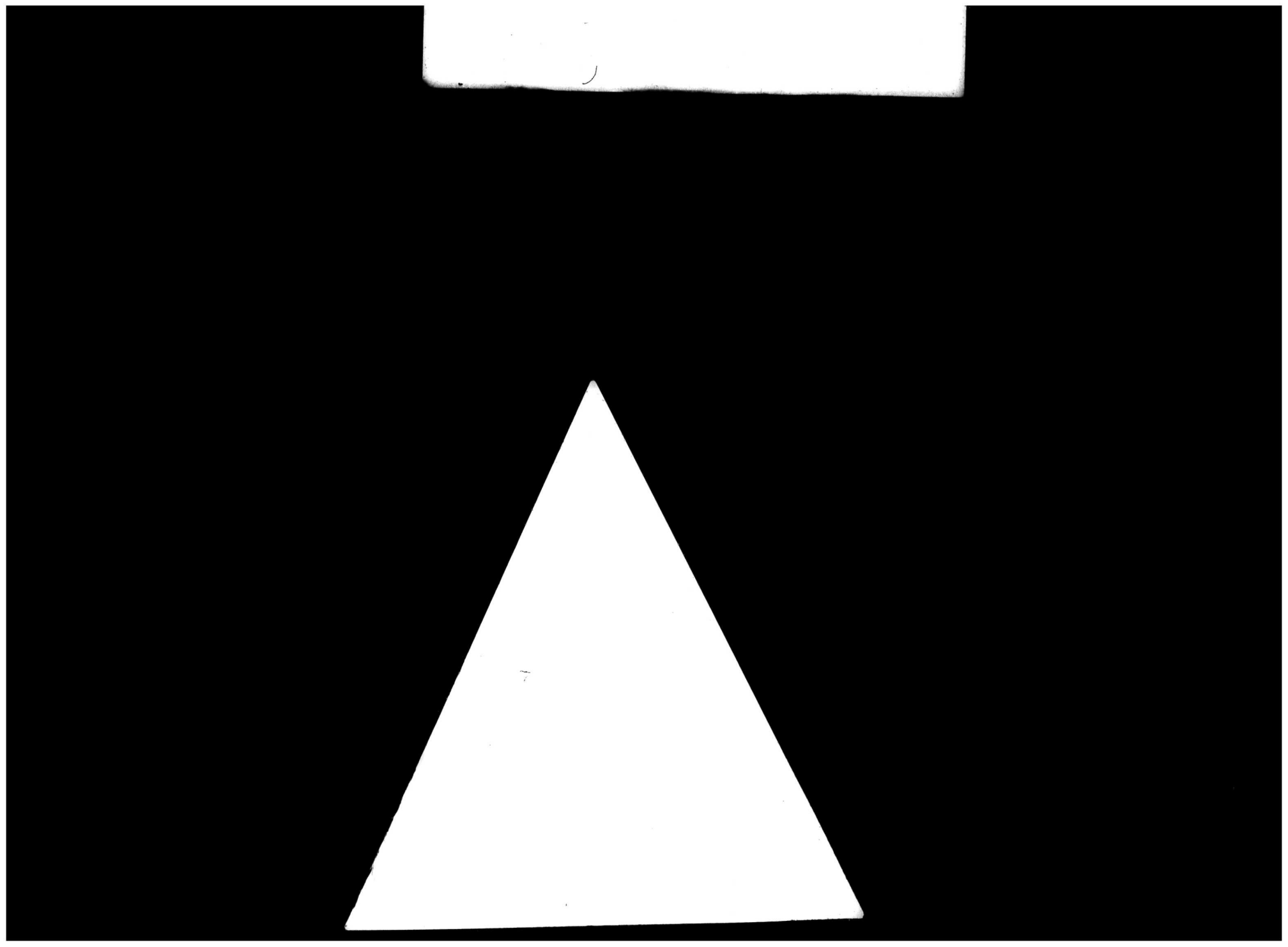
E M Wade
Post Office Bainbridge Ga

State of Georgia,
Decatur County. } I T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. E M Wade, 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 10 day of Jan 1890

Given under my official signature and seal, this the 10 day of Jan 1900.

{Official Seal.}

T B Maxwell
Ordinary of Decatur County.



POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, M J Wardell hereby authorize W A Wright of Atlanta County to receive and receipt for the pension allowed and that he remit the same to me at through Ordinary by his check or registered mail.

Witness my hand this 30 day of Sept 1909

Executed in presence of
T B Maxwell Ordinary,
Decatur County.

Mrs. M. J. Wardell L. S.

[SEAL]

Wardell, Mary J.
Decatur Co.
C.H. Jan 1911
Amendment

15 1910
No.
Put in verbal

WIDOW'S
INDIGENT PENSION
July 16 - 1910

Name Mrs. M J Wardell
County Decatur
Widow of Dr. T R Wardell
Campbell Artillery
Approved

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

G. P. BYRD, STATE PRINTER, ATLANTA, GA.

Pension office 10/1/08
Owner of property, not entitled under present indigent law, belongs to that class covered by the new constitutional amendment for whom the legislature failed to provide.
1910
J.W.Lindsey, Com. of Pensions

Additional proof attached

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, M J Wardell hereby authorize W A Wright
of Attapulgus County to receive and receipt for the pension allowed
and that he remit the same to me at Route 6 Ordinary by his check or registered mail.

Witness my hand this 30 day of Sept 190 9

Executed in presence of
J B Mayhew Ordinary,
Decatur County.

Mrs M J Wardell L. S.

[SEAL]

Attapulgus Ga Sept 30 1910

J. W. Lindsey, Com. of Pensions

Pension expires 10/1/18
Power of Property not entitled under present indigent law. Belongs to that class covered by the new constitutional amendment for whom the legislature failed to provide.

Wardell, Mary J.
Decatur Co.
Ga. Jan 16/11
Attorney
No. 15 1910
Pet for reissue
WIDOW'S
INDIGENT PENSION
July 16 - 1910

Mrs. M J Wardell
County Decatur
Widow of Dr. J P Wardell
Co'pl'm Artillery
Approved
JOHN W. ENDSLEY, Commissioner of Pensions
WARRANT HANDED TO
U. S. PENSION AGENT

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Decatur County.

Mrs M J Wardell 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.) I Mrs M J Wardell Ga Decatur Co Bainbridge
2. How long and since when have you been a resident of this State? Since my birth
3. When and where were you born? I was born in Hawkinsville Ga Oct 6th 1845
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.) Married at Bainbridge Ga Dec 1866 Dr. J P Wardell
5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States? Enlisted at Bainbridge Ga Capt Bells Co Artillery don't remember date
6. How long did your husband serve in said Company and Regiment? Three years and seven months
7. When and where did your husband's Company and Regiment surrender and was discharged? at Tallahassee Florida May 10 1865
8. Was your husband present at the time and place when his Company and Regiment surrendered? No
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 at Quincy Florida on the Medical Department of that Army
10. When and where did your husband die? At Bainbridge Ga Oct 4th 1907
11. Which of the following grounds do you base your application for pension, viz: First—Age and Poverty; Second—Infirmity and Poverty, or Third—Blindness and Poverty? Age and Poverty
12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight? Since my husbands death Oct 4th 1907
13. What has been your occupation since your husband's death? No occupation
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? My home and one house and lot Bainbridge Ga Rents $15.00 per month
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? One house and lot Bainbridge Ga
17. In what counties did you reside in 1905, 1906, 1907 and 1908, and what property did you return for taxation? Decatur County Ga
18. How have you been supported since death of husband, and especially for 1905, 1906, 1907 and 1908? By Rents, Receipts for Rents
19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? Rents
20. What was your employment during 1905, 1906, 1907 and 1908—how much did you receive for each year? None
21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property? Myself and Son Wm Wardell Supports me
22. Have you ever made application for pension before? No
23. How many applications have you made for a pension, and under what class? One application Age and Poverty

Sworn to and subscribed before me, this the 30 day of Sept 190 9

Mrs M J Wardell

J B Mayhew Ordinary,
of Decatur County.

QUESTIONS FOR WITNESSES.

STATE OF GEORGIA,
Decatur County.

R F Cloud of said State and County, having been present as a witness in support of the application of Mrs. M J Wardell 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? R F Cloud Decatur County
2. Are you acquainted with the applicant, Mrs. M J Wardell If so, how long have you known her? Know of her but never met her
3. Where does she reside, and how long since when has she been a resident of this State? She resides in Bainbridge a resident of the State ever since the war
4. When and where was she born? Don't Know
5. Were you ever acquainted with her husband? Yes
6. Where did she reside in 1861? Ethel P.O. Bainbridge Ga
7. When and to whom was he married? Don't Know
8. When and where was he born? Don't Know
9. How long have you known him? I know him from 1861 until his death
10. When and where did J R Wardell enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? At Bainbridge Spring 1862 Campbells Siege Artillery
11. Were you a member of the same Company and Regiment? I was
12. How long did he perform regular military duty? About 12 Mos
13. When and where was his Company and Regiment surrendered and discharged from service? at at Tallahassee April 1865
14. Were you with the Command when it surrendered? I was
15. Was J R Wardell the husband of applicant present? Yes
16. If not present, where was he? at Bainbridge Ga in Hospital dangerous
17. When and where did he leave his Command? at St Marks Summer 1863
For what cause? On account of his small size & Light weight
By whose authority he left? Commanding Officer
How do you know all this? (State fully and clearly.) I was together until he was sent on detail service at Hospital he being on sick list
18. When and where did J R Wardell die? He died at Bainbridge 1907
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? Bainbridge Ga Resident from time of War
20. Do you of your own knowledge know that applicant is the lawful widow of J R Wardell Don't Know but hear so common & believed
21. Has she remained unmarried since her soldier husband's death, and is now his widow? Yes
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? Don't Know
23. What property, effects or income did applicant possess in 1905, 1906, 1907 and 1908, and what disposition did she make of it? Don't Know
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? Don't Know
25. What is applicant's physical condition and her chances and ability to earn a support? Don't Know as to her Physical condition

Witness also called for from time to time since the war
Physician of the Wife of Soldier for Field Service & was for a time Eligible to Pension

26. Is applicant able to earn a support at labor of any sort, if not, why? Don't Know as I have been out of the County & Have not been in the Condition
27. How was she supported for 1905, 1906, 1907 and 1908? Don't Know
28. How much did applicant contribute to her support for last two years? Don't Know
29. Give a full and complete statement of applicant's physical condition? I only as I have been out of her & Know her Only Known of her
30. What interest have you in the recovery of this pension by the applicant? none

Sworn to and subscribed before me this 1st day of Oct 1909
J B Maxwell Ordinary, Decatur County.

R F Cloud
Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA,
County.

Personally before me comes E J Morgan MD and S J Chauncey, both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. Mrs M J Wardell, applicant for a pension under Act of 1900, and after such personal examination say that her physical condition is this Rheumatism and her general health is in bad condition and that she is not able to make a support

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 20 day of Oct 1909
J B Maxwell Ordinary, Decatur County.

E J Morgan MD
S J Chauncey M D

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I, J B Maxwell Ordinary, in and for said County, hereby certify that the applicant, Mrs. M J Wardell resides in said County, and has been a bona fide resident of this State since the ____ day of Jan 1870, and that the witnesses, Mr. R F Cloud 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 Decatur County shows that applicant returned for taxation in her own name in 1905 5 dollars worth of property, and in 1906 ____ dollars worth of property, in 1907 about 760 dollars worth of property, and in 1908 ____ dollars worth of property.

Witness my hand and official seal this 20 day of Oct 1909.

[SEAL.] J B Maxwell Ordinary, ____ County.

NOTES—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; so help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 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.

1910

AFFIDAVIT OF TWO FREEHOLDERS. 1910

STATE OF GEORGIA, Decatur County. <Additional proof>

Personally before me comes E M Moore who on oath says that they are freeholders of said County and that they know Mrs M J Wardell 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 Small house & lot in out skirts of the City of Bainbridge

Personal property full cash value $ 800.00

Moore 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 None Sold $

Money, Notes and accounts $

Schedule (C).

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

The same as above Acres of land worth full value $ 800.00

Horses and Mules $

Cows and Hogs $

no Other property that we know of $

income and earnings $

Total Value of all property and effects $

Sworn and subscribed before me this the 29 day of Aug 1910

E M Moore

C W Wimberley

J B Maxwell Ordinary.

of Decatur County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Decatur County.

I J B Maxwell Ordinary of said County do certify that, I know Mrs M J Wardell the applicant for pension. She is the person she represents herself to be and she is a bonafide continuing resident citizen of said County and was in the 4th Nov. 1908 living in Bainbridge Ga

That I also know R F Cloud the witness who swears to the service of husband, and E M Moore C W Wimberley 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 Mrs M J Wardell Returned for Tax is for 1908 $ 725.00 for 1910 $ 750.00

Sworn under my hand and official seal of office this 29th day of Aug 1910

SEAL. J B Maxwell Ordinary.

Decatur 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.

4 All affidavits must be made before the Ordinary.

3 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.

OFFICE OF
T. B. MAXWELL
ORDINARY DECATUR COUNTY
BAINBRIDGE, GA.

Bainbridge, Ga. 19

[illegible]

This application of 1909 amended the proof of service being made and amendment as to the value of her property also proof of Marriage Completes the application the applicant also stated to me her property herein named was under a mortgage and she is likely to loose it, being old and not able to work and her family are in poor circumstances it presents a bad situation. The value placed on the property is what she has offered to take for it and cannot get a buyer on account of location

Knowing you will give due consideration

Yours Very truly
T B Maxwell
Ordinary

Georgia Decatur County

I T B Maxwell Ordinary of said County hereby certify that the within is a copy of the License & Certificate of the Marriage of Theodore R Wardell to Mary J Bouton which appears in Marriage record Book A Page 366 in this office

Given under my hand & seal of office

This Oct. 20th 1909 T B Maxwell
Ordinary.

MARRIAGE LICENSE

Book

ry.

One a [illegible], One a [illegible]
[illegible] have no property [illegible]
[illegible]

We were married
Dec 31st 1861

POSTE & BOWES CO. PRINTERS AND BINDERS, ATLANTA.

Bainbridge, Ga. 19

[illegible]

This application of 1909 amended the proof of service being made and amendment as to the value of her property also proof of Marriage Completes the application the applicant also stated to me her property herein named was under a mortgage and she is likely to loose it, being old and not able to work and her family are in poor circumstances it presents a bad situation. The value placed on the property is what she has offered to take for it and cant get a buyer on account of location

Knowing you will give due consideration

Yours Very truly

T B Maxwell

Ordinary

Given under my hand & seal of office

This Oct. 20th 1909 T B Maxwell

Ordinary.

MARRIAGE LICENSE

Book

[illegible]

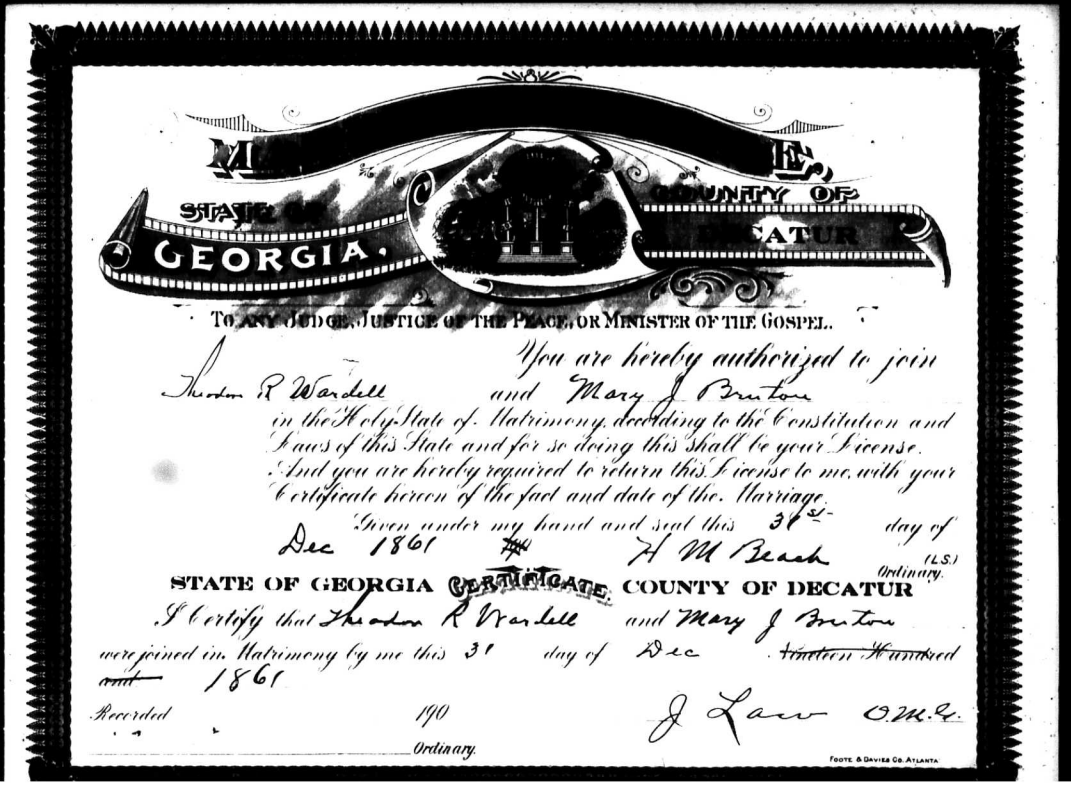
One [illegible] one [illegible]

[illegible]

We were married

Dec 31st 1861

FOOTE & DAVIES CO. PRINTERS AND BINDERS, ATLANTA.



STATE OF GEORGIA. COUNTY OF DECATUR

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

You are hereby authorized to join Theodore R Wardell and Mary J Burton 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 1861 H M Beach (L.S.) Ordinary.

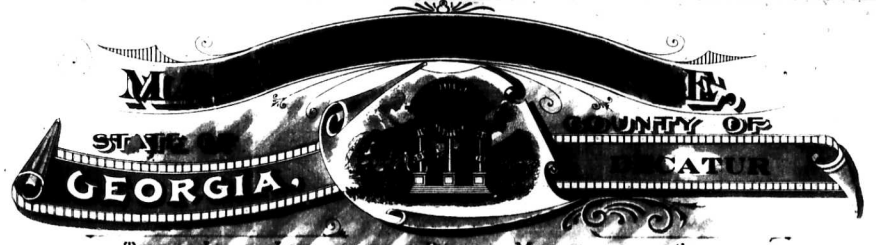
STATE OF GEORGIA CERTIFICATE. COUNTY OF DECATUR

I Certify that Theodore R Wardell and Mary J Burton were joined in Matrimony by me this 31 day of Dec ~~Nineteen Hundred and~~ 1861

Recorded 190 J Law O.M.G.

Ordinary.

FOOTE & DAVIES CO. ATLANTA



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

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Given under my hand and seal this 31st day of Dec 1861

H M Beach (L.S.)
Ordinary.

STATE OF GEORGIA CERTIFICATE. COUNTY OF DECATUR

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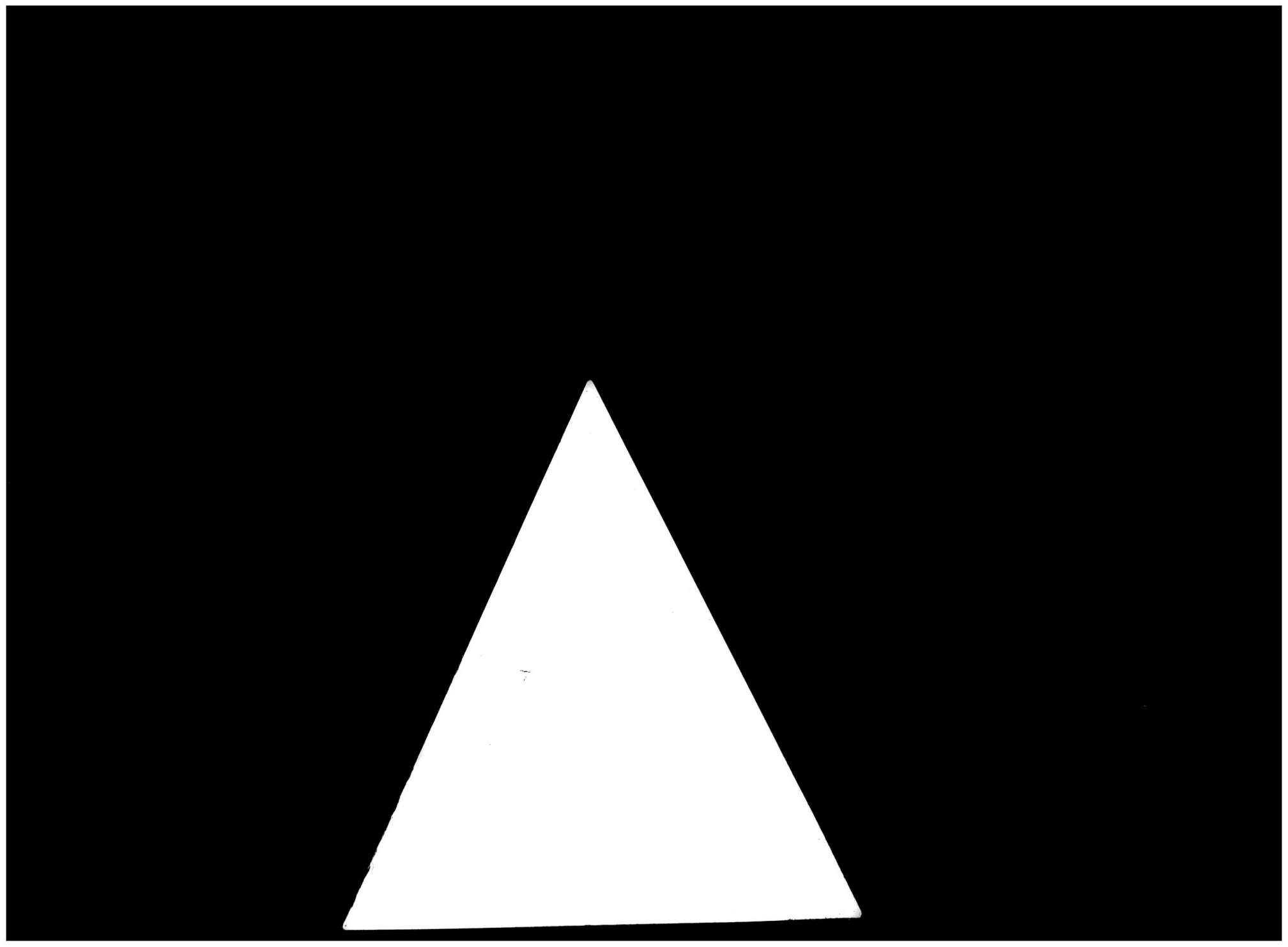
Recorded 190

Ordinary

J Law O.M.G.

FOOTE & DAVIES CO. ATLANTA



POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

Decatur County.

Know all Men by these Presents, That I, Mary Webb of Decatur County, in said State, do hereby appoint Wm A. Wright of Atlanta 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 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 7th day of April 189/

Mary her X mark Webb [L. S.]

Executed in the presence of us:

R. Bradwell

DIRECTIONS.

If allowed, send amount by Express to me at Cairo Ga, and oblige,

Mary her X mark Webb

Widows' Pension

PAID TO

Mrs. Mary Webb

OF

Decatur COUNTY.

$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer Atlanta.

Widow Mary Webb Decatur County

A 59 1891.

No. 467

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I, Mary Webb of Decatur County, in said State, do hereby appoint Wm A. Wright of Atlanta 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 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 Tenth day of April 1891

Mary her X mark Webb [L. S.]

Executed in the presence of us:
R. Bradwell

DIRECTIONS.

If allowed, send amount by Express to me at Cairo Ga. and oblige,

Mary her X mark Webb

Webb, Mary
Decatur County
A 59 1891.
No. 469

Widows' Pension
—PAID TO—
Mrs. Mary Webb
OF
Decatur COUNTY.

$100.00.

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 Decatur

In person came before me, the undersigned Ordinary in and for the County of Decatur Mrs. Mary Webb who being sworn according to law, says under oath that she is the widow of John G. Webb, who was a soldier in the service of the Confederate States, and served as a member of Company A, of the 59th Regiment of Georgia Volunteers; that he enlisted in said service on or about the day of April 1862, and was in the Confederate Army up to 1863. That while in the Army, he was on the day of 1863, (See Note No. 1) taken ~~to~~ sick and died at the army hospital in Richmond Virginia in the year 1863, but I cannot remember the date. He ~~has~~ never returned home

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 18th day of June 1857, and that she has resided in Georgia continuously since the 18th day of June 1857; 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 10th day of April 1891.

Mary her X mark Webb

[illegible] 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.

Form No. 2.

Affidavit for Three Witnesses.

STATE OF GEORGIA,

County of Decatur

In person came before me, the undersigned Ordinary in and for said County, witnesses E. A. Jr Rich, Hardy Strickland and Charles Rehberg (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Mary Webb, of the County of Decatur, State of Georgia, is the widow of John G. Webb, who was a soldier in Company A of the 1st 9th Regiment of Georgia 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: At Richmond Virginia in the fall of the Year 1862, he had a relapse of measles and was taken to the 1st Ga. Regt. hospital where he died in a few days after being taken there. We were all members of the same company with the said John G. Webb

We further swear that Mrs. Mary Webb was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in Decatur County of the State of Georgia.

Sworn to and subscribed before me, this, the 10th day of April 1891.

E A Jr Rich
Hardy Strickland
Charles Rehberg

Ordinary.

Form No. 3.

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

STATE OF GEORGIA,

County of Decatur

I, [illegible] Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Mary Webb 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 10th day of April 1891.

SEAL

[illegible]
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.

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C. J. Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Mrs Mary Webb 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 John Webb 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 5th day of February 1894.

SEAL

C. J. Munnerlyn Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mary Webb of Decatur County in said State, do hereby appoint Wm A Wright 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 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 5th day of February 1894.

Mary Webb [L. S.]

Executed in the presence of us:

C. J. Munnerlyn
J. S. Bradwell

DIRECTIONS.

Send amount by to me at , and oblige

Webb, Mary
Decatur Co.
FOR THOSE HERETOFORE PAID.

059 1894.

No. 1019

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. Mary Webb

—OF—

Decatur County.

WARRANT ISSUED

2/15 1894,

AND HANDED TO

W. A. W.

Geo. W. Harrison, State Printer, Atlanta.

6196

Form No. 1

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally comes Mrs. Mary Webb

who being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has *resided* in said State continuously ever since born here & lived all her life 18 That she is the Widow of John Webb who was a Soldier in Company A of the 59th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of 1862 and served in the Army up to 1863 That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Died in Hospital at Richmond from relapse from disease occasioned by Measles

)

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 1857; 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 5th day of Feby 1894.
C. J. Manners Jr. Ordinary.

Mary Webb
Post-office with Cairo

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

Form No. 2.

STATE OF GEORGIA, County of Decatur

I, C. J. Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Mary Webb 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 John B. Webb 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 25th day of January 1893.

SEAL

C. J. Munnerlyn Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mary Webb of Decatur County, in said State, do hereby appoint Wm A Wright 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 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 25th day of January 1893

Mary X Webb [L. S.]
mk

Executed in the presence of us:
C. J. Munnerlyn
J. A. Brock

DIRECTIONS.

Send amount by Check to me at Cairo, and oblige

Mary X Webb
mk

Webb, Mary
Decatur County
FOR THOSE HERETOFORE PAID.

1893.

No. 961

Widows' Pension,

for year ending February 15th, 1893.

—PAID TO—

Mrs. Mary Webb

—OF—

Decatur County.

Warrant Issued 3/6 1893

AND HANDED TO

Mail

Geo. W. Harrison, State Printer, Atlanta.

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

Form No. 2.

STATE OF GEORGIA, County of Decatur

I, C. J. Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Mary Webb 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 John Webb 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 15th day of January 1895.

SEAL

C. J. Munnerlyn Ordinary.

POWER OF ATTORNEY.

Form No. 3

STATE OF GEORGIA, Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mary Webb of Decatur County in said State, do hereby appoint W. A. Wright 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 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 15th day of January 1895.

Mary X Webb [L. S.]
mk

Executed in the presence of us:
J. S. Bradwell
C. J. Munnerlyn

DIRECTIONS.

Send amount by ..... to me at ....., and oblige

Webb, Mary
Decatur Co.
FOR THOSE HERETOFORE PAID.

1895.

No. 3555

WIDOW'S PENSION,

for year ending Febuary 15th, 1895.

—PAID TO—

Mrs. Mary Webb

—OF—

Decatur County.

widow of John Webb

WARRANT ISSUED

2/9 1895.

AND HANDED TO

Mail

Geo. W. Harrison, State Printer.

Form No. 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally comes Mrs. Mary Webb

who being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has *resided* in said State continuously ever since birth 1847 That she is the Widow of John B Webb who was a Soldier in Company A of the 59 Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of 1862, and served in the Army up to 1863 That he lost his life on the day of 1863 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Died in Hospital at Richmond Virginia from effects of Measles

)

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 1857; 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 25th day of January 1893.
C S Munnerlyn Ordinary.

Mary her X mark Webb
Post-office Cardo

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally Comes Mrs. Mary Webb

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has *resided* in said State continuously ever since all her life 18 That she is the Widow of John Webb who was a Soldier in Company A of the 59th 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 Autumn of 1862 That he lost his life on the day of Oct, 1862 (*State here full particulars of the husband's death, when, where and from what cause.*) (

from disease in Hospital in Richmond Virginia

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 1857 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 15 day of Jan 1895.
C S Munnerlyn Ordinary.

Mary her X mark Webb
Post-office Sun Oak

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C. J. Munnerlyn Jr. Clk Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Mary Webb 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 John Webb 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 13th day of Jany 1896.

{SEAL} C. J. Munnerlyn Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

I, Mary Webb hereby authorize W. A. Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to me at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 13 day of Jany 1896.

Mary Webb [L.S.]

Executed in the presence of

J. P. Bradwell

C. J. Munnerlyn

Webb, Mary
Decatur County
FOR THOSE HERETOFORE PAID.

1896.

No. 530

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

Mrs. Mary Webb

OF

Decatur County.

widow of John Webb

WARRANT ISSUED

2/1 1896.

AND HANDED TO

W

Geo. W. Harrison, State Printer.

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C. J. Munnerlyn Jr. Clk Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Mary Webb 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 John Webb 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 10th day of Feby 1897.

{SEAL} C. J. Munnerlyn Jr. Clk Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

I, Mary Webb hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to C. J. Munnerlyn at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 10th day of Feb 1897.

Mary her + mark Webb [L. S.]

Executed in the presence of

R. H. Herring J. P.

[illegible]

Webb, Mary
Decatur County
FOR THOSE HERETOFORE PAID.

1897.

No. 3591

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

Mrs. Mary Webb

OF

Decatur County.

widow of John Webb

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

2/16 1897,

AND HANDED TO

Wa W.

Geo. W. Harrison, State Printer, Atlanta.

Form 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. Mary Webb

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since over 57 – all her life 18 That she is the Widow of John Webb who was a Soldier in Company A of the 59th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of 1862 and served in the Army up to October 1863 That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Died in Hospital at Richmond Pneumonia & Measles

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 1857 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 Decatur 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 13th day of Jany 1896. C. Munnerlyn Ordinary. } Mary her + mark Webb Post-office

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. Mary Webb

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all my life 18 That she is the Widow of John Webb who was a Soldier in Company A of the 59th Regiment of Georgia Volunteers, that enlisted in said regiment on or about the month of 1862 and served in the Army up to October 1863 That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) Died at Richmond Va of Pneumonia and Measels

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 1857, 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 Decatur 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 10 day of Feb 1897. P. H. Herring J.P. Ordinary. } Mary her + mark Webb Post-office Calvary Ga

POWER OF ATTORNEY.

State of Georgia,
County.

I, hereby authorize
f
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 1898.

[L. S.]

Executed in presence of

Webb, Mary
Decatur County

For Those Heretofore Paid.

1898.

NO. 3685

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO
Mrs. Mary Webb
OF
Decatur County

Widow of [illegible] Webb

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
2/19 1898.
AND HANDED TO
W.A.W.

SEG. W. HARRISON, STATE PRINTER, ATLANTA

Form No. 1.

For Widows Heretofore Allowed Pensions.

A

STATE OF GEORGIA,
County of Decatur

Personally Comes Mrs. Mary Webb

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all my life 18 That she is the Widow of John Webb who was a Soldier in Company A of the 59th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of 1862 and served in the Army up to 1862 That he lost his life on the day of October 1862 (State here full particulars of the husband's death, when, where and from what cause.) Died in the Hospital at Richmond Va of Pneumonia

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

I have been allowed a pension as a resident of Decatur 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 17th day of Feby 1898.
C J Munnerlyn Ordinary.

Mary her X mark Webb
Post-Office

State of Georgia,
Decatur County.

I C J Munnerlyn Ordinary of said County, certify that I am well acquainted with Mrs. Mary Webb 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 my life day of 18

Given under my official signature and seal this the 17th day of Feby 1898.

C J Munnerlyn
Ordinary of Decatur County.

Official Seal.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Mary Webb hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to C J Mummerlyn by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17th day of Feby 1898.

Mary her x mark Webb [L. S.]

Executed in presence of
C J Mummerlyn Jr
M. W. Hudson

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of _____

Personally Comes Mrs. _____

who, being sworn, says on oath, that she is a bona fide resident of said county of _____ State of Georgia, and that she has RESIDED in said State continuously ever since _____ 18____ 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 _____ 186____ and served in the Army up to _____ 186____ That he lost his life on the _____ day of _____ 18____ *(State here full particulars of the husband's death, when, where and from what cause.)*

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

I have been allowed a pension as a resident of _____ 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 _____ 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 _____ 1898.

_____

Official Seal.

Ordinary of _____ County.

POWER OF ATTORNEY.

State of Georgia,
Decatur County.

I, Mary Webb hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to T B Maxwell Ordy at Bainbridge Ga by ck

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18 day of Jany 1899.

Mary her + Webb mark [L. S.]

Executed in presence of

N W Hinson
T B Maxwell Ordy

Webb, Mary
Decatur Co

For Those Heretofore Paid.

1899.

NO. 3075

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs Mary Webb

OF

Decatur County

Widow of John Webb

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

24 1899.

AND HANDED TO

W

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Mary Webb hereby authorize Wm A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to Ordinary at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20 day of Jany 1900.

her Mary + Webb mark [L. S.]

Executed in presence of

N. W. Hinson
T B Maxwell Ordy.

Webb, Mary
Decatur County

For Those Heretofore Paid.

1900.

NO. 1047

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO

Mrs Mary Webb

OF

Decatur County,

Widow of John Webb

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

Feb 14 1900,

AND HANDED TO

Wright

Geo. W. Harrison, State Printer, Atlanta.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally Comes Mrs. Mary Webb

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all my Life 18 That she is the Widow of John Webb who was a soldier in Company A of the 19th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of in the Fall 1862 and served in the Army up to October 1863 That he lost his life on the day of October 1863 (*State here full particulars of the husband's death, when, where and from what cause.*)

He Died While in Service at Richmond Va With Pneumonia in Measles

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 1857

I have been allowed a pension as a resident of Decatur 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 18th day of Jany 1899.
D B Maxwell Ordinary.

her
Mary X Webb
mark
Post-Office Cairo Ga

State of Georgia,
Decatur County.

I D B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Mary Webb 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 day of 18

Given under my official signature and seal this the 18 day of Jany 1899.

D B Maxwell
Ordinary of Decatur County.

Official Seal.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally Comes Mrs. Mary Webb

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 1890. That she is the Widow of John Webb who was a soldier in Company A of the 19th Regiment of Geo Volunteers, that he enlisted in said regiment on or about the month of Jan 1862 and served in the Army up to Oct 1863 That he lost his life on the day of Oct 1863 (*State here particulars of the husband's death, when, where and from what cause*)

He Died in Hospital at Richmond Va with Pneumonia

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 1857.

I have been allowed a pension as a resident of Decatur 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 20 day of Jany 1900.
J B Maxwell Ordinary.

her
Mary X Webb
mark
Post Office Cairo Ga

State of Georgia,
Decatur County.

I J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Mary Webb, 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 Jan day of many 1890

Given under my official signature and seal, this the 20 day of Jany 1900.

J B Maxwell
Ordinary of Decatur County.

Official Seal.

STATE OF GEORGIA,
Fayette County.

I, Mary Webb hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon and request that he remit same to
Ordinary at Fayetteville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7
day of Jany 1901.

Mary her X Webb [L. S.]
mark

Executed in presence of

W W Hinson
T B Maxwell Ordy.

To Those Heretofore Paid.

1901.

No. 1434

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. Mary Webb
OF
Decatur County.

Widow of John Webb Co. Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 2/1 1901,

AND HANDED TO
Wright

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

Webb Mary
Decatur County

STATE OF GEORGIA,
Decatur County.

I, Mrs Mary Webb, hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 27
day of Jan 1902.

Mary her X Webb [L. S.]
mark

Executed in presence of

W W Hinson
T B Maxwell
Ordinary

To Those Heretofore Paid.

1902.

No. 2515

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs. Mary Webb
OF
Decatur County.

Widow of John Webb Co. A Regiment 5 GA

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1902

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

FORM No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur } **Personally Comes Mrs.** Mary Webb

who, being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of John Webb who was a soldier in Company A of the 59 Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of 1862 and served in the Army up to October 1863 That he lost his life on the day of Oct 1863 (*State here particulars of the husband's death, when, where and from what cause*)
Died in Hospital at Richmond Va
With attack Pneumonia

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 1857

I have been allowed a pension as a resident of Decatur 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 7 day of January 1901. } Mary x Webb
J B Maxwell Ordinary. } Post Office Cairo Ga

State of Georgia,
Decatur County. } I J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Mary Webb, 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 25th day of Dec 1890

Given under my official signature and seal, this the 7 day of Jany 1901.
J B Maxwell
Ordinary of Decatur County.

{ Official Seal. }

FORM No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur } PERSONALLY COMES MRS. Mary Webb

who, being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of John Webb who was a soldier in Company A of the 59 Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of Feb 1862, and served in the Army up to Oct 1863. That he lost his life on the day of Oct 1863 (*State here particulars of the husband's death, when, where and from what cause*)
Died in Richmond Hospital
October 1863.

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 1857.

I have been paid a pension as a resident of Decatur 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 27 day of Jan 1902. } Mary her x Webb
J B Maxwell, Ordinary. } Post-Office Cairo Ga

State of Georgia,
Decatur County. } I J. B. Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Mary Webb, 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 1 day of January 1890

Given under my official signature and seal, this the 27 day of Jan 1902.
J B Maxwell
Ordinary of Decatur 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,
Decatur COUNTY.

I, Mrs Mary Webb, hereby authorize
W A Wright of Attapulgus
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 21
day of January 1903.

her
Mary Webb [L. S.]
mark

Executed in presence of
M W Hinson
J B Maxwell
Ordinary

Webb, Mary
Decatur County

To Those Heretofore Paid.

1903.

No. 1917

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs. Mary Webb
OF
Decatur County,
Widow of John Webb
Co. A Regiment 57 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
2/12 1903.

AND HANDED TO
M. A. W.

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs Mary Webb, hereby authorize
W A Wright of Attapulgus
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18
day of June 1904.

her
Mrs Mary Webb [L. S.]
mark

Executed in presence of
M W Hinson
J B Maxwell Ordinary

Webb, Mary
Decatur County

TO THOSE HERETOFORE PAID.

1904.

No. 2184

WIDOW'S PENSION

FOR
YEAR ENDING DECEMBER 31, 1904.

PAID TO
Mrs Mary Webb
OF
Decatur County,
Widow of John Webb
Co. A Regiment 57 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
[illegible] 1904.

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

FORM No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur } PERSONALLY COMES MRS. Mary Webb

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since All her life. That she is the Widow of John Webb who was a soldier in Company A of the 39 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Fall 1862, and served in the Army up to 1863. That he lost his life on the day of Oct 1863. (State here particulars of the husband's death, when, where and from what cause.) Died At Hospital Richmond Va Pneumonia

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 1857

I have been paid a pension as a resident of Decatur 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 21 day of Janu 1903. J B Maxwell Ordinary.

her Mary X Webb mark

Post-Office Cairo Ga

State of Georgia, Decatur County. } I, J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Mary Webb, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Janu 1890

Given under my official signature and seal, this the 21 day of Janu 1903.

{ Official Seal. }

J B Maxwell
Ordinary of Decatur County.

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

FORM No. 1.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Decatur } PERSONALLY COMES MRS. Mary Webb

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since All her Life. That she is the Widow of John Webb who was a soldier in Company A of the 39 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Fall 1862, and served in the Army up to 1863. That he lost his life on the day of October 1863 (State here particulars of the husband's death, when, where and from what cause.) Died at Richmond Hospital (Pneumonia)

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 1857

I have been paid a pension as a resident of Decatur 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 18 day of Jan 1904. J B Maxwell Ordinary.

her Mary X Webb mark

Post Office Cairo Ga

State of Georgia, Decatur County. } I, J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Mary Webb, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1890

Given under my official signature and seal, this the 18 day of Jan 1904.

{ Official Seal }

J B Maxwell
Ordinary of Decatur County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs Mary Webb, hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 19 day of Jan 1905.

Mary her + mark Webb [L. S.]

Executed in presence of
T B Maxwell Ordinary
N W Hinson

Webb Mary
Decatur County

To Those Heretofore Paid.

1905.

No. 2308

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs. Mary Webb
OF
Decatur County,
Widow of John Webb
Co. A Regiment 59th Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
MAR 2 1905.

AND HANDED TO
N

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA.
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER.

I hereby certify that Mrs Mary Webb is not able to go before the Ordinary to make deposition to her application the ride & fatigue being more than she can stand. Feb. 9 1890.

T M Merritt md.

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally comes Mrs. Mary Webb

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of John Webb who was a soldier in Company A of the 59 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Fall 1862, and served in the Army up to 1862. That he lost his life on the day of Oct 1862. (*State here particulars of the husband's death, when, where and from what cause.*)

Died in Richmond Hospital with Pneumonia

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 1857.

I have been paid a pension as a resident of Decatur 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 19 day of Jan 1905. T B Maxwell, Ordinary. } Mary her x Mark Webb Post-Office

State of Georgia, Decatur County. } I, T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Mary Webb, Who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1890

Given under my official signature and seal, this the 19 day of Jan 1905.

{ Official Seal. }

T B Maxwell
Ordinary of Decatur County.

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

Official Seal.

J B Maxwell

Ordinary of Decatur County.

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

Wells L. C.
Decatur County
OK for 1911

No.

Confederate Soldier's Application.

UNDER ACT 1910.

County Decatur

Name L B Wells

Company Co E 34th Ala Inf

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

18 Jan 10

Wells L B
Co. E 34th Ala Inf
Dismounted Cav

No.

Confederate Soldier's Application.

UNDER ACT 1910.

County Lowndes

Name L B Wells

Company Co E 34th Ala Inf

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,
Lowndes County.

L B Wells of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office) L B Wells Lowndes Co. Quitman Ga.

2. How long and since when have you been a continuous resident citizen of this State? I have been a Continuous Resident of This State 13 years

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? In the Army of the Confederate States

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) In Macon County Ala Co E 34th Ala Inf July or April 1862

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Three years

6. When and where was your Company and Regiment surrendered or discharged from the Service? At or Near Greensboro N C. 26th day of April 1865

7. Were you actually present with your Command when it was surrendered or discharged? Yes

8. If you were not actually present, state specifically and clearly where you were. Present

a. Where was your Command when you left it? —

b. When did you leave the Command? —

c. For what cause did you leave? Surrender

d. By whose authority did you leave? —

e. For how long was your leave granted? In what way? —

f. Why did you not return to your Command after leave expired? —

g. In what way were you prevented? —

h. What effort did you make to return? —

i. Were you captured during the war? No

j. If so, when, and where? In what prison were you held and when were you released? —

9. What property of every discription was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) 40 acres Improved Land Cash Value 600.00 1 Horse 75.00 1 Mule 60.00 1 Wagon 25.00 1 Buggy 20.00 1 Cow 35.00 2 Hogs 20.00 Household Goods 100.00

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? None Sold or Given away since Nov 4 1908

11. What property of any discription of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). I own at present the same as stated above No Change that would amount to anything Total Cash Value 915.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? No Income Earnings Living by farming

13. Are you drawing a pension of any amount from this State or the United States? No

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the 27 day of Sept 1910

D O Maxwell Ordinary,
of Lowndes County,

L B Wells

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF [illegible]
Macon County.

W. A. Lawrence of said State and County is hereby presented as a witness in support of the application of L. B. Wells 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? W. A. Lawrence Montezuma Ga. Also my P.O. address
2. How long and since when have you known L. B. Wells the applicant? Ever since I was a boy
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? Has lived in Macon Co. ever since I have known him
4. When, where and in what Company and Regiment did L. B. Wells enlist during war from 1861 to 1865? (Give date and place). 1862 to April 1865 Co. E 2nd Ga
5. How did you obtain your information of this Service? Have lived on my beat
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) about 1862 to April 1865
7. When and where was his Command surrendered or discharged (give date and place) Greensboro N.C. 26 day April 1865
8. Were you personally present at the Surrender? No
9. If not, where were you and how came you there? I was at home Unarmed
10. Was the applicant personally present with his Command at surrender? Yes
11. If not where was he and how came him there?
12. When did he leave his Command? 1865 Where was his Command when he left it? Greensboro N.C. for what cause did he leave?
By whose authority did he leave and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically). I was at home on my beat
13. In what way was he prevented from returning to his Command? Had gone home unarmed 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 No If so, when and where?
In what prison was he held? and when released?

Sworn to and subscribed before me, this the 11th day of Oct 1910
W. A. Lawrence Clerk
W. S. Abercrombie Justice of Peace
of Macon County Ga

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.
Decatur County.

Personally before me comes W. M. Duke W. P. Jones who on oath says that they are free holders residing in said County and we know L. B. Wells 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) One House and Lot in Bainbridge Ga. Value $400.00 One Horse Value $75.00 One Cow Value $25.00 Household and Kitchen furniture Value $50.00 Total $550.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 May

Sworn to and subscribed before me this the 11 day of Oct 1910
W. M. Duke
W. P. Jones
J. B. Maynard Ordinary
of Decatur County

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.
Decatur County.

I, J. B. Maynard Ordinary of said County, certify that I know the applicant L. B. Wells for Pension to the person he represents himself to be and resides in said County. That I also know W. M. Duke W. P. Jones the witness swearing to the service and [illegible] who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Receipts of L. B. Wells shows that L. B. Wells and wife Value for tax is in 1908 $550.00 for 1909 $400.00 for 1910 $ [illegible]

Sworn under my hand and official seal of office this 31 day of Oct 1910
J. B. Maynard Ordinary.
of Decatur 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 such questions 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 Two freeholders unnecessary.

NAME Wells, L. B. YEAR 1911 COUNTY Decatur

WHEN AND WHERE BORN? Have been a resident of Georgia 15 years.

ENLISTED WHEN AND WHERE? April 1862, Macon County, Ala.

RANK

COMPANY AND REGIMENT? Company E. 34th Alabama Inf?.

NAME OF CAPTAIN AND COLONEL? D. A. Lanier- Lieut.

WOUNDED?

CAPTURED WHEN AND WHERE?

RELEASED

WHEN AND WHERE SURRENDERED? April 26th, 1865, near Greensboro, North Caro-
Carolina.

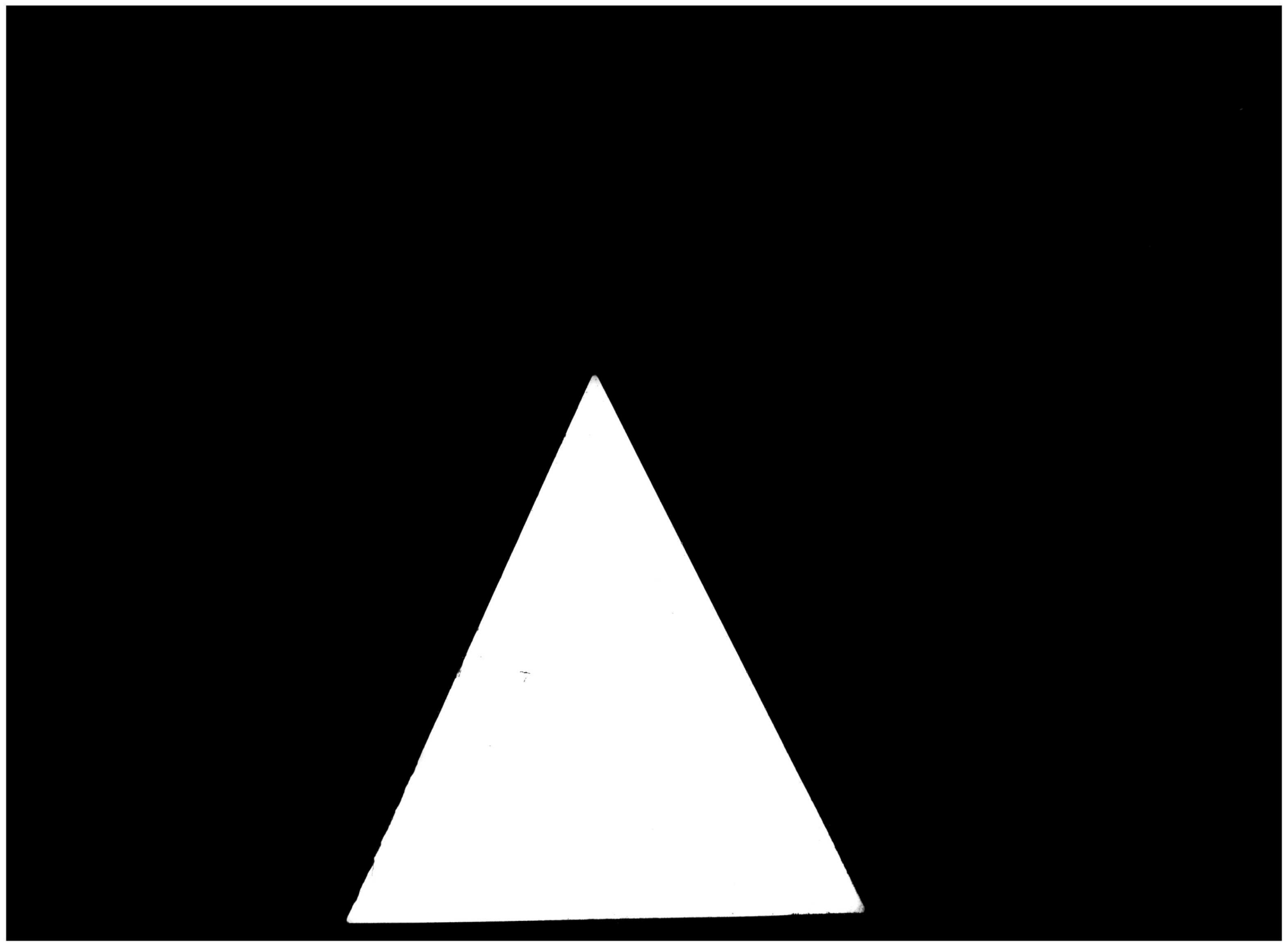
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED? WHEN AND WHERE?

BURIED,

WITNESSES? D. A. Lanier, Lieut. Same command- No data.

CB



Wells, Carmelia C.
Decatur C.
Wells, [illegible]

Willis L. B.
[illegible] 5.

No. 01 [illegible] 1915

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.

County Decatur

Name Mrs P C Wells

Widow of L B Wells

Company E 34th Ala

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

10/28-1914

Wells Carmelia E.
Decatur Co
Ga

No. [illegible]

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.

County Decatur

Name Mrs P C Wells

Widow of L B Wells

Company E 34th Ala

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

10/30 [illegible]

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,
Decatur County.

Personally before me comes Mrs P C Wells of said County, who, after being duly sworn, on oath says, that she is the widow of L B Wells to whom in the County of Muscogee State of Ga she was married on the 17 day of Dec 1866 and that she remained his wife, and resided with him to the date of his death in May 1913 and that she has not since his death remarried. At the time of his death he was a resident of Decatur County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of $60.00 in Decatur County for 1913 per annum, on account of being a soldier in Company E 34th Regiment Ala (Volunteers of State Militia.)

At the death of L B Wells he was in the use and possession of the following property

of the cash value of $

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

1/4 Acres land House & Lot in Faceville Ga $200.00

Horses and Mules $

Hogs, Cows, etc. $

Total Cash value of all property Owned $250.00

That she is now a bona fide resident citizen of said County of Decatur and she has so continuously resided since day of Year 1898

Sworn to and subscribed before me, this the 17 day of June 1914 } Mrs P C Wells

T B Maxwell Ordinary,
of Decatur County.

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

STATE OF GEORGIA,
Decatur County.

Personally before me come W M Duke 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. P C Wells who made the foregoing affidavit, is the lawful widow of L B Wells who died in Decatur County in said State of Ga on 15 day of May 1913 and that she has not since remarried. That she became the wife of L B Wells on the day of 18 and that she and he had resided together as man and wife continuously since to my knowledge since day of 1898 and that the L B Wells was the same man who was on the pension roll of said State from Decatur County when he died.

Sworn to and subscribed before me, this the 17 day of June 1914 } W M Duke

T B Maxwell Ordinary,
of Decatur County.

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Decatur County.

Personally before me comes W M Duke who after being sworn on oath says, that they are freeholders of said County, and that they know Mrs P C Wells of said County and knew her said husband L B Wells at his death on the ____ day of May 1913 that she and he were in the use, possession and control of the following property at his death to wit: Small house & Lot in Faceville 1/4 of an acre & house hold of the value of $250 That she is now in the use, possession and control of the following property to wit: House & Lot & some house hold

of the value of $250

Sworn to and subscribed before me, this the 17 day of June 1914

J B Maxwell Ordinary,

of Decatur County.

W M Duke

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I, J B Maxwell Ordinary of said County, do certify, that, I know Mrs P C Wells 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 January 1 1910

That I also know W M Duke witness as to marriage & I also know W M Duke 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 Decatur County shows that ____ returned property to the amount of 410.00 for 1912 $ 2.02 for 1913 $ 2.00 for 1914 $ ____

Sworn under my hand and official seal of office this 17 day of June 1914

(SEAL.) J B Maxwell Ordinary.

J B Maxwell 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.

Wells, P. C. (Mrs.)
Decatur Co.

1915

Application for Pension Due Deceased Pensioner Under Act 1904.

T B Maxwell Ordinary
For Funeral Exp Mrs P C Wells
of Decatur County
of Co. Regiment

Approved and ordered paid
May 19 1915.
J. W. LINDSEY,
Commissioner of Pensions.

Faceville, Ga., Apl 1 1915

Mrs P. C. Wells
Faceville

IN ACCOUNT WITH

GEO. B. CARTER, M. D.
PHYSICIAN AND SURGEON
DRUGS AND MEDICINES

Last Illness

Feb 26	To Visits self 3	6 00
" 27	" " " 3	6 00
" 28	" " "	6 00
	Total	18 00

Paid
G. B. C.

Georgia Decatur County
Personally appeared before me J A Wells who after being duly sworn on oath says that he paid Dr G B Carter for the above Dr Bill for treatment of last Illness of my mother Mrs P C Wells. Sworn to and subscribed before me this May 10-1915.
T B Maxwell
Ordinary
J A Wells

CLIMAX, GA., Mch -1- 1915

M J A Wells

IN ACCOUNT WITH

A. J. TRULOCK & SON
DEALERS IN
EVERYTHING IN GENERAL MERCHANDISE
COUNTRY PRODUCE BOUGHT AND SOLD

Casket	40 00

Paid
Trulock Supply Co.
3/1/15

Georgia Decatur County
Personally appeared before me J A Wells who after being duly sworn on oath says that he paid the above Casket account to A J Trulock & Son for my deceased mother Mrs P C Wells
Sworn to and subscribed before me this May 10 1915
T B Maxwell
Ordinary
J A Wells

Application for Pension Due to a Deceased Pensioner

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

Georgia, Decatur County.

Personally before me, the Ordinary of said County, comes J. A. Wells of said County, who, after being sworn, on oath says that he knew Mrs. P. C. Wells of said County, and that she was on the Indigent Pension Roll Decatur County at the time of her death, which occurred in Decatur County, in this State, on the 25 day of February 1915, and that a Pension of Sixty Dollars was due her and unpaid at the time of her death. That she left no ~~widow or dependent~~ children surviving her, and no estate of any value sufficient to pay her funeral expenses, which amounted to the sum of 66 00 Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me this 10 day of May 1915.
T. B. Maxwell Ordinary
Decatur County

J. A. Wells

Georgia, Decatur County.

I, T. B. Maxwell Ordinary of said County, do certify that I personally know J. A. Wells, who is a resident citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew Mrs. P. C. Wells while in life; that she was the same person whose name appears on the Indigent Pension Roll of Decatur County, and was paid a Pension of Sixty Dollars in said County for 1914, and I now believe her to be dead.

Given under my hand and official seal, this 10 day of May 1915.
T. B. Maxwell Ordinary.
Decatur County.

(Ga.)—Marriage License—1856. Jno. J. & Thos. Gilbert, Printers and Stationers, 15 and 17 Twelfth Street, Columbus, Ga. (65506)

MARRIAGE LICENSE



Georgia, Muscogee County:

To any ordained Minister of the Gospel, Jewish Minister, Judge, or Justice of the Peace.

You are Hereby Authorized to Join

Joseph . L.B. Wells.

—AND—

Parmalia Caroline Stanfield.

In the Holy State of Matrimony.

According to the Constitution and Laws of this State, and for which this shall be your sufficient License, to be returned at once to this office with your Certificate of fact and date of marriage.

Given under my hand and seal, this Fifteenth day of December A.D.1856. 19

L.S.

Jno Johnson. Ordinary.

The State of Georgia, Muscogee County:

I do hereby Certify that Joseph. L.B. Wells. and Parmelia Caroline Stanfield, were duly joined in Matrimony, by me, this 17th day of December 1856. 19

W.A. Bozeman, J.P.

CERTIFICATE.

State of Georgia,
MUSCOGEE COUNTY.

I, Wm. REDD, Jr.,

Ordinary and Probate Judge in and for the County and State aforesaid, and as such ex-officio Clerk of my own Court, which is a Court of Record, having a Seal, do hereby certify that the foregoing is a true and correct copy of marriage license and certificate of the marriageof Joseph.L.B.Wells to ParmeliaCaroline Stanfield, residents of said State and county.

as taken from the Records of said Court of Ordinary.

I further Certify, That all my acts as such Clerk, and this attestation, are in due form and by the proper officer; that I am the Judge of the Court, duly commissioned and qualified, and that full faith and credit should be given to all my acts as such Judge and Clerk.

IN WITNESS WHEREOF, *I have hereunto set my official signature and the seal of said Court of Ordinary, this* First *day of* June 1914.

Wm Redd Jr

Judge and Ex-Officio Clerk, Court of Ordinary, M. C.

May 10 1915

Mr Mrs P C Wells estate

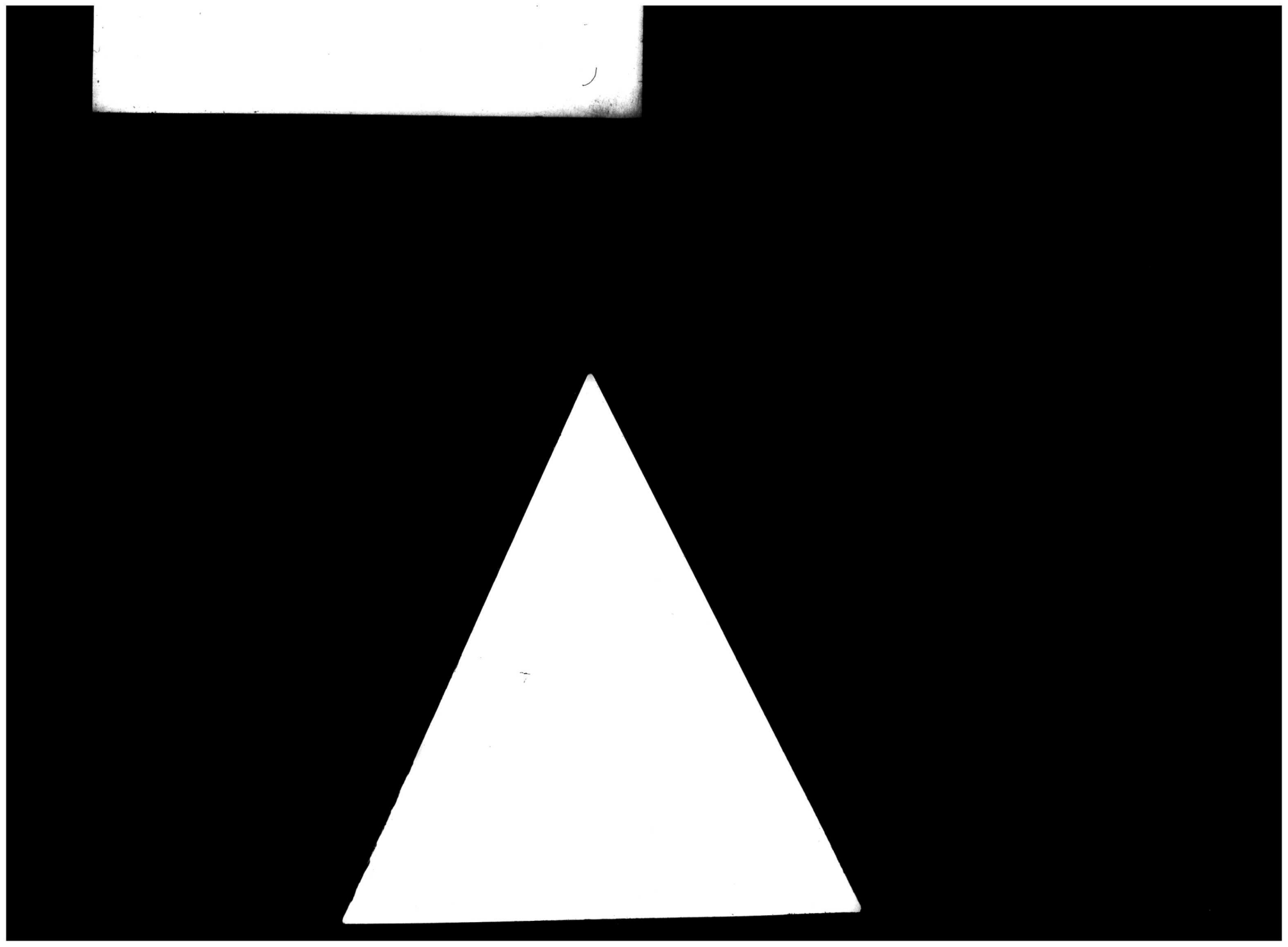
Bought of J A Wells

Terms

Feby 26 1915 To cash paid Dr L D Berry for 1 Visit to See Mrs P C Wells at her last illness	2 00	
Cash paid for Shroud for Mrs P C Wells	6 00	8 00

Georgia Decatur County
Personally appeared J A Wells who after being duly Sworn on Oath Says that he paid the above account for his deceased Mother Mrs P C Wells, for account of her last illness.
Sworn to and subscribed before me this May 10 1915.
T B Maxwell
Ordinary

J A Wells



Whigham, J. S. Decatur
Amended 1905
OK for 1906

No.

INDIGENT PENSION.

190

Name J S Whigham

County Decatur

Co. I 31st 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.

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

9/12/04
9/18/05:

Pension Office, 10/[illegible].

It would be much more satisfactory if a clear statement was made about wifes property, of what it consists and its value and income. From whom dddwife obtain it. What i s the earning capacity of minor children. State and prove all.

J. W. Lindsey,
Com. of Pensions.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, J S Whigham hereby authorize Wm Wright of Attorney to receive and receipt for the pension allowed and request that he remit same to Ordinary at Bainbridge by M

Witness my hand and seal, this 14 day of April 190 X

J S Whigham [L. S.]

Executed in presence of
113 Maxwell
Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, J S Whigham hereby authorize
M L Wright of Atlanta
to receive and receipt for the pension allowed and request that he remit same to
Ordinary at Bainbridge by ML

Witness my hand and seal, this 14 day of April 190 X

J S Whigham [L. S.]

Executed in presence of
F B Maxwell
Ordinary.

Pension Office, 10/1/02.

It would be much more satisfactory if a clear statement was made about wifes property, of what it consists and its value and income. From whom did wife obtain it. What is the earning capacity of minor children.
State and prove all.
J. W. Lindsey,
Com. of Pensions.

Wife Son Old Decatur Co Attested 1902
No. 21,272

INDIGENT PENSION.
190

Name J S Whigham
County Decatur
Co. I 31st 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.

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

9/12/04
9/14/05

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Decatur COUNTY.

J S Whigham 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).
J. S. Whigham Decatur Co Recovery 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? Born in Decatur Co Ga 1834
4. When and where and in what company and regiment did you enlist or serve? I entisted in Co I 31st Ga August 15th Feby 1862 at Bainbridge Ga
5. How long did you remain in such company and regiment? about 3 Years
6. When and where was your company and regiment surrendered and discharged? Surrendered at Appomattox Va April 1865
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?
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? 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"? 1st & 2nd
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 Nov 1903 I have been unable to do manual labor on account of old age and suffer constantly with indegestion My whole system has failed
13. What property, real and personal, or income, do you possess, and its gross value? No property of any character No Income
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? No property Owned in either of the above dates
15. In what County did you reside during those years, and what property did you then return for taxation? Decatur County No property Given in for Taxes
16. How were you supported during the years 1899, 1900, 1901 and 1902? Supported by My own Labor until Nov 1903
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? On account of Keeping Cost Contributed all Support
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
Farming No Special pay
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? Geo. Wife & 3 Daughters My Wife has a Small place Left from personal property One Daughter Teaching School Others 2 Live with us Ages Wife 54 Daughters 18 28 & 24
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?

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 14 day of April 1904.
F B Maxwell Ordinary,
of Decatur County.

J S Whigham Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Decatur COUNTY.

D J G McNair of said State and County, having been presented as a witness in support of the application of J S Whigham 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? D J G McNair Bainbridge Ga
2. Are you acquainted with J S Whigham, the applicant; if so, how long have you known him? I have known him for the last 60 years
3. Where does he reside, and how long and since when has he been a resident of this State? He reside in Decatur Co a resident of Ga ever since I knew him
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted at Bainbridge & came to Co I 31st Ga at Savannah Ga. Spring 1862
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? until surrender of Lee
7. When and where was his command surrendered? Surrendered at Appomattox C H Va April 9 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? — For what cause?

By what authority he left? — How do you know all of this? We were discharged together

11. What property, effects or income has the applicant? (Give your means of knowledge.) No property that I know of
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? I dont know of any property that he owns
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Not to my knowledge
14. What is the applicant's occupation and physical condition? Occupation Farmer Old and Feeble
15. Is the applicant unable to support himself by labor of any sort, if so, why? I dont think that he can support himself judging from his General appearance
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? He has always managed to support himself as he was energetic & worked while he could
17. What portion of his support for these four years was derived from his own labor or income? Knowing him well I would say most of his support came from his own labor
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 suffering now with old age He was faithful in defending his Country
19. Who composes family? What property have they? Children's age and their earning capacity? Wife and 3 Daughters His wife Owns some real estate and some personal property Children's ages range from 15 to 20 & in good health
20. What interest have you in the recovery of a pension by this applicant? Non

Sworn to and subscribed before me, this the 1st day of April 1904

D J G McNair, 1st Lieut Co I, 30 Ga
Witness.

T B Maxwell Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Decatur COUNTY.

Personally came before me Gordon Chason MD and J D Chason MD, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully J S Whigham, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows: Suffers from intestinal & gastric indigestion due to having no teeth to masticate food, age 90 heart weak from failure of nutrition Gouty affection of right foot which interferes with walking

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

Gordon Chason MD
J D Chason MD

Sworn to and subscribed before me, this the 14 day of April 1904

T B Maxwell Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur COUNTY.

I, T B Maxwell Ordinary, in and for said County, hereby certify that the applicant J S Whigham resides in said County, and has been a bona fide resident of this State since the 1 day of Jany 1894 and that the witnesses, viz.: D J G McNair 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 Decatur County shows that applicant returned for taxation in his name in 1899 Nothing Dollars of property, and in 1900 Nothing Dollars of property; in 1901 Nothing Dollars of property; in 1902 Nothing Dollars of property.

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

Witness my hand and seal of office, this 14 day of April 1904

T B Maxwell Ordinary,
of Decatur 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,
Decatur COUNTY.

I, J S Whigham hereby authorize
M L Wright of At-lander
to receive and receipt for the pension allowed and request that he remit same to
Ordinary at Bainbridge by mail

Witness my hand and seal, this 14 day of April 190 4

J S Whigham [L. S.]

Executed in presence of
J B Maxwell
Ordinary.

Pension Office, 10/1904.

It would be much more satisfactory if a clear statement was made about wife's property, of what it consists and its value and income. From whom did wife obtain it. What is the earning capacity of minor children.
State and prove all.
J. W. Lindsey,
Com. of Pensions.

INDIGENT PENSION.
190

No.

Name J S Whigham
County Decatur
Co. I 31st 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.

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

Whigham J S
Decatur
Ga Co
Pvt
Co I 31st Ga Regt
C S A

9/12/04
9/18/05

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Decatur COUNTY.

J S Whigham 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).
J. S. Whigham Decatur Co Recovery 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? Born in Decatur Co 1834
4. When and where and in what company and regiment did you enlist or serve? I enlisted in Co I 31st Ga Augusta Ga Feby 1862 at Bainbridge Ga
5. How long did you remain in such company and regiment? about 3 Years
6. When and where was your company and regiment surrendered and discharged? Surrendered at Appomattox Va April 1865
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?
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? 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"? 1st & 2nd
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 Nov 1903 I have been unable to do manual labor on account of old age and suffer constantly with indigestion My whole system has failed
13. What property, real and personal, or income, do you possess, and its gross value? No property of any character No Income
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? No property owned in either of the above dates
15. In what County did you reside during those years, and what property did you then return for taxation? Decatur County No property to Give in for taxes
16. How were you supported during the years 1899, 1900, 1901 and 1902? Carpenter by My own Labor until Nov 1903
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? No account - Keeping Cost Contributed all Support
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? Farming No special pay
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? Yes: Wife & 3 Daughters My Wife has a Small place Land & Some personal property One Daughter Teaching School Other 2 live with us Ages Wife 58 Daughters 15 & 17
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?

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 14 day of June 1904
J S Whigham Applicant.
J B Maxwell Ordinary,
of Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, J. S. Whigham hereby authorize W. A. Wright of Atlanta to receive and receipt for the pension allowed, and request that he remit same to Ordinary at Bainbridge Ga by Check

WITNESS my hand and seal, this 3 day of Jan 1906.

J. S. Whigham [L. S.]

Executed in the presence of
T. B. Maxwell
Ordinary

Whigham, J. S.
Decatur County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 2476

INDIGENT
SOLDIER'S PENSION
1906.

Name J. S. Whigham
County Decatur
Co. I Regiment 31st Ga

WARRANT ISSUED
JAN 30 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
15

THE FRANKLIN PRINTING AND PUBLISHING CO. GEO. W. HARRISON, MGR.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, J. S. Whigham, hereby authorize W. A. Wright of Atlanta to receive and receipt for the pension allowed, and request that he remit same to Ordinary at Bainbridge Ga by Check

WITNESS my hand and seal, this 8 day of Jan 1907.

J. S. Whigham [L. S.]

Executed in presence of
T. B. Maxwell
Ordinary

Whigham, J. S.
Decatur Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 4569

INDIGENT
SOLDIER'S PENSION
1907.

Name J. S. Whigham
County Decatur
Co. I Regiment 31st Ga

WARRANT ISSUED
FEB 6 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
15

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Decatur County.

Personally appears J S Whigham of Decatur 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 Jan 1896; that he is 72 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 yrs in Company 9, of 31 th Regiment of Ga; that his physical condition is as follows: Old age Infirmity and Poverty

that his property consists of the following items: None

of the value of _____ Dollars. I am now earning by my labor, 2 or 3 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 Decatur County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 5 day of Jan 1906. J S Whigham

T B Maxwell Ordinary.

State of Georgia,
Decatur County.

I, T B Maxwell Ordinary of said County, do certify that I am well acquainted with J S Whigham 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 1906.

T B Maxwell

Ordinary Decatur County.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Decatur County.

Personally appears J S Whigham of Decatur 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 Jan 1896; that he is 72 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 9, of 31 th Regiment of Ga; that his physical condition is as follows: Old age General Debility

that his property consists of the following items: None

of the value of _____ Dollars. I am now earning by my labor, No Special Earnings 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 Decatur County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 8 day of Jan 1907. J S Whigham

T B Maxwell Ordinary.

State of Georgia,
Decatur County.

I, T B Maxwell Ordinary of said County, do certify that I am well acquainted with J S Whigham 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 8 day of Jan 1907.

T B Maxwell

Ordinary Decatur County.

Affix your seal here

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

State of Georgia
Decatur County

J. S. Whigham of said state and county hereby submits additional proofs for pension ~~[illegible]~~ amending his attached application. And after being duly sworn makes the following statement
The land that my wife owns was inherited by her from her Fathers Estate 83⅓ acres of poor and untenable sand ridge worth about 2.00 per acre It is not in cultivation & does not rent nor turn out any revenue She has 16 head cattle & 25 head hogs which she also inherited This is common stock and worth about $105.00 My wife also owns a small mustang pony & a colt mule.
With the use of our neighbors land which we pay rent we manage to live my 2 minor girls work about the house when they are not at school.
My other daughter teaching school that is has been but not now by close saving we all manage to go through
Sworn to and subscribed before me this May 11 1905
J. S. Whigham
T B Maxwell
Ordinary D Co

State of Georgia
Decatur County

T J Lundy of said state and county having been presented as a proof in support of the statement made by J S Whigham to amend his application for pension and who personally came before me and known to me as a reputable citizen of Decatur County on oath states that he has known Mr J S Whigham for 35 years and that ~~he has~~ his statement of the ownership of the property named in his application is true As he knew that Mrs Whigham wife of the applicant inherited the property mentioned from her Fathers estate and that the said J S Whigham owns no property whatever That the land mentioned in said application is unimproved poor sandy land. and that the value placed upon it is all that it is worth Also the value placed upon the personal property is full value The earning capacity of his children is very little And that the applicant physical condition entitled him to help
Sworn to and subscribed before me this May 23rd 1905
T B Maxwell
Ordinary
T J Lundy

NAME Whigham, J. S. YEAR 1906 COUNTY Decatur

WHEN AND WHERE BORN? 1834 - Decatur County, Georgia

ENLISTED WHEN AND WHERE? February 1862 - Bainbridge, Georgia

RANK.

COMPANY AND REGIMENT? Company I, 31st Georgia Regt.

NAME OF CAPTAIN AND COLONEL? D. J. G. McNair - 1st Lieutenant

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

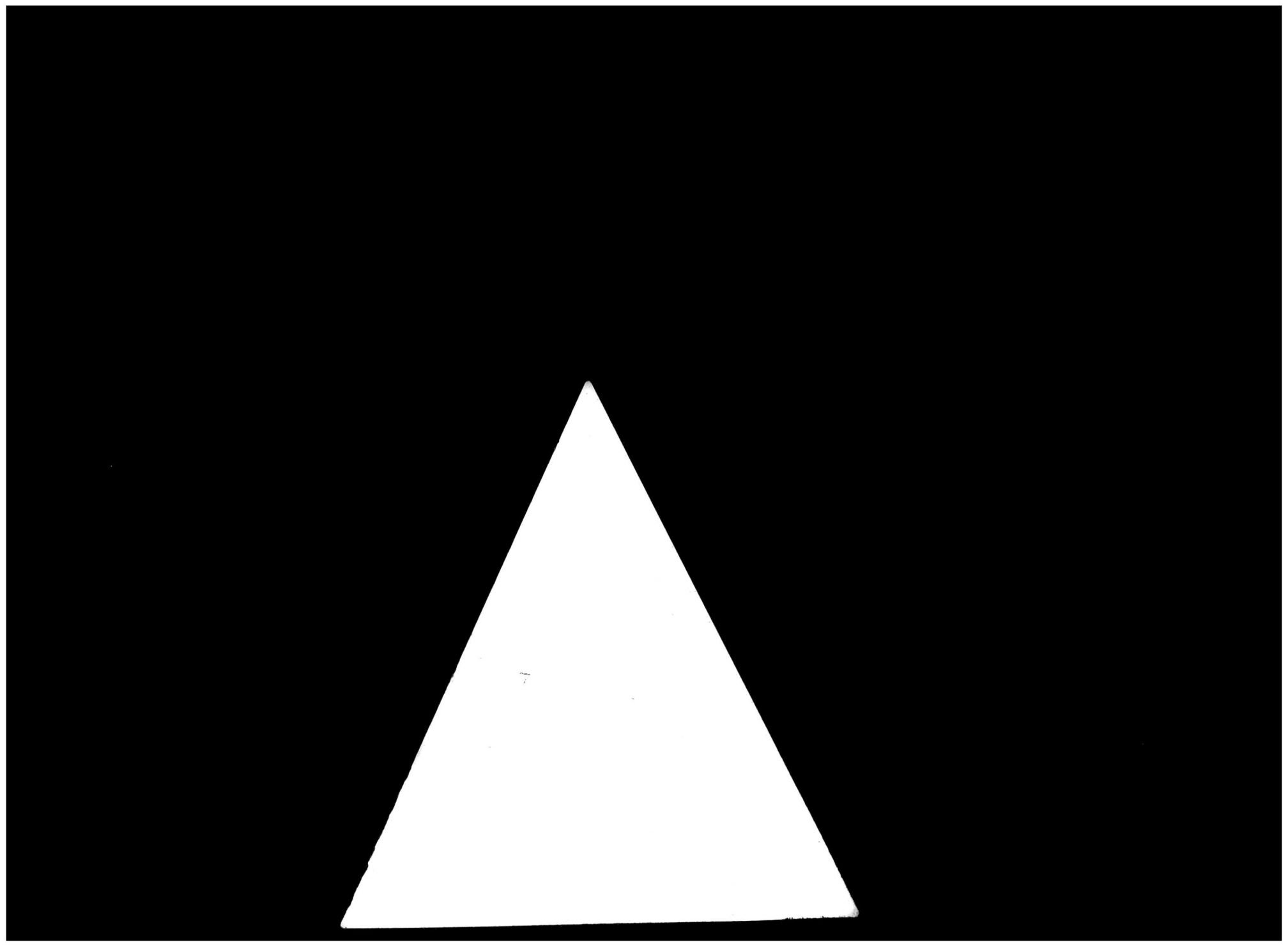
WHEN AND WHERE SURRENDERED? April 9, 1865 - Appomattox, Virginia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. D. J. G. McNair, 1st Lieutenant - same command -- No data.
lw



Ordinary's Certificate

STATE OF GEORGIA,

Decatur COUNTY.

I, T B Maxwell Ordinary of said County, do certify that I know Mrs E M Whitaker 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 John Gawen 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 12 day of Oct 1921

(SEAL) T B Maxwell Ordinary,

Decatur 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.

Whitaker, Estey M. 1922

No. Decatur County

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Decatur

Name Mrs E M Whitaker

Widow of J M Whitaker

Company I 41st Ga

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10/19-1921

Ordinary's Certificate

STATE OF GEORGIA,

Decatur COUNTY.

I, T. B. Maxwell Ordinary of said County, do certify that I know Mrs E M Whitaker 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 John Gawen 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 12 day of Oct 1921

(SEAL) T B Maxwell Ordinary,

Decatur 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.

Whitaker, Esther M.
No. Decatur County

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Decatur

Name Mrs E M Whitaker

Widow of J M Whitaker

Company D 31st Ga

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

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

Questions for Applicant

STATE OF GEORGIA,

Decatur COUNTY.

Personally before me comes Mrs E M Whitaker 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? Mrs E M Whitaker Decatur County Ga
2. How long and since when have you been a continuing resident of the State of Georgia? all my life 75 years
3. When, where and to whom were you married? J M Whitaker Feb 28th 1867
   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.) In regular Army of the Confederacy I dont remember Name of Co or Regiment
5. When and where did the commands of your husband surrender or discharge from the army? Dont remember
6. Was your husband personally present at the time of the surrender or discharge of this command? From best of my knowledge gained he was captured and held as a Prisoner of war
7. If he was not present state clearly where he was? Dont know
8. Where was his command when he left? Dont know
   a. For what cause did he leave his command? He left me during his life he was captured
   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? He left me during his life he was captured & carried to Prison
   i. If so, when and where captured and where held as a prisoner, and when and for what cause released? From the Papers he kept of his war record, He was held a prisoner at Point Lookout
   j. When and where did your first husband die? He died at home Decatur County Nov 1919
   k. Were you residing together when he died? Yes
   l. If not, how long had you resided apart? —
   m. Are you now a widow? Yes
9. 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? He was not on the roll He made application 1914 and was turned down on a/c of property owned

Sworn to and subscribed before me this the 12 day of Oct 1921 Mrs E M Whitaker her mark

T B Maxwell Ordinary of Decatur County.

(SEAL)

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,
Decatur COUNTY.

Personally before me comes John Gawn 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? John Gawn
Climax Decatur County Ga

2. How long and since when have you known Mrs E M Whitaker applicant?
Over Forty Years

3. How long and since when has she continuously resided in this State? (Give date.)
Ever since I Knew her

4. When and to whom was she married? J M Whitaker How do you know? General Reputation

5. How long and since when did you know J M Whitaker her husband? Over Fifty Years

6. When and where did J M Whitaker the husband of applicant, die? He died at his home in Decatur County Nov 1919

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

8. If not, how long did they live apart before his death? —
Were they divorced? No

9. When, where and in what Company and Regiment did J M Whitaker enlist?
At Bambridge in Co I Stat Ga in the fall 1861

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? To my Knowledge from enlistment to Sept 1864 about 3 years

12. When and where did his Command surrender, and was discharged? Best of my recollection Appomattox Va

13. Were you personally present when it was surrendered? No If not, where were you At home and how came you there?
On Furlough which had not expired

14. Was the husband of applicant personally present at surrender? Dont Know If not where was he? — When, where and for what cause did he leave Command? (Give date.) Was Captured Sept 1864 By whose authority did he leave his Command? Captured And how long was he granted leave? — How do you know all this?
We were in Battle at Spottsylvania and J M Whitaker was Captured and sent to Prison

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

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Dont Know that he made any effort (a Prisoner)
See not attached

Sworn to and subscribed before me this the
12 day of Oct 1921 } John Gawn
T B Maxwell Ordinary
of Decatur County.
(SEAL)

TO PAY-
1930, $100
Cig. & C. Tax. $
TOTAL.

E
Whitaker, E.M. (Mrs.) 100

For Decatur County

1932

Application for Pension Due Deceased Pensioner
(UNDER ACT 1904)
(To pay expenses of last illness and funeral)

Nell Maxwell Ordinary

For Mrs. E. M. Whitaker

Date of Death Dec 31, 1931

Amount ~~$ 125.00~~ $100

Approved and ordered paid

R. deT. LAWRENCE,
Commissioner of Pensions.

APPROVED FOR PAYMENT

PAID TO ORDINARY ON THIS CLAIM:

DATE 1935	FUND FROM WHICH PAID	$
2.25	1930	100.00
	TOTAL.	100.00

Examination Blank.

No. Pupil Age Grade

Subject Teacher

Date Time Used Standing

Eastman Ga. Dodge County
Oct. 15= 1914.

Personally appears before us Mr. J. W. Jessup. for Physical Examination for increase of Pension.
upon examination. We find that Mr. Jessup is scared a wound by a Rifle ball, passing through the lower border of right thoracic region penetrating the liver. fracturing the 8th rib on side where it made its Exit. Also he has a double inguinal hernia + Chronic Valvular lesion of the heart, in all, General infirmity which incapacitates him from any work enabling him to support himself.
Respt Submitted
John B. Clark M.D.
Jas Brannan M.D.

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, DeE C A T U R County.

Personally before me, the Ordinary of said County, comes M. E. Whitaker of said County, who, after being sworn, on oath says that he knew Mrs. E. M. Whitaker of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Decatur County, in this State, on the 31st day of December, 1931, 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 $128.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,
Nell Maxwell, Ordinary
Decatur County
(Seal of Ordinary)

M. E. Whitaker

CERTIFICATE OF ORDINARY

GEORGIA, Decatur County.

I, Nell Maxwell, Ordinary of said County, do certify that I personally know M. E. Whitaker, 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. E. M. Whitaker while in life and that this was the same person whose name appears on the Pension Roll of Decatur County, and was paid a Pension of $ 30.00 per month for 1931 ($) Dollars in said County for 1931, 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 9th day of January, 1932.

(Seal of Ordinary)

Nell Maxwell

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 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.

BAINBRIDGE, GA., January 8, 1932

Mrs. Easter M. Whitaker

Bainbridge, Georgia

IN ACCOUNT WITH

EUGENE W. COX
FUNERAL DIRECTOR

OFFICE TELEPHONE 164-J
1931 RESIDENCE TELEPHONE 164-W

AMBULANCE SERVICE

Dec. 31 Casket and Box complete and services $100 00

The above and foregoing account is rendered for services for the funeral expenses of Mrs. Easter M. Whitaker, who died without owning sufficient property to pay this bill.

This the 8th day of January 1932.

Eugene W. Cox

Sworn to before me this the 8th day of January 1932.

Nell Maxwell
Ordinary Decatur County

Received Payment for this account from Nell Maxwell Ordinary this 5th day of March 1935.
M E Whitaker

A Certificate

STATE OF GEORGIA, County of Decatur

IN RE: Expenses last illness and funeral Mrs. E. M. Whitaker

This is to certify that from an examination of the records in my office, and from personal knowledge, or inquiry, it is ascertained that this pensioner:

1. Died inside of the State of Georgia;
2. Left no estate of any kind or value, sufficient to pay these expenses.

This the 7th day of August, 1933.

(SEAL) Nell Maxwell, Ordinary

(Ordinary will please complete and return immediately to A. L. Henson, Director, Veterans Service Office, State Capitol, Atlanta, Ga.)

GEORGIA DECATUR COUNTY:

Received of Nell Maxwell, Ordinary of Decatur County, $100.00 for the funeral expenses of Mrs. M. E. Whitaker who died December 31, 1931, a deceased Pensioner, Claim filed January 9th 1931.

This the 5th day of March 1935.

M E Whitaker

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, DeE C A T U R County.

Personally before me, the Ordinary of said County, comes M. E. Whitaker of said County, who, after being sworn, on oath says that he knew Mrs. E. M. Whitaker of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Decatur County, in this State, on the 31st day of December, 1931, 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 $128.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,
Nell Maxwell, Ordinary
Decatur County
(Seal of Ordinary)

M. E. Whitaker

CERTIFICATE OF ORDINARY

GEORGIA, Decatur County.

I, Nell Maxwell, Ordinary of said County, do certify that I personally know M. E. Whitaker, 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. E. M. Whitaker while in life and that this was the same person whose name appears on the Pension Roll of Decatur County, and was paid a Pension of $ 30.00 per month for 1931 ($) Dollars in said County for 1931, 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 9th day of January, 1931.
(Seal of Ordinary)
Nell Maxwell, Ordinary
Decatur 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 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.

BAINBRIDGE, GA., January 8, 1932

Mrs. Hester M. Whitaker

Bainbridge, Georgia

EUGENE W. COX
FUNERAL DIRECTOR

OFFICE TELEPHONE 161
RESIDENCE TELEPHONE 161W

AMBULANCE SERVICE

Jan. 31 To Cash for Coffin and Services $100.00

The above and foregoing account is rendered for services for the funeral expenses of Mrs. Hester M. Whitaker, who died without owning sufficient property to pay this bill.

This the 8th day of January 1932.

Eugene W. Cox

Sworn to before me this the 8th day of January 1932.

Ordinary Decatur County

Received January 9th 1932 Claim filed in Log of Claims 1935, M. E. Whitaker

A Certificate

STATE OF GEORGIA, County of Decatur

IN RE: Expenses last illness and funeral Mrs. E. M. Whitaker

This is to certify that from an examination of the records in my office, and from personal knowledge, or inquiry, it is ascertained that this pensioner:

1. Died inside of the State of Georgia;
2. Left no estate of any kind or value, sufficient to pay these expenses.

This the 7th day of August, 1933.

(SEAL)

Nell Maxwell, Ordinary

(Ordinary will please complete and return immediately to A. L. Henson, Director, Veterans Service Office, State Capitol, Atlanta, Ga.)

GEORGIA DECATUR COUNTY:

Received of Nell Maxwell, Ordinary of Decatur County, $100.00 for the funeral expenses of Mrs. M. E. Whitaker who died December 31, 1931, a deceased Pensioner. Claim filed January 9th 1931.

This the 5th day of March 1935.

M. E. Whitaker

Eastman Ga
Oct 16 - 1914

To Hon John Lindsey
Atlanta Ga.

Kind Sir,

Enclosed you will find a certificate from two of our most prominent physicians, certifying to the disability of one J W Jessup and asking you to raise his pension to the greatest amount allowed a confirmed invalid

Knowing Mr Jessup as we all do and his willingness to provide for self as long as possible but now not able to do any thing and destitute of means to live upon, we the citizens of Eastman and Dodge County earnestly request his pension raised to the highest amount allowed by the pension law

(Over) next page

2

Mr Jessup is pensioned under the indigent act and gets 60 dollars but we seek a raise. He served 2 years in second Ga State troops Co F. Gus Beall Captain

Jessup is between 71-872 yeas of age. was ~~short~~ shot through the liver in battle and of course never did entirely recover

Climax, Ga. Jan 4 1931

M Ed Whitaker
acct Mother

IN ACCOUNT WITH

E. S. DAVIS, M. D.

ore 13 Services
ore 24 Mother 28.00

The above statement is for the last illness of Mrs.E.M.Whitaker who died without owning sufficient property to pay this account.

This the 4th day of January 1932

E. S. Davis M.D.

Sworn to before me this 4th day of January 1932. Ed Maxwell
Ordinary Decatur Co.

~~$30.00~~ 100.00 Pension for the ~~Month of~~ Quarter Claim 1931 No. 5
Funeral Expenses of Mrs. E. M. Whitaker

This 5th Day of March 1935

Received of NELL MAXWELL, Ordinary, Decatur County

One Hundred ~~Thirty~~ and No/100 DOLLARS

IN FULL SETTLEMENT OF THE ABOVE NAMED AMOUNT (~~$30.00~~ 100.00) FOR THE MONTH OF Funeral Expenses Mrs. E. M. Whitaker Dec 31 '31

C. C. Duke
Witness

L. M. Beach
Witness

M E Whitaker
Pensioner Sign Here

The Accompanying Check Will Not Be Paid Unless THIS RECEIPT Is Properly Signed, Witnessed and Remains Attached to Check

The Accompanying Check Will Not Be Paid Unless THIS RECEIPT Is Properly Signed, Witnessed and Remains Attached to Check

Bainbridge, Ga., _____ 192

M _____

To T. B. MAXWELL, ORDINARY, Dr.

Dear Col Lindsey

In 1914 [illegible] Whitaker, [illegible] applicant [illegible] application for [illegible] approved it and filed same in [illegible] Accompanying his application to complete his proof of [illegible] to close of the [illegible] the papers that [illegible] kept showing his parole [illegible] release from [illegible] If you will [illegible] to your files of 1914 and [illegible] you will find the papers. This will be of service in passing upon the application of Mrs E. [illegible]

Yours truly
T B Maxwell
Ordinary

Chauncy Ga.
Oct 10 - 1914

Joel F. Coleman
Eastman Ga

Dear Sir,

I have written an application to the pension commissioner which you will please sign your name at the close of the page 2. and sign as ordinary as the ordinary is supposed to attend to pension business. Enclose the certificate of the Drs. I got yesterday and forward. I will reciprocate the kindness

Yours truly
J. W. Jessup

P.S.

Please explain I am transferred from Tift County to Dodge

M _____

To T. B. MAXWELL, ORDINARY, Dr.

Dear Col Lindsey

In 1914 [illegible] Whitaker, [illegible] of his applicant [illegible] application for [illegible] [illegible] approved it and filed same in [illegible] Office. Accompanying his application to complete his proof of service to close of the war, [illegible] you the papers that [illegible] Rept showing his parole or release from [illegible] If you will [illegible] to your files of 1914 and no doubt you will find the papers. This will be of service in passing upon the application of Mrs E. H. Whitaker.

Yours truly
T B Maxwell
Ordinary

Joel F. Coleman Oct 10 1914
Eastman Ga

Dear Sir,

I have written an application to the pension commissioner which you will please sign your name at the close of the page 2. and sign as ordinary as the ordinary is supposed to attend to pension business. Enclose the certificate of the Drs. I got yesterday and forward. I will reciprocate the kindness. Yours truly

J. W. Jessup

P.S.

Please explain I am transferred from Tift County to Dodge

from Tift County to Dodge

STATE OF GEORGIA

Marriage Certificate

Decatur COUNTY

This Certifies that J M Whitaker

and Est. M Slade

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By L F Foster Minister of the Gospel

On the 28 day of Feby in the year of our Lord 1867

as appears of record in my office in Marriage Record, book A,

page 200. This 12th day of Oct 1921

T B Maxwell

Ordinary.

NASHVILLE & BRADLEY CO., NASHVILLE



STATE OF GEORGIA

Marriage Certificate

Decatur COUNTY

This Certifies that J M Whitaker

and Sol. M Slade

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By L F Foster Minister of the Gospel

On the 28 day of Feby in the year of our Lord 1867

as appears of record in my office in Marriage Record, book A ,

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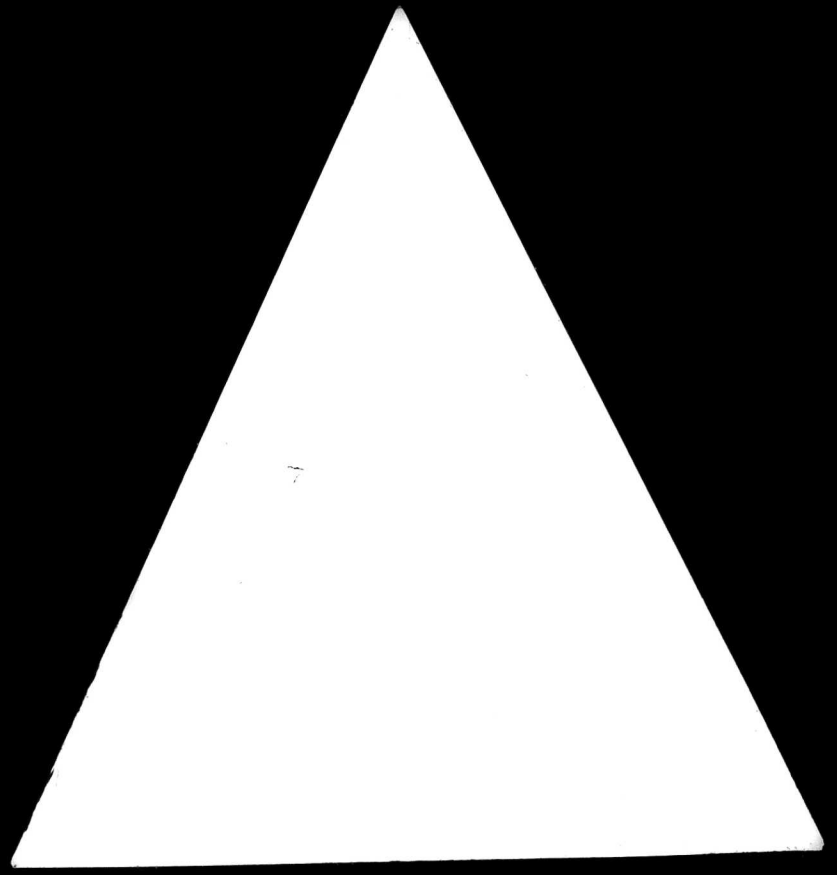
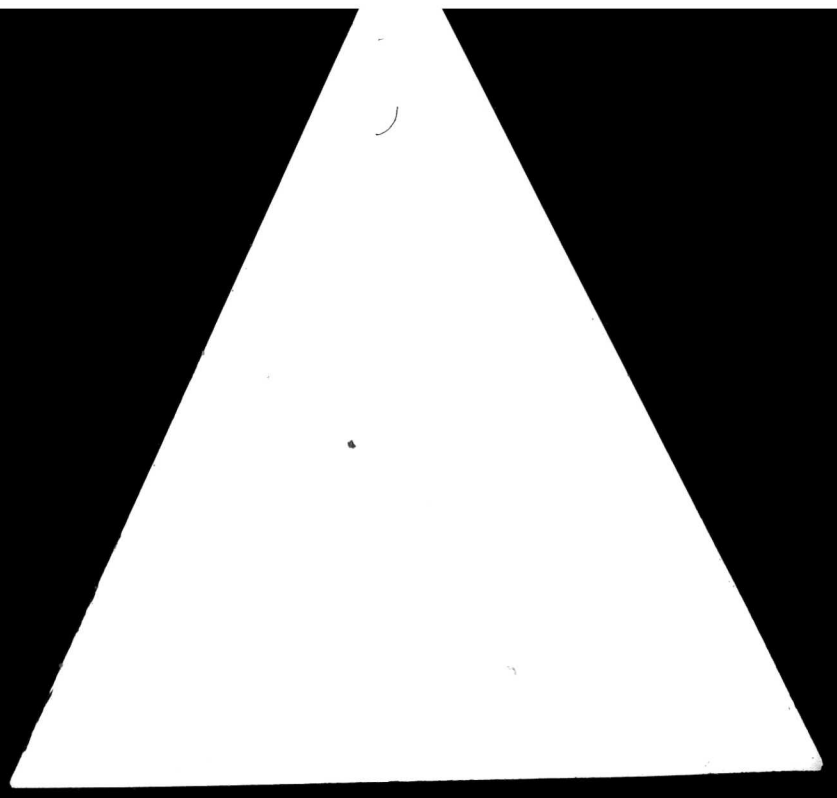
T B Maxwell

Ordinary.

NASHVILLE & BAULE CO., NASHVILLE





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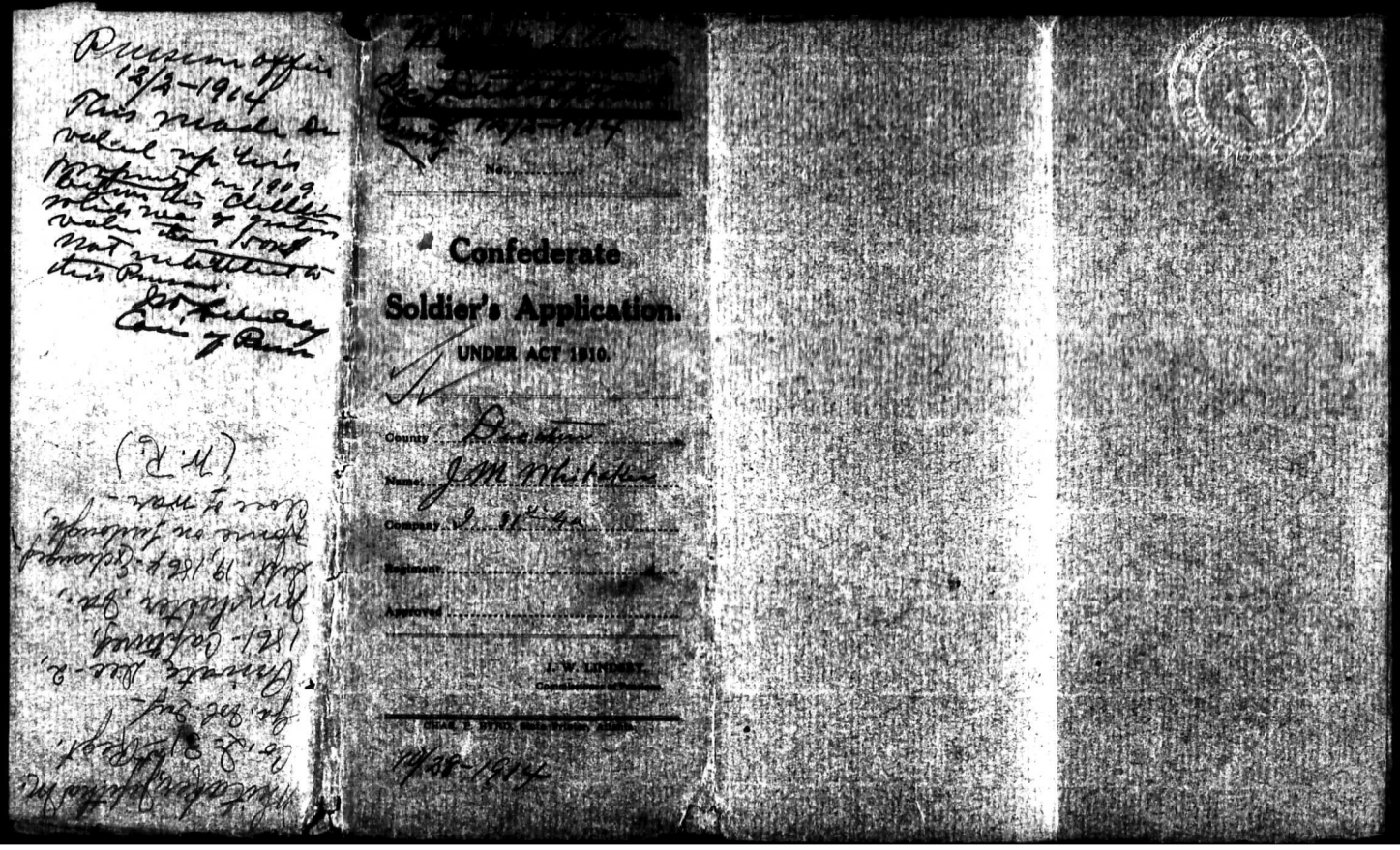
****LIGHT PRINT OR BAD COPY ****



Pruson office
12/2-1914
This made be
valued up his
property in 1909
before the Children
which was of greater
value than 500$
not intitled to
this Pruson
J. W. Lindsey
Com of Pens

Whitaker, Jonathan M.
Co. 2 Ga. Regt.
Ga. Bd. Def.
Private Dec. 2,
1861 - Captured,
Amelia, Va.
Sept. 19, 1864 - Exchanged
Home on furlough,
Close of war -
(W. R.)

[redacted]
[redacted]
[redacted]
[redacted] 12/2-1914

No. .....

Confederate Soldier's Application.

UNDER ACT 1910.

County Decatur

Name J. M. Whitaker

Company I 31st Ga

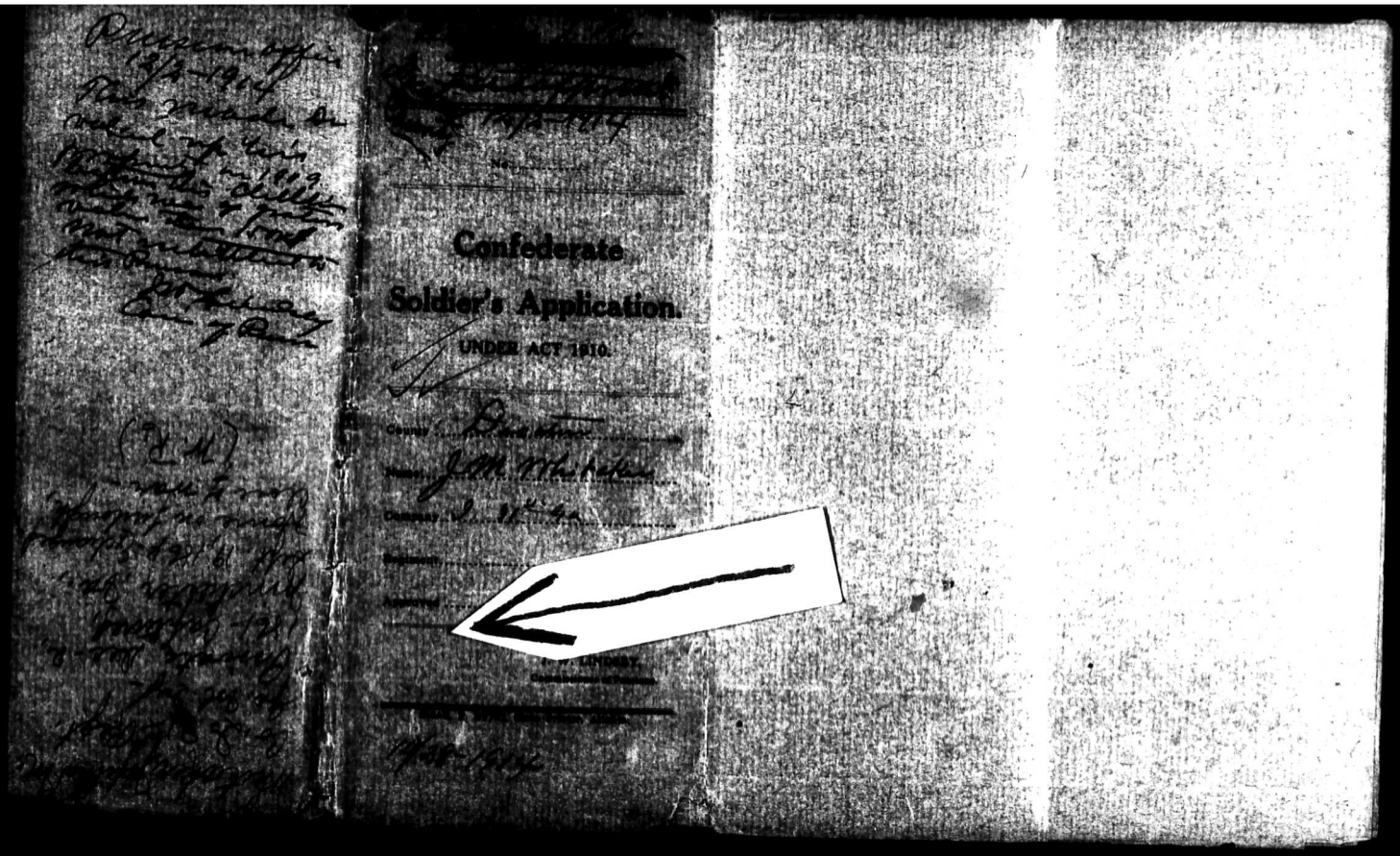
Regiment .....

Approved .....

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. E. BYRD, State Printer, Atlanta.

11/28-1914



APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

Decatur County.

J. M. Whitaker of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office) J. M. Whitaker Decatur Co Ga

2. How long and since when have you been a continuous resident citizen of this State? All my life age 70

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? In the Army of the Con States

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Enlisted at Bainbridge Co 9 1st Ga Private Fall 1861

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) From enlistment until close of the War April 1865

6. When and where was your Company and Regiment surrendered or discharged from the Service? Part of my command at Chapmanville Va April 1865

7. Were you actually present with your Command when it was surrendered or discharged? Yes

8. If you were not actually present, state specifically and clearly where you were. (at Thomas) Was paroled March 7 1865

a. Where was your Command when you left it? at Winchester Va

b. When did you leave the Command? Sept 1864

c. For what cause did you leave? Captured

d. By whose authority did you leave? —

e. For how long was your leave granted? In what way? —

f. Why did you not return to your Command after leave expired? Prisoner

g. In what way were you prevented? Prisoner

h. What effort did you make to return? —

i. Were you captured during the war? Yes

j. If so, when, and where? In what prison were you held and when were you released? At Winchester Va Point Lookout Prison & paroled March 7 1865

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) None except personal property Valued at 1600 00 Wife & Household goods

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? Disposed of my property among my Children Cattle Mules & Hogs Personal Property Value 700 00

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemised list) My Exemption 1 Horse 1 Cow 1 Sow & pigs 1 Mule 200 Corn 1 Wagon & Gear 1 Plow & Gear 1 Other personal 100 Total Value 910 00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? My home & my earnings from my health farm & orchard

13. Are you drawing a pension of any amount from this State or the United States? No

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the 1 day of Oct 1914

J. M. Whitaker

Leila Whitaker Ordinary

of Decatur County.

Confederate Soldier's Application.

UNDER ACT 1910.

County Decatur

Name J. M. Whitaker

Company 9 1st Ga

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS P BYRD, State Printer, Atlanta.

No.

Oct 1 1914

Decatur Co. Ga.
Co 9 1st Regt.
Ga Vol Inf
Private
Enlisted Dec 2 1861 - Surrendered April 9 1865 at Appomattox Va.
Paroled at Point Lookout Md.
(R. M.)
Transferred to Co K 2nd Ga Battalion
Transferred to Co K 27th Ga Regt.
Surrendered with Army of Northern Va.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Decatur County.

John Gowen of said State and County is hereby presented as a witness in support of the application of J M Whitaker for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded answers as follows:

1. What is your name and where do you reside? John Gowen
Decatur County Ga

2. How long and since when have you known J M Whitaker the applicant?
Have Known him over 50 years

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? He resides in Decatur County Ga
A resident ever since I Know him

4. When, where and in what Company and Regiment did J M Whitaker enlist during war from 1861 to 1865? (Give date and place) At Bainbridge Ga Fall 1861 Co I 31st Ga

5. How did you obtain your information of this Service? I was in Same
Company & Regiment

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) To my Knowledge Nearly 3 years

7. When and where was his Command surrendered or discharged (give date and place)
Best of my recollection at Appomattox Va April 1863

8. Were you personally present at the Surrender? No

9. If not, where were you and how came you there? I was Captured May 1864 I never saw the applicant after May 64 until Close of the War

10. Was the applicant personally present with his Command at surrender? Don't Know

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) We were together until May 1864

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 22 day of Oct 1914 John Gowen
T B Maxwell Ordinary,
of Decatur County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Decatur County.

Personally before me comes J A W Colvin who on oath says that they are freeholders residing in said County and we know J M Whitaker 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.) About 35 or 40 acres land Value 400.00 Personal property 1 cow & three [illegible] hogs and other personal [illegible] Value 150.00

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.) About the Year 1909 He divided his lands 288 acres equally among his Children

2. When and to whom was it sold or given to? Their Children

3. What was the price paid or stated to be paid? equal division No price mentioned

4. What relation is the party to applicant? Children

5. What disposition was made of the proceeds of the sale? —

6. Was the disposition of this property made in good faith and full values? Yes or was it made to obtain a pension? Account of [illegible] was made over to his children [illegible] Pension

Sworn to and subscribed before me, this the 22 day of Oct 1914 J A W Colvin
T B Maxwell Ordinary,
of Decatur County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I, T B Maxwell Ordinary of said County, certify that I know the applicant J M Whitaker for Pension is the person he represents himself to be and resides in said County. That I also know John Gowen the witness swearing to the service and J A W Colvin 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 J M Whitaker shows that and wife value for tax is in 1908 $ 2212.00 for 1909 $ 2600 for 1910 $ 1598
1911 $ 1508.00 1912 do agent $ 1639.00 1914 do agent $ 1740.00

Sworn under my hand and official seal of office this 22 day of Oct 1914
T B Maxwell Ordinary,
of Decatur 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.

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 22 day of Oct 1914 } John Yaron

T B Maxwell Ordinary,

of Decatur County.

of Decatur 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.

Bainbridge Ga Oct 22 – 1914

Hon J W Lindsey
Atlanta Ga

Dear Sir

Please preserve this old War Parole paper and return it to me after passing upon the application. It is only sent along to connect the proof of his War record. This is regard of applicant.

Yours truly
T B Maxwell
Ordinary

DISAPPROVED.

NAME Whitaker, J.M. YEAR 1914 COUNTY Decatur

WHEN AND WHERE BORN? Resident of Georgia, all his life, age 70 years.

ENLISTED WHEN AND WHERE? Fall 1861,- Bainbridge, Georgia.

RANK?

COMPANY AND REGIMENT? Co.I. 31st. Ga.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? Winchester, Va., captured Sept. 1864, sent to Prison, Point Lookout, Md.

RELEASED: Paroled March 7,1865, from Point Lookout, Md. Prison.

WHEN AND WHERE SURRENDERED? Command surrendered: (Best of his recollection) April 1865,- Appomattox, Virginia.

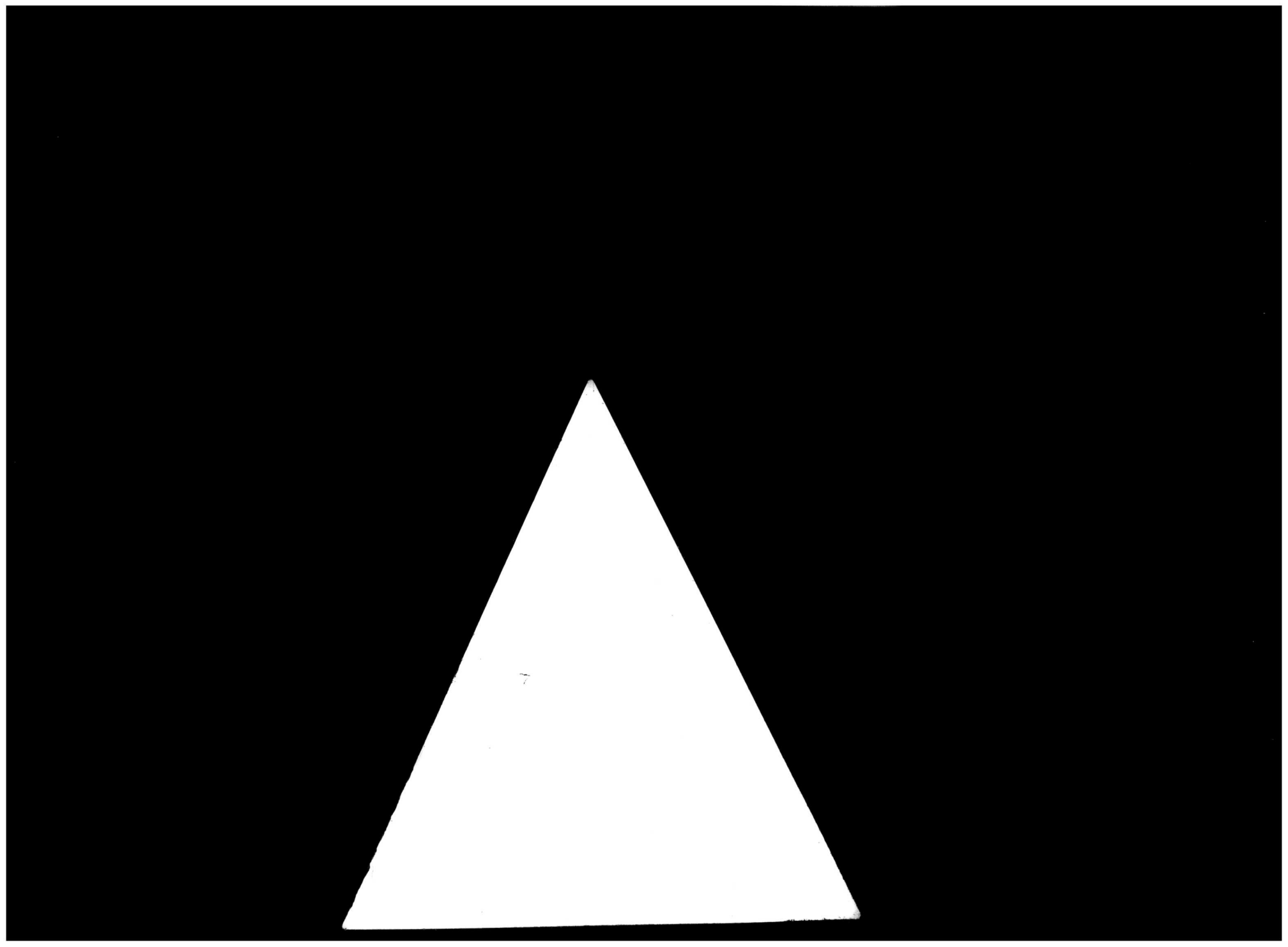
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home, was paroled, March 7,1865. Left Command at Winchester, Va., Sept.1864. Captured.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: John Yawn ,-- Same Command -- No data.

mh.



Whitaker, Mary
Decatur County

Disapproved 10/2/1906

WIDOW'S INDIGENT PENSION. 1904.

Name Mrs Mary Whitaker
County Decatur
Widow of Allen Whitaker
Co K & Ga Cavalry

Approved ..... 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

..... 1904.

Geo. W. Harrison, State Printer, Atlanta.

9/25/06

Pension office
10/2 - 1906
In the [illegible]
of property of
a [illegible]
[illegible]
[illegible]
[illegible]

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County,

I, Mary Whitaker hereby authorize W A Wright of Decatur County, to receive and receipt for the pension allowed and that he remit the same to me at through Ordinary by his check or registered mail.

Witness my hand this 5 day of Sept 1906

Executed in presence of
J B Maxwell Ordinary,
Decatur County.

Mrs Mary Whitaker

{SEAL.}

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County,

I, Mary Whitaker hereby authorize W A Wright of Decatur County, to receive and receipt for the pension allowed and that he remit the same to me at through Ordinary by his check or registered mail.

Witness my hand this 5 day of Sept 1906

Executed in presence of
T B Maxwell Orditary,
Decatur County.

Mrs Mary Whitaker

SEAL.

Whitaker, Mary
Decatur County
Disapproved 10/2/1906

WIDOW'S
INDIGENT PENSION.
1904.

Name Mrs Mary Whitaker
County Decatur
Widow of Allen Whitaker
Co K Ga Cavalry
Approved 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1904.

Geo. W. Harrison, State Printer, Atlanta.

9/25/06

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Decatur County,

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

1. What is your name and where do you reside? (Give State, County and Post-Office) Mrs Mary Whitaker Bambridge 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? Born in Dooly Co Ga 1840

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.) Born in Stuart Co Ga about the year 1836 We were married Sept 4 1862

5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States? He enlisted at Bambridge in Co K 2nd Ga Cavalry in April 1862

6. How long did your husband serve in said Company and Regiment? Served through out the War to April 1865

7. When and where did your husband's Company and Regiment surrender and was discharged? Surrendered at Salsbury N C. April 1865

8. Was your husband present at the time and place when his Company and Regiment surrendered? He was

9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority? Present

10. When and where did your husband die? He died the 9th day of September 1880

11. Which of the following grounds do you base your application for Pension, viz.: First—Age and Poverty; Second—Infirmity and Poverty, or Third—Blindness and Poverty? Infirmity and Poverty

12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight? For the last 4 or 5 years I have been unable to do work sufficient for support Caused from afflicted legs.

13. What has been your occupation since your husband's death? House work on the Farm

14. How much can you earn gross, by your own exertion or labor? Very little

15. What property, real or personal, or income do you have or possess, and its gross value? I have a small home no income Gross val 500.00

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? He left me home, which I still possess

17. In what counties did you reside in 1899, 1900, 1901, 1902, 1903 and 1904, and what property did you return for taxation? Decatur Co returned my home for taxes worth about 500.00

18. How have you been supported since death of husband, and especially for 1899, 1900, 1901, 1902, 1903 and 1904? Supported from my place up to now but no one to help me from this on

19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? Just a living from my home place

20. What was your employment during 1899, 1900, 1901, 1902 and 1903—how much did you receive for each year? I live on the farm Just a scanty living from my farm made by hired labor

21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property? One Daughter 29 years old She has heart trouble & cannot work She has no home of her own

22. Have you ever made application for pension before? no

23. How many applications have you made for a pension, and under what class? —

Sworn to and subscribed before me, this the 5 day of Sept 1906

Mrs Mary Whitaker

T B Maxwell Ordinary,
of Decatur County.

QUESTIONS FOR WITNESSES.

STATE OF GEORGIA. }
Decatur County. }

J H Adams, of said State and County, having been presented as a witness in support of the application of Mrs. Mary Whitaker 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? J H Adams Iron City Ga
2. Are you acquainted with the applicant, Mrs. Mary Whitaker
If so, how long have you known her? About 50 years
3. Where does she reside, and how long and since when has she been a resident of this State? She resides in Decatur Co Ga Resident ever since a Soldier
4. When and where was she born? Don't Know
5. Were you ever acquainted with her husband? Yes
6. Where did she reside in 1861? Lived in Decatur Co Ga.
7. When and to whom was he married? She Married Allen Whitaker 1862
8. When and where was he born? Don't Know
9. How long have you known him? Since 1850
10. When and where did Allen Whitaker enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? He enlisted at Bainbridge Ga in Co K 2 Ga Cavalry 1862
11. Were you a member of the same Company and Regiment? I was
12. How long did he perform regular military duty? From beginning of Service in to Close of the War April 1865
13. When and where was his Company and Regiment surrendered and discharged from service? Surrendered at Salsbury NC April 1865
14. Were you with the Command when it surrendered? I was
15. Was Allen Whitaker the husband of applicant present? He was
16. If not present, where was he? Present
17. When and where did he leave his command? Surrender
For what cause? War Closed
By whose authority he left? Commanding Officer
How do you know all this? (State fully and clearly.)
I was present We were all discharged & received one Dollar in Gold for faithful duty
18. When and where did Allen Whitaker die?
He died in Decatur Co 1880
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
Decatur Co Resident all his life
20. Do you of your own knowledge know that applicant is the lawful widow of Allen Whitaker?
She is
21. Has she remained unmarried since her soldier husband's death, and is now his widow?
She has remained unmarried
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? She has some property Has an income Her property is very poor and she has a hard time to get along
23. What property, effects or income did applicant possess in 1899, 1900, 1901, 1902 and 1903, and what disposition did she make of it? She had a Small place No disposition that I Know of
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? Not to my Knowledge
25. What is applicant's physical condition and her chances and ability to earn a support?
She is old and not Physically able to do Work Sufficient for Support
26. Is applicant able to earn a support at labor of any sort, if not, why? She is not
27. How was she supported for 1899, 1900, 1901, 1902 and 1903? She Supported herself by her Farm She is not able to work off the Consequently has been compelled to find some other means
28. How much did applicant contribute to her support for last two years? Don't Think Much
29. Give a full and complete statement of applicant's physical condition? She is old and very feeble not able to look after little farm by herself she could make out without having to lease her home
30. What interest have you in the recovery of this pension by the applicant? She is Widow of a Confederate soldier I would like to see her get what if the State can do so for her

Sworn to and subscribed before me this 5 day of Sept 1906
T B Maxwell Ordinary, Decatur County.

J H Adams
Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA, }
Decatur County. }

Personally before me comes J D Chason M.D and Gordon Chason 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. Mary Whitaker, applicant for a Pension under act of 1900, and after such personal examination say that her physical condition is this Age 65 years. Pulse 92 per minute Volume Very good Nutrition Suffers from Varicose veins of Legs and large Varicose Ulcer on right leg Suffers from Acidity of Stomach and sick Headache and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 5 day of Sept 1906
T B Maxwell Ordinary, Decatur County.

J D Chason M.D
Gordon Chason M.D

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, }
Decatur County. }

I, T B Maxwell Ordinary, in and for said County, hereby certify that the applicant, Mrs. Mary A Whitaker resides in said County, and has been a bona fide resident of this State since the 1 day of Jan 18 90, and that the witnesses, Mr. J H Adams 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 Decatur County shows that applicant returned for taxation in her own name in 1899 dollars worth of property, and in 1900 $485.00 dollars worth of property, in 1901 $601 dollars worth of property, in 1902 $601 dollars worth of property, and in 1903 — 1904 $5.00 1905 — $629.00 dollars worth of property.

Witness my hand and official seal this 21 day of Sept 1906

{SEAL.}

T B Maxwell Ordinary, Decatur County.

NOTES—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 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.

Whitaker, Mary
Decatur Co

O.K. Dec 1911
No.

Widow's Pension
UNDER ACT 1910.

County Decatur

Name Mrs Mary Whitaker

Widow of Allen B Whitaker

Co K 2nd Ga Cov

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

1 Feb 10

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

STATE OF GEORGIA,
Decatur County.

Personally before me comes Mrs Mary Whitaker 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? Mary Whitaker Bainbridge Ga
2. How long and since when have you been a continuing resident in the State of Georgia? Born in Ga Lived all my life in Ga 70 years
3. When, where and to whom were you married? Allen B Whitaker Sept 4 1862 Decatur Co
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.) At Bainbridge in Co K 2nd Ga Cavalry. March 1862
5. When and where did the Commands of your husband surrender or discharge from the army? Surrendered at Youngs boro N C Close of the War April 1865
6. Was your husband personally present at the time of the surrender or discharge of this Command? He was present
7. If he was not present state clearly where he was? –
8. Where was his Command when he left? –
a. For what cause did he leave his command? –
b. By whose authority did he leave his Command? –
c. For how long was he granted leave of absence? –
e. What was his physical condition when he left his Command? –
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? Were you residing together when he died? If not, how long had you resided apart? Died at home Decatur Co 29th of Sept 1880

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.) 175 Acres land @ 7.00 per acre 1225 1 House Small 50.00 4 Cattle 20.00 1 Buggy 20.00 House held 30.00

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? I own as above
Give list and cash value? Land $1225.00 Horses 50 Cattle 20.00 Buggy 20 Wagon 30.00 Household 30.00 $1375.00

12. What are your annual earnings or income and their value? No Income Earnings

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 3d day of Oct 1910

J B Maxwell Ordinary.
of Decatur County.

Mary Whitaker

I would take 1375 for it

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,
Decatur County.

Personally before me comes J W Wilson who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? J W Wilson Fowlstown Decatur Co Ga
2. How long and since when have you known Mrs Mary Whitaker applicant?
3. How long and since when has she continuously resided in this State? (Give date.) I know Known her about 60 years A resident of this State ever since I Known her
4. When and to whom was she married? How do you know? Allen B Whitaker Sept 1862
5. How long and since when did you know Allen B Whitaker her husband? I first Known him in the year 1861 until his death
6. When, where and in what Company and Regiment did Allen B Whitaker enlist? at Bainbridge Ga March 1862 in Co K 2 nd Ga Cavalry
7. Were you a member of the same Company? I was
8. How long within your personal knowledge did he perform actual military service with his Company and Regiment? Something over 3 years
9. When, and where did his Command surrender, and was discharged? at Greensboro N C April 1865
10. Were you personally present when it was surrendered? I was If not where were you Present and how came you there?
11. Was the husband of applicant personally present at surrender? He was 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? Do you state if of your own personal knowledge? (State all you know fully, and how you know it.)
12. For what cause, if you know of your own knowledge was he prevented from returning to his Command? —
13. What effort did he make to return to his Command and how do you know this? Of you own knowledge or how?

Sworn to and subscribed before me this the 4 day of Oct 1910
J B Maxwell Ordinary.
of Decatur County.

J W his X mark Wilson

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Decatur County.

Personally before me comes R. H. Matthis and M E O'Neal who on oath says that they are freeholders of said County and that they know Mrs Mary Whitaker 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

175 acres Land	875
Personal property	$124
Notes and accounts due None	$
Total	$999.00

Schedule (B).

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

Personal property None That We Know	$
Money, Notes and accounts " " "	$

Schedule (C).

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

175 Acres of land worth 5	$875
1 Horses and Mules	$50
4 Cows and ~~Hogs~~	$24
Other property Buggy & Wagon & Household & Kitchen Furniture	$30
No income and earnings	$75
Total Value of all property and effects	$1099

Sworn and subscribed before me this the 12 day of Oct 1910
J B Maxwell Ordinary.
of Decatur County.

R H Matthis
M E O'Neal

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I J B Maxwell Ordinary of said County do certify that, I know Mrs Mary Whitaker the applicant for pension. She is the person she represents herself to be and she is a bonafide continuing resident citizen of said County and was in the 4th Nov,. 1908. J W Wilson

That I also know Mr J W Wilson the witness who swears to the service of husband, and M E O'Neal & R H Matthis 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 Mrs Mary Whitaker Returned for Tax is for 1908 $ 46.9 for 1910 $ 67.9

Sworn under my hand and official seal of office this 12 day of Oct 1910

SEAL.

J B Maxwell Ordinary.
Decatur 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.
4 All affidavits must be made before the Ordinary.
3 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 DECATUR COUNTY.

I T.B.Maxwell Ordinary of said County do hereby certify that the within is a true copy of Marriage License and Marriage cirtificate of the marriage of Allen B Whitaker to Mary Knight as appears of record in this Office in marriage record Book A page 481 of marriage records.

Given under my hand and seal of Office this Oct 13 1910.

T.B.Maxwell
Ordinary
Decatur
County.

MARRIAGE LICENSE

OF

AND

Issued 19

and Recorded on Page Book

of Marriage Licenses.

Ordinary.

PEPPER & DAVIES CO., PRINTERS AND BINDERS, ATLANTA.

Georgia Decatur County } I T B Maxwell Ordinary of said County do hereby certify that the within is a true copy of

Certificate

MARRIAGE LICENSE

OF

Allen B Whitaker

AND

Mary Knight

Issued Sept 24 1862 19

and Recorded on Page 481 Book

B of Marriage Licenses.

T B Maxwell

Ordinary.

DECATUR

COUNTY OF DECATUR

GEORGIA

PEPPER & DAVIES CO., PRINTERS AND BINDERS, ATLANTA, GA

Mary Knight as appears of record in this Office in marriage record Book A page 421 of marriage records.

Given under my hand and seal of Office this Oct 13 1910.

T B Maxwell
Ordinary
Decatur
County.

MARRIAGE LICENSE

OF

AND

Issued 19

and Recorded on Page Book

of Marriage Licenses.

Ordinary.

PEOPLES & DAVIES CO., PRINTERS AND BINDERS, ATLANTA.

OF

Allen B Whitaker

AND

Mary Knight

Issued Sept 24 1862 19

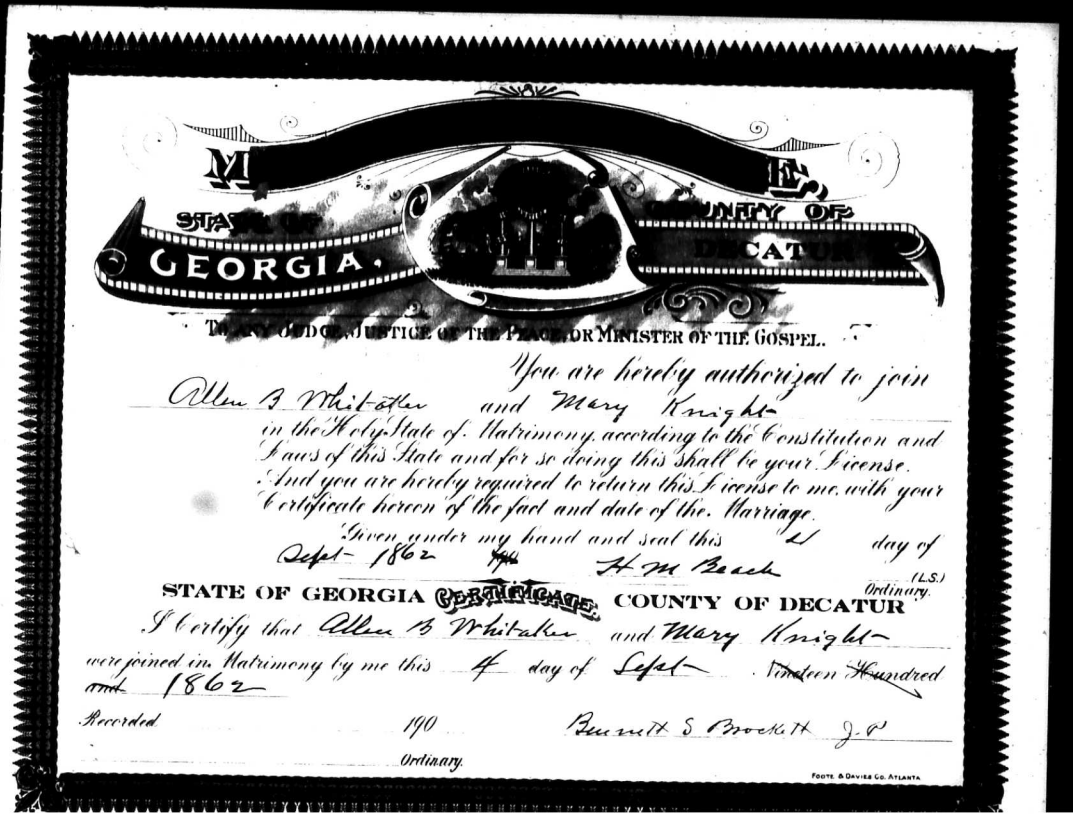
and Recorded on Page 421 Book

B of Marriage Licenses.

T B Maxwell

Ordinary.

PEOPLES & DAVIES CO., PRINTERS AND BINDERS, ATLANTA, GA



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STATE OF GEORGIA. COUNTY OF DECATUR

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

You are hereby authorized to join Allen B Whitaker and Mary Knight 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 4 day of Sept 1862 ~~190~~ H M Beach (L.S.) Ordinary.

STATE OF GEORGIA CERTIFICATE COUNTY OF DECATUR

I Certify that Allen B Whitaker and Mary Knight were joined in Matrimony by me this 4 day of Sept ~~Nineteen Hundred and~~ 1862

Recorded 190 Bennett S Brockett J.P.

Ordinary.

FOOTE & DAVIES CO. ATLANTA

GEORGIA

TO ANY AUTHORIZED JUSTICE OF THE PEACE OR MINISTER OF THE GOSPEL.

You are hereby authorized to join Allen B Whitaker and Mary Knight 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 4 day of Sept 1862

H M Beach (L.S.)
Ordinary.

STATE OF GEORGIA CERTIFICATE. COUNTY OF DECATUR

I Certify that Allen B Whitaker and Mary Knight were joined in Matrimony by me this 4 day of Sept Nineteen Hundred and 1862

Recorded 190

Burnett S Brockett J.C.
Ordinary.

FOOTE & DAVIES CO. ATLANTA



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

You are hereby authorized to join Allen B Whitaker and Mary Knight 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.

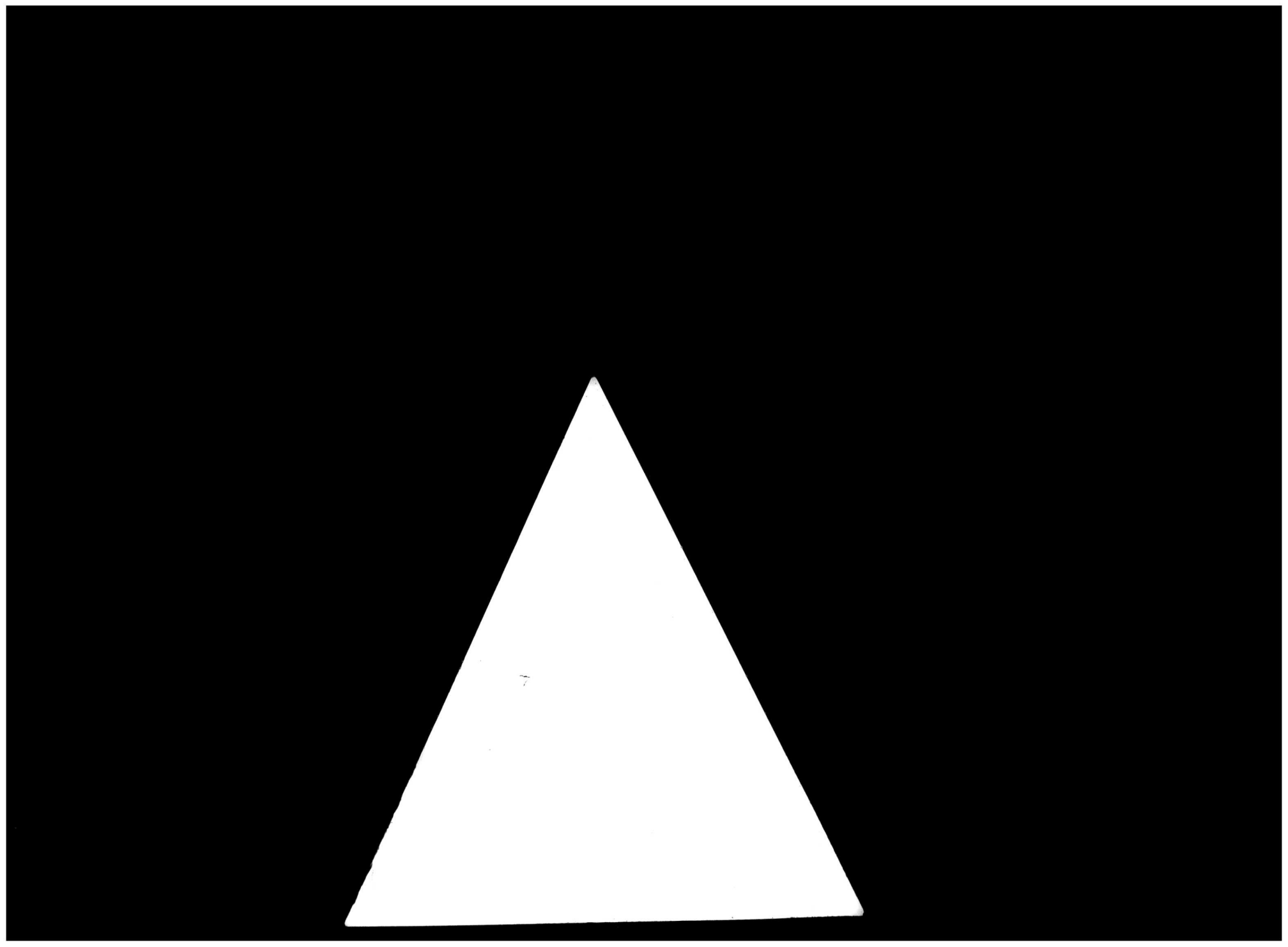
Given under my hand and seal this 4th day of Sept 1862 H M Beach (L.S.) Ordinary.

STATE OF GEORGIA CERTIFICATE COUNTY OF DECATUR

I Certify that Allen B Whitaker and Mary Knight were joined in Matrimony by me this 4th day of September Eighteen Hundred and 1862

Recorded 4th Bennett S Brockett J P

Ordinary.



Pension office 12-6-1916 Must submit some testimony to prove his statements of where husband was at surrender to be true of their own knowledge. The witness submitted knows nothing of his own knowledge. Hearsay information and belief will not answer as evidence.

J.W.Lindsey Com of Pens.

Allowed

Maryland

Decatur County

No.

Allowed 1913

Widow's Pension

UNDER ACT 1910.

County Decatur

Name Mrs Julia L Mills

Widow of John L Mills

Co D 6th Ga Regt

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

11/30/1912

Pension office 12-6-1910 Must submit some testimony to prove his statements of where husband was at surrender to be true of their own knowledge. The witness submitted knows nothing of his own knowledge. Hearsay information and belief will not answer as evidence.

J.W.Lindsey Com Of Pens.

Amended

Widow's Pension

UNDER ACT 1910.

County Decatur

Name Mrs Julia F Wilks

Widow of John L Wilks

Co D 5th Ga Reserves

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

11/30-1912

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

STATE OF GEORGIA,
Decatur County.

Personally before me comes Mrs Julia F Wilks 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? Julia F Wilks Dandenville Ga
2. How long and since when have you been a continuing resident in the State of Georgia? All my life 56 years
3. When, where and to whom were you married? J L Wilks Nov 25-1869 Decatur Co
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.) From his history which I have At Macon Ga April 16-1864 in Co D 5th Ga Reserves
5. When and where did the Commands of your husband surrender or discharge from the army? At Greensboro N.C. April 1865
6. Was your husband personally present at the time of the surrender or discharge of this Command? No he had been sent to Augusta with Sick Soldiers a few days prior to
7. If he was not present state clearly where he was? At Augusta Ga
8. Where was his Command when he left? ~~Dont Know~~ At Midway S C Mch 1865
a. For what cause did he leave his command? He was sent with Sick Soldiers to Augusta
b. By whose authority did he leave his Command? Director by commanding officer
c. For how long was he granted leave of absence? No special time
e. What was his physical condition when he left his Command? Good
f. What effort did he make to return to his command? He was cut off by the Enemy
g. In what way was he prevented from going back to Command? Enemy
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? Crawford Co Ga 1903
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.) Nothing except a little house hold Furniture
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 sold or given away
11. What property of any description of any value have you now? Little Household Give list and cash value? About $50
12. What are your annual earnings or income and their value? No income I am supported by my Children
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 29 day of Oct 1910

Mrs J F Wilkes

T B Maxwell Ordinary.

of Decatur County.

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,
Decatur County.

Personally before me comes D S Oliver 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. S. Oliver Decatur Co Ga
2. How long and since when have you known Mrs Julia F Wilks applicant?
3. How long and since when has she continuously resided in this State? (Give date.) I have known her over 45 years A resident ever since I knew her
4. When and to whom was she married? J L Wilks Nov 25 1869 How do you know? Present
5. How long and since when did you know J L Wilks her husband? ever since Boyhood
6. When and where did J L Wilks the husband of Applicant die? he dies in Crawford County Ga 1903
7. Where the Aplicant 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? —
Were they divorced? —
9. When, where and in what Company and Regiment did J L Wilks enlist? April 1864 at Macon Ga Co D 5th Ga reserves He was my Bro-in-law & I knew of the enlistment
10. Were you a member of the same Company? No I enlisted in Co K 8th Ga Cavalry
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From enlistment Apr 1864 to close of the war Apr 1865
12. When, and where did his Command surrender, and was discharged? Best of my recolection at Greensboro N.C. April 1865
13. Were you personally present when it was surrendered? no If not where were you at Andersonville Ga and how came you there? I was in Co K 8th Ga Cavalry We were all discharged there
14. Was the husband of applicant personally present at surrender? don't know If not where was he? He was the last I saw him just a few days, before the surrender with his command on their way to S.C. 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? He was my Bro-in-law and I knew of his war record during his service by constant communication and meeting him & what I have stated is fact
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 29 day of Oct 1910 D. S. Oliver.

T B Maxwell Ordinary,

of Decatur County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Decatur County.

Personally before me comes S D Cherry who on oath says that they are freeholders of said County and that they know Mrs J F Wilks 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 A Little House hold

Personal property Worth $25.00
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 None $
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 House hold $
Horses and Mules $
Cows and Hogs $
Other property Worth Not over $25.00
Income and earnings None that I know of $
Total Value of all property and effects $

Sworn and subscribed before me this the 7 day of Nov 1910 S. D. Cherry

T B Maxwell Ordinary,

of Decatur County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I T B Maxwell Ordinary of said County do certify that, I know Mrs Julia F Wilks 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 D S Ponder the witness who swears to the service of husband, 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 Nothing Returned for Tax is for 1908 $ — for 1910 $ —

Sworn under my hand and official seal of office this 29 day of Oct 1910

SEAL. T B Maxwell Ordinary,

Decatur 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.
4 All affidavits must be made before the Ordinary.
3 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.

(A copy of History of John L Wilks War record)

[illegible] in the Confederate Confederate War [illegible] Co D 5th Regiment [illegible] Reserve [illegible] served in said company & Regiment until [illegible] [illegible] detailed [illegible] [illegible] Carry [illegible] soldiers to Augusta Ga [illegible] [illegible] [illegible] [illegible] company [illegible] Augusta Ga while my Regiment was discharged [illegible] Greensboro N C My War Comrads [illegible] [illegible] [illegible] Ga [illegible] [illegible] [illegible] Ga [illegible] [illegible] [illegible] Ga [illegible] [illegible] [illegible] Ga [illegible] [illegible] [illegible] Ga

= Amended proof =

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,
Crawford County.

Personally before me comes J W Wacter who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? J W Wacter Taylor County
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 J L Wilkes her husband? since 1864 to time of death 1908
6. When and where did J L Wilkes the husband of Applicant die? Crawford County
7. Where the Aplicant and her husband living together as husband and wife at the date of his death? yes
8. If not, how long did they live apart before his death? — Were they divorced? —
9. When, where and in what Company and Regiment did J L Wilkes enlist? Company D 5th Ga Reserve
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? from enlistment to surrender
12. When, and where did his Command surrender, and was discharged? April 1865 Greensboro N C
13. Were you personally present when it was surrendered? yes If not where were you and how came you there?
14. Was the husband of applicant personally present at surrender? no If not where was he? detailed as guard when, where and for what cause did he leave Command? (Give date.) by order of commanding officer By whose authority did he leave his Command? commanding officer and how long was he granted leave? no specified time How do you know all this? I was there a member of same co & Regiment
15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? cut off by enemies
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Surrendered while he was off

Sworn to and subscribed before me this the 31st day of January 1913

J W Wacter

R. H. Cutwhorn Ordinary,
of Crawford County.

Georgia Crawford County J R. H. Cutwhorn ordinary & said County do certify that I am well acquainted with J. W. Wacter and that his statements is entitled to Credit & Credit. Given under my hands seal & office - this Jany 31st 1913
R. H. Cutwhorn ordinary Crawford County

GEORGIA DECATUR COUNTY.

I- T. B. Maxwell Ordinary of said County do hereby certify that the within is a true Marriage License and certificate of the marriage of John L Wilks to Julia F Perry, as appears of record in marriage record Book B Page 172 in this Office.

Given under my hand and seal of Office

This Oct 29th 1910.

T B Maxwell

Ordinary Decatur County.

ISE 19 Book inary.

(Copy of History of John L Wilks War record)

[illegible] Enlisted in the Confederate Confederate War [illegible] 16, 1864 at [illegible] Ga in Co D. 5th Regiment Georgia Reserve. And served in said Company & Regiment until the surrender in March 1865 I was detailed at Midway S.C. to carry sick soldiers to Augusta Ga and while on said trip got cut off from my company I was discharged at Augusta Ga while my Regiment was discharged at Greensboro N.C. My War Comrades that I now remember are

Col P. D. Findley, Macon Ga
Lieu R. M. Rogers " "
" Dallie McCown Milledgeville, Ga
Capt Walter Paine " "
Sargt J. M. Pender. Farsyth. Ga
Jno Wactor Butler, Ga

... under my hand and seal of Office

This Oct 29th 1910.

T. B. Maxwell

Ordinary Decatur County.

ISE

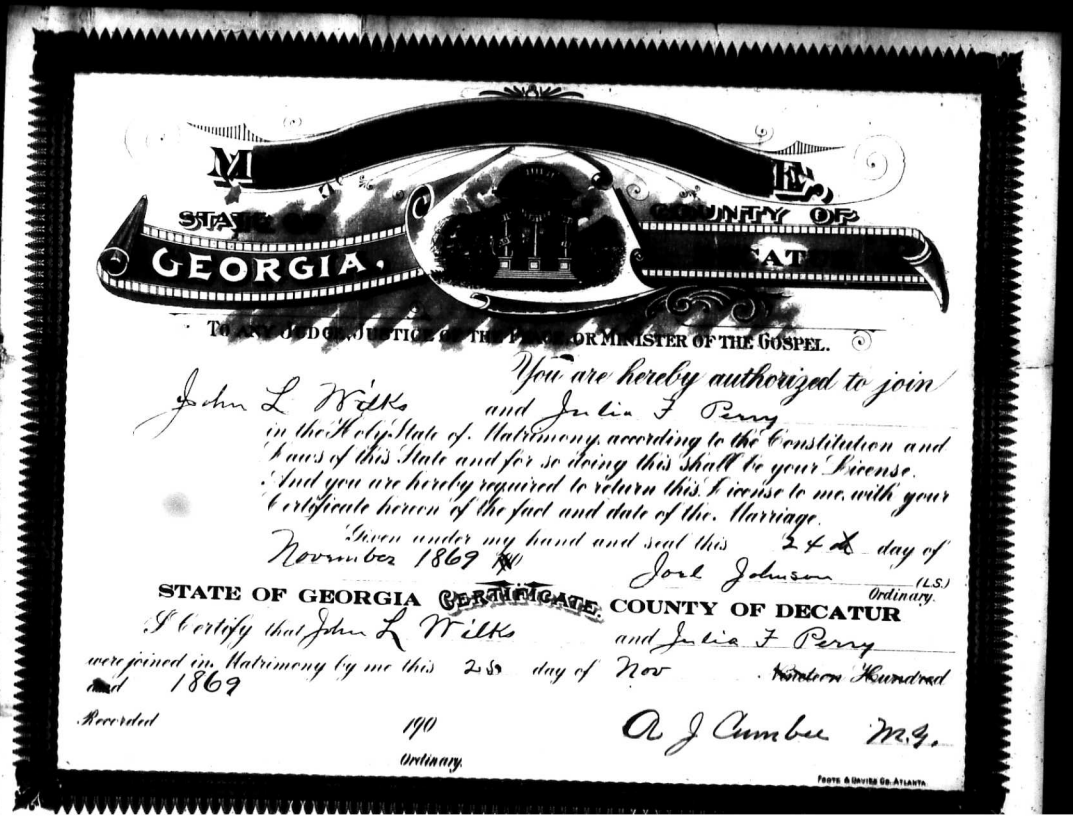
19 Book

...inary.

(Copy of History of John L. Wilks War record)

... Enlisted in the Confederate Confederate War ... 16, 1864. At Macon Ga. in Co D. 5th Regiment Georgia Reserve. And served in said Company & Regiment until the surrender in March 1865 I was detailed at Midway S.C. to carry sick soldiers to Augusta Ga. and while on said trip got cut off from my Company I was discharged at Augusta Ga. while my Regiment was discharged at Greensboro N.C. My War Comrade that I now remember are

Col. P. D. Findley, Macon Ga
Lieu R. M. Rogers " "
" Dollie McCaul Milledgeville, Ga
Capt Walter Paine " "
Sargt J. M. Pender. Forsyth. Ga
Jno W. Actor Butler, Ga



MARRIAGE LICENSE

STATE OF GEORGIA. COUNTY OF DECATUR

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

You are hereby authorized to join John L Wilks and Julia F Perry 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 24th day of November 1869

Jos. Johnson (L.S.)
Ordinary.

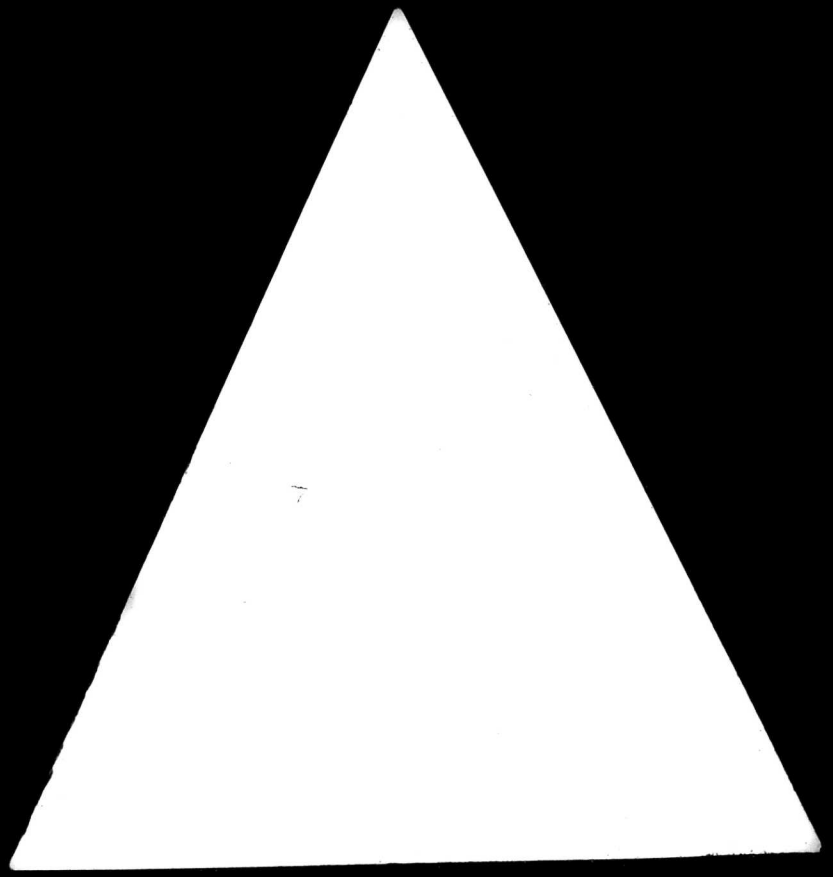
STATE OF GEORGIA CERTIFICATE COUNTY OF DECATUR

I Certify that John L Wilks and Julia F Perry were joined in Matrimony by me this 25th day of Nov Nineteen Hundred and 1869

Recorded 190

A J Cumbee M.G.
Ordinary.

FOOTE & DAVIES CO. ATLANTA



Williams, Charity
Decatur County
1907

OK No. for 1908

WIDOW'S INDIGENT PENSION

Name Mrs Charity Williams
County Decatur
Widow of John D Williams
of 12 Ga Mildia
Approved

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

9/30/07

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Charity Williams hereby authorize W A Wright of Atlanta Fulton County to receive and receipt for the pension allowed and that he remit the same to me at Through Ordinary by his check or registered mail.

Witness my hand this 5 day of Sept 1908

Executed in presence of
J B Maxwell Ordinary,
Decatur County.

Mrs Charity Williams his mark L. S.

{SEAL.}

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Charity Williams hereby authorise W A Wright of Atlanta Fulton County to receive and receipt for the pension allowed and that he remit the same to me at through Ordinary by his check or registered mail.

Witness my hand this 5 day of Sept 1907

Executed in presence of
J B Maxwell Ordinary,
Decatur County.

Mrs Charity Williams L. S.
her mark

{SEAL.}

Williams Charity
Decatur Co
1907

No. 24,428

WIDOW'S INDIGENT PENSION

Name Mrs Charity Williams
County Decatur
Widow of John D Williams
4th Ga Militia

Approved
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

9/30/07

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Decatur County.

Mrs. Charity Williams 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.) Charity Williams Reynoldsville Decatur Co Ga

2. How long and since what have you been a resident of this State? Resident of this State all my life Nearly 77 years

3. When and where were you born? Born in Brady County Ga October 1831

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.) John D Williams Born in Bibb Co Ga I think about the 5th 1826 Married in the year 1847

5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States? He enlisted at Bainbridge in 12th Ga Militia July 4th 1864

6. How long did your husband serve in said Company and Regiment? He came home on furlough the 1st part of 1865

7. When and where did your husband's Company and Regiment surrender and was discharged? I don't remember

8. Was your husband present at the time and place when his Company and Regiment surrendered? No he was at home He was unable to do field Service

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 sent home on furlough about the first of January 1865 on account of inability to do Service, being badly ruptured He was never able to return to Command

10. When and where did your husband die? He died at home in January 1907

11. Which of the following grounds do you base your application for pension, viz.: First—Age and Poverty; Second—Infirmity and Poverty, or Third—Blindness and Poverty? 1st & 2nd

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 when you lost your sight? On account of My old age I have not been able to work for Several Years.

13. What has been your occupation since your husband's death? No Work Hardly able to work

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? No Income No property

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, 1905, 1906 and 1907, and what disposition, if any, by sale or gift have you made of the same? Nothing We were poor people and had no means My husband was allowed a Pension from the State 1903 until his death 1907

17. In what counties did you reside in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what property did you return for taxation? Decatur Co No property

18. How have you been supported since death of husband, and especially for 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906 and 1907? Supported by my Married 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? No account Kept of the Cost Mother Contributed

20. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907—how much did you receive for each year? No employment Lived Home Among My Children

21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property? No Family

22. Have you ever made application for pension before? No

23. How many applications have you made for a pension, and under what class? —

Sworn to and subscribed before me, this the 5th day of Sept 1907
J B Maxwell Ordinary,
of Decatur County.

Mrs Charity Williams
her mark

QUESTIONS FOR WITNESSES.

STATE OF GEORGIA,
Decatur County.

G B Williams of said State and County, having been present as a witness in support of the application of Mrs. Charity Williams 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? G B Williams Decatur County Ga
2. Are you acquainted with the applicant, Mrs. Charity Williams If so, now long have you known her? Have known her about 59 years
3. Where does she reside, and how long since when has she been a resident of this State? She resides in Decatur Co A resident ever since I knew her
4. When and where was she born? Dont Know
5. Were you ever acquainted with her husband? Yes
6. Where did she reside in 1861? In Decatur Co
7. When and to whom was he married? Married Charity Anderson dont know date
8. When and where was he born? I heard him say he was born in Bibb Co Ga
9. How long have you known him? Fully 59 years
10. When and where did John D Williams enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? He enlisted as best of my recolection in the 12th Ga Militia in July 1864
11. Were you a member of the same Company and Regiment? No but I was with him at the time he enlisted
12. How long did he perform regular military duty? As best of my recolection He served regular until Sometime in Jan 1865
13. When and where was his Company and Regiment surrendered and discharged from service? I dont Know
14. Were you with the Command when it surrendered? Was not
15. Was John D Williams the husband of applicant present? No he was home on Sick Furlough when was closed
16. If not present, where was he? at home
17. When and where did he leave his Command? about 1st of January 1861 For what cause? Sickness and inability to serve By whose authority he left? Dont Know How do you know all this? (State fully and clearly.) I was at home my self and saw him when he came and know that he was a sufferer and sick for a long time
18. When and where did John D Williams die? He died the 26 day of Jan 1907 at home
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? In Decatur Co A resident ever since I knew him
20. Do you of your own knowledge know that applicant is the lawful widow of John D Williams. I do
21. Has she remained unmarried since her soldier husband's death, and is now his widow? She has remained unmarried
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? No property They were poor people Very near all their life that I know them
23. What property, effects or income did applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition did she make of it? None None disposed of
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? none
25. What is applicant's physical condition and her chances and ability to earn a support? Not able to do any work at all
26. Is applicant able to earn a support at labor of any sort, if not, why? None What ever Very old
27. How was she supported for 1903, 1904, 1905, 1906 and 1907? by her relation
28. How much did applicant contribute to her support for last two years? none
29. Give a full and complete statement of applicant's physical condition? She is very old and feeble and not able to do any work
30. What interest have you in the recovery of this pension by the applicant? none

Sworn to and subscribed before me this 5 day of Sept 1907
T B Maxwell Ordinary,
Decatur County.

G B Williams
Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA,
Decatur County.

Personally before me comes J D Chason MD and Gordon Chason MD, both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. Charity Williams, applicant for a Pension under act of 1900, and after such personal examination say that her physical condition is this General debility old & feeble Chronic rheumatism in Left Knee, poor Circulation,

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 5 day of Sept 1907
T B Maxwell Ordinary,
Decatur County.

J D Chason MD
Gordon Chason MD

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I, T B Maxwell Ordinary, in and for said County, hereby certify that the applicant, Mrs. Charity Williams resides in said County, and has been a bona fide resident of this State since the 1 day of January 1890, and that the witnesses, Mr. G B Williams 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 Decatur County shows that applicant returned for taxation in her own name in 1899 dollars worth of property, and in 1900 dollars worth of property, in 1901 dollars worth of property, in 1902 dollars worth of property, and in 1903 dollars worth of property.

Witness my hand and official seal this 5 day of Sept 1907

{SEAL.}

T B Maxwell Ordinary,
Decatur County.

NOTES.—1 Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; so help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 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.

25. What is applicant's physical condition and her chances and ability to earn a support?

Not able to do any work at all

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.

OFFICE OF
T. B. Maxwell
Ordinary Decatur County

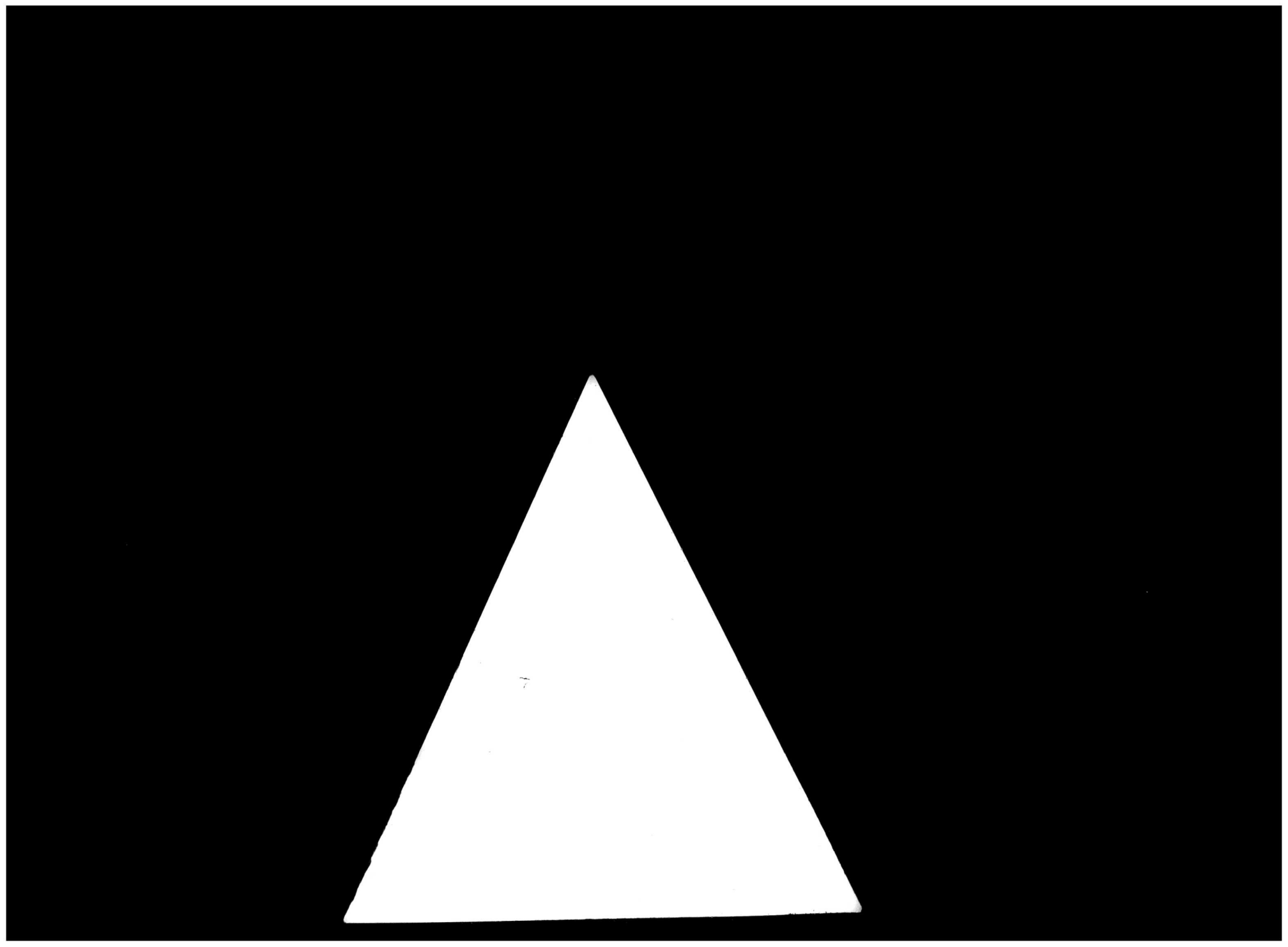
Bainbridge, Ga., Sept-23 1907

Dear Col Lindsey:

Refer to Mrs Charity Williams Claim filed with you for her deceased husband John D Williams Pension due 1907. as to her proof of Marriage I told Mrs Williams that the proof of Marriage already filed in your Office would be Sufficient in her application Also the proof of the Service rendered by her husband in his application for Pension 1905 which was approved. The Old Lady is very old and not able to help her Self And no means whatever I have known her for 35 years She is worthy of the Pension if any poor soul is

With my best Wishes

Yours Very Truly
T B Maxwell
Ordinary.



Williams, Elizabeth
Decatur County

ON

No.

WIDOW'S INDIGENT PENSION.

1903.

Name Elizabeth Williams

County Decatur

Widow of William K. Williams

Capt. Campbell's Sig. Artillery

Approved ..... 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

..... 1903.

Geo. W. Harrison, State Printer, Atlanta.

6/26 - 1903

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Elizabeth Williams hereby authorize W. A. Wright of Atlanta County, to receive and receipt for the pension allowed and that he remit the same to me at through Ordinary of Bamberg his check or registered mail.

Witness my hand this 17 day of June 1903

Executed in presence of

J. B. Maxwell Ordinary, } Mrs Elizabeth her Williams mark S.
Decatur County.

{SEAL}

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Elizabeth Williams hereby authorize W A Wright of Attapulgus County, to receive and receipt for the pension allowed and that he remit the same to me ~~at~~ through Ordinary at Bainbridge his check or registered mail.

Witness my hand this 17 day of June 1903

Executed in presence of

J B Mayweather Ordinary, Mrs Elizabeth X Williams for Mark

Decatur County.

SEAL

Williams, Elizabeth
Decatur County

No.

WIDOW'S
INDIGENT PENSION.
1903.

Name Elizabeth Williams
County Decatur
Widow of William Williams
Co. Capt. Campbell's Ga. Artillery

Approved 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1903.

Geo. W. Harrison, State Printer, Atlanta.

926—1903

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Decatur County.

Mrs Elizabeth Williams 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*) Elizabeth Williams Brinson Decatur Co Ga.

2. How long and since when have you been a resident of this State? Resident of the State continually 64 years

3. When and where were you born? Born in Thomas Co 1827

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.) He was born in Washington Co Ga Don't remember date (William R Williams) Married 1844 or 1845 married in Sumter Co

5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? He enlisted in Capt Campbells Ga Artillery in April 1862

6. How long did your husband serve in said Company and Regiment? Until Close of the War

7. When and where did your husband's Company and Regiment surrender and was discharged? Surrendered at St Marks Fla

8. Was your husband present at the time and place when his Company and Regiment surrendered? He was

9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority?

10. When and where did your husband die? He died at Home in Decatur County 1868

11. Which of the following grounds do you base your application for Pension, viz.: First—Age and Poverty; Second—Infirmity and Poverty, or Third—Blindness and Poverty? First and Second

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? For several years past I have not been able to do any work on account of age & Feebleness

13. What has been your occupation since your husband's death? Home work as long as I could

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? No property at all

16. What property, real or personal, did you possess at death of husband or he left you, and of the years 1899, 1900, 1901, and what disposition, if any, by sale or gift, have you made of the same? This not He did not leave me any property except a little personal which has been

17. In what counties did you reside in 1899, 1900, 1901 and 1902, and what property did you return for taxation? Decatur County No property returned for taxes

18. How have you been supported since death of husband, and especially for 1899, 1900, 1901 and 1902? I am supported by my Married 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? We don't keep any accounts I do Cost Nothing Contribute no

20. What was your employment during 1899, 1900, 1901 and 1902—how much did you receive for each year? Nothing I live about among my children No pay.

21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property? No Family My self & One Unmarrying Daughter who has no property Lives with me Has no family

22. Have you ever made application for pension before? Yes

23. How many applications have you made for a Pension, and under what class? One in 1899 under Old Class.

Sworn to and subscribed before me this 17 day of June 1903

J B Mayweather Ordinary, of Decatur County.

Elizabeth X Williams
Mark

No income
Has not lived with any of Married children for 25 years

QUESTIONS FOR WITNESSES.

STATE OF GEORGIA,
Decatur County.

W C Subers of said State and County, having been presented as a witness in support of the Application of Mrs. Elizabeth Williams 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? W C Subers Bainbridge Ga
2. Are you acquainted with the applicant, Mrs. Elizabeth Williams
If so, how long have you known her? I have often heard of her but never met her to know her until a few years ago
3. Where does she reside, and how long and since when has she been a resident of this State?
She lives in Decatur Co I dont know how long a resident
4. When and where was she born? Dont know
5. Were you ever acquainted with her husband? William K Williams Yes
6. Where did she reside in 1861? Dont know
7. When and to whom was he married? Dont know
8. When and where was he born? Dont know
9. How long have you known him? I knew him from 1862 to 1869 (when he died)
10. When and where did William K Williams enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? He enlisted in Capt Campbells Siege Artillery in April 1863
11. Were you a member of the same Company and Regiment? Yes I was 1st Lieutenant of the same Co
12. How long did he perform regular military duty? Until one or two weeks after Lee surrendered which was about 2 years
13. When and where was his Company and Regiment surrendered and discharged from service?
At St Marks Fla
14. Were you with the Command when it surrendered? I was
15. Was William K Williams the husband of applicant present?
He was
16. If not present, where was he? present
17. When and where did he leave his command? at St Marks
For what cause? Surrender
By whose authority he left? Commanding Officer
How do you know all this? (State fully and clearly.) I was present and was First Lieut of the Co
18. When and where did William K Williams die?
He died in Decatur Co 1869
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
Decatur Co Dont know how long a resident
20. Do you of your own knowledge know that applicant is the lawful widow of William K Williams I have no reason to believe otherwise
21. Has she remained unmarried since her soldier husband's death, and is now his widow?
I have never heard of her being married to any one else
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? Dont know
23. What property, effects or income did applicant possess in 1899, 1900, 1901 and 1902, and what disposition did she make of it? Dont know
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? Dont know
25. What is applicant's physical condition and her chances and ability to earn a support?
She is very old and feeble & not able to earn support
26. Is applicant able to earn a support at labor of any sort, if not, why? She is not able to earn support on account of her old age and being very feeble
27. How was he supported for 1899, 1900, 1901 and 1902?
Dont know
28. How much did applicant contribute to her support for last two years? Dont know
29. Give a full and complete statement of applicant's physical condition? She is not able to do any work at all. I dont know of any property whatever that she owns
30. What interest have you in the recovery of this pension by the applicant? None only she is entitled if any other is

Sworn to and subscribed before me this 17 day of June 1903
T B Maxwell Ordinary,
Decatur County.

W C Subers 1st Lieut
Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA,
Decatur County.

Personally before me comes W Gordon Chasan and E J Morgan 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. Elizabeth Williams, applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this Suffers from indigestion, emaciated, weak and debilitated & unable to do work.

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 17 day of June 1903
T B Maxwell Ordinary,
Decatur County.

Gordon Chasan MD
E J Morgan MD

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I, T B Maxwell Ordinary, in and for said County, hereby certify that the applicant, Mrs. Elizabeth Williams resides in said County, and has been a bona fide resident of this State since the 1 day of Jany 1894, and that the witnesses, Mr. W C Subers and John Williams 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 Decatur County shows that applicant returned for taxation in her own name in 1899 nothing dollars worth of property, and in 1900 nothing dollars worth of property, in 1901 nothing dollars worth of property, and in 1902 nothing dollars worth of property.

Witness my hand and official seal this 23 day of June 1903

SEAL.

T B Maxwell Ordinary.
Decatur County.

NOTES.—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 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.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs Elizabeth Williams hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11 day of January 1904.

Mrs Elizabeth X Williams [L. S.]

Executed in presence of

T B Maxwell Ordinary
R. F. Hawes Jr

Williams Elizabeth
Decatur County

TO THOSE HERETOFORE PAID.

1904.

No. 1432

INDIGENT
WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO
Mrs Elizabeth Williams
OF
Decatur County,
Widow of William K Williams
Co. Cpl Campbells Sup Cavalry Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 13 1904.
AND HANDED TO
Jordan

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs Elizabeth Williams, hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge

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

Mrs Elizabeth her X Williams mark [L. S.]

Executed in presence of

T B Maxwell Ordinary.

Williams Elizabeth
Decatur County

To Those Heretofore Paid.

1905.

No. 1871

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs Elizabeth Williams
OF
Decatur County,
Widow of William K Williams
Co. Campbells Sup Cavalry Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
MAR 1905.
AND HANDED TO
Jr

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA.
GEO. W. HARRISON MANAGER, FOR STATE PRINTER.

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Decatur

PERSONALLY COMES MRS.
Elizabeth Williams

who, being sworn, says on oath that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since All my life 70 yrs. That she is the Widow of William K Williams who was a soldier in Company Capt Campbells Siege Artillery of the Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of 186-3, and served in the Army up to Close of War 1865. That he died on the day of December 1869

Died at home Dec 1869

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 1845

I have been allowed an Indigent pension as a resident of Decatur County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 11 day of Jan 1904.
J B Maxwell Ordinary.

her
Mrs Elizabeth X Williams
mark
Post Office Bruson Ga

State of Georgia,
Decatur County.

I, J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Elizabeth Williams, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1890

Given under my official signature and seal, this the 11th day of Jan 1904.

{Official Seal}

J B Maxwell
Ordinary of Decatur County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Decatur

PERSONALLY COMES MRS.
Elizabeth Williams

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of William K Williams who was a soldier in Company of the Campbells Siege Regiment of Artillery Volunteers, that he enlisted in said regiment on or about the month of July 1864, and served in the Army up to April 1865. That he died on the day of Dec 1869.

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 1845

I have been allowed an Indigent pension as a resident of Decatur County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the year ending December 31, 1905

Sworn to and subscribed before me, this 17 day of Jan 1905.
J B Maxwell, Ordinary.

her
Elizabeth X Williams
mark
Post-Office Doraville

State of Georgia,
Decatur County.

I, J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Elizabeth Williams, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1890

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

{Official Seal}

J B Maxwell
Ordinary of Decatur County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs Elizabeth Williams, hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 13
day of June 1906.

her
Elizabeth X Williams [L. S.]
mark

Executed in presence of
S W Williams
TB Maxwell Ordinary

To Those Heretofore Paid.

1906.

No. 7444

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1906.
PAID TO
Mrs Elizabeth Williams
OF
Decatur County,
Widow of W K Williams
Co. Campbell's Sep Cavalry Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
JAN 30 1906,
AND HANDED TO

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

Williams, Elizabeth
Decatur County

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs Elizabeth Williams, hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 8
day of June 1907.

her
Mrs Elizabeth X Williams [L. S.]
mark

Executed in presence of
TB Maxwell
Ordinary

To Those Heretofore Paid.

1907.

No. 1344

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1907.
PAID TO
Mrs Elizabeth Williams
OF
Decatur County,
Widow of Williams 1st Virginia
Co. Cavalry Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 6 1907.
AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Decatur

PERSONALLY COMES MRS. Elizabeth Williams

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of William K Williams who was a soldier in Company of the Campbells Siege Regiment of Artillery Volunteers, that he enlisted in said regiment on or about the month of _____ 186 3, and served in the Army up to April 1865. That he died on the _____ day of Dec 1869.

Died at home in Decatur County Ga

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 1844

I have been allowed an Indigent pension as a resident of Decatur County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me this 13 day of Jan 1906.
JB Maxwell, Ordinary.

Mrs Elizabeth Williams
Post Office _____

State of Georgia,
Decatur County.

I, JB Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Elizabeth Williams, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1890

Given under my official signature and seal, this the 13 day of Jan 1906.

Official Seal

JB Maxwell
Ordinary of Decatur County.

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

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Decatur

PERSONALLY COMES MRS. Elizabeth Williams

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of W R Williams who was a soldier in Company of the Capt Campbells Siege Arty Regiment of Ga Volounteers, that he enlisted in said regiment on or about the month of _____ 186 3, and served in the Army up to April 1865. That he died on the _____ day of _____ 1869

In Insanity Poverty

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1844

I have been allowed an Indigent pension as a resident of Decatur County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this 8 day of Jan 1907.
JB Maxwell, Ordinary.

Mrs Elizabeth Williams
Post Office Bainbridge

State of Georgia,
Decatur County.

I, JB Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Elizabeth Williams, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1890

Given under my official signature and seal, this the 8 day of Jan 1907.

Official Seal

JB Maxwell
Ordinary of Decatur County.

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

STATE OF GEORGIA
OFFICE OF
CLERK SUPERIOR COURT
LEE COUNTY.

JAMES MORGAN.
Clerk of the Superior Court

Leesburg, Ga., June 19 1903

Mr. B. W. Williams
Bairson Ga

Dear Sir -

Replying to your letter of the 18th inst. (attached) will say -

The Records of this County were all destroyed by fire in April 1858, as were also the County Court house & all papers therein, and the Record of the Marriage of W K Williams to Elizabeth Smith, if made was burned in said fire.

Yours Truly
J W Morgan. Clerk
Court Ordinary. Lee Co Ga

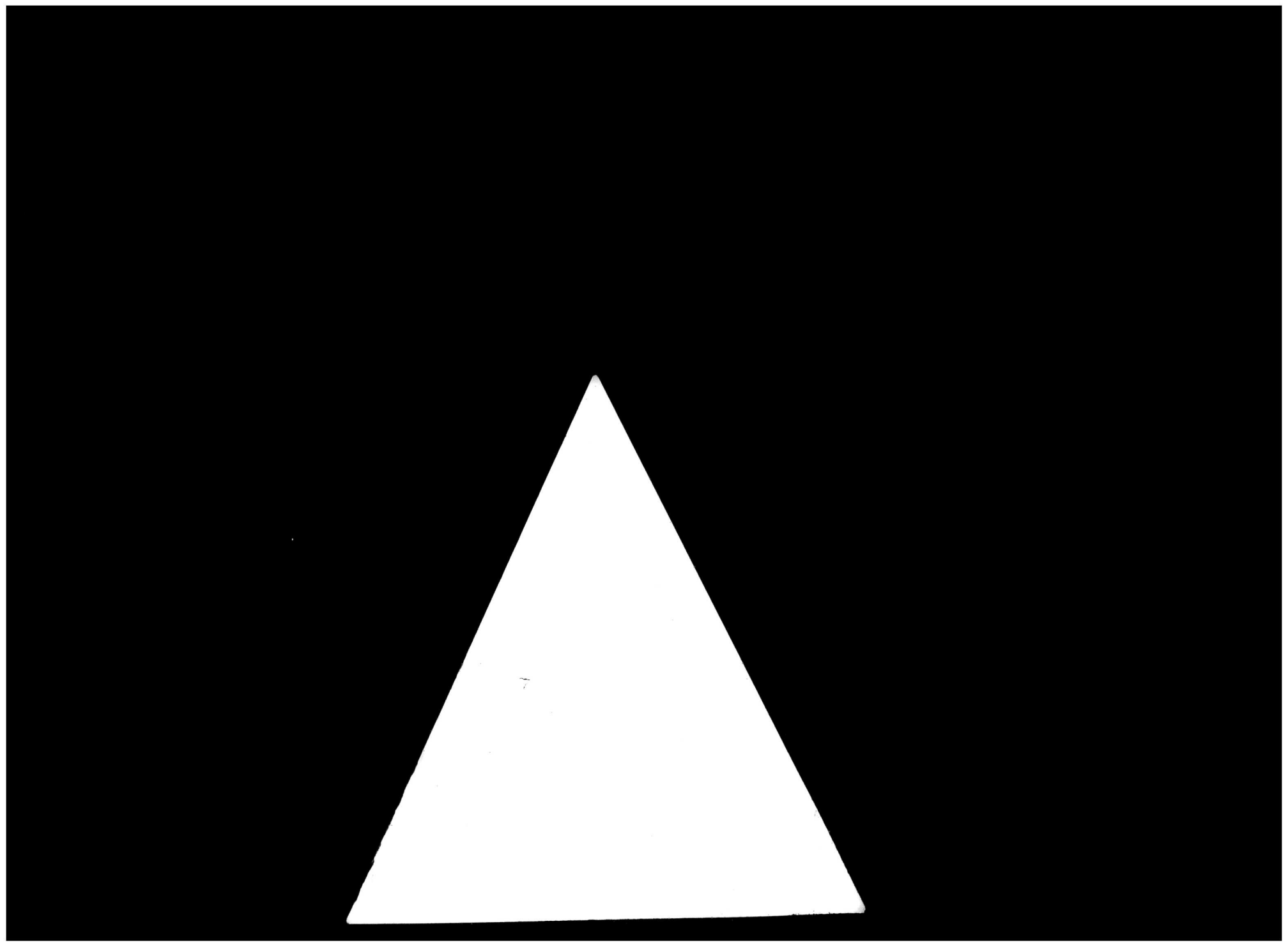
State of Georgia
Decatur County

John D Williams of said State and County having been presented as a witness in support of the application of Mrs Elizabeth Williams for pension under the Act 1900 and after being duly sworn makes the following statement.

I've known Mrs Elizabeth Williams for over 60 years she was a Miss Elizabeth Smith and married William K Williams in the year 1844 or 45 I don't remember exactly which year. They were married in Lee County Ga. The License were issued at the Court House in Lee County. The said Court House was distroyed by fire with all records in the year 1858. This I know as fact as I was living within 15 miles of said Court house at the time it was burned. William K Williams was born in Washington Co Ga 1820 according to our family record (He was my Brother.) She has remained a Widow since his death in 1869. and is still his Widow He died in Decatur County Ga

Sworn to and Subscribed before me this 23rd of June 1903
T B Maxwell Ordinary.

John D. Williams



Williams, John D.
Decatur County

No.

Ok for 1906

INDIGENT PENSION.

1905

Name John D Williams

County Decatur

Co. 12th Ga Militia Regt.

Approved 190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Entire R.C. 5-27-32

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

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

9/18/05

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, John D Williams hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension allowed and request that he remit same to
Ordinary at Bainbridge by Check
Witness my hand and seal, this 22 day of May 1905

John D. Williams [L. S.]

Executed in presence of
L B McAlpin
Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, John D Williams hereby authorize
W a Wright of Atlanta
to receive and receipt for the pension allowed and request that he remit same to
Co January at Bainbridge by check

Witness my hand and seal, this 22 day of May 1905

John D. Williams [L. S.]

Executed in presence of
J M Maxwell
W H May

INDIGENT PENSION.
1905

Name John D Williams
County Decatur
Co. 12th Ga Militia Regt.
Approved 190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Enlisted R. G. S. 2 7 32

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

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

9/8/05

Williams, John D.
Decatur County
No.
Ap. for 1906

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Decatur COUNTY.

John D Williams 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).
John D Williams Decatur Co Bonson 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? Born in Bibb Co Ga 1826
4. When and where and in what company and regiment did you enlist or serve? I enlisted in The 12th Ga Militia at Bainbridge Ga July 4 1864
5. How long did you remain in such company and regiment? I remained until the Close of the War That is Was Subject to command But Was At home Sick when the War closed under extended furlough
6. When and where was your company and regiment surrendered and discharged? I don't remember
7. Were you present with your company and regiment when it was surrendered? I Was not
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I became ruptured while on duty and became a furlough Sometime in the Latter part of 1864 by authority of Gen Bonson and Was never able to return
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing
10. What has been your occupation since 1865? I P and Sometime Surveying
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"? Infirmity old 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? For the last 8 years I have not been able to do any Work on account of Ruptures on both sides & from Rheumatism
13. What property, real and personal, or income, do you possess, and its gross value? No property No Income
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? No property Since the above date
15. In what County did you reside during those years, and what property did you then return for taxation? Decatur County No property Returned for taxation
16. How were you supported during the years 1899, 1900, 1901 and 1902? I am supported by My Married Children
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? No Income No one Kept of Cost Very little Contributed
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? No Special Employment No pay
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? Wife She is 71 years old She has no homestead We go from Home to home among our Children
20. Are you receiving any pension? If so, what amount and for what disability? none
21. Have you ever made an application for pension before? No
22. How many applications have you ever made and under what class? —

Sworn to and subscribed before me this the 8 day of May 1905
J M Maxwell Ordinary,
of Decatur County.

John D Williams
Applicant.

Every Question MUST Be Answered.

I Command I was at home Sick when Lee Surrendered. And I was on my furlough for Several months after the close of the War.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Decatur COUNTY.

I J P Anderson of said State and County, having been presented as a witness in support of the application of John D Williams 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 P Anderson Decatur Co Ga.
2. Are you acquainted with John D Williams, the applicant; if so, how long have you known him? I have known him over 50 Years.
3. Where does he reside, and how long and since when has he been a resident of this State? He resides in Decatur Co A Resident ever since we Knew him
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted in Co K 12 Ga Militia July 1864
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? To my knowledge between 6 & 8 months
7. When and where was his command surrendered? We were surrendered some where about Macon as best I can recollect
8. Were you present when it surrendered? I was
9. Was applicant present? He
10. If he was not present, where was he? 1864 He was at home sick, When did he leave his command? Dec or Jan 1865 For what cause? Was injured By what authority he left? Authority Governor of the State How do you know all of this? While working Macon Works at Atlanta the Applicant became ruptured by lifting heavy timber & was unable to work any & I saw him in a few days after this injury Confederate Service as near as I can remember 2 Years
11. What property, effects or income has the applicant? (Give your means of knowledge.) None to my Knowledge
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? Don't Know of any property that he owned
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 of any
14. What is the applicant's occupation and physical condition? I don't think he has any occupation He is feeble and infirm
15. Is the applicant unable to support himself by labor of any sort; if so, why? He is not able to support himself He has never recovered the rupture received while in Service
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? 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? He is ~~old~~ and An Old Confederate Soldier & Now a Subject to be helped
19. Who composes family? What property have they? Children's age and their earning capacity? Wife No property that I Know of Wife old and infirm
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 22 day of May 1903

J P Anderson Witness.

T B Maxwell Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Decatur COUNTY.

Personally came before me Gordon Chason MD and J A B Stiles MD, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Jno D Williams, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Double inguinal hernia very infirm Arteriosclerosis, unable to earn a living from labor

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

Sworn to and subscribed before me, this the 23 day of May 1903

Gordon Chason M.D
J A B Stiles M.D

T B Maxwell Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur COUNTY.

I, T B Maxwell Ordinary, in and for said County, hereby certify that the applicant John D Williams resides in said County, and has been a bona fide resident of this State since the 1 day of Jan 189 4 and that the witnesses, viz.: J P Anderson

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 Decatur County shows that applicant returned for taxation in his name in 1899 Nothing Dollars of property, and in 1900 Nothing Dollars of property; in 1901 Nothing Dollars of property; in 1902 Nothing Dollars of property.

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

Witness my hand and seal of office, this 23 day of May 1903

T B Maxwell Ordinary,
of Decatur 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,
Decatur COUNTY.

I, John D Williams hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension allowed, and request that he remit same to
Ordinary at Bainbridge Ga
by Check

WITNESS my hand and seal, this 13 day of Jan 1906.

John D. Williams [L. S.]

Executed in the presence of
J B Maxwell
Ordinary

Williams John D.
Decatur County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 2427

INDIGENT
SOLDIER'S PENSION
1906.

Name John D. Williams
County Decatur
Co. 12 Regiment 4 Ga
Maxwell
WARRANT ISSUED
JAN 30 1906.

JOHN W. LINDSEY.
Commissioner of Pensions.

WARRANT HANDED TO

No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Decatur **County.**

Personally appears John D Williams of Decatur 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 Jan 1894; that he is 79 years old and by occupation a No occupation, 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 ____ in Company ____, of 12 th Regiment of Ga Militia; that his physical condition is as follows: Very feeble Broke by Rupture, not able to do any work

that his property consists of the following items: no property

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 Decatur County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 13 day of Jan 1906.
T B Mayfield Ordinary.

John D Williams

State of Georgia,
Decatur **County.**

I, T B Mayfield Ordinary of said County, do certify that I am well acquainted with John D Williams 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 13 day of Jan 1906.

T B Mayfield
Ordinary Decatur County.

Affix your seal here

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

GEORGIA, Decatur County.

I, T B Maxwell, Ordinary of said county, do certify that I personally know Mrs Charity Williams, the applicant, and that she is the lawful widow of John D Williams, and was on the Indigent Pension Roll of said Decatur county, and was paid a Pension from Decatur county for 1906, and at the time of his death on the 26 day of January 1907, there was due to him and unpaid his Pension of $605 dollars from the State of Georgia, and I know J T Alred, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 2 day of Feby 1907

T B Maxwell Ordinary,
Decatur County.

Williams, John D.
Decatur County

No. 80
Oct 14 1907 8172

Application for Pension
Due Deceased Soldier
Under Act 1891.

BY

Mrs. Charity Williams
Widow of John D Williams
of County Decatur
Co. 12th Ga Reg't Militia Vols.

Approved and Paid
AUG 20 1 190
J. W. LINDSEY,
Commissioner of Pensions.

GEORGIA, Decatur County.

I hereby authorize and constitute T B Maxwell Ordinary of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1907, through my deceased husband John D Williams, who was on Indigent Pension Roll and paid from Decatur for 1906.

Witness my hand this 2 day of Feby 1907

Attested before me:

T B Maxwell
Ordinary

Charity her X mark Williams

APPLICATION FOR PENSIONS DUE DECEASED SOLDIER.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Decatur County.

Personally before me come Mrs. Charity Williams, of said county, after being duly sworn, on oath says that she is the widow of John D Williams who was duly enrolled as a Indigent Pensioner from the county of Decatur and was paid a Pension of Sixty Dollars from Decatur county for 1906, and that the said John D Williams died ~~at his~~ on a visit in Grady county on the 26 day of January 1907, and at the time of his death a Pension of 60.00 was due him from Decatur county and unpaid for 1907. Applicant further swears that she married the said John D Williams on the 10th day of March 1847, in Sumpter county and State of Georgia and resided with him from date of marriage to his death as his lawful wife, and is now his dependant widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 2nd day of Feby 1907

W B Maxwell ORDINARY
Decatur County. } Charity her X mark Williams [L. S.]

AFFIDAVIT OF WITNESS.

GEORGIA, Decatur County.

Personally before me come J. T. Allred, who on oath says that he knew John D Williams while in life and that he knows Mrs. Charity Williams, the above applicant; that he knows that the said John D Williams and Charity Williams ~~were in due form of law married in the county~~ of ~~—~~ in the State of ~~—~~ on the ~~—~~ day of ~~—~~ 18~~—~~, and that they resided together as husband and wife from date of marriage to the day of his death on the 26 day of Jan 1907, and I now know that she is his dependant widow.

Sworn to and subscribed before me this 7 day of Feby 1907

W B Maxwell ORDINARY
Decatur County. } J T his X mark Allred

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

Georgia ~~Sumter~~ Grady County

This is to Certify that I J. P. Anderson on Our Wall acquainted with Mrs Charity Williams She being my Sister and, I know of my own knowledge that She was Married to John D Williams in Sumpter County Ga on the 10 day of Mar 1847 That I was an Eye Witness to the Marriage and that they have lived together as Man and Wife Continually Since their marriage Sworn to and Subscribed before me This 1 day of Feb 1907

Mattie Mills

J. P. Mills N. P. & Ex off J. P.

J. P. his Anderson
mark

COURT OF ORDINARY
SUMTER COUNTY

STATE OF GEORGIA

JOHN A. COBB,
ORDINARY.

Americus, Ga., Jany 29 1907

Hon T. B. Maxwell
Dear Judge

Yrs 28th

in regard to marriage license of Mr D. Williams & Charity Anderson rec'd

I am very sorry to inform you that the Records of marriages in this County for 1846 & 1847 have been lost or misland & are not now in my office

In cases like this I have used affidavits proving the parties lived together as man & wife & were so recognized & prior to Apl 1865.

Always glad to serve you

Yrs truly
John A. Cobb

Ordinary, Sumter County, Ga.

John A. Cobb
Ordinary, Sumter County, Ga.

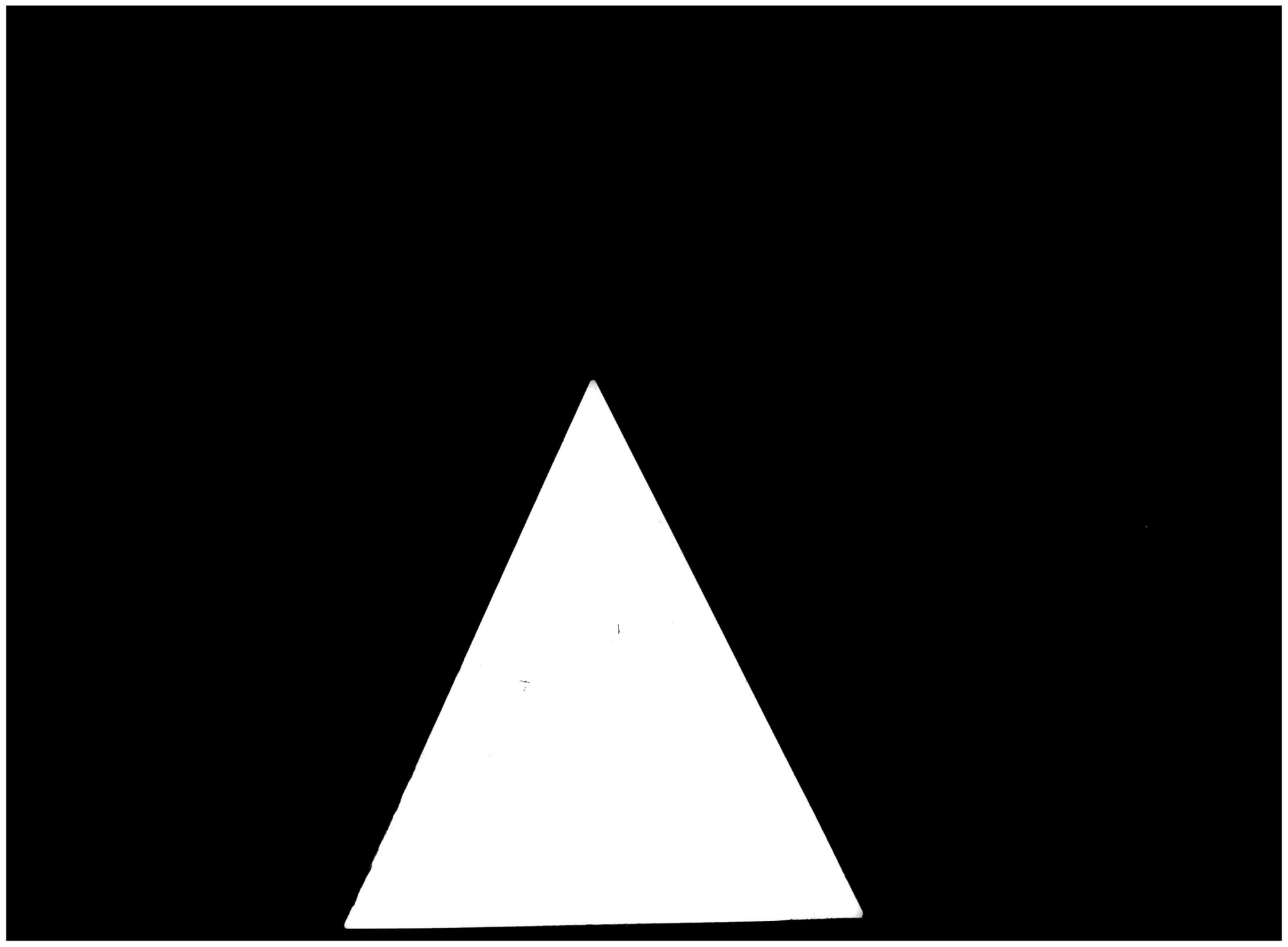
OFFICE OF
T. B. MAXWELL, Ordinary,
Decatur County.

Bainbridge, Ga., Feby 4 1907

Dear Col

Yours will notice that I failed to get Marriage Certificate but found that J. P. Anderson was at the Marriage as you see per affidavits. Please allow this application to be in with my other vouchers to be paid Feby 6th. if you can as this old lady is very old and very dependent.

Yours Very truly
T B Maxwell
Ordinary



Pension Office
Oct 21-1910

Applicant of Oath
State Provide
Such a term
of military service
on the
part of her
husband as
required by
law —
J. W. Lindsey
Comm of Pens

Williams, Margaret
Decatur Co

O.K. Jan 1911
No.

Widow's Pension

UNDER ACT 1910.

County Decatur

Name Mrs M J Williams

Widow of William H Williams

Campbells Surge Arty

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

9/30/10

Received Oct 31-1910

Application for pension filed Oct 31-1910
Certificate issued
Certificate mailed to Pensioner
Entered on Register

Recommended for Pension

Willcann Morgan
Decatur Co
Ga

No. 17,720

Widow's Pension

UNDER ACT 1910.

Name Mrs M J Williams

Widow of William H Williams

Campbells Sup Ct

County Decatur

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

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

STATE OF GEORGIA,
Decatur County.

Personally before me comes Mrs M J Williams 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? M J Williams Bow City Ga
2. How long and since when have you been a continuing resident in the State of Georgia? Born in Decatur Co Ga 1850 A great deal to Confederate army by Simon Bird
3. When, where and to whom were you married? 1867 to W H Williams Decatur Co Ga
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.) Campbells Rangers Artillery Don't remember how the record Lists
5. When and where did the Commands of your husband surrender or discharge from the army? at St Marks April 1865
6. Was your husband personally present at the time of the surrender or discharge of this Command? Yes
7. If he was not present state clearly where he was? Present
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? 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? Were you residing together when he died? If not, how long had you resided apart? Died ~~Sept~~ 3rd day of Aug 1883 We were living 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.) None given away
11. What property of any description of any value have you now? No property Give list and cash value?
12. What are your annual earnings or income and their value? No income No property and no money
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 17 day of Oct 1910

D McKenzie Ordinary.
of Decatur County.

Mrs M J Williams
mark

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,
Miller County.

Personally before me comes J S Brush who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? J S Bush Colquitt 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 W. H. Williams her husband? at St marks Fla in the year 1864
6. When, where and in what Company and Regiment did Capt Lees Sqn Tilley enlist? at St Marks Fla

7. Were you a member of the same Company? Yes
8. How long within your personal knowledge did he perform actual military service with his Company and Regiment? about 18 months
9. When, and where did his Command surrender, and was discharged? at St marks Florida
10. Were you personally present when it was surrendered? Yes If not where were you and how came you there? .....

11. Was the husband of applicant personally present at surrender? [redacted] not where was he? ..... When, where and for what cause did he leave Command? (Give date.) on account of Sick furlough By whose authority did he leave his Command? no army and how long was he granted leave? ..... How do you know all this? I was there Do you state if of your own personal knowledge? (State all you know fully, and how you know it.)
12. For what cause, if you know of your own knowledge was he prevented from returning to his Command? no more Confederate army after that date
13. What effort did he make to return to his Command and how do you know this? Of you own knowledge or how? .....

Sworn to and subscribed before me this the 16th day of Sept 1910 — J S Bush
W C Dasher Ordinary.
of Miller County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Decatur County.

Personally before me comes J D Chason who on oath says that they are freeholders of said County and that they know of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows We dont Know of any property she has that she Personal property Owned We have known her for Notes, accounts due a number of years

Total ..... $ .....

Schedule (B).

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

Personal property ..... $ .....
Money, Notes and accounts ..... $ .....

Schedule (C).

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

Acres of land worth ..... $ .....
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 17 day of Aug 1910 — J D Chason
D B Maxwell Ordinary. W H Williams
of Decatur County.

17

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I D B Maxwell Ordinary of said County do certify that, I know Mrs M J Williams the applicant for pension. She is the person she represents herself to be and she is a bonafide continuing resident citizen of said County and was in the 4th Nov., 1908.

That I also know J S Bush the witness who swears to the service of husband, and J D Chason W H Williams 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 Mrs M J Williams Returned for Tax is for 1908 $ Nothing for 1910 $ Nothing

Sworn under my hand and official seal of office this 19 day of Sept- 1910

SEAL. D B Maxwell Ordinary.
Decatur 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.
4 All affidavits must be made before the Ordinary.
3 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.

income and earnings ..... $ .....

Total Value of all property and effects ..... $ .....

Sworn and subscribed before me this the 17 day of Aug 1910

J D Chason

T B Maxwell Ordinary. W. H. Williams

of Decatur County.

I hereby certify that the within is a true copy of

MARRIAGE LICENSE

OF

William H Williams

AND

Margaret J Grover

Issued April 17 1867 ~~100~~

Executed April 18 1867

and recorded on page 5-37

Book A of Marriage Licenses.

In My Office

This Sept 17 1910 Ordinary.

T B Maxwell

Ordinary

Decatur Co

MARSHALL & BRUCE CO., NASHVILLE

William H Williams

AND

Margaret J Grover

Issued April 17 1867 ~~190~~
Executed April 18 1867
and recorded on page 5-37

Book A of Marriage Licenses.

In My Office
This Sept 17 1910 ~~Ordinary~~.
T B Maxwell
Ordinary
Decatur Co

MARSHALL & BRUCE CO., NASHVILLE

MARRIAGE LICENSE.

STATE OF GEORGIA — COUNTY OF DECATUR

To any JUDGE, JUSTICE of the PEACE, or MINISTER of the GOSPEL:

You are hereby authorized to join William H Williams and Margaret J Grover 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 17 day of April 1867

H M Beach (L.S.)
Ordinary

CERTIFICATE.

STATE OF GEORGIA — DECATUR COUNTY

I Certify that William H Williams and Margaret J Grover were joined in Matrimony by me this 18 day of April 1867

Recorded 19

W F Norris M.G.
Ordinary.

MARRIAGE LICENSE.

STATE OF GEORGIA — COUNTY OF DECATUR

To any JUDGE, JUSTICE of the PEACE, or MINISTER of the GOSPEL:

You are hereby authorized to join William H Williams and Margaret J Grover 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 17 day of April 1867

H M Beach (L.S.)
Ordinary

CERTIFICATE.

STATE OF GEORGIA — DECATUR COUNTY

I Certify that William H Williams and Margaret J Grover were joined in Matrimony by me this 18 day of April 1867

W F Norris M.G.

Recorded 19

Ordinary.

STATE of GEORGIA

OFFICE OF

COURT OF ORDINARY.

MILLER COUNTY

W. C. DANCER, ORDINARY

COLQUITT, GA. _____ 191__

Georgia Miller County.
In person came J S Bush who on oath say that. W H Williams enlisted in Capbell Sege artilery about the first of April 1864. and served in said Company until ~~until~~ May 1865 and was honerbly discharged. I further certify that I was in the same Company.
This June 17th 1911.
J S Bush

Witness
W C Dancer
Ordinary Miller Co Ga

STATE OF GEORGIA

OFFICE OF

MILLER COUNTY

W. C. DANCER, ORDINARY

COLQUITT, GA. _____ 191__

Georgia Miller County
I W C Dancer Ordinary in and for said County, do certify that J S Bush witness to the application of Mrs M. J. Williams for a pension is of good Character, and his affidavit is entitle to full faith and credit
This Sept 16th 1910
W C Dancer
Ordinary Miller Co Ga

T. B. MAXWELL
ORDINARY DECATUR COUNTY
BAINBRIDGE, GEORGIA

Bainbridge, Ga., June 19 1914

Hon C W Lindsey -
Atlanta Ga

Dear Sir

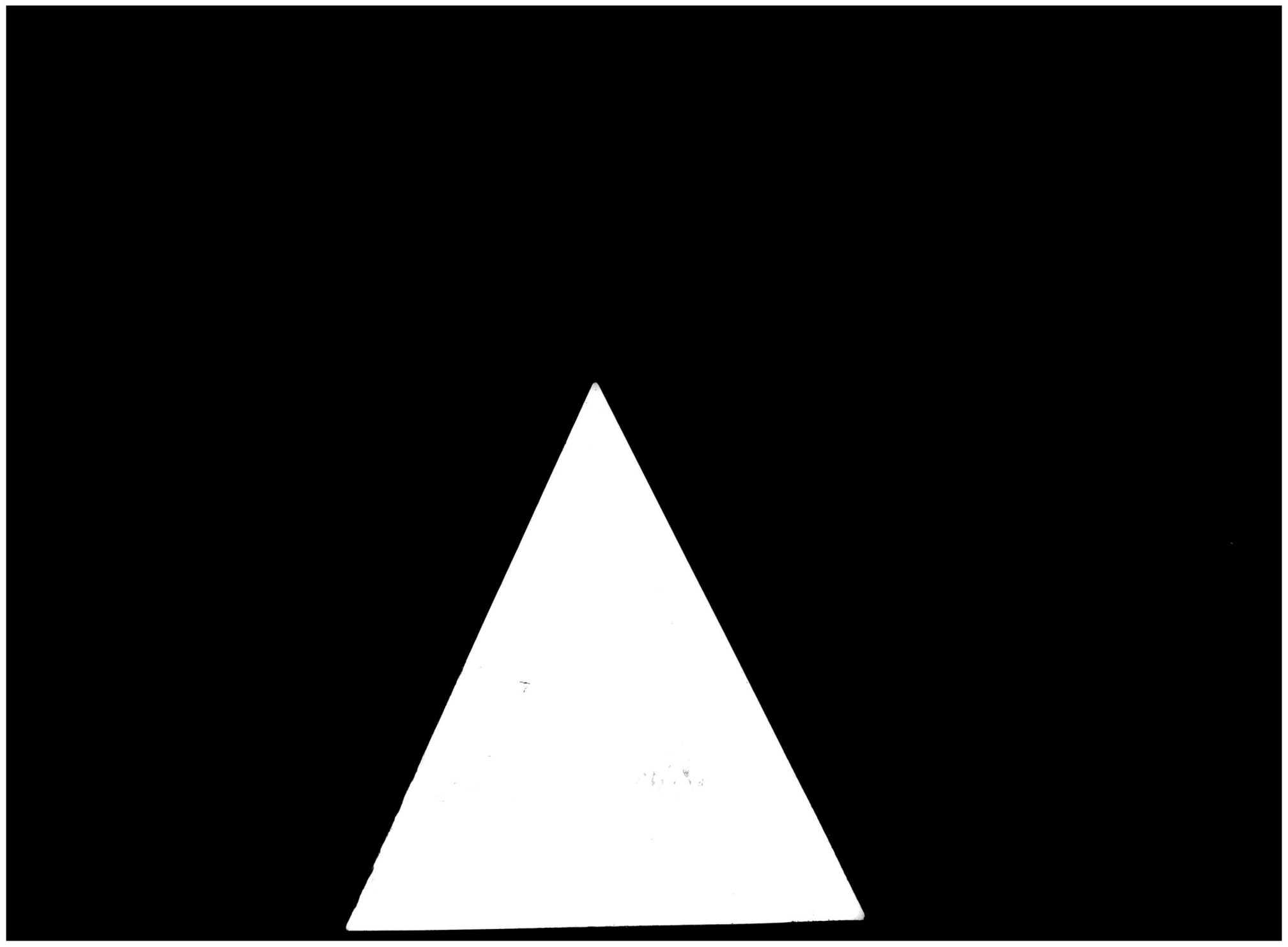
Find enclosed proof of Service W H Williams for Application by his Widow Mrs M J Williams

This Affidavit was handed me this Morning, and I trust you will take it in due Consideration

The Affidavit was made in Miller County Mrs Williams Application is on file in your Office

With best Wishes I am

Yours Truly T B Maxwell
Ordinary



POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs Nancy Williams, hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 26
day of January 1903.

Mrs Nancy Williams [L. S.]
her
mark

Executed in presence of
J B Mayhew
Ordinary
Jno P. Wilson

Williams Nancy
Decatur County

To Those Heretofore Paid.

1903. #25

No. 1941

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs. Nancy Williams
OF
Decatur County,
Widow of John Williams
Co. G Regiment 6 GA

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
2/2 1903.

AND HANDED TO
W. A. Wright

GEO. R. HARRISON, STATE PRINTER, ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs Nancy Williams, hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 26 day of Jany 1903.

Mrs Nancy his X mark Williams [L. S.]

Executed in presence of

T B Maxwell Ordinary

Jno P. Wilson

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs Nancy Williams hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12 day of Jan 1904.

Mrs Nancy Williams [L. S.]

Executed in presence of

N. J. Smith
T B Maxwell Ordy.

Williams, Nancy
Decatur County

To Those Heretofore Paid.

1903. #25

No. 1940

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. Nancy Williams

OF

Decatur County,

Widow of John Williams

Co. D Regiment 6 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 2/12 1903.

AND HANDED TO W. A. W.

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

Williams, Nancy
Decatur County

TO THOSE HERETOFORE PAID.

1904.

No. 2185

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. Nancy Williams

OF

Decatur County,

Widow of John Williams

Co. D Regiment 6th Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED FEB 19 1904,

AND HANDED TO Jno R.

Geo. W. Harrison, State Printer, Atlanta.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } PERSONALLY COMES MRS. Nancy Williams

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since ____. That she is the Widow of John Williams who was a soldier in Company I of the 6th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 1864, and served in the Army up to September 1864. That he lost his life on the 3rd day of September 1864 (State here particulars of the husband's death, when, where and from what cause.)

Killed in battle

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 1856

I have been paid a pension as a resident of Ware 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 26 day of Jany 1903. JB Maxwell Ordinary.

her Nancy + Williams mark

Post-Office ____

State of Georgia, Decatur County. I, JB Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Nancy Williams, 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 26 day of Jany 1890

Given under my official signature and seal, this the 26 day of Jany 1903.

Official Seal.

JB Maxwell Ordinary of Decatur County.

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

Form No. 1.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Decatur } PERSONALLY COMES MRS. Nancy Williams

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of John Williams who was a soldier in Company C of the 6th Georgia Regiment of G. M. Volunteers, that he enlisted in said regiment on or about the month of May 1864, and served in the Army up to Apl 1864. That he lost his life on the ~~Sep~~ 3rd day of Apl 1864 (State here particulars of the husband's death, when, where and from what cause.) Killed in battle

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 1856

I have been paid a pension as a resident of Decatur 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 12th day of Jan 1904. JB Maxwell Ordinary.

her x Nancy Williams mark

Post Office Bainbridge Ga

State of Georgia, Decatur County. I, JB Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Nancy Williams who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the / day of Jan 1890

Given under my official signature and seal, this the 12 day of Jan 1904.

Official Seal

JB Maxwell Ordinary of Decatur County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs Nancy Williams, hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to T B Maxwell at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 23rd day of Jan 1905.

Mrs Nancy Williams [L. S.]

Executed in presence of
T. J. Smith
T B Maxwell Ordy

Williams, Nancy
Decatur County

To Those Heretofore Paid.

1905.

No. 2306

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs. Nancy Williams
OF
Decatur County,
Widow of John Williams
Co. I Regiment 6th Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
MAR 2 1905.

AND HANDED TO
W

THE FRANKLIN PRINTING AND PUBLISHING CO. ATLANTA, GEO. W. HARRISON, MANAGER, FOR STATE PRINTER.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Nancy Williams, hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 11 day of Jan 1906.

Mrs Nancy Williams [L. S.]

Executed in presence of
T B Maxwell
Ordinary.

Williams, Nancy
Decatur Co

To Those Heretofore Paid. #14

1906.

No. 838

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs. Nancy Williams
OF
Decatur County,
Widow of John Williams
Co. I Regiment 6th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
JAN 30 1906,

AND HANDED TO
W

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MGR.

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally comes Mrs. Nancy Williams

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of John Williams who was a soldier in Company D of the 6th Ga Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of May 1861, and served in the Army up to Sept 3rd 1864. That he lost his life on the 3rd day of Sept 1864. (State here particulars of the husband's death, when, where and from what cause.)

In battle

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 1856

I have been paid a pension as a resident of Decatur 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 23rd day of Jan 1905. JB Maxwell, Ordinary. } Mrs Nancy Williams. Post-Office Bainbridge

State of Georgia, Decatur County. } I, JB Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Nancy Williams, Who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1890

Given under my official signature and seal, this the 23 day of Jan 1905.

{ Official Seal. }

JB Maxwell
Ordinary of Decatur County.

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

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally comes Mrs. Nancy Williams

who, being sworn, says on oath that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of John Williams who was a soldier in Company D of the 6 Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of May 1864 and served in the Army up to Sept 3rd 1864. That he lost his life on the 3rd day of Sept 1864. (State here particulars of the husband's death, when, where and from what cause.)

In battle

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 1856

I have been paid a pension as a resident of Decatur 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 11th day of Jan 1906. JB Maxwell, Ordinary. } Mrs Nancy Williams. Post Office

State of Georgia, Decatur County. } I, JB Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Nancy Williams, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1890

Given under my official signature and seal, this the 11 day of Jan 1906.

{ Official Seal }

JB Maxwell
Ordinary of Decatur County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs Nancy Williams hereby authorize
W A Wright Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 14
day of June 1907.

Nancy Williams [L. S.]

Executed in presence of
T B Maxwell
Ordinary

Williams, Nancy
Decatur County
To Whose Heretofore Paid
14th 1907. 848

No. 1236

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO
Mrs. Nancy Williams
OF
Decatur County,
Widow of John Williams
Co. I Regiment 6 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 6 1907,
AND HANDED TO
W

Geo W. Harrison, State Printer, Atlanta.

Georgia, [illegible] County.

I the undersigned do certify that Nancy Williams now of the County [illegible] is the same person who as pensioner was on the pension rolls of this county, and drew a pension of six 5 dollars for 1907 and the bearer is same man.

Given under my hand and official seal of office January 12 1907.

Nancy Lott [L. S.]
Ordinary

SEAL

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } PERSONALLY COMES MRS. Nancy Williams

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her Life. That she is the Widow of John Williams who was a soldier in Company I of the 6th Regiment of Ga Volounteers, that he enlisted in said regiment on or about the month of May 1864, and served in the Army up to Sept 1864. That he lost his life on the day of Sept 1864. (*State here particulars of the husband's death, when, where and from what cause.*)

Killed while in Service

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 1856.

I have been paid a pension as a resident of Decatur 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 14 day of Jan 1907.
J B Maxwell, Ordinary.

X [illegible]
Post Office [illegible]

State of Georgia, Decatur County. } I, J B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Nancy Williams, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 1890

Given under my official signature and seal, this the 14 day of Jan 1907.

Official Seal

J B Maxwell
Ordinary of Decatur County.

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

{ Official Seal }

Ordinary of Decatur County.

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

Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I, J. A. Brock of Decatur County, in said State, do hereby appoint Wm. A. Wright 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 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 7th day of Sep 1891

J. A. Brock [L. S.]
Guardian for Margaret Willis

Executed in the presence of us:
J. S. Bradwell
R. A. Munnerlyn Ordy

DIRECTIONS

If allowed, send amount by Express to me at Whigham Ga, and oblige

J. A. Brock

Willis Margaret
Insane Decatur Co.

A 51 1891.

No. 3693

Widows' Pension

PAID TO—
Mrs. Margaret Willis
by J. A. Brock
Decatur County.

$100.00.

Warrant Issued 189

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta

G146

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I, J. A. Brock of Decatur County, in said State, do hereby appoint Mr. A. Hamlin of Attapulgus 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 7th day of Sept 1891.

J. A. Brock [L. S.]
Guardian for
Margaret Willis

Executed in the presence of us:
J. Bradwell
C. Williamson Jr Ord'y

DIRECTIONS.

If allowed, send amount by Express to me at Whigham Ga, and oblige

J. A. Brock

Affidavit Mailed Sept 10 1891

Widows' Pension
PAID TO
Mrs. Margaret Willis
Of Attapulgus
Decatur County.

$100.00.

Warrant Issued
189
AND HANDED TO

No. 3693

Affidavit to be Made by the Widow.

Form No.

STATE OF GEORGIA,
County of

In person came before me, the undersigned Ordinary in and for the County of Decatur J. A. Brock Guardian Mrs. Margaret Willis (now Margaret Willis) who being sworn according to law, says under oath that she is the widow of Simon Willis, who was a soldier in the service of the Confederate States, and served as a member of Company [redacted] of the 59th Regiment of Georgia Volunteers; that he enlisted in said service on or about the day of May 1862, and [redacted] in the Confederate Army up to July 1863 That while in the Army, he was on the day of July 1863 (See Note No. 1) had his thigh broken on the field & fell into the hands of the enemy & the was reported dead — [redacted] has been released from or otherwise heard from except as above reported dead.

Margaret Willis

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 [redacted]th day of 1858, and that she has resided in Georgia continuously since the day of 1887; 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 7th day of Sept 1891.
C. Williamson Jr Ordinary.

J. A. Brock Guardian
Post-Office Bainbridge

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.

Form No. 2.

Affidavit for Three Witnesses.

State of Georgia,
County of Decatur } In person came before me, the undersigned Ordinary in and for said County, witnesses Green G. Walden

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. Margaret Willis, of the County of Decatur, State of Georgia, is the widow of Simeon Willis, who was a soldier in Company A of the 59th Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (~~or the Georgia State Troops~~) on or about the day of May 1862. That while in said service, or by reason of said service in the Army, he lost his life as follows: Green G. Walden swears that the said Simeon Willis was wounded in the thigh at the battle of Funkstown Md, July 1863, his thigh being broken by a ball. The said Willis was left on the field wounded and thus fell into the hands of the enemy, and reported dead and has never returned.

We, A. M. Rich and Elias Harrell, testify to the same facts as above stated by Green G. Walden

Our opportunity for knowing the facts stated in reference to death of applicant's husband were we were members of same company with said Simeon Willis.

We further swear that Mrs. Margaret Willis was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in the Lunatic Asylum ~~County~~ of the State of Georgia.

Sworn to and subscribed before me, this, the 7th day of Sept, 1891. } Green G. Walden

C. I. Munnerlyn
Ordinary.

A. M. Rich
Elias Harrell

NOTE. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know

Form No. 3.

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

State of Georgia,
County of Decatur } I, C. I. Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Margaret Willis 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 7th day of Sep 1891.

SEAL

C. I. Munnerlyn
Ordinary.

J. A. Brook Guardian

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 lawer or other agent to attend to these claims. The Department will furnish *full* and specific instructions, and give ample opportunity to every claimant.

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

If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of Record under seal, and the witnesses must be certified to as reliable, and that their signatures are genuine.

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.

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C. Mannerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Margaret Willis 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 Simeon Willis 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 8th day of February 1894.

SEAL

C. Mannerlyn Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, J. A. Brock Mordian of Margaret Willis County in said State, do hereby appoint Wm A Wright 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 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 8th day of February 1894.

Executed in the presence of us: J. A. Brock for Margaret Willis

C. Mannerlyn
J. Brockwell

DIRECTIONS.

Send amount by to me at , and oblige

Willis, Margaret
Decatur Co
FOR THOSE HERETOFORE PAID.

A 5 1894.

No. 1020

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. Margaret Willis

—OF—

Decatur County.

WARRANT ISSUED

9/14 1894,

AND HANDED TO

W. A. W.

Geo. W. Hammond, State Printer, Atlanta.

Sworn that J. A. Brock is the legally constituted Mordian of Margaret Willis
C. Mannerlyn Ordinary

Form No. 1

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Decatur

Personally comes Mrs. Margaret Willis by her Guardian J. A. Brock

who being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has *resided* in said State continuously ever since her birth now over sixty years of age 18 That she is the Widow of Simeon Willis who was a Soldier in Company A of the 59th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of 1862 and served in the Army up to 1864 That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) (after Gettysburg was wounded & fell into the hands of the enemy & died a Prisoner)

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

Sworn to and subscribed before me, this 8th day of Feb 1894.

C. P. Munnerlyn Ordinary.

Margaret Willis By Guardian J. A. Brock

Post-office Whitlam

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C. G. Mumerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Margaret Willis 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 Simon Willis 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 25th day of January 1893.

{SEAL} C. G. Mumerlyn Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, J. A. Brock (Guardian of Margaret Willis) of Decatur County, in said State, do hereby appoint Wm A Wright 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 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 25th day of January 1893.

J. A. Brock guardian [L. S.]

Executed in the presence of us:
C. G. Mumerlyn
R. Bradwell

DIRECTIONS.

Send amount by Check to me at Bainbridge, and oblige

J. A. Brock

Willis, Margaret
Decatur County
FOR THOSE HERETOFORE PAID. 16

A 59 1893.

No. 9413

Widows' Pension,

for year ending February 15th, 1893.

PAID TO Mrs. Margaret Willis

OF Decatur COUNTY.

Warrant Issued 2/2 1893

AND HANDED TO C. G. Mumerlyn

100. W. Harris & State Printer, Atlanta.

Certificate of Ordinary of the County of Applicant's Residence. Form No 2.

STATE OF GEORGIA, County of Decatur

I, C. G. Mumerlyn Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. Margaret Willis (J. A. Brock Guardian) 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 Simon Willis 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 11th day of February 1895.

{SEAL} C. G. Mumerlyn Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, J. A. Brock Guardian of Margaret Willis now in Asylum of Decatur County in said State, do hereby appoint W. A. Wright 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 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 11th day of February 1895.

J. A. Brock [L. S.]

Executed in the presence of us:
J. R. Bradwell
C. G. Mumerlyn

DIRECTIONS.

Send amount by to me at , and oblige

Willis, Margaret
Decatur County
FOR THOSE HERETOFORE PAID.

1895.

No. 35526

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO J. A. Brock Guardian for Mrs. Margaret Willis

OF Decatur COUNTY.

WARRANT ISSUED 2/9 1895.

AND HANDED TO Wm

Geo. W. Harris, State Printer.

Form No. 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally comes Mrs. Margaret Willis by her Guardian J A Brock

who being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has *resided* in said State continuously ever since 1831 That she is the Widow of Simeon Willis who was a Soldier in Company A of the 59th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of 1862 and served in the Army up to 1863 That he lost his life on the day of 1863 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Was wounded at Funkstown in Maryland & fell into the hands of the Enemy & died from his wounds.

)

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 married before the war — Year not remembered in the year 18 ; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893

Sworn to and subscribed before me, this 25th day of Jany 1893.
C J Munnerlyn Ordinary.

Margret Willis
Post-office Bainbridge

By J. A. Brock Guardian

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally Comes Mrs. Margaret Willis by J A Brock Guardian

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has *resided* in said State continuously ever since all her life 18 That she is the Widow of Simeon Willis who was a Soldier in Company A of the 59th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of 1862 and served in the Army up to 1863 That he lost his life on the day of 1863 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Was wounded at Funkstown Maryland & died in the hands of the enemy

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 about 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, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this 1st day of July 1895.
C J Munnerlyn Ordinary.

J A Brock
Post-office Whigham

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C. J. Munnerlyn Jr Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Margaret Willis 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 Simeon Willis 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 first day of January 1896.

{SEAL} C. J. Munnerlyn Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

I, J. A. Brock Guardian of Margaret Willis hereby authorize W. A. Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to me at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this first day of January 1896.

J. A. Brock Guardian [L.S.]

Executed in the presence of
J. D. Bradwell
C. J. Munnerlyn

Willis, Margaret
Decatur, County
FOR THOSE HERETOFORE PAID.

1896.

No. 530

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO
Mrs. Margaret Willis
OF
Decatur County.
widow of Simeon Willis

WARRANT ISSUED
2/1 1896.

AND HANDED TO
[illegible]

Geo. W. Harrison, State Printer.

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C. J. Munnerlyn Jr Clk Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Margaret Willis 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 Simeon Willis 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 20th day of Feby 1897.

{SEAL} C. J. Munnerlyn Jr Clk Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

I, hereby authorize W. A. Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to C. J. Munnerlyn at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 19th day of Feby 1897.

J. A. Brock Guardian

Executed in the presence of
C. J. Munnerlyn Jr

Willis, Margaret
Decatur County
FOR THOSE HERETOFORE PAID.

1897.

No. 3744

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO
Mrs. Margaret Willis
OF
Decatur County.
widow of Simeon Willis

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
2/23 1897,

AND HANDED TO
[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. Margaret Willis by Guardian J A Brock who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since our 60 years 18 That she is the Widow of Simeon Willis who was a Soldier in Company A of the 59th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of 1862 and served in the Army up to 1863 That he lost his life on the day of 1863 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Was wounded at Funkstown in Maryland — fell into hands of the Army & died

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 , that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Decatur 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 Jany 1896. C J Munnerlyn Ordinary. } Mrargret Willis J A Brock Guardian Post-office

Mrs Willis is in Asylum

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. Margaret Willis who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 18 That she is the Widow of Simeon Willis who was a Soldier in Company A of the 59th Regiment of Georgia Volunteers, that enlisted in said regiment on or about the month of 1862 and served in the Army up to July 1863 That he lost his life on the day of 1863 (*State here full particulars of the husband's death, when, where and from what cause.*)

Died from a wound received in battle at Funkstown Md.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 , that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Decatur 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 20 day of Feby 1897. C J Munnerlyn Jr Clk Ordinary. } J A Brock Guardian Post-office Bainbridge

POWER OF ATTORNEY.

State of Georgia, Decatur County.

I, Margaret Willis hereby authorize Wm A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to C H Summerlyn at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 10th day of June 1898. J. A Brock Guardian for Margaret Willis [L.S.]

Executed in the presence of

C H Summerlyn

J M Bardwell

Willis, Margaret
Decatur County

For Those Heretofore Paid.

1898.

No. 2709

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. Margaret Willis

OF

Decatur County,

Widow of Silvester Willis

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/12 1898.

AND HANDED TO

[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia,
Decatur County.

I, J A Brock Guardian hereby authorize Wm A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to T B Maxwell Atty at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13 day of March 1899.

J A Brock Guardian [L. S.]
m for Mrs M Willis

Executed in presence of

J M Bardwell

T B Maxwell Atty

Willis, Margaret
Decatur Co

For Those Heretofore Paid.

1899.

No. 3667

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs. Margaret Willis

OF

Decatur County

Widow of Silvester Willis

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

3/14 1899.

AND HANDED TO

[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. Margarett Willis

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since ..... 18 ..... That she is the Widow of Simeon Willis who was a Soldier in Company A of the 59 th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of July 1862 and served in the Army up to ..... 1862 That he lost his life on the ..... day of ..... 1862 (State here full particulars of the husband's death, when, where and from what cause.)

Wounded at Gettysburg and died from the 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 before the war the year 18 .

I have been allowed a pension as a resident of Decatur 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 10th day of Jany 1898. C J Hammerlyn Ordinary. } J A Brock Guardian for Margaret Willis Post-Office

State of Georgia, Decatur County. } I C J Hammerlyn Ordinary of said County, certify that I am well acquainted with Mrs. Margarett Willis 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 of her life 18 .

Given under my official signature and seal this the 10th day of Jany 1898.

C J Hammerlyn

Official Seal.

Ordinary of Decatur County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. J A Brock Guardian for Mrs Margaret Willis

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur At present an Inmate of the Lunatic Asylum State of Georgia, and that she has RESIDED in said State continuously ever since nearly all of her life 18 That she is the Widow of Sim Willis who was a soldier in Company A of the 59 Regiment of Ga Volunteers, that he enlisted in said regiment on or ~~about~~ So the month of ..... 186 and served in the Army up to ..... application 186 That he lost his life on the ..... day of ..... 18 (State here full particulars of the husband's death, when, where and from what cause.)

He was Killed in Battle in the State of Maryland.

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

I have been allowed a pension as a resident of Decatur 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 13 day of March 1899. T B Maxwell Ordinary. } J A Brock Guardian for Mrs Margarett Willis Post-Office Whigham Ga

State of Georgia, Decatur County. } I T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. J A Brock Guardian Margarett Willis who made the above affidavit and am satisfied that the facts therein stated are true, and I know ~~she~~ he is the individual ~~she~~ he represents ~~herself~~ himself to be, and that ~~she~~ he lives in said County has continuously resided in this State since the ..... day of 18

Given under my official signature and seal this the 13 day of March 1899.

T B Maxwell

Official Seal.

Ordinary of Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Margaret Willis by J. M. Brock Guardian for hereby authorize
W. A. Wright of Atlanta
to receive and receipt for the pension paid hereon and request that he remit same to
Ordinary at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 8
day of Feby 1900.

J. M. Brock Guard [L. S.]
for Margaret Willis

Executed in presence of
T. B. Maxwell
Ordinary D C

Attest: Chas. Attest: optional to Examined: Examined as signed May 21 1900

WIDOW'S PENSION,
For year ending February 15th, 1900.
PAID TO
Mrs. Margaret Willis
OF
Decatur County,
Widow of Dan'l Willis

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Feb 14 1900,
AND HANDED TO
Wm Gist

No. 10 42 Decatur County
Willis, Margaret

GA. W. Harrison, State Printer, Atlanta.

LETTERS OF GUARDIANSHIP. Marshall & Bruce, Stationers, Nashville, Tenn.

GEORGIA, Decatur COUNTY.

By the Honorable the Ordinary of said County.

To J. A. Brock Greeting:

Whereas, Margaret Willis, an inmate of the Lunatic Asylum of said State, from said County ~~Orphans of~~ is possessed in her own right of considerable Estate—by means whereof, the power of granting the Guardianship of said ~~Orphan~~ Lunatic to me is manifestly known to belong—and for the better securing the Estate, and more ample maintenance ~~and education~~ of the said ~~Orphans~~ Lunatic, and from the integrity and confidence reposed in you, I do hereby commit the ~~tuition education and~~ Guardianship of the said ~~Orphans~~ Lunatic's property, to you, the said J. A. Brock (you assenting thereto by the acceptance of these Letters,) ~~hereby charging you, that you maintain~~ in meat, drink, ~~clothing and lodging~~; ~~that you cause to be educated in such manner as shall be suitable to interest and circumstances~~; and that you enquire into and take charge of her Estate, both real and personal, and all other things do, which by Law you ought to do for your said Ward. A true and perfect account of all which you shall render to the Court of Ordinary of the said County, on the first term in every year, during your continuance in office; and I do hereby constitute and appoint you the said J. A. Brock Lunatic Guardian of the said ~~Orphans~~ Lunatic, during her mental ~~minority~~ incapacity

IN TESTIMONY WHEREOF, I have hereto officially set my hand and seal, this
7th day of September 189[illegible]
E. P. Munnerlyn Ordinary.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. J M Brock Guardian for Margaret Willis

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 1890. That she is the Widow of Sim Willis who was a soldier in Company A of the 59 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of July 1862 and served in the Army up to Aug 1863 That he lost his life on the day of Aug 1863 (*State here particulars of the husband's death, when, where and from what cause*)

Was Killed in Battle.

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

I have been allowed a pension as a resident of Decatur 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 8 day of Feby 1900.
T B Maxwell Ordinary.

J M Brock Guardian for Margaret + Willis
Post Office Whigham Ga

State of Georgia, Decatur County. } I T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. Margaret Willis (Guard), who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of January 1890

Given under my official signature and seal, this the 8 day of Feby 1900.

Official Seal.

T B Maxwell
Ordinary of Decatur County.

Letters of Guardianship.
Decatur County.

J. A. Brock
Guardian of
Margaret Willis
L Mutic

Recorded in Book O of Letters page 559. Sept. 7th 1891
J. Bradwell
Clerk of Ordinary

Ordinary of Decatur County.

Willis, S. P.
Decatur Co.
No.
O.K. for 1910.

INDIGENT PENSION

1909

Name D P Willis

County Decatur

Co. E 20 Kansas Cav 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.

Chas. P. Byrd, State Printer, Atlanta, Ga.

9/30/09

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY } of Atlanta hereby authorize
I, D P Willis
Wm A Wright
to receive and receipt for the pension allowed and request that he remit same to
Ordinary at Bainbridge by OK
Witness my hand and seal, this 18 day Aug 1909
D P Willis (L. S.)

Executed in presence of
W. H. Hopkins
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, S P Willis hereby authorize
Wm A Wright of Atlanta
to receive and receipt for the pension allowed and request that he remit same to
Ordinary at Bainbridge by OK

Witness my hand and seal, this 18 day of Aug 1909

S P Willis (L. S.)

Executed in presence of
W B Maynard
Ordinary

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Decatur COUNTY.

S P Willis 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.)
S P Willis Bainbridge Decatur Co 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? Born in Thomas Co 1844
4. When and where and in what company and regiment did you enlist or serve? I enlisted at Thomasville Ga Captain Hall Company G 20th Regiment Georgia Infantry Bainbridge Ga 20 Battalion Ga Cavalry Was Stewart July 1864
5. How long did you remain in such company and regiment? until Close of War Was wounded at Franklin Tenn & Nashville Tenn & Was never able to return to command. Was captured at Franklin Tenn & Was in Prison at Louisville Ky until June 1865
6. When and where was your company and regiment surrendered and discharged? I was Wounded at Franklin Tenn July 1864 and sent to Hospital at Macon Ga & was in Hospital until the Close of War
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 Wounded near Franklin Tenn & Was disabled in Battle & was sent to Hospital by Army Surgeon July 1864
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? 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?" First Reason
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 Crippled from Rupture & Wound Cannot do Any Kind of Labor except Very Light & Cant earn more than half Wages or Support
13. What property, real and personal, or income, do you possess, and its gross value? I have no property Whatever No income
14. What property, real or personal, did you possess in 1903, 1904, 1905, 1906, 1907 and 1908, and what disposition, if any, by sale or gift, have you made of same? No property owned in above dates
15. In what County did you reside during those years, and what property did you then return for taxation? I lived about 4 miles in Decatur Co Ga & Worked at Little Jobs No property
16. How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? I have managed to Get along in part by my own Labor
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? Don't Know I Contributed all
18. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1909? What pay did you receive in each year? Little Jobs Small pay
19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? No family
20. Are you receiving any pension? If so, what amount and for what disability? None
21. Have you ever made an application for pension before? No
22. How many applications have you ever made and under what class? —

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 18 day of Aug 1909
W B Maynard Ordinary
of Decatur County.

S P Willis
Applicant.

Willis S.P.
Decatur Co
Co. H. Inf. 20th.

INDIGENT PENSION
1909

Name S P Willis
County Decatur
Co. E 20 Battalion Cav 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.

Chas. P. Byrd, Chief Clerk, Atlanta, Ga.

1909

QUESTIONS FOR WITNESS.

STATE OF GEORGIA, Thomas COUNTY.

Chas P Haswell of said State and County, having been presented as a witness in support of the application of S. P. Willis 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? Chas P Haswell Thomasville Ga
2. Are you acquainted with S. P. Willis, the applicant; if so, how long have you known him? Since 1866
3. Where does he reside and how long and since when has he been a resident of this State? Decatur Co. Ga. Ever since I have known him
4. When, where and in what company and regiment did he enlist, and how do you know? I know that he enlisted at Palmyra Liberty Co Ga in July 1861 in Co E 20th Ga Batt Cobb's Legion
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? Till June 21st 1865
7. When and where was his command surrendered? As Co. E 10th Ga Cav at Greensboro N. Ca. May 2nd 1865
8. Were you present when it surrendered? Yes
9. Was applicant present? No
10. If he was not present, where was he? I do not know When did he leave his command? I never saw him after June 21 1864 For what cause? By what authority he left? Do Not Know How do you know all of this? I was 1st Sgt of Co E. up to July 1864 & was then on Sick Furlough till Dec 1864
11. What property, effects or income has the applicant? (Give your means of knowledge.) Do Not Know Know, but has always been poor
12. What property, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909? Do Not Know 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? Don't Know
14. What is the applicant's occupation and physical condition? Don't Know
15. Is the applicant unable to support himself by labor of any sort; if so, why? Don't Know
16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? 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. Do Not Know it
19. Who composes family? What property have they? Children's ages and their earning capacity? Best of my information he has none Note
20. What interest have you in the recovery of a pension by this applicant? None

Chas P Haswell Witness.

Sworn to and subscribed before me, this the 23 day of Dec 1909

Thos M Jones Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA, Decatur COUNTY.

Personally came before me S J Chisholm M.D. and V Berry M.D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully S. P. Willis applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows: Chronic Endarteritis and Myocarditis Senile Changes Aged Cachectic Diffuse Catarrhal Bronchitis Emphysema and Senility Left Lumbar dorsal Myalgia Paralysis from effects of Rheumatism Shell wound in Right Pelvis Genital Debility and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 19 day of Aug 1909

S. B. Maxwell Ordinary.

S J Chisholm M.D.

V Berry M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Decatur COUNTY.

I, S B Maxwell Ordinary, in and for said County, hereby certify that the applicant S P Willis resides in said County, and has been a bona fide resident of this State since the 1 day of Jan 189[illegible] and that the witnesses, viz.: Chas P Haswell & Thomas throughout South West Georgia 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 Decatur County shows that applicant returned for taxation in his name in 1901 [illegible] Dollars of property, and in 1903 [illegible] Dollars of property; in 1904 [illegible] Dollars of property; in 1905 [illegible] Dollars of property; in 1906 [illegible] Dollars of property; in 1907 [illegible] Dollars of property; in 1908 [illegible] Dollars of property; in 1909 [illegible] Dollars of property.

In my opinion the foregoing claim is [illegible] made in good faith.

Witness my hand and seal of office, this 31 day of Aug 1909

S B Maxwell Ordinary, of Decatur 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 such 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.





LIGHT PRINT OR BAD COPY *



BEST COPY AVAILABLE



NAME Willis, S.P. YEAR 1910 COUNTY Decatur

WHEN AND WHERE BORN? 1844,- Thomas County, Georgia.

ENLISTED WHEN AND WHERE? Thomasville, Georgia.
2nd. Enlistment near Savannah, Ga., July 1862.

RANK.

COMPANY AND REGIMENT?
First in State Troops, 6 months. State Troops

Reenlisted in---------- Co.E. 20th.Battn. Ga. Cav.

NAME OF CAPTAIN AND COLONEL

WOUNDED? At Gaines Farm in July 1864, sent to Jackson Hospital, Richmond, Va., Shell wound on right tibia. Disabled in Battle and never able to return for Field duty.

CAPTURED, WHEN AND WHERE?

PARDONED.

WHEN AND WHERE SURRENDERED? Witness states: May 2nd, 1865, Greensboro, North Carolina.

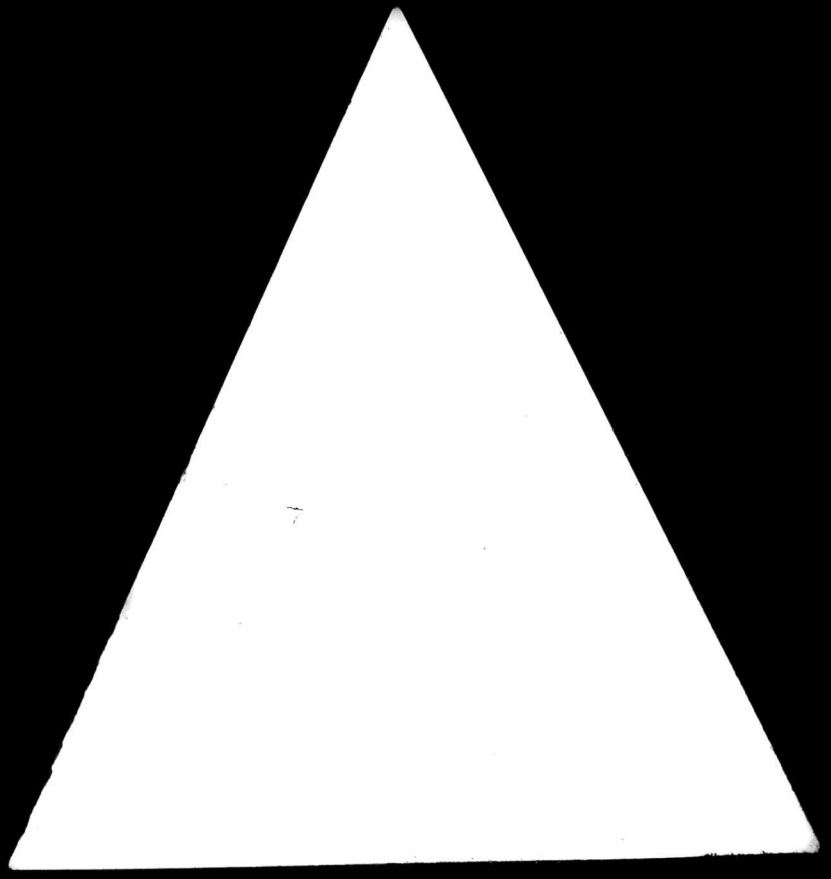
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In Jackson Hospital, Richmond, Va., Disabled in Battle & sent to Hsopital by Army Surgeon July 1864. Never able to return to Command.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. Chas. P. Hansell,- 1st.Sgt., Co.E. until July 1864- No date. (Then on Signal Corps until Dec.1864.)

mh.



Wilson, B. D.
Decatur Co. 01 Apr 1908
1908

No.

INDIGENT PENSION.

1907-1908

Name B D Wilson

County Decatur

Co. C 5th Fla Bd *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.

9/30/07

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, B D Wilson hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension allowed and request that he remit same to
Ordinary at Bainbridge by Check
Witness my hand and seal, this 28 day of May 1907
B D Wilson [L. S.]

Executed in presence of
J B Maxwell
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, B D Wilson hereby authorize W A Wright of Atlanta to receive and receipt for the pension allowed and request that he remit same to Ordinary at Bainbridge by Check

Witness my hand and seal, this 25 day of May 1907

B D Wilson [L. S.]

Executed in presence of
T B Maxwell
Ordinary

Wilson, B.D.
Decatur Co.
No.

INDIGENT PENSION.
1907–1908

Name B D Wilson
County Decatur
Co. C 5th Fla Bat 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.

9/30/07

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Decatur COUNTY.

B D Wilson 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.) B D Wilson Decatur Co Attapulgus Ga
2. How long and since when have you been a resident of this State? Resident of the State nearly 40 years
3. When and where were you born? Born in Jackson Co Fla 1843 (64 yrs)
4. When and where and in what company and regiment did you enlist or serve? I first enlisted in 1st regiment of Florida Infantry 1861 Served one year, afterwards I reenlisted in 5th Florida Cavalry Bat in latter part of 1862
5. How long did you remain in such company and regiment? I remained in 5th Florida Cavalry Battalion until close of the war April 1865
6. When and where was your company and regiment surrendered and discharged? Discharged at Tallahassee Fla in April 1865
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? Present
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? 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"? Infirmity &
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I have suffered with Bronchial Trouble for the last 10 years disabling me to do Manual Labor sufficient to earn a support
13. What property, real and personal, or income, do you possess, and its gross value? No property no income
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? No property owned during the above dates
15. In what County did you reside during those years, and what property did you then return for taxation? Decatur County No property Given in
16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? Supported by what I could do and aid of 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? No account kept of support I contributed very little
18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year? On the Farm what I could do, no Special pay received
19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? Wife & 2 Children My Wife has a small home which she inherited from her Father estate Her and the children are supported from the productions made on their place The 2 children are girls aged 12 & 15
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? —

Sworn to and subscribed before me this the 26 day of April 1907

B D Wilson
Applicant.

T B Maxwell Ordinary.
of Decatur County.

Every Question MUST Be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Decatur COUNTY.

J M Fletcher of said State and County, having been presented as a witness in support of the application of B D Wilson 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 M Fletcher
Decatur County Ga (Climax)

2. Are you acquainted with B D Wilson, the applicant: if so how long have you known him? Since 1862

3. Where does he reside, and how long and since when has he been a resident of this State?
In Decatur County Ga resident of the state 40 or more yrs

4. When, where and in what company and regiment did he enlist, and how do you know?
He Joined Co C 5th Florida Bat at New Port Florida Winter 1862

5. Were you a member of the same company and regiment? I was

6. How long did he pefrorm regular military duty? Throughout the war from enlistement

7. When and where was his command surrendered? Surrendered at Tallahassee Fla April 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? For what cause?

By what authority he left? How do you know all of this?
We were together

11. What property, effects or income has the applicant? (Give your means of knowledge.)
I dont know of any property that he owns

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? Dont know of any

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
Not to my knowledge

14. What is the applicant's occupation and physical condition? Occupation Farming Physical condition apparently Very Feeble

15. Is the applicant unable to support himself by labor of any sort; if so, why? Could not make a support by his own labor Frail & Very Feeble

16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?
Dont know

17. What portion of his support for these four years was derived from his own labor or income?
Dont know would suppose very little

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 apparently very feeble and not sufficient means for support that is more that I know of

19. Who composes family? What property have they? Children's ages and their earning capacity?
We live some distance apart & I could not say who composes his family.

20. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this the 25 day of May 1907

J M Fletcher
Witness.

T B Maxwell Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
COUNTY.

Personally came before me S A V Christiphine M.D. and S J Chisum M.D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully _____, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Chronic Bronchitis and will very likely go into Phthisis, can't stand but very little exposure and unable to earn a living by his work

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

Sworn to and subscribed before me, this the 30 day of May 1907

S A V Christiphine M.D.
S J Chisum M.D.

T B Maxwell Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur COUNTY.

I, T B Maxwell Ordinary, in and for said County, hereby certify that the applicant B D Wilson resides in said County, and has been a bona fide resident of this State since the A day of Jan 1894 and that the witnesses, viz.: J M Fletcher 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 Decatur County shows that applicant returned for taxation in his name in 1901 _____ Dollars of property, and in 1902 _____ Dollars of property; in 1903 _____ Dollars of property; in 1904 _____ Dollars of property; in 1905 _____ Dollars of property.

Nothing

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

Witness my hand and seal of office, this 13 day of Sept 1907

T B Maxwell Ordinary.

of Decatur 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.

NAME Wilson, B.D. YEAR 1908 COUNTY Decatur

WHEN AND WHERE BORN? 1843, Jackson County, Florida.
(Resident of Ga. nearly 40 years.)

ENLISTED WHEN AND WHERE? 1st. enlistement 1861, Florida,
Afterwards enlisted latter part of
1862, New Port, Florida.

RANK.

COMPANY AND REGIMENT? 1st. Regt. Fla. Inf.
Served 1-year,
Afterwards 5th. Fla. Cavalry.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 1865, Tallahassee, Florida.

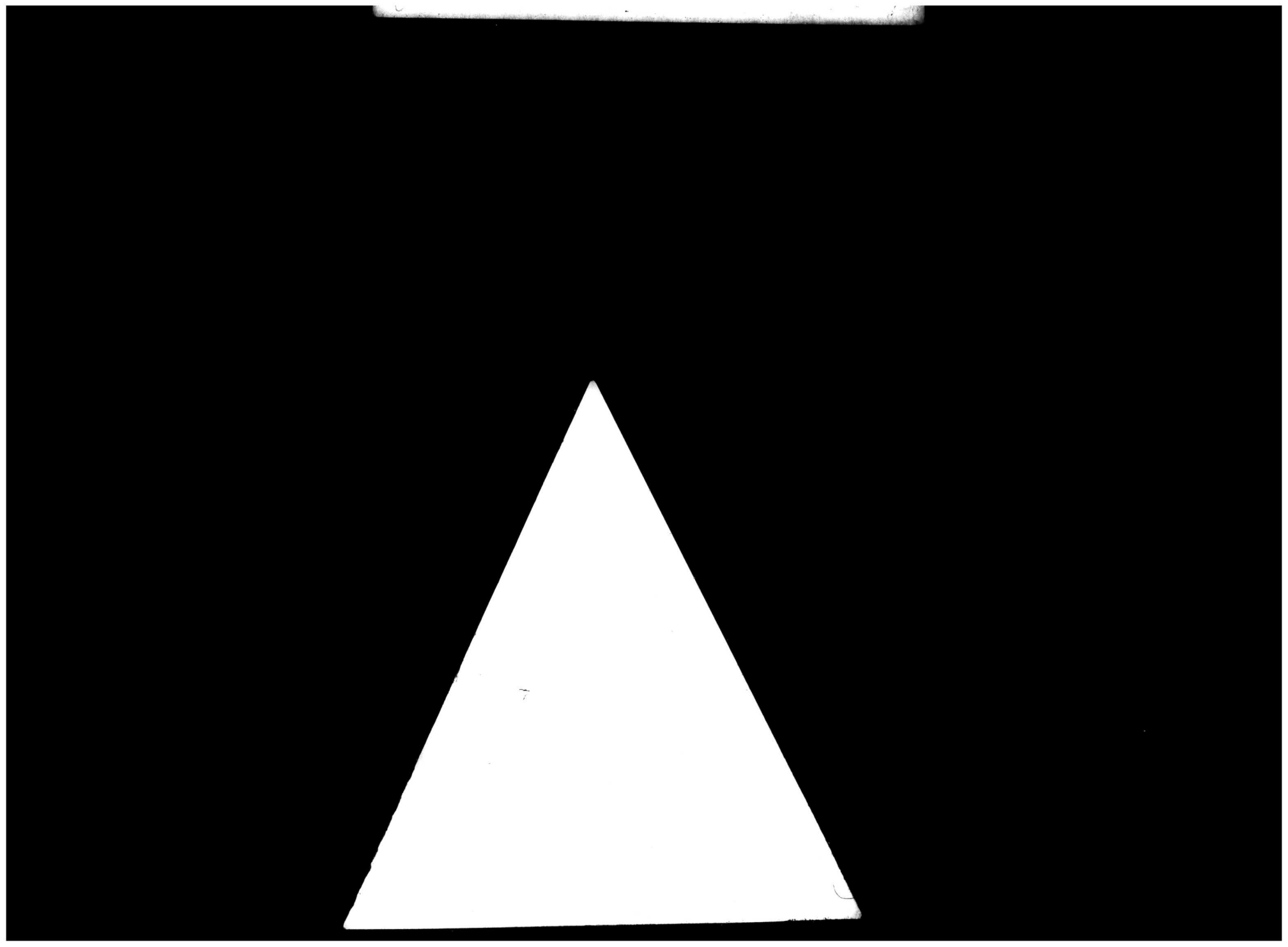
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J.M. Fletcher,- Same Command- No data.

mh.



Ordinary's Certificate

STATE OF GEORGIA,
Decatur COUNTY.

I, T B Maxwell Ordinary of said County, certify that I know the applicant D T Wilson for pension is the person he represents himself to be and resides in said county. That I also know S J Barinam the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 4 day of Oct 1923

T B Maxwell Ordinary
of Decatur County.

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses 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 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 of the county in which the applicant or witness resides and must be certified by such Ordinary.

Wilson, D. T.
Decatur Co.

No. O.H. Jan 1924

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Decatur

Name D. T. Wilson

Company Capt. Lowster's Capt. Hyde Co.

Regiment Lt. Mitchell

Approved

Approved

[illegible]

[illegible]

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10/30/1923

Ordinary's Certificate

STATE OF GEORGIA,
Decatur COUNTY.

I, T B Maxwell Ordinary of said County, certify that I know the applicant D I Wilson for pension is the person he represents himself to be and resides in said county. That I also know S J Barisoun the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 4 day of Oct 1923

T B Maxwell Ordinary
of Decatur County.
(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses 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 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 of the county in which the applicant or witness resides and must be certified by such Ordinary.

No. C.M. Co. 1st Ga. Militia

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Decatur
Name D. I. Wilson
Company Capt Lewis's Co. 1st Ga Militia
Regiment
Approved

J. W. Lindsey, Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10 Sept 1923

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

Questions For Applicants to Answer

STATE OF GEORGIA,
Decatur COUNTY.

D I Wilson of said State and County, hereby applies for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give County and Post-office) D I Wilson Faceville Decatur County
2. How long and since when have you been a continuous resident citizen of this State? All my life 70 years
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Ga Militia
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) At Albany Ga August 1864 Private under Captain E Lewis 60
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) Until Close of the War about 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? In September 1864 was Sent to Bainbridge Ga T.P.S. under Capt Hyde as Recruiting Officer
7. Were you actually present with your command when it was surrendered or discharged? Yes with Capt Hyde
8. If you were not actually present, state specifically and clearly where you were With Capt Hyde at Bainbridge Ga
   a. Where was your command when you left it? At Bainbridge Ga
   b. When did you leave the command? At Surrender of War
   c. For what cause did you leave? War closed
   d. By whose authority did you leave? Commanding officer
   e. For how long was your leave granted? In what way? —
   f. Why did you not return to your command after leave expired? —
   g. In what way were you prevented? —
   h. What effort did you make to return? —
   i Were you captured during the war? No
   j If so, when, and where? In what prison were you held and when were you released? —
9. Are you drawing a pension of any amount from this State or the United States? No
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No This is my first

Sworn to and subscribed before me, this the 4 day of Oct 19.23
T B Maxwell Ordinary
of Decatur County.
(SEAL)

D I Wilson

Lt Co. C 60 — Lewis under Capt Hyde

Questions for Witness as to Service

STATE OF GEORGIA,
Decatur COUNTY.

S J Barineau of said State and County is hereby presented as a witness in support of the application of D T Wilson for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? S J Barineau
Faceville Ga

2. How long and since when have you known D T Wilson the applicant?
Over Thirty Years was born & raised

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? In Decatur County a
Resident was Born & I Know him

4. When, where and in what Company and Regiment did D T Wilson enlist during war from 1861 to 1865? (Give date and place.) At Albany Aug 1864 Capt E Lowther Co

5. How did you obtain your information of this Service? We were both
under same Command

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) From enlistment Aug 1864 to Close of War 1865

7. When and where was his command surrendered or discharged (give date and place)
At Bainbridge Ga under Capt Hyde's command Marching Home

8. Were you personally present at the surrender? Yes

9. If not, where were you and how came you there? ——

10. Was the applicant personally present with his command at surrender? Yes

11. If not where was he and how came him there? ——

12. When did he leave his command? April 1865 Where was his command when he left it? At Bainbridge Ga For what cause did he leave? Was Discharged
By whose authority did he leave. By Discharge 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
We were together under same Command from Aug 1864 to April 1865

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? No If so, when and where? ——
In what prison was he held? —— and when released ——

Sworn to and subscribed before me, this the 4 day of Oct 1923

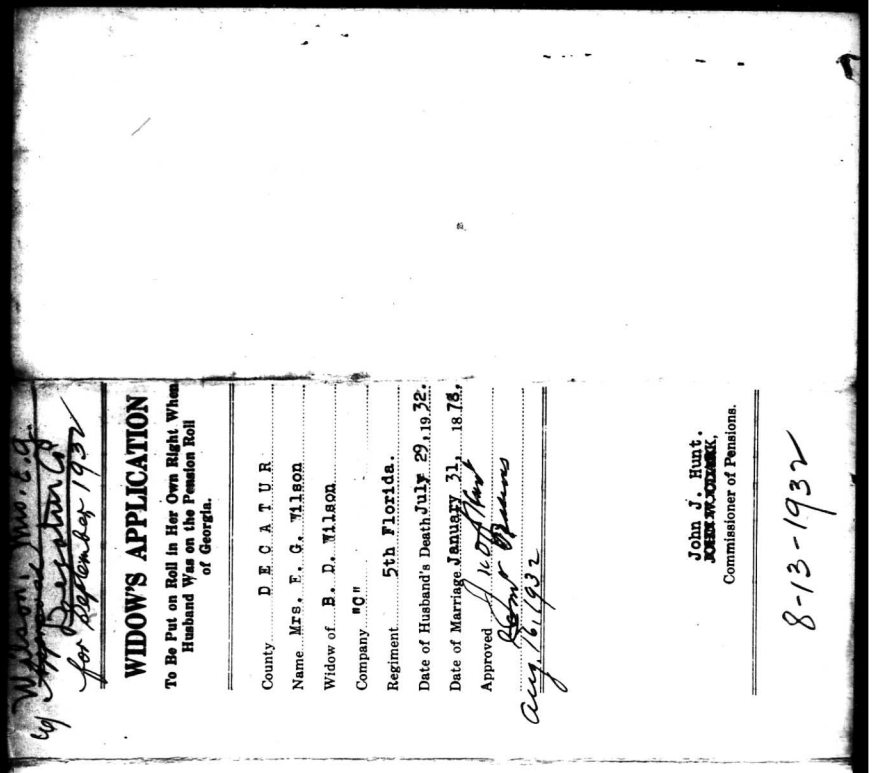
S J Barineau

T B Maxwell Ordinary of Decatur County.

(SEAL)

Sworn to and subscribed before me, this the
4 day of Oct 1923
T B Maxwell Ordinary
of Decatur County.
(SEAL)

S. J. Barineau



Wilson, Mrs. E. G.
Approved
Decatur Co.
for September 1932

WIDOW'S APPLICATION

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

County DECATUR

Name Mrs. E. G. Wilson

Widow of B. D. Wilson

Company "C"

Regiment 5th Florida.

Date of Husband's Death July 29, 1932.

Date of Marriage January 31, 1878.

Approved J. N. O'Hunt
Comr Pensions
Aug. 16, 1932

John J. Hunt.
~~JOHN W. CLARK~~,
Commissioner of Pensions.

8-13-1932

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Decatur COUNTY.

I, Nell Maxwell Ordinary of said County, do certify that I know Mrs. E. G. Wilson, the applicant for pension; that she is the person she represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1920; ~~that I also know~~ (the attached marriage certificate) ~~the witness as to marriage, and that both the foregoing were duly sworn by me before signing the respective affidavits,~~ and that ~~they are~~ she is truthful and trustworthy and ~~their~~ her statement~~s~~ is entitled to full faith and credit.

I have personally known B. D. Wilson and his widow Mrs E. G. Wilson fifteen years or longer.

Given under my hand and official seal of office this 12 day of August, 1932.

(SEAL OF ORDINARY) Nell Maxwell Ordinary,

Decatur County

Instructions:

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

Wilson, Mrs. E. G.
by Approved
for Decatur Co
for September 1932

WIDOW'S APPLICATION

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

County DECATUR

Name Mrs. E. G. Wilson

Widow of B. D. Wilson

Company "C" 5th Florida

Regiment 5th Florida.

Date of Husband's Death July 29, 1932.

Date of Marriage January 31, 1878.

Approved J. H. Hunt
Aug. 16, 1932

John J. Hunt,
Commissioner of Pensions.

8-13-1932

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Decatur COUNTY.

I, Nell Maxwell Ordinary of said County, do certify that I know Mrs. E. G. Wilson, the applicant for pension; that she is the person she represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1920; ~~that I also know~~ (See attached marriage certificate) ~~the witness as to marriage, and that both the foregoing were duly sworn by me before signing the respective affidavits,~~ and that ~~they are~~ she is truthful and trustworthy and ~~their~~ her statements ~~are~~ is entitled to full faith and credit. I have personally known B. D. Wilson and his widow Mrs. E. G. Wilson fifteen years or longer.

Given under my hand and official seal of office this 12 day of August, 1932

(SEAL OF ORDINARY)

Nell Maxwell Ordinary,

Decatur County

Instructions:

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

JOHN J. HUNT
COMMISSIONER OF PENSIONS

State of Georgia
Pension Department
Atlanta

August 16th, 1932.

Miss Nell Maxwell,
Ordinary, Decatur County,
Bainbridge, Georgia.

Dear Miss Maxwell:

IN RE: Application for pension for Mrs. E. G. Wilson, widow of Mr. B. D. Wilson:

I have approved this application, effective on and after September 1st, 1932, upon the grounds that the marriage is shown to have taken place prior to the year 1881, and that the husband was a pensioner of the State of Georgia at the time of his death.

You are authorized to pay the August installment of Mr. Wilson's pension to Mrs. Wilson, having her to receipt the soldier pay roll, as his widow.

Please make proper record hereof in your office, as required by law.

With best wishes,

Very truly yours,

Jno J. Hunt

COMMISSIONER OF PENSIONS.

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia.

STATE OF GEORGIA,

DECATUR COUNTY.

Personally before me comes Mrs. E. G. Wilson of said County, who, after having been duly sworn, says that she is the widow of B. D. Wilson to whom, in the County of Decatur State of Georgia she was married on the 31st day of January 18 78, and that she remained his wife, and resided with him to the date of his death in July 29th, 19 32 and that she has not since his death remarried; at the time of his death he was a resident of Decatur County, in said State of Georgia, and he was on the Pension Roll of the State and paid a pension of $30.00 per month. in Decatur County for 1932, on account of being a soldier in Company "C" 5th Florida Regiment Enlisted 1861. Served to close of War. Capt. of Decatur Co. Camp (Volunteers or State Militia). His application for Pension was approved in 1907.

That she is now a bona fide resident citizen of said State of Georgia and she has, continuously, resided there since 30th day of December, 1854.

Sworn to and subscribed before me, this the 12th day of August, 1932

Neil Maxwell, Ordinary of Decatur County.

Mrs. E. G. Wilson (Applicant)

(SEAL OF THE ORDINARY.)

Affidavit of Witness to Prove Marriage and Date of Death of Husband.

STATE OF GEORGIA, (See attached certificate of marriage record)

COUNTY.

Personally before me comes known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs., who made the foregoing affidavit, is the lawful widow of who died in County in said State of on the day of , 19, and that she has not since remarried; that she became the wife of on the day of , 18; that she and he had resided together as husband and wife, continuously, since day of 19, and that was the same man who was on the pension roll of said State from County when he died.

Sworn to and subscribed before me, this the day of , 192

, Ordinary of County.

(SEAL OF ORDINARY)

Sworn to and subscribed before me, this the

.....day of....., 192.....

....., Ordinary

of....., County.

(SEAL OF ORDINARY)

.....

STATE OF GEORGIA

[redacted]

COUNTY

This Certifies that B. D. Wilson

and E. G. Chestnut

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By J. M. Marshall, M. G.

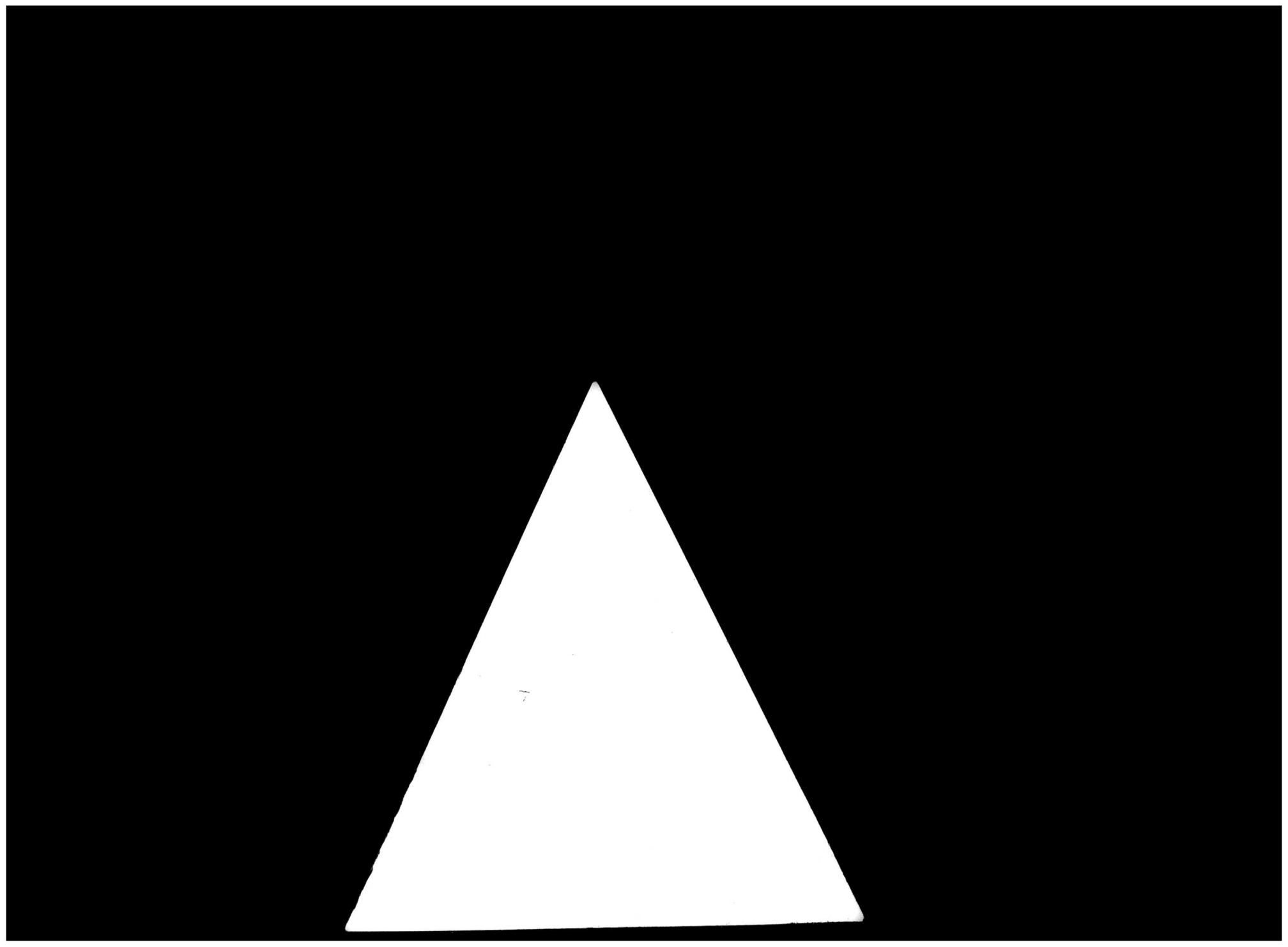
On the 31st day of January, in the year of our Lord ~~192~~ 1878.

as appears of record in my office in Marriage Record, book "B",

page 302. This 11th day of August, 1932. ~~192~~

Hall Maxwell

Ordinary.



Wilson, J. B.
Dec. 1902
Amended 1903

No. 9

E-55

INDIGENT PENSION,

~~1901.~~
1902

Name J B Wilson

County Decatur

Co. E 55th Reg'm't

Approved _____ 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO 6/4/60

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

Geo. W. Harrison, State Printer, Atlanta.

6/13-1902
6/26-1903

[illegible]sion office 3-4-1902.

[illegible]licant is not an aged man. [illegible]mity not shown to be permanent [illegible] incurable to prevent him earn[illegible] a support at some kind of labor [illegible] calling. Seems to be owner of tax [illegible] property.

J.W.Lindsey,
Com. Of Pensions.

Amended

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, J B Wilson of Atlanta hereby authorize Wm Wright to receive and receipt for the pension allowed and request that he remit same to Ordy at Bainbridge by Check

Witness my hand and seal, this 1 day of May 1902

Executed in presence of J. B. Wilson [L. S.]

J B McCarter Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Decatur County.

I, J B Wilson of Attala hereby authorize W A Wright to receive and receipt for the pension allowed, and request that he remit same to Ody at Bainbridge by check

Witness my hand and seal, this 1 day of May 1902

J. B. Wilson [L. S.]

Executed in presence of

J B Maxwell
Ordinary.

Pension office -8-4-1902.

Applicant is not an aged man.
Infirmity not shown to be permanent and incurable to prevent him earning a support at some kind of labor or calling. Seems to be owner of tax [illegible]

J. W. Lindsey,
Commissioner of Pensions.

Witness

No. 9

INDIGENT PENSION,

1901.

Name J B Wilson

County Decatur

Co. E 55th Reg't

Approved 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

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

Geo. W. Harrison, State Printer, Atlanta.

6/8-1902
6/26-1903

J. B. Wilson, Co E 55th Ga Regt
Enrolled Dec 1863

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Decatur COUNTY.

D W Lane of said State and County, having been presented as a witness in support of the application of J B Wilson 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? D W Lane Bainbridge Ga Decatur Co
2. Are you acquainted with J B Wilson, the applicant; if so, how long have you known him? About 50 years
3. Where does he reside, and how long and since when has he been a resident of this State? Decatur Co Lives in State & Co since I knew him
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted at Colquit Ga in Co E 55 Reg 1861
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? Until close of the war or Appomattox
7. When and where was his command surrendered? Captured at Cumberland Gap Sept 9th 1863 I was held prisoner until the Surrender of Lee
8. Were you present when it surrendered? I was Whole Reg was Captured
9. Was applicant present? He was
10. If he was not present, where was he?

When did he leave his command? For what cause?

By what authority he left? How do you know all of this? We were Captured the same day & both of us held as prisoners until Surrender of Lee
11. What property, effects or income has the applicant? (Give your means of knowledge.) None to my Knowledge
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? No property to my Knowledge
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? None to my Knowledge
14. What is the applicant's occupation and physical condition? Principally a farmer His Physical condition apparently poor
15. Is the applicant unable to support himself by labor of any sort, if so, why? Apparently he is not able to support himself Seems to Suffer with Rheumatic troubles
16. How was he supported during the years 1898, 1899 and 1900? I don't Know
17. What portion of his support for these three years was derived from his own labor or income? I don't Know No Income to my Knowledge
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? Apparently he is in poor health He is destitute of property in the way of Lands I don't Know whether he owns personal property or not
19. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 6 day of May 1901.

D W Lane
Witness.

J B Maxwell
Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Decatur COUNTY.

Personally came before me J. D. Chason and Gordon Chason, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully J B Wilson, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

59 years of age Pulse 84 - Slight dilatation of Heart with intermittent pulse. There may be going occupation or calling that he could make a living at

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 1 day of May 1902.
T B Maxwell Ordinary.

J D Chason mdl
Gordon Chason mdl

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur COUNTY.

I, T B Maxwell Ordinary in and for said County, hereby certify that the applicant J B Wilson resides in said County, and has been a bona fide resident of this State since the 1 day of Jan 1894 and that the witnesses, viz: D W Lane

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 Decatur County show that applicant returned for taxation in his name in 1900 $325.00 Dollars of property, and in [redacted] nothing Dollars of property.

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

Witness my hand and seal of office, this 10 day of June 1902
T B Maxwell Ordinary,
of Decatur 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.

Every Question MUST be Answered.

Questions for Applicant.

STATE OF GEORGIA,
Decatur County.

J B Wilson 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)
J B Wilson Iron City Decatur Co

2. How long and since when have you been a resident of this State?
A Resident of this State about 59 years

3. When and where were you born? Born in Miller County Ga 1848

4. When and where and in what company and regiment did you enlist or serve?
I enlisted in Miller Co Co E 55th Ga Sept 1861

5. How long did you remain in such company and regiment? Until Close of the War except while in prison from Sept 1863 to June 1865

6. When and where was your company and regiment surrendered and discharged? Surrendered at Cumberland Gap Tenn 9 Sept 1863 and was taken as prisoners of War & held until 16th June 1865

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? The whole Regiment was captured The above stated date

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? 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"? Second

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?
For the past six years have been suffering with Rheumatism I am not able to do any work or Calling Sufficient to Earn Support now

13. What property, real or personal, or income, do you possess, and its gross value?
No property Whatever No Income

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? No property owned for either of the years mentioned

15. In what County did you reside during those years, and what property did you then return for taxation?
Decatur Co No property Returned

16. How were you supported during the years 1899 and 1900? Supported by what little work I could do

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? No a/c Kept of Cost I contributed about all

18. What was your employment during 1898 and 1899? What pay did you receive in each year?
Farmer No specific pay

19. Have you a family? If so, [redacted] such family? Give their means of support? Have they a homestead? Yes Wife & One Daughter They are supported by what they can do They have a small house & Lot in Iron City worth about $100.00

20. Are you receiving any pension? If so, what amount and for what disability? None

21. Have you ever made an application for pension before? No

22. How many applications have you ever made and under what class? —

Sworn to and subscribed before me this the 1 day of May 1902
T B Maxwell Ordinary,
of Decatur County.

J. B. Wilson
Applicant.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, J B Wilson hereby authorize W A Wright of Atlanta to receive and receipt for the pension allowed and request that he remit same to Ordinary at Bainbridge by Check

Witness my hand and seal, this 7 day of Jan 1904.

J. B. Wilson [L. S.]

Executed in presence of
T B Maxwell
Ordinary

Wilson, J. B.
Decatur County

CODE SECTION 1254
(FOR THOSE ALREADY ENROLLED.)

No. 5256

655

INDIGENT
SOLDIER'S PENSION
1904.

Name J B Wilson
County Decatur
Co. E Regiment 55th

WARRANT ISSUED
MAR 19 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

E 17 Ave

WARRANT HANDED TO
O

Geo. W. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, J B Wilson hereby authorize W A Wright of Atlanta to receive and receipt for the pension allowed, and request that he remit same to Ordinary at Bainbridge Ga by Check

WITNESS my hand and seal, this 12 day of Jan 1905.

J. B. Wilson [L. S.]

Executed in the presence of
T B Maxwell Ordinary

Wilson, J. B.
Decatur County

CODE SECTION 1254
(FOR THOSE ALREADY ENROLLED.)

No. 6657

655

INDIGENT
SOLDIER'S PENSION
1905.

Name J B Wilson
County Decatur
Co. E Regiment 55th Ga

WARRANT ISSUED
MAR 2 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

E 17 Ave

WARRANT HANDED TO
O

GEO. W. HARRISON, MANAGER, FOR STATE PRINTER, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Decatur County.

Personally appears ~~H M~~ J B Wilson of Decatur 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 1843; that he is 61 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 about 4 yrs in Company E, of 55 th Regiment of Georgia; that his physical condition is as follows: Lung Trouble Rheumatism and some Heart Trouble

that his property consists of the following items: Nothing

of the value of ~~H~~ — 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 Decatur County been allowed a pension for the year 1903

Sworn to and subscribed before me, this the 7 day of Jan 1904. J. B. Wilson

J B Maxwell Ordinary.

STATE OF GEORGIA,
~~Decatur~~ Decatur County.

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

Given under my official signature and seal, this 7 day of January 1904.

Affix your Seal here.

J B Maxwell
Ordinary Decatur 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,
Decatur County.

Personally appears J B Wilson of Decatur 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 Jan 1824; that he is 61 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 4 years in Company E, of 55 th Regiment of Ga; that his physical condition is as follows: Heart Trouble Catarrh General Debility

that his property consists of the following items: No property

of the value of — Dollars. I am now earning, by my labor, No Earnings 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 Decatur County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 12 day of Jan 1905. J. B. Wilson

J B Maxwell Ordinary.

STATE OF GEORGIA,
Decatur County.

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

Given under my official signature and seal, this 12 day of January 1905.

Affix your Seal here

J B Maxwell
Ordinary Decatur County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, J B Wilson hereby authorize W A Wright of Atlanta to receive and receipt for the pension allowed, and request that he remit same to Ordinary at Bainbridge Ga by Check

WITNESS my hand and seal, this 8 day of Jan 1906.

J. B. Wilson [L. S.]

Executed in the presence of
T B Maxwell Ordinary.

Wilson, James Benton
Decatur County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 24 75

INDIGENT
SOLDIER'S PENSION
1906.

Name J B Wilson
County Decatur
Co. E Regiment 55th Ga

WARRANT ISSUED
JAN 30 1906.

JOHN W. LINDSEY.
Commissioner of Pensions.

WARRANT HANDED TO

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, ENG.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, J B Wilson, hereby authorize W A Wright of Atlanta to receive and receipt for the pension allowed, and request that he remit same to Ordinary at Bainbridge by Check

WITNESS my hand and seal, this 19 day of Jan 1907.

J. B. Wilson [L. S.]

Executed in presence of
T B Maxwell
Ordinary

Wilson, J. B.
Decatur Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 4510.

INDIGENT
SOLDIER'S PENSION
1907.

Name J B Wilson
County Decatur
Co. E Regiment 55th Ga

WARRANT ISSUED
FEB 6 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Decatur County.

Personally appears J B Wilson of Decatur 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 Jan 1894; 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 Ga) during the war between the States, and served for the term of 4 yrs in Company E, of 55th Regiment of Ga; that his physical condition is as follows: Infirmity and Poverty Suffering Heart affection Rheumatism

that his property consists of the following items: No property

of the value of — Dollars. I am now earning by my labor, Very little 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 Decatur County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 8 day of Jan 1906. J. B. Wilson
T B Maxwell Ordinary.

State of Georgia,
Decatur County.

I, T B Maxwell Ordinary of said County, do certify that I am well acquainted with J B Wilson 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 8 day of Jan 1906.

T B Maxwell
Ordinary Decatur County.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Decatur County.

Personally appears J B Wilson of Decatur 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 Jan 1894; 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 Ga) during the war between the States, and served for the term of about 4 yrs in Company E, of 55th Regiment of Ga; that his physical condition is as follows: Too infirm to do but Very little work

that his property consists of the following items: None

of the value of — Dollars. I am now earning by my labor, No Special Earnings 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 Decatur County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 19 day of Jan 1907. J B Wilson
T B Maxwell Ordinary.

State of Georgia,
Decatur County.

I, ~~J B Wilson~~ T B Maxwell Ordinary of said County, do certify that I am well acquainted with J B Wilson 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 Jan 1907.

T B Maxwell
Ordinary Decatur County.

Affix your seal here

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

John P. Morton & Co
Incorporated
Louisville, Kentucky

State of Georgia
Decatur County } J M Lane of said State and County having been presented as a witness in support to amend the application of J B Wilson for Pension and after being duly sworn ~~[illegible]~~ makes the Statement ~~[illegible]~~ as follows.

I have known the applicant for quite a number of years. and know of my own knowledge that he is not able to support himself by his own labor. To my own knowledge the property that he gave in for taxes in the year 1900 is not his property but the property of his wife which consist of 1/2 acre lot in the town of Iron City with 3 small houses on it. They live in one & rent the other 2 from these rents he gets a portion of his support from the best information that I can get his wife inherited the property or its equivalent and from this and what the applicant can do they make a living I will further state that the applicant owns no property whatever my means of knowledge is that we live about 1 1/2 miles apart I have no direct interest in his recovery a pension further than he is one who comes under the indigent class & is worthy.

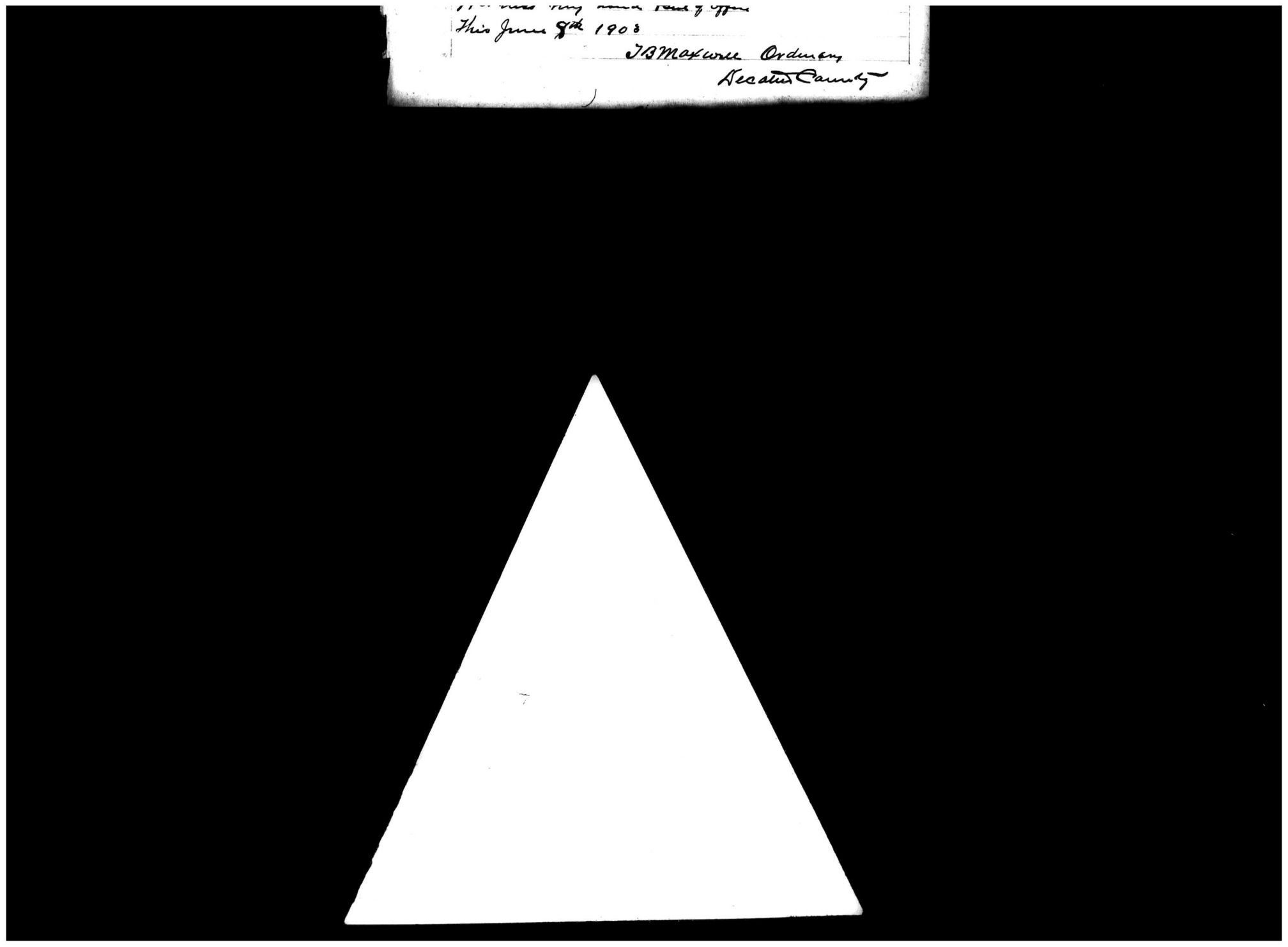
J M Lane

Sworn to and subscribed before me this June 8th 1903.

State of Georgia
Decatur County } I T B Maxwell Ordinary of said County hereby certify that the witness J M Lane is of trustworthy character & that his statement is entitled to full faith & credit & that he took the oath hereon & that the full text of the affidavit was read before signing witness my hand & seal of office

This June 8th 1903

T B Maxwell Ordinary
Decatur County


This June 8th 1903
J B Maxwell Ordinary
Decatur County

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

Decatur County.

Know all Men by these Presents, That I, Mrs Josephine Wilson of Decatur County, in said State, do hereby appoint Wm A. Wright of Atlanta 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 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 Sixteenth day of April 1891

Mrs Josephine Wilson [L. S.]

Executed in the presence of us:

J. P. Bradwell

[illegible]

DIRECTIONS.

If allowed, send amount by Express to me at Fowlstown, Decatur Co. Ga. and oblige,

Mrs Josephine Wilson

Attorney for Fuller Fund

Wilson, Josephine
Decatur County

1891.

No. 3019

Widows' Pension

—PAID TO—

Mrs Josephine Wilson

—OF—

Decat County.

$100.00.

Warrant Issued

AND HANDED TO

1891

Geo. W. Harrison, State Printer Atlanta.

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I, Mrs Josephine Wilson of Decatur County, in said State, do hereby appoint Wm A. Wright of Atlanta 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 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 sixteenth day of April 1891

Mrs Josephene Wilson [L. S.]

Executed in the presence of us:

J. P. Bradwell

H. J. Mercer Ty [illegible]

DIRECTIONS.

If allowed, send amount by Express to me at Bowlestown, Decatur Co, Ga, and oblige,

Mrs Josephene Wilson

Returned for [illegible]

Wilson Josephine
Decatur Georgia

1891.
27th Cavalry
No. 3019

Widows' Pension
—PAID TO—
Mrs Josephine Wilson
—OF—
Decatur COUNTY.

$100.00.

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 Decatur

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

Mrs. Josephine Wilson, who being sworn according to law, says under oath that she is the widow of Jesse M. Wilson, who was a soldier in the service of the Confederate States, and served as a member of Company K, of the 2nd Regiment of Georgia Cavalry Volunteers; that he enlisted in said service on or about the day of February 1862, and was in the Confederate Army up to April 1865 That while in the Army, he was on the day of June 1863, (See Note No. 1) captured by the enemy at Hoover's Gap Tennessee and taken to prison at Johnson's Island where, from exposure, he contracted consumption and returned home sick with it and died of said disease on the 6th day of August 1869. That he was in good health when he entered the army

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 15th day of February 1860, and that she has resided in Georgia continuously since the 15th day of February 1860; 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 16th day of April 1891.

Mrs Josephene Wilson

H. J. Mercer Ty [illegible]
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.

Form No. 2.

STATE OF GEORGIA,
County of Decatur

In person came before me, the undersigned Ordinary in and for said County, witnesses J. C. Curry and W. H. Wilson and W. G. Broom (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Josephine Wilson, of the County of Decatur, State of Georgia, is the widow of Jesse M. Wilson, who was a soldier in Company K of the 2nd Regiment of Georgia Cavalry Volunteers. That said soldier enlisted in the service of the Confederate States (~~or the Georgia State Troops~~) on or about the day of February 1862. That while in said service, or by reason of said service in the Army, he lost his life as follows: Was captured by the enemy at Hoover's Gap in Tennessee and taken to Prison at Johnson's Island; that when captured he was strong and healthy, and when he returned home from Prison he was suffering with consumption and died of it during the year 1869. That we were all members of the same company with the said Jesse M. Wilson

We further swear that Mrs. Josephine Wilson was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in Decatur County of the State of Georgia.

Sworn to and subscribed before me, this, the 16th day of April 1891.

J. C. Curry
W. H. Wilson
W. G. Broom

Ordinary.

Form No. 3.

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

STATE OF GEORGIA,
County of Decatur

I, B. J. Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Josephine Wilson 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 Sixteenth day of April 1891.

SEAL

B. J. Munnerlyn
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.

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C. J. Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Josephine Wilson 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 Jesse M. Wilson 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 26th day of January 1894.

SEAL

C. J. Munnerlyn Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, Josephine Wilson of Decatur County in said State, do hereby appoint Wm A Wright 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 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 26th day of January 1894.

Josephine Wilson [L. S.]

Executed in the presence of us:
C. J. Munnerlyn
Abner, Averitt

DIRECTIONS.

Send amount by to me at , and oblige

Wilson, Josephine
Decatur Co.
FOR THOSE HERETOFORE PAID.

1894.

No. 1022

WIDOWS' PENSION,
for year ending February 15th, 1894.

—PAID TO—
Mrs. Josephine Wilson
—OF—
Decatur COUNTY.

WARRANT ISSUED
16 1894,
AND HANDED TO
W A WRIGHT

GEO. W. HARRISON, State Printer, Atlanta.

Form No. 1

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally comes Mrs. Josephine Wilson

who being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has *resided* in said State continuously ever since 1829 That she is the Widow of Jesse M Wilson who was a Soldier in Company K of the 2 Regiment of Georgia Cavalry Volunteers, that he enlisted in said Regiment on or about the month of 1862 and served in the Army up to April 1865 That he lost his life on the 6th day of Aug 1869 (*State here full particulars of the husband's death, when, where and from what cause.*) (from Consumption contracted in Prison)

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 1860; 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 26th day of January 1894.
C P Munnerlyn Ordinary.

Josephine Wilson
Post-office Bingen

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C. J. Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Josephine Wilson 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 Lorenzo Wilson 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 18th day of February 1893.

SEAL

C. J. Munnerlyn Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, Josephine Wilson of Decatur County, in said State, do hereby appoint Wm. A. Wright 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 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 18th day of February 1893

Josephine Wilson [L. S.]

Executed in the presence of us:

C. J. Munnerlyn

A. B. McBride

DIRECTIONS.

Send amount by Check to me at Fowlstown, and oblige

Josephine Wilson

Wilson, Josephine
Decatur County

FOR THOSE HERETOFORE PAID.

1893.

No. 984

Widows' Pension,

for year ending February 15th, 1893.

—PAID TO—

Mrs. Josephine Wilson

—OF—

Decatur COUNTY.

Warrant Issued

Feb 1893

AND HANDED TO

C. J. Munnerlyn

Geo. W. Harrison, State Printer, Atlanta.

Co. Ordinary

Form No. 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally comes Mrs. Josephine Wilson

who being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has *resided* in said State continuously ever since 1841 That she is the Widow of Joseph Wilson who was a Soldier in Company K of the 2d Regiment of Georgia (Cavalry) Volunteers, that he enlisted in said Regiment on or about the month of 1862 and served in the Army up to April 1865 That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Taken Prisoner 1863 – sent (I believe) to Johnson Island, when he remained to the close of the War returned with Consumption contracted in Prison & died in 1868

)

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 1860; 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 18th day of Feby 1893.
C. Illuminatyre Ordinary.

Josephine Wilson
Post-office Fowlstown

State of Georgia, }
}
Glynn County. }

Brunswick, Ga., May 14th 1891.

I hereby certify that I was personally acquainted with the physical condition of Jesse M. Wilson, deceased, before and immediately after his return from Confederate service. He returned to his home prostrated in health from the long confinement in prison at Johnsons Island. His health was a wreck as compared to his condition when entering the service. His exposure to the severe cold while in prison developed consumption of which he died. He was frequently attacked with hemorrage of the lungs, for which he consulted me soon after his return to civil life and continuously until his death. I give it as my unreserved opinion that his death was immediately caused by his imprisonment.

Signed in the presence
of C F Gray
Notary Public
Glynn County,
Ga.

J. M. Butts M.D.

State of Georgia,

Executive Department.

Atlanta, Ga. April 20 1891

The application of Mrs. Josephine Wilson for pension is herewith returned for fuller proof. In such cases where the death resulted long after the service in the army, there must be a very full and explicit history of the case furnished, and by positive proof, show that the death of the soldier was *directly* caused by the injury received in the army. If *anything* else contributed to the death of the husband, the law does not provide for the widow. It will not answer to state or prove that the injury was *remotely* the cause of the death; or that some disease, contracted in the service, caused or led to other diseases which produced the death of the husband.

The Ordinary is most respectfully urged to interrogate the witnesses carefully, and to satisfy himself thoroughly that their testimony is full, and that it fairly presents the facts in the case.

If the physician who attended applicant's husband in his last illness is living, or can be found, his testimony should be furnished, showing the IMMEDIATE CAUSE OF HIS DEATH.

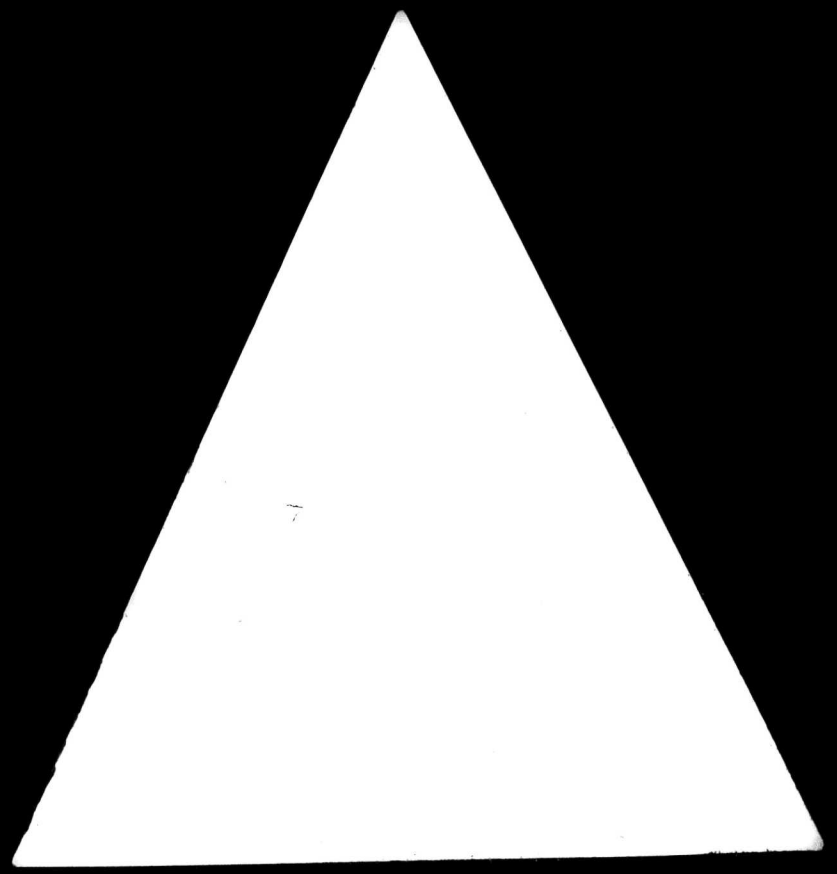
The additional proofs called for must be under oath and Certified to by the Ordinary, and returned with original application.

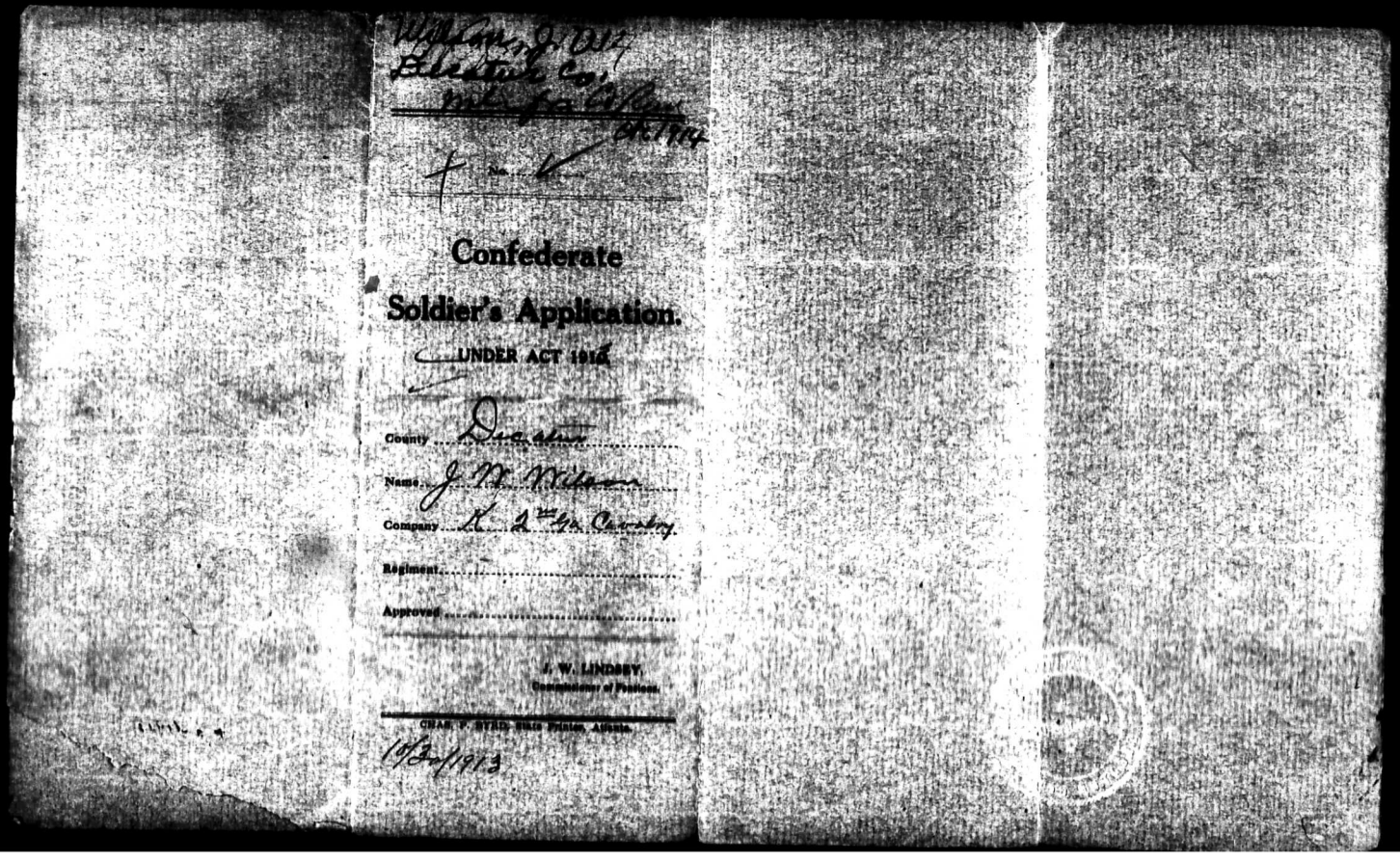
W. H. HARRISON,
Sec'y Executive Department.

Geo. W. Harrison, State Printer, Atlanta.

Bainbridge Geo
May 13th 91

Dr Butts
Dear Sir You will see from
enclosed Papers that Mrs Jesse Wilson
made Application for Pension & that
the Paper was returned for fuller
proof —
This Paper on which I write explains
the kind of proof needed — You
as his Physician can supply that
proof Mr Averett thinks —
How Doctor if you can write in
the form of Affadavit a Statement
of Wilson's condition when he came out
of the Army — his continued condition
to final sickness — and particulars
of death. Be short as you
can to be explicit — Then
go before Ordinary or some Officer
who uses a Seal & let him attest
your Signature — Mail the Appli-
cation & Affadavit to me at Bainbridge
Yrs Truly C Alexander Jr





Wilson, J. W.
Decatur Co.
Mt. Ga. Co. Rev.
Oct 1914

No. ✓

Confederate Soldier's Application.

UNDER ACT 1914

County Decatur

Name J. W. Wilson

Company K. 2nd Ga. Cavalry

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

10/30/1913

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

Decatur County.

J. W. Wilson, of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office) J. W. Wilson Bainbridge Ga Decatur Co.

2. How long and since when have you been a continuous resident citizen of this State? All my life 76 years.

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Enlisted in the Army of the Confederate States

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Enlisted at Bainbridge Spring 1862 Co K 2nd Ga Cavalry.

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Three years.

6. When and where was your Company and Regiment surrendered or discharged from the Service? At Thomasville N.C. April 1865

7. Were you actually present with your Command when it was surrendered or discharged? Yes

8. If you were not actually present, state specifically and clearly where you were.—

a. Where was your Command when you left it? —

b. When did you leave the Command? Immediately after the surrender April 1865

c. For what cause did you leave? Was Paroled

d. By whose authority did you leave? —

e. For how long was your leave granted? In what way? —

f. Why did you not return to your Command after leave expired? —

g. In what way were you prevented? —

h. What effort did you make to return? —

i. Were you captured during the war? No

j. If so, when, and where? In what prison were you held and when were you released? —

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) 2 H & Lot $ 1200.00 1 Mule $ 50.00 2 Mules $ 200.00 10 Head Cattle $ 60.00 Hogs $ 20.00 Other personal property in Household & Kitchen $ 100.00 Total $ 1630.00

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? Sold 40 acres land to different parties in small parcels for a total of $ 500.00 For the purpose of debts & Maintenance

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemised list). 200 acres Land $ 1800.00 1 Horse $ 50.00 Total $ 1900.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? No income Farm not sufficient to live on

13. Are you drawing a pension of any amount from this State or the United States? No

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the 7 day of Oct 1913

J. W. Wilson

Ordinary

of Decatur County.

Applied for and was granted Pension Oct 7th 1913

Williams & Wilson Electric Co. Bainbridge, Ga.

No. 4

Confederate Soldier's Application.

UNDER ACT 1910

County Decatur

Name J. W. Wilson

Company K 2nd Ga Cavalry

Regiment

Approved

J. W. LINDSEY, Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

10/7/1913

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Decatur County.

W A Gaines of said State and County is hereby presented as a witness in support of the application of J W Wilson 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? W A Gaines Bainbridge Ga

2. How long and since when have you known J W Wilson the applicant? Have known him over 50 years

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? He resides in Decatur Co. a resident ever since I known him

4. When, where and in what Company and Regiment did J W Wilson enlist during war from 1861 to 1865? (Give date and place). At Bainbridge Co K 2nd Ga Cavalry Spring 1862 was by him a soldier as was in the Command

5. How did you obtain your information of this Service? I was in same Co with him

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) Three Years

7. When and where was his Command surrendered or discharged (give date and place) At Greensboro N C April 1865

8. Were you personally present at the Surrender? not at the time of Surrender

9. If not, where were you and how came you there? I was sent to Bainbridge during the Mo of July 1865 on detail Service

10. Was the applicant personally present with his Command at surrender? I am sure he was as he

11. If not where was he and how came him there? I left Co K in July 1865 The applicant was with Command when I left

12. When did he leave his Command? Close of the War Where was his Command when he left it? Greensboro N C for what cause did he leave? With Command 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) We Served together 3 years in same Company

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? We both Lived in Same County the Applicant I We Lived at home in April 1865 Was Paroled at Greensboro N C

15. Was applicant captured as a prisoner? No If so, when and where? — In what prison was he held? — and when released —

Sworn to and subscribed before me, this the 7 day of Oct 1913

W A Gaines

J B Maxwell Ordinary,
of Decatur County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Decatur County.

Personally before me came E M Massey who on oath says that they are freeholders residing in said County and we know J W Wilson the applicant for pension that we have no interest in property now in any way possession and control of himself and wife and of the total value of $ [illegible] Dollars, and that the property is Real Estate Lot No 184 in the 5th Dist of Decatur Co Ga

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.) No other land and all his personal property of every description that he and wife possess
2. When and to whom was it sold or given to? —
3. What was the price paid or agreed 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? Yes or was it made to obtain a pension? —

Sworn to and subscribed before me, this the 9 day of Oct 1913 E M Massey

J B Maxwell Ordinary,
of Decatur County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I, J B Maxwell Ordinary of said County, certify that I know the applicant J W Wilson for Pension in his person he represents himself to be and resides in said County. That I also know W A Gaines the witness swearing to the service and E M Massey 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 J W Wilson shows the — and wife value for tax is in 1909 $ 1561 — for 1909 $ 1672 — for 1910 $ 1672 — 1911 - 1672 - 1912 - 1672 - 1913 - 1672 -

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

J B Maxwell Ordinary,
of Decatur 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 Ordinary deems 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, nor in control of self and wife, affidavits of freeholders unnecessary.

STATE OF GEORGIA, Decatur **County**

I, T B Maxwell, Ordinary of said county, do certify that I personally know Mrs Margaret L Wilson, the applicant, and that she is the lawful widow of J W Wilson, and was on the Indigent Pension Roll of said Decatur county, and was paid a Pension from Decatur county for 1920, and at the time of his death on the 17 day of June 1921, there was due to him and unpaid his Pension of ($125.00) Dollars from the State of Georgia, and I know D T Wilson, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 16 day of June, 1921.

T B Maxwell Ordinary,
Decatur County.

Wilson, J. W.
Decatur Co.
8

No. ~~1920~~ 1921

Paid to Widow

Application for Pension Due Deceased Soldier

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY

Mrs. Margaret L Wilson

Widow of J W Wilson

of Decatur County

Co. K Regt. 2nd Ga Cavalry

Approved and paid 125 for 1921 Rec'd 12/13 1921

J W Lindsey
J. W. LINDSEY,
Commissioner of Pensions.

Ford Printing Co., State Printers, Atlanta.

Dec'd June 17, 1921

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 191____, 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, Decatur **County**

Personally before me comes Mrs. Margaret L Wilson, of said county, after being duly sworn, on oath says that she is the widow of J. W. Wilson who was duly enrolled as a Indigent Pensioner from the county of Decatur and was paid a Pension of One Hundred Dollars from Decatur county for 1920, and that the said J W Wilson died in Decatur county on the 17 day of June, 1921, and at the time of his death a Pension of was due him from Decatur county and unpaid for 1918.

Applicant further swears that she married the said J W Wilson on the 9 day of January 1868, in Decatur county and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 8 day of July, 1921.

T B Maxwell, Ordinary.
Decatur County.

Margaret L Wilson (L. S.)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Decatur **County**

Personally before me comes D J Wilson, who on oath says that he knew J W Wilson while in life and that he knows his Widow Mrs. Margaret L Wilson the above applicant; that he knows that the said J W Wilson and Margaret L Wilson were in due form of law married in the county of Decatur in the State of Georgia on the 9 day of January, 1868, and that they resided together as husband and wife from date of marriage to the day of his death on the 17 day of June, 1921, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 16 day of July, 1921.

T B Maxwell, Ordinary.
Decatur County.

D J Wilson

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 attached.

NAME Wilson, J. W. YEAR 1914 COUNTY Decatur

WHEN AND WHERE BORN? Resident of Georgia all his life.

ENLISTED WHEN AND WHERE? Spring 1862, Bainbridge, Georgia.

RANK:

COMPANY AND REGIMENT? Company K. 2nd Georgia Cavalry.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? Command / April 1865, Greensboro, North Carolina.

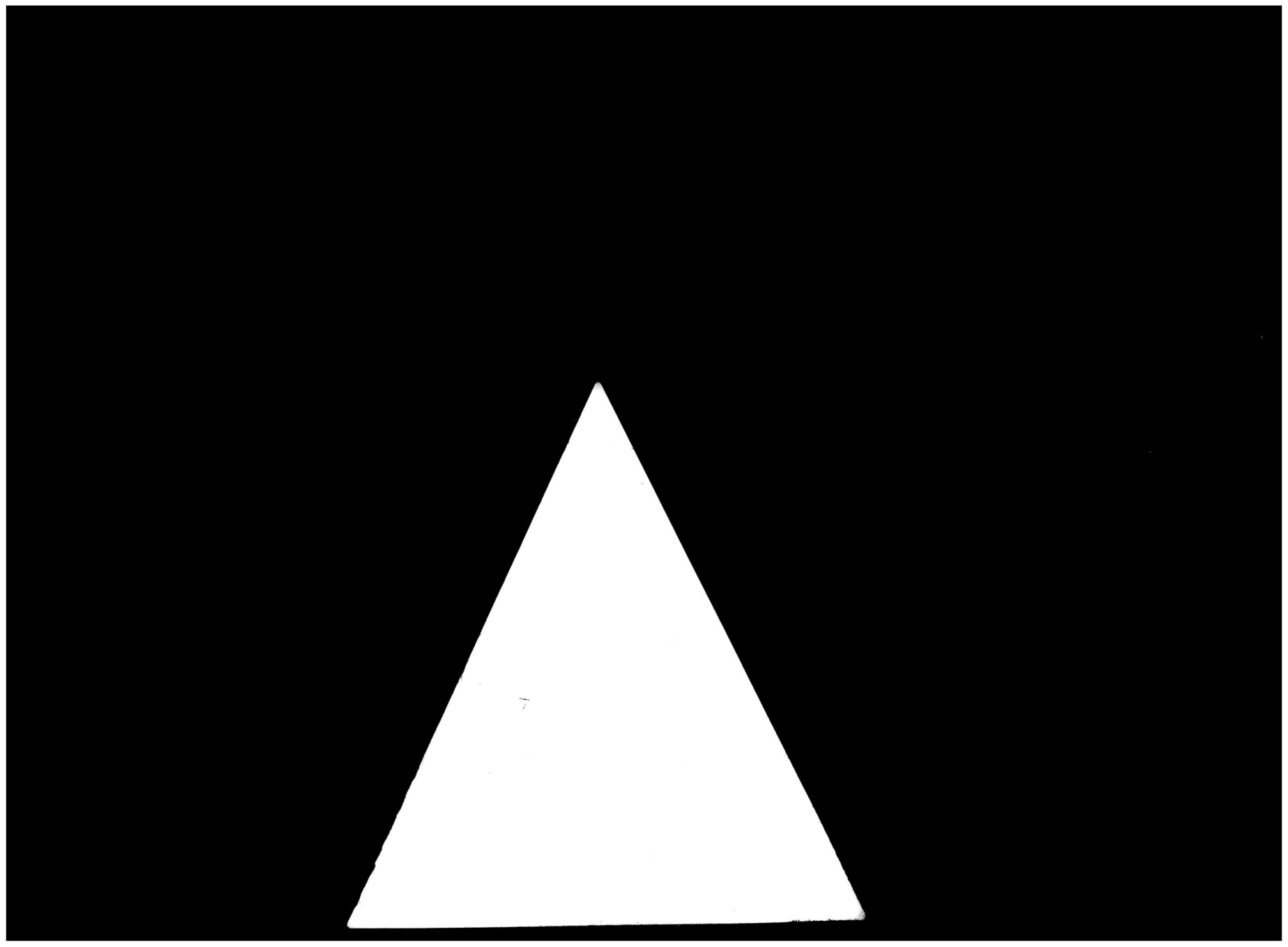
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: W. A. Gaines,- Same company.,- No data.

eb



Private, Co. B. 29th Regt. Ga. Vol. Inf. enlisted Apr-1-1864, & appears on roll for Dec. 31-1863, to Aug 31-1864, last on file, Present.
Union Prisoner of War records show him surrendered, Tallahassee Fla., May 10-1865, & paroled at Bainbridge, Ga., May 20-1865.
W. R.

[illegible]
"Present on muster roll covering to Aug. 31-1864".
No later record found.
W. R.

[illegible]

No. 4646-47
[illegible]

Widow's Pension

UNDER ACT 1910

County Decatur

Name Mrs M A Wilson

Widow of S. P. Wilson

B. 29 Bat of Cav

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer

10/19-1916

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

STATE OF GEORGIA,
Decatur County.

Personally before me comes Mrs M A [redacted] 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? Mrs M A Wilson Decatur Co
2. How long and since when have you been a continuing resident of the State of Georgia? Nearly all My Life 66 years in Georgia
3. When, where and to whom were you married? To Silas B Wilson January 7 1861 in Decatur Co Ga
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.) Cavalry
Co B 29 Batt Cavalry Nov 1863
5. When and where did the Commands of your husband surrender or discharge from the army? at Bainbridge Close of the War April 1865
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? Present
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? —

j. When and where did your husband die? Decatur County 1914
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.) Items Personal property Viz 2 Cows 1 Mule & Some other personal Values all Told about 600.00
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.) Sold the above property for 600.00 for Support
11. What property of any description of any value have you now? None except Homestead and Give list and cash value Which I am living on
12. What are your annual earnings or income and their value? None Upon which to live except
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 12 day of Feb 1916
T B Maxwell Ordinary.
of Decatur County.

MRS M A Wilson

Widow's Pension
UNDER ACT 1910

No. 40446-47

Mrs M A Wilson
Decatur Co Ga
R F D

J. W. LINDSEY.
Commissioner of Pensions

Chas P Byrd, State Printer

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,

Decatur County.

Personally before me comes J E Thursbay who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? J E Thursbay
2. How long and since when have you known Mrs Steve Wilson applicant?
3. How long and since when has she continuously resided in this State? (Give date.) Ever since I knew her
4. When and to whom was she married Steve Wilson How do you know?
5. How long and since when did you know Steve Wilson her husband? I first met him in the Confederate army abolit Nov 1863
6. When and where did Steve Wilson the husband of Applicant die? In Decatur County
7. Were 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? —

Were they divorced? —

9. When, where and in what Company and Regiment did Steve Wilson enlist? At Bambridge under Capt Wimberley in Co B 29th Bat of Georgia Cavalry
10. Were you a member of the same Company? I was
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? Until Close of the War
12. When and where did his Command surrender, and was discharged? discharged at Bambridge Ga April 1865
13. Were you personally present when it was surrendered? I was If not where were you — and how came you there? —
14. Was the husband of applicant personally present at surrender? He was 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? Present
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? War Closed
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 17 day of Nov 1915

J his mark E Thursbay

T B Maxwell Ordinary.

of Decatur County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County.

Personally before me comes who on oath says that they are freeholders of said County and that they know of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows

Personal property $

Notes and accounts due $

Total $

Schedule (B).

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

Personal property $

Money, Notes and Accounts $

Schedule (C).

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

Acres of land worth $

Horses and Mules $

Cows and Hogs $

Other Property $

Income and Earnings $

Total Value of all property and effects $

Sworn and subscribed before me this the day of 19

Ordinary.

of County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Decatur County.

I, T B Maxwell Ordinary of said County do certify that, I know Mrs M A Wilson the applicant, for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th Nov., 1908

That I also know J E Thursbay the witness who swears to the service of husband, 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 Decatur Returned for Tax is for 1914 $ 9.49 for 1916 $ None

Sworn under my hand and official seal of office this 20 day of Sept 1916

(SEAL.)

T B Maxwell Ordinary.

Decatur 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.

I fail to find Marriage record. They were an old Couple and lived together and were always recognized as husband and wife

T B Maxwell
Ordinary Decatur Co

T B Maxwell Ordinary.

of Decatur 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.

I fail to find Marriage record. They were an old Couple and lived together as wife always recognized as husband and Wife

T B Maxwell
Ordinary Decatur Co

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

_____ COUNTY.

I, _____ Ordinary of said County, do certify that I know Mrs. _____ 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 _____ 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 _____ day of _____ 19____

(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 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.

No. Decatur County

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 Decatur

Name Margaret L. Wilson

Widow of J. M. Wilson

Company K

Regiment 2nd Ga.

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

9/24/1921

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,
Decatur COUNTY.

Personally before me comes Mrs Margaret L Wilson of said County, who, after being duly sworn, says that she is the widow of J W Wilson to whom, in the County of Decatur State of Georgia she was married on the 9 day of January 1868, and that she remained his wife, and resided with him to the date of his death in January 1921 and that she has not since his death remarried. At the time of his death he was a resident of Decatur County, in said State of Georgia, and he was on the Confederate Pension Roll of the State and paid a pension of $120.00 in Decatur County for 1920 per annum, on account of being a soldier in Company K Regiment 2nd Ga Cav (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Decatur and she has so continuously resided since day of all my life 19

Sworn to and subscribed before me, this the
8 day of July 1921
T B Maxwell Ordinary
of Decatur County.
(SEAL)

Mrs. Margaret L Wilson

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

STATE OF GEORGIA,
Decatur COUNTY.

Personally before me comes D J Wilson 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. Margaret L Wilson, who made the foregoing affidavit, is the lawful widow of J W Wilson who died in Decatur County in said State of Ga on 12 day of January 1921, and that she has not since remarried. That she became the wife of J W Wilson on the 9 day of January 1868, and that she and he had resided together as man and wife continuously since 9 day of Jan 1868 and that the J W Wilson was the same man who was on the pension roll of said State Georgia from Decatur County Georgia when he died.

Sworn to and subscribed before me, this the
16 day of July 1921
T B Maxwell Ordinary
of Decatur County.
(SEAL)

D J Wilson

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, DECATUR County.

Personally before me, the Ordinary of said County, comes W. R. Wilson of said County, who, after being sworn, on oath says that he knew Mrs. Margaret L. Wilson of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Decatur County, in this State, on the 30 day of October 1928, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $150.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,
Nell Maxwell, Ordinary
Decatur County
(Seal of Ordinary)

W. R. Wilson

CERTIFICATE OF ORDINARY

GEORGIA, Decatur County.

I, T. B. Maxwell & Nell Maxwell, Ordinary of said County, do certify that I personally know W. R. Wilson, 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. Margaret L. Wilson while in life and that this was the same person whose name appears on the Pension Roll of Decatur County, and was paid a Pension of $150.00 One Hundred Fifty ($) Dollars in said County for 1928, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 10 day of January, 1929
(Seal of Ordinary)
By T. B. Maxwell Ordinary
Decatur 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.

T. S. Maxwell Ordinary

of Decatur County.

(SEAL)

P. T. Wilson

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.

/

For DECATUR County

192_

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Neil Maxwell Ordinary

For Mrs. Margaret L. Wilson

Date of Death Oct 3d, 1928.

Amount $ 100.00

Approved and ordered paid

John W. Clark

18 Feby 29

JOHN W. CLARK,
Commissioner of Pensions.

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

Bainbridge, Ga., June 24, 1929.

Hon. John W. Clark,
Commissioner of Pensions,
Atlanta, Ga.,

Dear Col. Clark:

Enclosed cancelled Applications for Pension Due Deceased Pensioner Thomas Strickland and Mrs. Margaret L. Wilson.

Enclosed receipts of Alex Strickland, son of Thomas Strickland for $100.00 June 22d, 1929, and W. R. Wilson, son of Margaret L. Wilson, for $199.00 June 24, 1929.

I enclosed these applications for your permanent files.

Very truly yours,

Neil Maxwell
Ordinary Decatur County.

enc-

STATE OF GEORGIA

Marriage Certificate

Decatur COUNTY

This Certifies that J W Wilson

and Margaret L Fain

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By W P Richards

On the 9 day of January in the year of our Lord 1868

as appears of record in my office in Marriage Record, book B

page 13 . This 16 day of July 1921

T B Maxwell

Ordinary.

MARSHALL & BRUCE CO., NASHVILLE

BAINBRIDGE, GA. BLAKELY, GA. MARIANNA, FLA.

J. J. EDGE

MORTICIAN

AMBULANCE SERVICE

MODERN FUNERAL HOMES

BAINBRIDGE, GA., January 10th, 1929.

To Mr. W. R. Wilson,
Fowlstown, Ga.

For Funeral Expense of Mrs. Margaret Love Wilson

Oct.	3/28	Embalming	$25	00
		Casket	100	00
		Funeral Car	25	00
		Total	$150	00

Paid October 4th, 1929.

The above and forgoing account is rendered for services of funeral expenses of Mrs. Margaret L. Wilson who died without owning sufficient property to pay this bill.

J J Edge by R Clayton Mgr

Sworn to before me this 10th, day of January 1929.

Nell Maxwell
Ordinary

Georgia Decatur County:

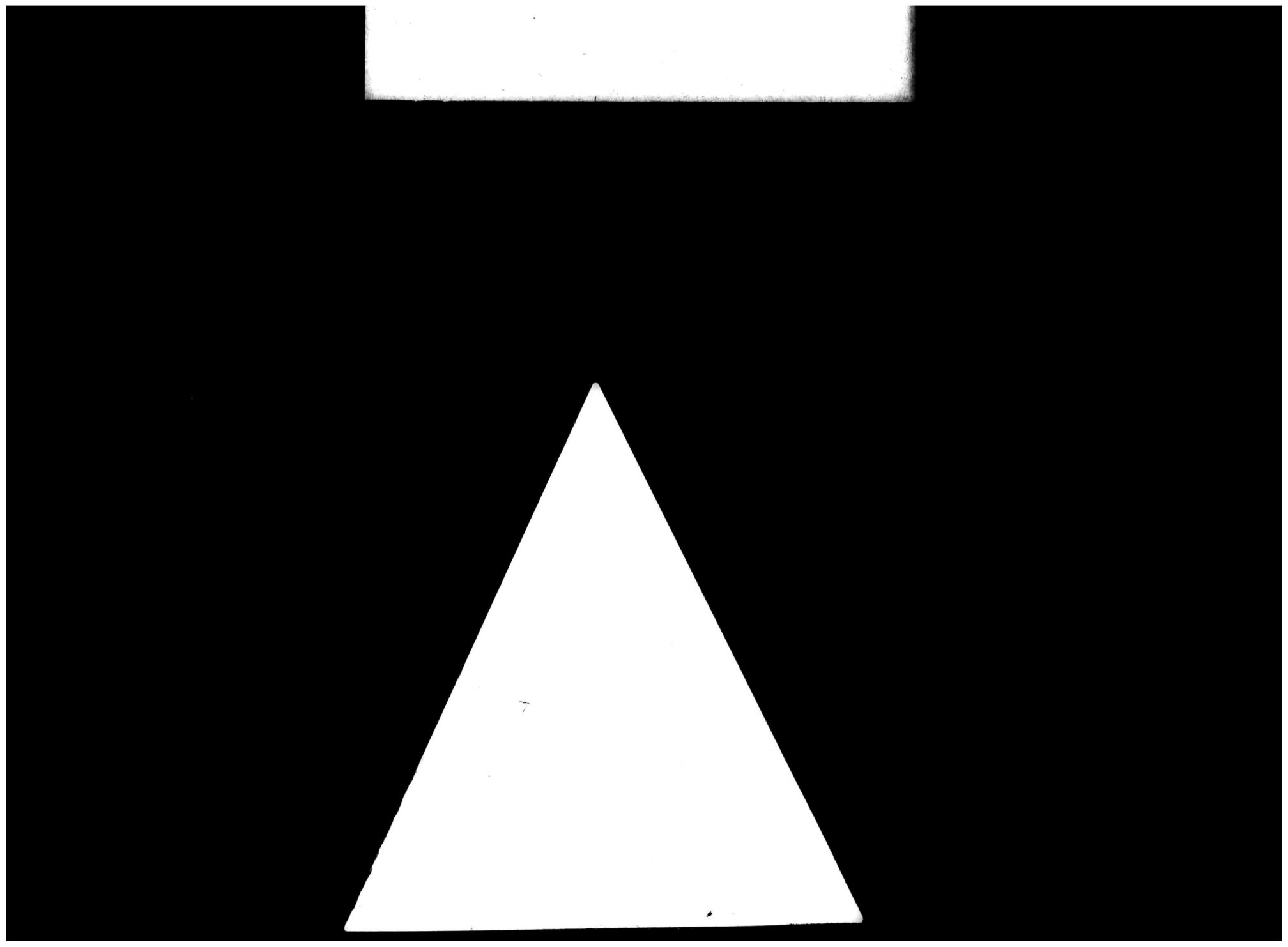
This is to certify that I, W. R. Wilson, son of Mrs. Margaret L. Wilson, who was on the Pension Roll of Decatur County until her death October 3d, 1928, have received in full $100.00 for funeral expenses as allowed by the Commissioner of Pensions.

This the 24th day of June, 1929.

W. R. Wilson

Signed in the presence of Nell Maxwell, Ordinary of Decatur County, this the 24th day of June, 1929.

Nell Maxwell
Ordinary Decatur County



POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I, Sallie A. Wilson of Decatur County, in said State, do hereby appoint Wm. A. Wright of Atlanta 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 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 Ninth day of April 189/

Sallie A Wilson [L. S.]

Executed in the presence of us:

A Bradwell

DIRECTIONS.

If allowed, send amount by Express to me at Bainbridge Ga, and oblige,

Sallie A Wilson

Wilson, Sallie A.
Decatur County

1891

No. 539

Widows' Pension

—PAID TO—

Mrs. Sallie A. Wilson

—OF—

Decatur COUNTY.

$100.00.

Warrant Issued

1891

AND HANDED TO

(Geo. W. Harrison, State Printer Atlanta.)

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I, Sallie A. Wilson of Decatur County, in said State, do hereby appoint Wm A. Wright of Atlanta 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 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 Ninth day of April 189/

Sallie A Wilson [L. S.]

Executed in the presence of us:

R. Bradwell

DIRECTIONS.

If allowed, send amount by Express to me at Bainbridge Ga, and oblige,

Sallie A Wilson

Wilson, Sallie A.
Decatur County
1891

No. 539

Widows' Pension

PAID TO

Mrs. Sallie A. Wilson

OF

Decatur COUNTY.

$100.00.

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 Decatur

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

Mrs. Sallie A. Wilson, who being sworn according to law, says under oath that she is the widow of Uriah Wilson, who was a soldier in the service of the Confederate States, and served as a member of Company A, of the 5th Regiment of Georgia Volunteers; that he enlisted in said service on or about the 2nd day of May 1862, and was in the Confederate Army up to June 2nd 1864 That while in the Army, he was on the 2nd day of June 1864, (See Note No. 1) In a skirmish in front of Richmond Virginia he was Struck with Minnie Ball in the left breast from which he died immediately

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the th day of March 1867, and that she has resided in Georgia continuously since the day of March 1867; 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 10th day of April 1891. Sallie A Wilson

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.

Form No. 2.

Affidavit for Three Witnesses.

STATE OF GEORGIA,
County of Decatur

In person came before me, the undersigned Ordinary in and for said County, witnesses E. A. J. Rich, Hardy Strickland and A. M. Rich (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Sallie A. Wilson, of the County of Decatur, State of Georgia, is the widow of Uriah Wilson, who was a soldier in Company A of the 5-9th Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (~~or the Georgia State Troops~~) on or about the 2nd day of May 1862. That while in said service, or by reason of said service in the Army, he lost his life as follows: In a skirmish in front of Richmond Virginia on June 2nd 1864 he was struck by a minnie ball in the left breast and died from it immediately. The first of the witness hereto signed says on oath that he saw the within named Mrs Sallie A. Wilson sign the within application, power of attorney and direction for sending the money, and that on account of age and feeble health the said Mrs Sallie A. Wilson is unable to go before the Ordinary to make her application. We further swear that we were all members of the same company with the said Uriah Wilson

We further swear that Mrs. Sallie A. Wilson was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in Decatur County of the State of Georgia.

Sworn to and subscribed before me, this, the 10th day of April 1891.

E. J. Mannaghan
Ordinary.

E A J Rich
Hardy Strickland
A M Rich

Form No. 3.

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

STATE OF GEORGIA,
County of Decatur

I, E. J. Mannaghan Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. Sallie A. Wilson 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 10th day of April 1891.

SEAL

E. J. Mannaghan
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.

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C. J. Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. S. A. Wilson 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 Uriah Wilson 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 20 day of February 1894.

SEAL

C. J. Munnerlyn Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

KNOW ALL MEN BY THESE PRESENTS, That I, S. A. Wilson of Decatur County in said State, do hereby appoint Wm. A. Wright 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 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 20 day of February 1894.

S. A. Wilson [L. S.]

Executed in the presence of us:

C. J. Munnerlyn
J. P. Bradwell

DIRECTIONS.

Send amount by to me at , and oblige

Wilson, Sarah A.
Decatur Co.
FOR THOSE HERETOFORE PAID.

1894.

No. 1121

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. S. A. Wilson

—OF—

Decatur County.

WARRANT ISSUED

2/14 1894,

AND HANDED TO

Wm. A. Wright

Geo. W. Harrison, State Printer, Atlanta.

Form No. 1

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally comes Mrs. S A Wilson

who being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has *resided* in said State continuously ever since 1838 That she is the Widow of Uriah Wilson who was a Soldier in Company A of the 59th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of May 1862 and served in the Army up to June 1864 That he lost his life on the 2d day of June 1864 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Died from wounds rec'd in front of Richmond

)

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 1853; 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 2d day of February 1894.
C P Mannesse Ordinary.

S A Wilson
Post-office Boyettville

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

Form No. 2.

STATE OF GEORGIA, County of Decatur

I, C. Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. S. A. Wilson 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 Uriah Wilson 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 30th day of January 1893.

C. Munnerlyn Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, S. A. Wilson of Decatur County, in said State, do hereby appoint Wm. A. Wright 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 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 January 1893

S. A. Wilson [L. S.]

Executed in the presence of us:
C. Munnerlyn
J. B. Brockwell

DIRECTIONS.

Send amount by Check to me at Donalsonville, and oblige

S. A. Wilson

Wilson, S. A.
Decatur County
FOR THOSE HERETOFORE PAID.
Ap 5th 1893.
No. 983
Widows' Pension,
for year ending February 15th, 1893.
—PAID TO—
Mrs. S. A. Wilson
—OF—
Decatur County.
Warrant Issued
18 1893
AND HANDED TO
Wm. A. Wright

Geo. W. Harrison, State Printer, Atlanta.

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

Form No. 2.

STATE OF GEORGIA, County of Decatur

I, C. Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. S. A. Wilson 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 Uriah Wilson 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 23d day of January 1895.

C. Munnerlyn Ordinary.

POWER OF ATTORNEY.

Form No. 3

STATE OF GEORGIA, Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, S. A. Wilson of Decatur County in said State, do hereby appoint W. A. Wright 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 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 23d day of January 1895.

Sarah A. Wilson [L. S.]

Executed in the presence of us:
J. B. Brockwell
C. Munnerlyn

DIRECTIONS.

Send amount by ..... to me at ....., and oblige

Wilson, Sarah A.
Decatur C.
FOR THOSE HERETOFORE PAID.
1895.
No. 3550
WIDOW'S PENSION,
for year ending Febuary 15th, 1895.
—PAID TO—
Mrs. S. A. Wilson
—OF—
Decatur County.
widow of Uriah Wilson
WARRANT ISSUED
2/9 1895.
AND HANDED TO
Wm

Geo. W. Harrison, State Printer.

Form No. 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally comes Mrs. S. A. Wilson

who being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has *resided* in said State continuously ever since her birth 1838 That she is the Widow of Uriah Wilson who was a Soldier in Company A of the 59 Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of November 1861 1861 and served in the Army up to June 1864 That he lost his life on the 2d day of June 1864 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Killed in Skirmish fight near Richmond — near Coal Harbor

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 1856; 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 30th day of January 1893.
C. J. Munnerlyn Ordinary.

S. A. Wilson
Post-office Donalsonville

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur

Personally Comes Mrs. S. A. Wilson

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has *resided* in said State continuously ever since 1838 That she is the Widow of Uriah Wilson who was a Soldier in Company A of the 59th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of May 1862 and served in the Army up to June 1864 That he lost his life on the 2d day of June 1864 (*State here full particulars of the husband's death, when, where and from what cause.*) (

He lost his life from Gun Shot wound in battle around Richmond

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 1855, 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 23d day of January 1895.
C. J. Munnerlyn Ordinary.

Sarah A. Wilson
Post-office Boyettsville

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C J Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. S A Wilson 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 Uriah Wilson 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 24 day of Jany 1896.

{SEAL} C J Munnerlyn Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Decatur County.

I, S. A. Wilson hereby authorize Wm A. Wright of Atlanta, Ga to receive and receipt for the pension paid hereon and request that he remit same to by check at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 24th day of Jany 1896.

S A Wilson [L.S.]

Executed in the presence of
J. S. Bradwell
C J Munnerlyn

Wilson, S.A.
Decatur County
FOR THOSE HERETOFORE PAID.

1896.

No. 532

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO
Mrs. S A Wilson
OF
Decatur County.
widow of Uriah Wilson

WARRANT ISSUED
2/11 1896.

AND HANDED TO
Wm

Geo. W. Harrison, State Printer.

Form No. 2.

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

STATE OF GEORGIA, County of Decatur

I, C J Munnerlyn Ordinary in and for said County of Decatur State of Georgia, hereby certify that I am acquainted with Mrs. S A Wilson 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 Uriah Wilson 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 26th day of Jany 1897.

{SEAL} C J Munnerlyn Jr Clk Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA Decatur County,

I, S A Wilson hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to C J Munnerlyn at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 26th day of Jany 1897.

S A Wilson [L. S.]

Executed in the presence of
C J Munnerlyn Jr
J B Bethea

Wilson S.A. (Mrs)
Decatur County
FOR THOSE HERETOFORE PAID.

1897.

No. 3592

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO
Mrs. S A Wilson
OF
Decatur County.
widow of Uriah Wilson

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
2/16 1897,

AND HANDED TO
Wm W

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. Mrs Sallie A. Wilson

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ~~ever since~~ from birth 1849 That she is the Widow of Uriah Wilson who was a Soldier in Company A of the 5th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of May 1862 and served in the Army up to June 1864 That he lost his life on the 2nd day of June 1864 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Was Killed by the enemy in front of Richmond Va, Shot in left breast & died at once on the field

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 1862 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 Decatur 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 24th day of Jany. 1896. E M Summerlin Jr Ordinary. } S A Wilson Post-office Boyettville

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. S. A. Wilson

who being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all my life 18 That she is the Widow of Uriah Wilson who was a Soldier in Company A of the 5th Regiment of Georgia Volunteers, that enlisted in said regiment on or about the month of May 1862 and served in the Army up to June 2d 1864 That he lost his life on the 2d day of June 1864 (*State here full particulars of the husband's death, when, where and from what cause.*)

Was Killed in front of Richmond Va on 2d of June 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 1862, 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 Decatur 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 26 day of Jany 1897. E M Summerlin Ordinary. } S A Wilson Post-office Boyettville Ga

POWER OF ATTORNEY.

State of Georgia, Decatur County.

I, L A Wilson hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to L B Maxwell Ordy at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7th day of Feby 1898.

L A Wilson [L. S.]

Executed in the presence of

L B Maxwell Ordy Ga

R B Bradwell

Wilson L A Mus
Decatur County

For Those Heretofore Paid.

1898.

NO. 3540

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs L A Wilson

OF

Decatur County,

Widow of [illegible]

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

24 1898.

AND HANDED TO

Mail

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia,
Decatur County.

I, L A Wilson hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to L B Maxwell Ordy at Bainbridge Ga by c/r

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25 day of Jany 1899.

her
L A x Wilson [L. S.]
mark

Executed in presence of

R B Bradwell

L B Maxwell Ordy

Wilson L A Mus
Decatur Co

For Those Heretofore Paid.

1899.

NO. 3076

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs L A Wilson

OF

Decatur County

Widow of Late Wilson

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

24 1899.

AND HANDED TO

M

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. S A Wilson

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 1838 That she is the Widow of Uriah Wilson who was a Soldier in Company A of the 59th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of May 1862 and served in the Army up to June 2d 1864 That he lost his life on the 2d day of June 1864 (State here full particulars of the husband's death, when, where and from what cause.) Was Killed in front of Richmond Va

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 1855.

I have been allowed a pension as a resident of Decatur 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 7th day of Feby 1898. C J Mummerlyn Ordinary. } S A Wilson Post-Office

State of Georgia, Decatur County. } I C J Mummerlyn Ordinary of said County, certify that I am well acquainted with Mrs. S A Wilson 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 1838

Given under my official signature and seal this the 7th day of Feby 1898.

C J Mummerlyn

Official Seal. Ordinary of Decatur County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. S A Wilson

who, being sworn, says on oath, that she is a bona fide resident of said county of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 1838 That she is the Widow of Uriah Wilson who was a soldier in Company A of the 59th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 1862 and served in the Army up to June 2nd 1864 That he lost his life on the 2nd day of June 1864 (State here full particulars of the husband's death, when, where and from what cause.) He was Killed on the Battlefield near Richmond Va June 2nd 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 1855.

I have been allowed a pension as a resident of Decatur 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 23d day of Jany 1899. T B Maxwell Ordinary. } Mrs S A her Wilson Post-Office Boyd Ville Po Ga

State of Georgia, Decatur County. } I T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. S A Wilson 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 1838

Given under my official signature and seal this the 23 day of Jany 1899.

T B Maxwell

Official Seal. Ordinary of Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Mrs S A Wilson hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to Ordinary at Bambridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1 day of Feby 1900.

S her A Wilson [L. S.]
mr

Executed in presence of
J T Wilson
T B Maxwell

Wilson, S. A. Mrs.
Decatur County
To Those Heretofore Paid.

1900.

NO. 3507

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. S A Wilson
OF
Decatur County
Widow of Uriah Wilson

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Mch 1 20 1900,

AND HANDED TO
Wright

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Mrs S A Wilson hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to Ordinary at Bambridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16 day of Jany 1901.

S her x A Wilson [L. S.]
mr

Executed in presence of
J T Wilson
T B Maxwell Ordy.

Wilson, Sallie A.
Decatur Co.
27-1

To Those Heretofore Paid.

1901.

No. 1629

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs S A Wilson
OF
Decatur County.
Widow of Uriah Wilson

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
2/1 1901,

AND HANDED TO
Wright

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

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. S A Wilson

who, being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since 1890. That she is the Widow of Uriah Wilson who was a soldier in Company A of the 59 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 1862 and served in the Army up to June 1864 That he lost his life on the 2 day of June 1864 (*State here particulars of the husband's death, when, where and from what cause*)

Was killed at Richmond Va

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 1855

I have been allowed a pension as a resident of Decatur 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 1 day of Feby 1900.
T B Maxwell Ordinary.

Mrs S A Wilson her mr
Post Office Boyettville Ga

State of Georgia Decatur County. } I, T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. S A Wilson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jany 1890

Given under my official signature and seal, this the 1 day of Feby 1900.

{ Official Seal. }

T B Maxwell
Ordinary of Decatur County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally Comes Mrs. S A Wilson

who, being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since All my life. That she is the Widow of Uriah Wilson who was a soldier in Company A of the 59 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 1862 and served in the Army up to June 1864 That he lost his life on the day of June 1864 (*State here particulars of the husband's death, when, where and from what cause*)

Was shot by enemy 2 day of June 1864 While on duty & died instantly

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 1855

I have been allowed a pension as a resident of Decatur 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 16 day of Jany 1901.
T B Maxwell Ordinary.

Mrs S A Wilson her mr
Post Office Eldorado Ga

State of Georgia, Decatur County. } I T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. S A Wilson, 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 23 day of Dec 1890

Given under my official signature and seal, this the 16 day of Jany 1901.

{ Official Seal. }

T B Maxwell
Ordinary of Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Mrs S A Wilson, hereby authorize
W A Wright of Atlanta Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 14
day of Jan 1902.

S A her X Wilson [L. S.]
Mrs

Executed in presence of
M W Bates
T B Maxwell Ord.

To Those Heretofore Paid.

1902.

No. 2419.

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs S A Wilson
OF
Decatur County,
Widow of Uriah Wilson
Co. A Regiment 39 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1902

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

Wilson, S. A. Mrs
Decatur County

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Mrs S A Wilson, hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 13
day of Jany 1903.

S A her X Wilson [L. S.]
Mark

Executed in presence of
J T Wilson
T B Maxwell Ordinary

To Those Heretofore Paid.

1903.

No. 1516

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs S A Wilson
OF
Decatur County,
Widow of Uriah Wilson
Co. A Regiment 39 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 2/12 1903.

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur | Personally comes Mrs. S A Wilson

who, being sworn, says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of Uriah Wilson who was a soldier in Company A of the 59th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 1862, and served in the Army up to June 1864. That he lost his life on the 2 day of June 1864 (State here particulars of the husband's death, when, where and from what cause.)

Was shot by the enemy near Richmond Va and Killed. June 2 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 1855

I have been paid a pension as a resident of Decatur 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 14 day of Jan 1902. T B Maxwell Ordinary. | S A her + Wilson Post-Office Boyattville Ga

State of Georgia, Decatur County. | I, T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. S A Wilson, 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 1 day of Jan 1890

Given under my official signature and seal, this the 14 day of Jan 1902.

{ Official Seal. } T B Maxwell Ordinary of Decatur County.

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

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur | Personally comes Mrs. S A Wilson

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of Uriah Wilson who was a soldier in Company A of the 59th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 1862, and served in the Army up to 1864. That he lost his life on the day of June 1864 (State here particulars of the husband's death, when, where and from what cause.)

Lost his life in Battle

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 1855

I have been paid a pension as a resident of Decatur 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 13 day of Jany 1903. T B Maxwell, Ordinary. | S A her + Wilson Post-Office Eldrendo Ga

State of Georgia, Decatur County. | I, T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. S A Wilson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jany 1890

Given under my official signature and seal, this the 13 day of Jany 1903.

{ Official Seal. } T B Maxwell Ordinary of Decatur County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs S A Wilson hereby authorize W A Wright of Atlanta Ga to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20th day of Jan 1904.

Mrs S her + mark A. Wilson [L. S.]

Executed in presence of

T B Maxwell Ordinary.

J T Wilson

Wilson, Sarah A
Decatur County

TO THOSE HERETOFORE PAID.

1904.

No. 2183

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO Mrs S A Wilson OF Decatur County, Widow of Uriah Wilson Co. A Regiment 5th

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT ISSUED FEB 19 1904, AND HANDED TO Cook

Geo. W. Harrison, State Printer Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, S A Wilson, hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my hand and seal, this 10 day of Jan 1905.

S her + mark A Wilson [L. S.]

Executed in presence of

T B Maxwell Ordinary.

J T Wilson

Wilson, S. A. (Mrs)
Decatur County

To Those Heretofore Paid.

1905.

No. 2307

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs. S A Wilson OF Decatur County, Widow of Uriah Wilson Co. A Regiment 5th Ga

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT ISSUED MAR 2 1905. AND HANDED TO W

The Franklin Printing and Publishing Co. Atlanta. Geo. W. Harrison, Manag'g, 1st State Printer.

Form No. 1.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Decatur } Personally comes Mrs. S A Wilson

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur. State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of Uriah Wilson who was a soldier in Company A of the 59 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 186 2, and served in the Army up to June 186 4. That he lost his life on the 2 day of June 1864 (*State here particulars of the husband's death, when, where and from what cause.*) while at Richmond Va was shot by the enemy and died June 2 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 18 55

I have been paid a pension as a resident of Decatur 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 20 day of Jan 1904. T B Maxwell Ordinary. } her S A x Wilson mark Post Office Eldorado Ga

State of Georgia, Decatur County. } I, T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. S A Wilson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the / day of Jan 1890

Given under my official signature and seal, this the 20 day of Jan 1904.

{ Official Seal }

T B Maxwell

Ordinary of Decatur County.

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

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Decatur } Personally comes Mrs. S A Wilson

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of Uriah Wilson who was a soldier in Company A of the 59th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 186 2, and served in the Army up to 186 4. That he lost his life on the 2 day of June 18 64. (*State here particulars of the husband's death, when, where and from what cause.*) Was killed in Battle near Richmond Va

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 55

I have been paid a pension as a resident of Decatur 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 10 day of Jan 1905. T B Maxwell, Ordinary. } her S A x Wilson mark Post-Office Eldorado Ga

State of Georgia, Decatur County. } I, T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. S A Wilson, 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 1865 day of Jan 1890

Given under my official signature and seal, this the 10 day of Jan 1905.

{ Official Seal. }

T B Maxwell

Ordinary of Decatur County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs S A Wilson hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge

In Witness Whereof, I have hereunto set my **hand and seal**, this 8
day of Jan 1907.

her
Mrs S A Wilson [L. S.]
Mark

Executed in presence of
O B Maxwell
Ordinary

Wilson, S A (Mrs)
Decatur County
To Those Heretofore Paid.

1907.

No. 1756

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO
Mrs S A Wilson
OF
Decatur County,
Widow of Josiah Wilson
Co. A Regiment S C V

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1907,
AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Mrs S A Wilson, hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary at Bainbridge Ga

In Witness Whereof, I have hereunto set my hand and seal, this 15
day of Jan 1906.

her
Mrs S A Wilson [L. S.]
Mark

Executed in presence of
O B Maxwell
Ordy.

Wilson, S A (Mrs)
Decatur Co
To Those Heretofore Paid.

1906.

No. 1756

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs S A Wilson
OF
Decatur County,
Widow of Josiah Wilson
Co. A Regiment S C V

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
JAN 30 1906,
AND HANDED TO

The Franklin Printing and Publishing Co. Geo. W. Harrison, Mgr.

FORM No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur } PERSONALLY COMES MRS. S A Wilson

who, being sworn says on oath, that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since All her life. That she is the Widow of Uriah Wilson who was a soldier in Company A of the 59 Regiment of Ga Volounteers, that he enlisted in said regiment on or about the month of May 186 2, and served in the Army up to June 186 4. That he lost his life on the 2 day of June 18 64. (*State here particulars of the husband's death, when, where and from what cause.*)

Died in hospital from effects of Wounds.

Deponent sweares 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 55

I have been paid a pension as a resident of Decatur 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 8 day of Jan 1907.
T B Maxwell, Ordinary.

Mrs S A Wilson
her mark
Post Office

State of Georgia,
Decatur County. } I, T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. S A Wilson, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 18 90

Given under my official signature and seal, this the 8 day of Jan 1907.

{ Official Seal }

T B Maxwell
Ordinary of Decatur County.

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

FORM No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Decatur } PERSONALLY COMES MRS. S A Wilson

who, being sworn, says on oath that she is a bona fide resident of said County of Decatur State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of Uriah Wilson who was a soldier in Company A of the 59 Regiment of Ga Volounteers, that he enlisted in said regiment on or about the month of 186 2 and served in the Army up to June 186 4. That he lost his life on the day of June 18 64 (*State here particulars of the husband's death, when, where and from what cause.*)

Was Killed in Battle

Deponent sweares 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 55

I have been paid a pension as a resident of Decatur 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 15 day of Jan 1906.
T B Maxwell, Ordinary.

her
S A Wilson
mark
Post Office

State of Georgia,
Decatur County. } I, T B Maxwell Ordinary of said County, certify that I am well acquainted with Mrs. S. A Wilson, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of Jan 18 90

Given under my official signature and seal, this the 15 day of Jan 1906.

{ Official Seal }

T B Maxwell
Ordinary of Decatur County.

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

Seal

Ordinary of Decatur County.

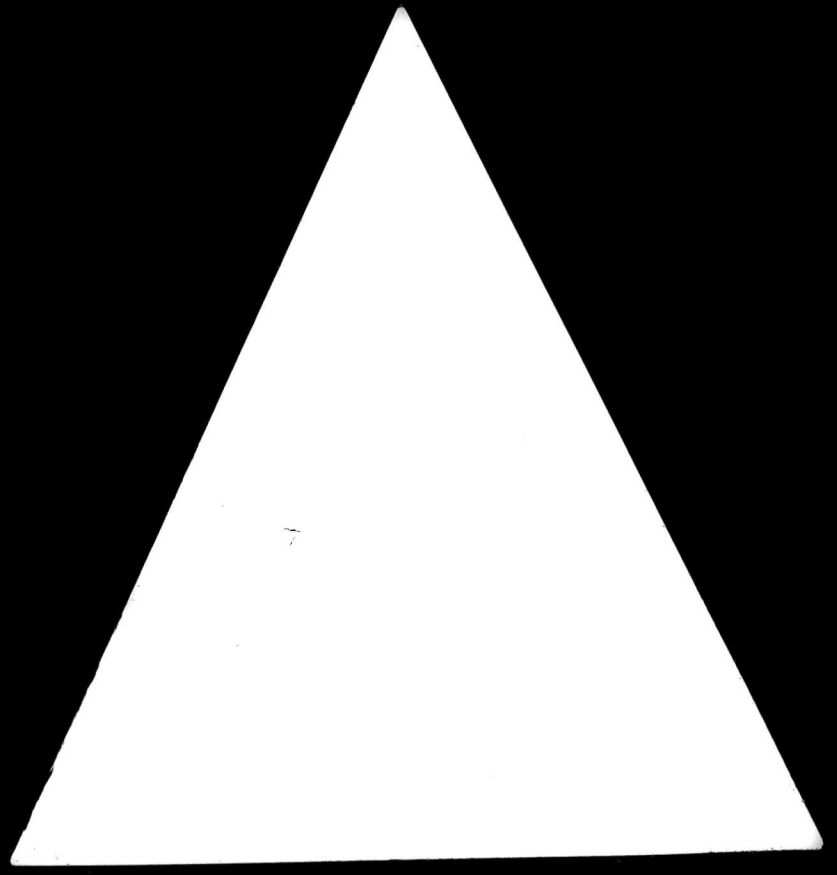
NOTE.—All blanks must be filed.
Vouchers and Affidavits must bear date after January 1st, 1907.

Official Seal

T B Maxwell

Ordinary of Decatur County.

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



NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted.

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

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

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 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.

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

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

APPLICATION FOR ALLOWANCE

No.

FOR

Applicant

County

Amount

Date of Warrant

Entered on record

SECRETARY EXECUTIVE DEPARTMENT

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted.

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

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

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 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.

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

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

Wimberley, Ezekiel

Decatur Co

No. 2134

APPLICATION FOR ALLOWANCE

FOR

Righam Disabled

Applicant E. Wimberly

County Decatur

Amount 30

Date of Warrant Apl 24

Entered on record Apl 24 1889

W H H

SECRETARY EXECUTIVE DEPARTMENT.

Waw

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears Ezekiel Wimberly of Decatur 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 ..... day of ..... 18 31; 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 8 th Regiment of Florida Volunteers Perry 's Brigade; that whilst engaged in such military service, at the battle of Gettysburg in the State of Penn., on the 3rd day of July 1863 he was wounded as follows: Ball entered right shoulder in front at collar bone breaking said bone and dislocating shoulder joint leaving shoulder joint stiff which renders the right arm disabled

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 thereunder ending October 26, 1889.

Sworn to and subscribed before me, this the 1st day of April 1889

E. Wimberley

C. J. Munnerlyn Ordinary

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,
Decatur County.

PERSONALLY came before me Ben E. Russell of the county of Bainbridge State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company B, of 8th Regiment of Florida Volunteers, and that deponent knows E. Wimberley, 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 E. Wimberley as stated by him in said affidavit. Deponent further states that said E. Wimberley is a *bona fide* citizen of this State and resides in Decatur county.

C. J. Munnerlyn Ordinary

Ben E. Russell late Lieut Co B, 8th Reg Fla Vols

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

STATE OF GEORGIA,

County.

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

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

STATE OF GEORGIA,

Decatur County.

I, C. J. Munnerlyn Ordinary of said county, do certify that I am well acquainted with E. Wimberly 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 C. J. Munnerlyn before whom the foregoing affidavits were made and power of attorney was signed, is a Ex Ordinary of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 1st day of April 188 9

C. J. Munnerlyn

Ordinary. Decatur County.

STATE OF GEORGIA,

Decatur County.

PERSONALLY comes before me C. J. Munnerlyn Ordinary of said county, L. H. Peacock M.D. and E. J. Morgan M.D., both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined and after such examination say that the applicant has been injured as follows: Ball entered Right Shoulder joint, destroying a portion of the Clavicle, disconnecting the Scapular and Humerus, fracturing these bones Completely destroying the joint, rendering it immovable and fixed. rendering Arm Virtually and substantially useless. destroying the Elbow & Hand from [illegible] use to a certain extent

Sworn to and subscribed before me, this
1st day of April 188 9

L. H. Peacock M.D.
E. J. Morgan M.D.

C. J. Munnerlyn
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.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Decatur County.

Know all Men by these Presents, That I, Ezekiel Wimberly of Decatur county, in said State, do hereby appoint Wm A. Wright of Atlanta 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 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 first day of April 188 9

E. Wimberly (L. S.)

Executed in the presence of us:

J. S. Bradwell

C. J. Munnerlyn

O. M. Roy

STATE OF GEORGIA,
Decatur County.

I, C. T. Munnerlyn Ordinary of said county, do certify that I am well acquainted with E. Wimberley 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 C. T. Munnerlyn before whom the foregoing affidavits were made and power of attorney was signed, is a Ordinary of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 12th day of Aug 1890

C. T. Munnerlyn
Ordinary Decatur County.

Wimberley, E.
Decatur Co.

1890.
Wimberley, E.

No. 3015.

APPLICATION FOR ALLOWANCE.

FOR YEAR ENDING OCTOBER 26, 1890.

—FOR—

Ann Dezarled
Applicant, E. Wimberley
County, Decatur
Amount, 50
Date of warrant Aug 15
Entered on record Aug 15 1890
[signature]
Secretary Executive Department.

WARRANT HANDED TO
Wa Wright

STATE OF GEORGIA,
Decatur County.

I, C. T. Munnerlyn Ordinary of said county, do certify that I am well acquainted with Ezekiel Wimberley 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 C. T. Munnerlyn before whom the foregoing affidavits were made and power of attorney was signed, is ~~a~~ Ordinary of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 4th day of April 1891

C. T. Munnerlyn
Ordinary Decatur County.

Decatur Co.
Wimberley Ezekiel
1891

1890.
Wimberley, Ezekiel

No. 2939

APPLICATION FOR ALLOWANCE.

FOR YEAR ENDING OCTOBER 26, 1890.

—FOR—

Ann Dezarled
Applicant, E. Wimberley
County, Decatur
Amount, 50
Date of warrant, Apr
Entered on record Apr 13 1891
[signature]
Secretary Executive Department.

WARRANT HANDED TO
Wa Wright

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears E Wimberly of Decatur county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the day of July 1846 18[illegible] 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 8 th Regiment of Florida Volunteers Perry's Brigade; that whilst engaged in such military service, at the battle of Gettysburg in the State of Virginia, on the 3 day of July 1863, he was wounded as follows: Shot in the shoulder, breaking collar bone & shoulder blade & since has been so enfeebled as to be totally unable for labor —

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 12th day of August 1890 — E Wimberly

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
Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, E Wimberly of Decatur county, in said State, do hereby appoint W A Wright of Atlanta 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 12th day of August 1890

E Wimberly [L. S.]

Executed in the presence of us:
I Wimberly
C Illunnerbyn
Ordinary

DIRECTION.

Send money to me as follows, by Express to Bainbridge P.O.
Decatur County, Georgia.
E Wimberly

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears E Wimberly of Decatur 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 15th day of January 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 B, of 8th th Regiment of Florida Volunteers Perry's Brigade; that whilst engaged in such military service, at the battle of Gettysburg in the State of Pennsylvania, on the 3 day of July 1863, he was wounded as follows: in the right shoulder, he was wounded by a ball which remains in the shoulder — resulting in the loss of the use of his right arm

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 4th day of April 1891 — Ezekiel Wimberley
C Illunnerbyn 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
Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, Ezekiel Wimberly of Decatur county, in said State, do hereby appoint W A Wright of Atlanta 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 4th day of April 1891

+ Ezekiel Wimberley [L. S.]

Executed in the presence of us:
P Bradwell
C Illunnerbyn Ordy

DIRECTION.

Send money to me as follows, by Express to Bainbridge P.O.
Decatur County, Georgia.
+ Ezekiel Wimberley

STATE OF GEORGIA,

Decatur County.

I, C. L. Mumbleyer Ordinary of said county, do certify that I am well acquainted with Ezekiel Wimberly 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 repesents himself to be, and that he resides in this county.

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

C. L. Mumbleyer

Ordinary Decatur County.

Decatur Co
Wimberly, Ezekiel

No. 2627

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name Ezekiel Wimberly

County Decatur

Disability Partial

Amount, $ 50

Entered on record 1892.

W. H. HARRISON,
Secretary of Executive Department.

AGENT.

W. A. Wright

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I Ezekiel Wimberly of Decatur County, State of Georgia, do hereby appoint of Macon 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 13th day of March 1893.

Ezekiel Wimberly [L. S.]

Executed in the presence of us:

W. A. Wright

C. L. Mumbleyer

DIRECTION.

Send money to me as follows, by Express to Bainbridge P. O. Decatur County, Georgia.

Ezekiel Wimberly

Decatur Co
Wimberly, Ezekiel

1893.

No. 7867

Application for Allowance

For the Year Ending October 26, 1893.

FOR

Ezekiel Wimberly

Applicant, Private Thomas

County, Decatur

Amount, $50

Date of Warrant, 1893

Entered on record,

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO

W. A. WRIGHT.

Geo. W. Harrison, State Printer, Atlanta.

no allowance
Rejection

Please mail
warrant
to
Bainbridge
Ga
Rt 4
Decatur Co
Ezekiel Wimberly

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears Ezekiel Wimberly of Decatur 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 ... day of ... 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 B., of 8 th Regiment of Florida Volunteers Perry's Brigade: that whilst engaged in such military service at the battle of Gettysburg in the State of Penn., on the Third day of July 1863, he was wounded as follows: Ball entered right Shoulder tending downward breaking Blade bone and collar bone lodging in the Shoulder where it still remains, destroying the use of said Shoulder joint

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

Sworn to and subscribed before me this the 14th day of March 1892. Ezekiel Wimberley

C. J. Munnerlyn 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,
Decatur County.

Know all Men by these Presents, That I, Ezekiel Wimberly of Decatur County, in said State, do hereby appoint Wm A. Wright of Atlanta 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 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 14th day of March 1892. Ezekiel Wimberly [L. S.]

Executed in the presence of us:
J. F. Bradwell
C. J. Munnerlyn

DIRECTION.

Send money to me as follows, by Check to C. J. Munnerlyn, Ordinary Decatur to Bainbridge P. O. Decatur County, Georgia.

Ezekiel Wimberley

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears Ezekiel Wimberly of Decatur 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 ... 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 B., of 8th Regiment of Florida Volunteers ... 's Brigade; that whilst engaged in such military service at the battle of Gettysburg in the State of Pennsylvania, on the 3 day of July 1863 he was wounded as follows: Shot in right Shoulder permanently disabled thereby

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

Sworn to and subscribed before me, this the 13th day of March 1893. Ezekiel Wimberley

C. J. Munnerlyn 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,
Decatur County.

I, C. J. Munnerlyn Ordinary of said County, do certify that I am well acquainted with Ezekiel Wimberly 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 C. J. Munnerlyn before whom the foregoing affidavits were made and power of attorney was signed, is a Ordinary of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 13th day of March 1893.

C. J. Munnerlyn
Ordinary Decatur County.

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

Know all Men by these Presents, That I, Ezekiel Wimberley of Decatur County, State of Georgia, do hereby appoint Wm A Wright 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 16th day of March 1894.

Ezekiel Wimberley [L. S.]

Executed in the presence of us
C J Wimberley Jr
C J Wimberley

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

Wimberley E. Decatur Co

(For Those Already Enrolled.)

No. 762

Soldier's Pension.

1894.

Name Ezekiel Wimberley
County Decatur
Disability Loss of Arm
Amount, $ 50

3/8 1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I, E Wimberley of Decatur County, State of Georgia, do hereby appoint W A Wright 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 Warrrant 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 5th day of March 1895.

E Wimberley [L. S.]

Executed in presence of us
J. S. Bradwell
C. J. Wimberley

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

Wimberley E. Decatur Co

(For Those Already Enrolled.)

No. 2859

SOLDIER'S PENSION.

1895.

Name E Wimberley
County Decatur
Disability Loss of Arm
Amount, $ 30

3/16 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Atty

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Decatur County. }

PERSONALLY appears Ezekiel Wimberley of Decatur County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 1830 that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company B, of 8th Regiment of Florida Volunteers 's Brigade; that whilst engaged in such military service at the battle of Gettysburg in the State of Penn, on the 3d day of July 1863 he was wounded as follows:

wounded in right shoulder — paralyzing right arm

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 Fifty dollars, for the year 1893

Sworn to and subscribed before me, this, the 16th day of March 1894. } Ezekiel Wimberley

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, }
Decatur County. }

I, C. P. Munnerlyn Ordinary of said County, do certify that I am well acquainted with Ezekiel Wimberley 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 1894.

Affix your seal here

C. P. Munnerlyn
Ordinary Decatur County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Decatur County. }

Personally appears E. Wimberley of Decatur County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 1845 that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company B, of 8th Regiment of Florida Volunteers, 's Brigade; that whilst engaged in such military service at the battle of Gettysburg in the State of Penn, on the day of 1863, he was wounded as follows: in right shoulder resulting in disability to disease of right arm

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 Fifty dollars, for the year 1894

Sworn to and subscribed before me, this, the 5th day of March 1895. } E. Wimberley

C. P. Munnerlyn 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, }
Decatur County. }

I, C. P. Munnerlyn Ordinary of said County, do certify that I am well acquainted with E. Wimberley 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 March 1895.

Affix your seal here

C. P. Munnerlyn
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, E Wimberly hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to me by check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 23d day of Dec 1896

E. Wimberly [L. S.]

Executed in presence of us
J. J. Bradwell
C. J. Munnerlyn

Wimberly, E.
Decatur Co.
ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 1044

SOLDIER'S PENSION.
1896.

Name E Wimberly
County Decatur
Disability Loss of one of [illegible]
Amount, $ 50
2/28 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, E Wimberly hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to C J Munnerlyn by check at Bainbridge Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7th day of Feby 1897.

E Wimberly [L. S.]

Executed in presence of
C J Munnerlyn Jr
J. J. Bradwell

Decatur Co
Wimberly, E.
ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 968

INVALID
SOLDIER'S PENSION.
1897.

Name E Wimberly
County Decatur
Disability
Amount, $ 50
2/28 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears E Wimberly of Decatur 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 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 B, of 8 th Regiment of Florida Volunteers, Wright's Brigade; that whilst engaged in such military service in the State of Penn, on the 3 day of July 1863, he was wounded, injured or diseased as follows:

Right foot causing disability of arm

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 Decatur county been allowed a pension of (50) Fifty dollars, for the year 189 7.

Sworn to and subscribed before me, this the 23 day of Dec 1896. E. Wimberley

C A Summerlyn Ordy

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,
Decatur County.

I, C A Summerlyn Ordinary of said County, do certify that I am well acquainted with E Wimberly 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 23 day of Dec 1896.

Affix your seal here.

C A Summerlyn

Ordinary Decatur County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears E Wimberly of Decatur 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 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 B, of 8 th Regiment of Florida Volunteers, Wright's Brigade; that whilst engaged in such military service in the State of Pennsylvania, on the 3d day of July 1863, he was wounded, injured or diseased of follows:

Wounded in the right shoulder at the battle of Gettysburg.

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 Decatur county been allowed an invalid pension of Fifty Dollars, for the year 189 6.

Sworn to and subscribed before me, this the 24 day of Feby 1897. E Wimberley
POST OFFICE Bainbridge Ga

C A Summerlyn

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,
Decatur County.

I, C A Summerlyn Jr Clk, Ordinary of said County, do certify that I am well acquainted with E Wimberly 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 24 day of Feby 1897.

Affix your seal here.

C A Summerlyn Jr Clk

Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, E Wimberley hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to E J Wimmerlyn by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20th day of Jany 1898.

E Wimberley [L. S.]

Executed in presence of
E J Wimmerlyn Jr
J B Bradwell

Wimberley E.
Decatur Co.

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 1237

INVALID
SOLDIER'S PENSION.
1898.

Name E Wimberley
County Decatur
Disability
Amount, $ 5 00
~~[illegible]~~ 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Wm A Wright

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, E Wimberley hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to T B Maxwell Ordy by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19 day of Jany 1899.

E Wimberley [L. S.]

Executed in presence of
A. E. Farris
T B Maxwell Jr

Wimberley E.
Decatur County

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 919

INVALID
SOLDIER'S PENSION.
1899.

Name E Wimberley
County Decatur
Disability Arm
Amount, $30 00
Jany 19 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Wall

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears E Wimberley of Decatur 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 1854; 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 B, of 8th Regiment of Florida Volunteers, Finley's Brigade; that whilst engaged in such military service in the State of Pennsylvania, on the 3d day of July 1863, he was wounded, injured or diseased as follows:

Wounded in the right Shoulder at Geltysburg

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 Decatur county been allowed an invalid pension of Fifty Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 20th day of Jany 1898. E Wimberley POST-OFFICE

C J Mummerlyn

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,
Decatur County.

I, C J Mummerlyn Ordinary of said County, do certify that I am well acquainted with E Wimberley 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 Jany 1898.

Affix your seal here.

C J Mummerlyn
Ordinary Decatur County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears E Wimberly of Decatur County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 18 day of Jany 1853; 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 8th Regiment of Fla Volunteers, Wright's Brigade; that whilst engaged in such military service in the State of Pa, on the 3 day of July 1863, he was wounded, injured or diseased as follows:

He was shot through the right Shoulder disabling his right Arm from good service

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 Decatur County been allowed an invalid pension of Fifty Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 19 day of Jany 1899. E Wimberley POST OFFICE attached yes

T B Maxwell Ordy

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,
Decatur County.

I, T B Maxwell Ordinary of said County, do certify that I am well acquainted with E Wimberly 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 Jany 1899.

Affix your seal here

T B Maxwell
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, E Wimberly hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to Ordinary by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4 day of Jany 1900.

E Wimberly [L. S.]

Executed in presence of

J R Douglas
T B Maxwell Ordy.

Wimberly, E.
Decatur County

CODE SECTION 1250.
(For These Already Enrolled.)

No. 2717

INVALID
SOLDIER'S PENSION.
1900.

Name E Wimberly
County Decatur
Disability Right Shoulder
Amount, $ 50.00
Warrant issued Apr 13 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Wright

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I E Wimberly hereby authorize WA Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to Ordinary by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 4 day of January 1901.

E Wimberly [L. S.]

Executed in presence of

T B Maxwell
Ordinary.

Wimberly, E.
Decatur County

CODE SECTION 1250.
(For These Already Enrolled.)

No. 1679

DISABLED
SOLDIER'S PENSION.
1901.

Name E Wimberly
County Decatur
Disability Arm
Amount, $ 50.00

2/11 1901.

JOHN W. LINDSEY,
[redacted]
Commissioner of Pensions.

WARRANT HANDED TO
W. A. W.

Geo. W. Harrison, State Printer, Atlanta.

no data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears E Wimberly of Decatur 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 _____ 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 B, of 8 th Regiment of Florida Volunteers, _____'s Brigade; that whilst engaged in such military service in the State of Penn, on the 3 day of July 1863, he was wounded, injured or diseased as follows:

At the Battle of Gettysburg was shot by the enemy through the right shoulder Disabling him from Manual Labor

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 Decatur County been allowed an invalid pension of Fifty Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 4 day of January 1900. E Wimberly
POST OFFICE Farolstown

T B Maxwell Ordy

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,
Decatur County.

I, T B Maxwell Ordinary of said County, do certify that I am well acquainted with E Wimberly 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 Jany 1900.

Affix your seal here.

T B Maxwell
Ordinary Decatur County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears E Wimberly of Decatur 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 Oct 1888; 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 B, of 8 th Regiment of Florida Volunteers, _____'s Brigade; that whilst engaged in such military service in the State of Pa, on the 3 day of July 1863, he was wounded, injured or diseased as follows:

While in Battle at Gettysburg was shot through right shoulder Disabling my arm permanently

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 Decatur County been allowed an invalid pension of Fifty Dollars, for the year 1900.

Sworn to and subscribed before me, this the 2 day of January 1901. E Wimberly
Postoffice Bainbridge Ga

T B Maxwell Ordinary.

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,
Decatur County.

I, T B Maxwell Ordinary of said County, do certify that I am well acqainted with E Wimberly 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 January 1901.

Affix your seal here

T B Maxwell
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, E Wimberly hereby authorize
W A Wright of Atlanta Ga
to receive and receipt for the pension paid hereon and request that he remit same to
Ordinary by Check
at Bumbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 4
day of Jan 1902.

E his x m Wimberly [L. S.]

Executed in presence of
J Bradwell
J B Maxwell
Ordinary

Wimberly, E.
Decatur Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 2932

DISABLED
SOLDIER'S PENSION
1902.

Name E. Wimberly
County Decatur
Co. B Regiment 8
Disability Shoulder
Amount, $50.00

1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, E Wimberly hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon and request that he remit same to
Ordinary by ok
at Bumbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 3
day of Jany 1903.

E his x m Wimberley [L. S.]

Executed in presence of
J B Maxwell
Ordinary.
J Bradwell

Wimberly, E.
Decatur Co

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 2149

DISABLED
SOLDIER'S PENSION
1903.

Name E Wimberley
County Decatur
Co. B Regiment 8 Fla
Disability Shoulder
Amount, $50.00
January 3rd 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

2/12

WARRANT HANDED TO

Geo. W. Harrison State Printer, Atlanta

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Decatur **County.**

Personally appears E Wimberly of Decatur 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 1 day of Dec 1890; 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 8 th Regiment of Florida Volunteers, Finegans 's Brigade; that whilst engaged in such military service in the State of Penn, on the 3 day of July 1863, he was wounded, injured or diseased as follows:

At the Battle Gettysburg I was shot through the Right Shoulder Disabling me from doing Manual Labor

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 Decatur County, been allowed an invalid pension of Fifty Dollars, for the year 1901.

Sworn to and subscribed before me, this the 4 day of Jan 1902. E Wimberly, Post-office Bainbridge Ga

J B Maxwell

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,
Decatur **County.**

I, J B Maxwell Ordinary of said County, do certify that I am well acquainted with E Wimberly 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 1902.

Affix your seal here

J B Maxwell
Ordinary Decatur 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,
Decatur **County.**

Personally appears E Wimberly of Decatur County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ~~day of~~ 1st day of July 1890; 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 8 th Regiment of Florida Volunteers, Finegans 's Brigade; that whilst engaged in such military service in the State of Penn, on the 3 day of July 1863, he was wounded, injured or diseased as follows:

At the Battle of Gettysburg was Shot through right Shoulder permanently disabling Side member

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 Decatur County, been allowed an invalid pension of Fifty Dollars, for the year 1902.

Sworn to and subscribed before me, this the 3 day of January 1903. E Wimberly, Post-office Bainbridge Ga

J B Maxwell

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,
Decatur **County.**

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

Given under my official signature and seal, this 3 day of January 1903.

Affix your seal here

J B Maxwell
Ordinary Decatur 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,
Decatur COUNTY.

I E Wimberley hereby authorise
W A Wright of Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary by Check
at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 8
day of Jan 1904.

his
E x Wimberley [L. S.]
mark

Executed in presence of
J B Maxwell
Ordinary.
B F Harvey Jr

Wimberley E
Decatur County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)
No. 2395

DISABLED
SOLDIER'S PENSION
1904.

Name E Wimberley
County Decatur
Co. B Regiment 8 Ga
Disability Shoulder
Amount, $ 50.00
Jan FEB 10 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Orr

Geo W Harrison, State Printer, Atlanta.

no date

Audited May 2 1889.
Wm A Wright
COMPTROLLER GENERAL.

Decatur

Maimed Soldiers.

Voucher No. 2131
Amount, $ 50.
Paid to E. Wimberly
For Right arm disabled
May 2 1889.

Included in Warrant No.,
issued to Treasurer.

1889.

WARRANT CLERK.

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

W A W.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Decatur County.

Personally appears E Wimberley of Decatur 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 1894; 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 8 th Regiment of Florida Volunteers 's Brigade; that whilst engaged in such military service in the State of Pa, on the 3 day of July 186 3, he was wounded, injured or diseased as follows: At the battle of Gettysburg I was shot through right Shoulder Permanently disabling that portion of my body

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 Decatur County, been allowed an invalid pension of Fifty Dollars, for the year 1903.

Sworn to and subscribed before me, this the 6 day of Jan 1904.
J B Maxwell

his
E X Wimberley
mark
Post-office Bainbridge Ga

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

STATE OF GEORGIA,
Decatur County.

I, J B Maxwell Ordinary of said County, do certify that I am well acquainted with E Wimberley 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 6 day of January 1904.

J B Maxwell
Ordinary Decatur County.

Affix your Seal here.

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

No. 2134

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. Atlanta, Ga May 2 1889.

Mr E. Wimberly of the County of Decatur 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 Right Arm disabled

He is entitled to receive the sum of Fifty 0 0/100 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 therefor, and return same to Executive Department for warrant.

GOVERNOR.

By the Governor
W. N. Harrison
CLERK EXECUTIVE DEPARTMENT.

$50.

RECEIVED OF STATE TREASURER, R U HARDEMAN,
Fifty 0 0/100 Dollars,
per above voucher, this 2 of May 1889.
E Wimberly
W R Wright

Audited August 16 1890

Wm A Wright
COMPTROLLER-GENERAL

Ex. A. Bainbridge

Heculus

Maimed Soldiers.

Voucher No. 3015

Amount $ 50

Paid to E. Wimberly

For Arm disabled

Aug 16 1890

Included in Warrant No.

issued to Treasurer.

189

WARRANT CLERK.

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

W A Wright

AUDITED

Audited APR 13 1891 1891.

Wm A Wright
COMPTROLLER-GENERAL.

Wimberly, E.

1891.

Maimed Soldiers.

Voucher No. 2939

Amount $ 50

Paid to E Wimberly

For Arm dis'd

Apl 13 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Wm A Wright

NAME, Wimberly, E. YEAR 1889 COUNTY Decatur

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Private Co. B, 8th. Regt. Fla. Vols.
Perry's Brigade.

NAME OF CAPTAIN AND COLONEL? Lieutenant Ben Russell.

WOUNDED? Gettysburg, Pa. July 3rd. 1863. Shot in the right shoulder.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Ben E. Russell. No data.

No. 2015

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga., Aug 16 1890

Mr. E. Wimberly of the County of Decatur 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 Arm disabled,

He is entitled to receive the sum of Fifty & 00/ 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.

J B Gordon
GOVERNOR.

By the Governor,
W H Harrison
CLERK EXECUTIVE DEPARTMENT.

$50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty & 00/ Dollars,
per above voucher, this 16 of Aug 1890

E Wimberly
for W A Wright

1891.

No. 2939

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. April 13, 1891.

Mr. E. Wimberly of the County of Decatur 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 Confederate disability

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. Northen,
GOVERNOR.

By the Governor,

W. N. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

$ 50 00

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

Fifty 00/100 Dollars,

per above voucher, this 13 of April 1891.

E Wimberly

W. B. M.

NAME Kimberly, E YEAR 1896 COUNTY Decatur

WHEN AND WHERE BORN? Resident Fla since 1845

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co B 9th Regt. Florida Vols

NAME OF CAPTAIN AND COLONEL?

WOUNDED? [illegible] Fla. July 3rd. 1863 - shot in right shoulder, [illegible] disability of right arm.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES.

None

NAME Kimberly, E. YEAR 1896 COUNTY Decatur

WHEN AND WHERE BORN? Resident since 1833.

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co. B, 9th. Regt. Fla. Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Fla. July 3rd. 1863, disability of right arm.

CAPTURED, WHEN AND WHERE?

RELEASED.

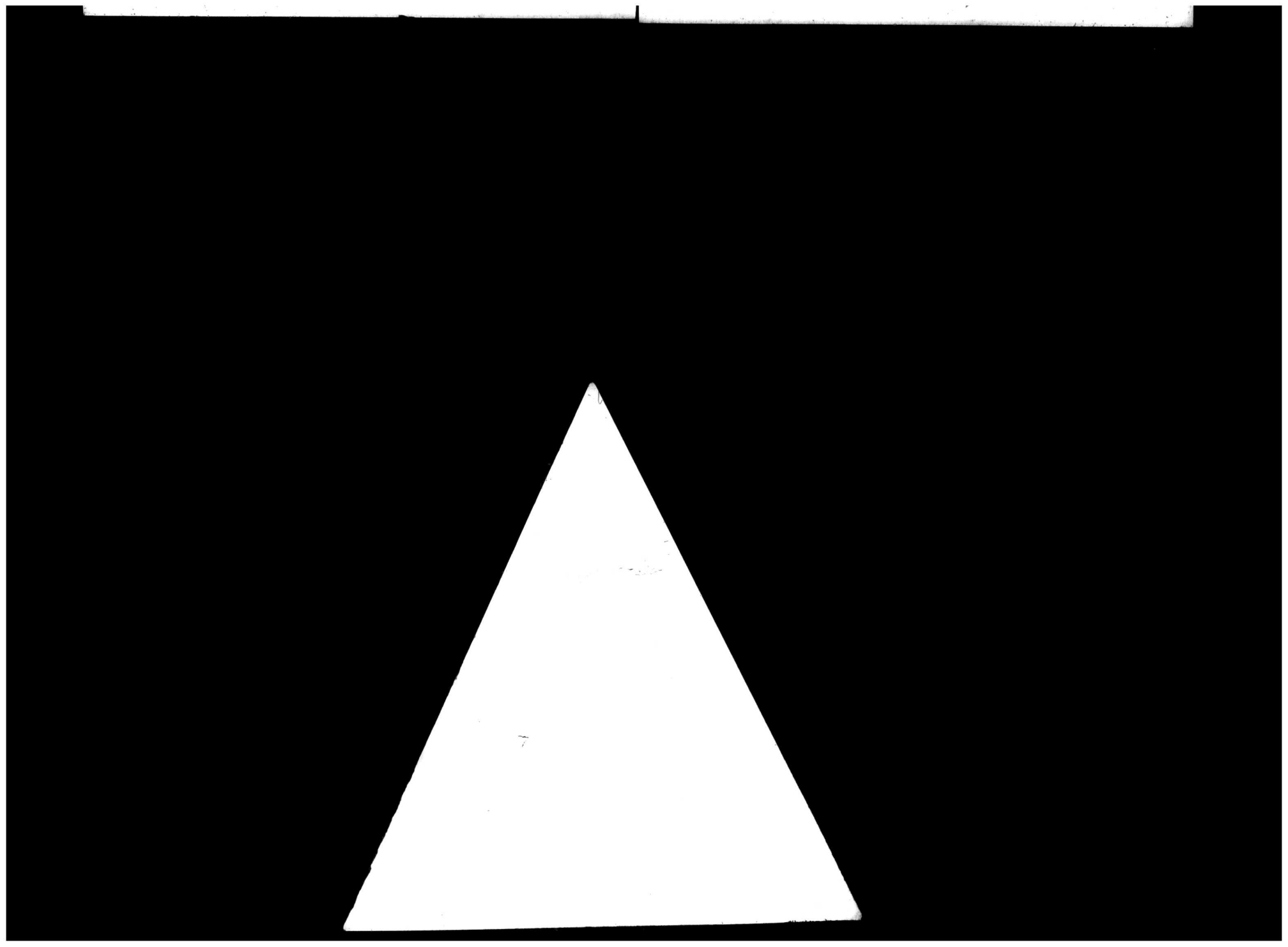
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES.



NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

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

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

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 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.

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

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

Winter, J. B.
Decatur Co

No. 2316

APPLICATION FOR ALLOWANCE.

FOR

Applicant, [illegible]

County of [illegible]

Amount [illegible]

Date of Warrant May 2 [illegible]

Entered on record [illegible] 188[illegible]

[illegible]

SECRETARY EXECUTIVE DEPARTMENT.

[illegible]

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

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

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

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 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.

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

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

No. 2316

APPLICATION FOR ALLOWANCE.

FOR

Applicant, J. B. Wooten

County Decatur

Amount

Date of Warrant

Entered on record

SECRETARY EXECUTIVE DEPARTMENT.

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears J B Wooten of Decatur 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 day of May 1860; that he enlisted in the military service of the Confederate States ~~out of the State of~~) during the war between the States, and served as a Private in Company A, of 50th Regiment of Georgia Volunteers Gen' Gordon Bryant's Brigade; that whilst engaged in such military service, at the battle of Cold Harbor in the State of Virginia, on the 3rd day of June 1864, he was wounded as follows: the outside finger of the left hand shot off by a Minnie ball

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

Sworn to and subscribed before me, this the 22 day of February 1889 } J B Wooten
W R Hemmingway Ord

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,
Decatur County.

PERSONALLY came before me [illegible] Sorter of the county of Decatur State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of 50th Regiment of Georgia Volunteers, and that deponent knows J. B. Wooten, 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 J. B. Wooten as stated by him in said affidavit. Deponent further states that said [illegible] is a *bona fide* citizen of this State and resides in Decatur county.

[illegible] Sworn to before me this [illegible] W. W. [illegible] Judge 2nd Dist

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

STATE OF GEORGIA,
County.

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

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

STATE OF GEORGIA,
Decatur County.

PERSONALLY comes before me C. J. Munnerlyn Ordinary of said county, and , both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined J. B. Wooten and after such examination say that the applicant has been injured as follows:

He has lost the little finger and half of the metacarpal bone of same of the left hand.

Sworn to and subscribed before me, this
16th day of May 1889
C. J. Munnerlyn
W. E. Hunter M.D.
E. J. Morgan M.D.

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,
Decatur County.

I, C. J. Munnerlyn Ordinary of said county, do certify that I am well acquainted with J. B. 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. 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 C. J. Munnerlyn before whom the foregoing affidavits were made and power of attorney was signed, is ~~a~~ the Ordinary of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 16th day of May 1889

C. J. Munnerlyn
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I, J. B. Wooten of Decatur county, in said State, do hereby appoint Wm A. Wright of Atlanta 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 entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (~~or of this State~~), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

J. B. Wooten (L. S.)

Executed in the presence of us:
J. P. Bradwell
C. J. Munnerlyn
Ordinary

Send money by Express to Bainbridge Ga.
J. B. Wooten

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

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

STATE OF GEORGIA,
Decatur County.

I, G. J. Munnerlyn Ordinary of said county, do certify that I am well acquainted with J. B. 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. 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 G. J. Munnerlyn before whom the foregoing affidavits were made and power of attorney was signed, is the Ordinary of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 16th day of May 188 9

G. J. Munnerlyn

Ordinary Decatur County.

STATE OF GEORGIA,
Decatur County.

PERSONALLY comes before me G. J. Munnerlyn Ordinary of said county, and , both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined J. B. Wooten and after such examination say that the applicant has been injured as follows:

He has lost the little finger and half of the metacarpal bone of same of the left hand.

Sworn to and subscribed before me, this 16th day of May 1889

W. O. Hunter M.D.
E. J. Morgan M.D.

G. J. Munnerlyn

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.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I, J. B. Wooten of Decatur county, in said State, do hereby appoint Wm A. Wright of Atlanta 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 entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (~~or of this State~~) as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this day of 188 .

J. B. Wooten (L. S.)

Executed in the presence of us:

J. P. Bradwell
G. J. Munnerlyn

Send money Ordinary by Express to Bainbridge Ga.
J. B. Wooten

County, Georgia.

STATE OF GEORGIA,
Decatur County.

I, C. J. Munnerlyn Ordinary of said county, do certify that I am well acquainted with J. B. Wooten 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 C. J. Munnerlyn before whom the foregoing affidavits were made and power of attorney was signed, is the Ordinary of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 12th day of April 1890

C. J. Munnerlyn
Ordinary Decatur County.

Wooten, J. B.
Decatur Co.
Wooten, J. B.

1890.

No. 2748

APPLICATION FOR ALLOWANCE.

FOR YEAR ENDING OCTOBER 26, 1890.

FOR

Loss of Finger

Applicant, J. B. Wooten
County, Decatur
Amount, 5
Date of warrant, Apl 17
Entered on record Apl 17 1890
W H H
SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO
W A H
E 1917

STATE OF GEORGIA,
Decatur County.

I, C. J. Munnerlyn Ordinary of said County, do certify that I am well acquainted with J. B. Wooten 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 C. J. Munnerlyn before whom the foregoing affidavits were made and power of attorney was signed, is the Ordinary of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 20th day of March 1891.

C. J. Munnerlyn
Ordinary Decatur County.

Wooten, J. B.
Decatur Co.
Wooten, J. B.

1891.

Sec 1889

No. 2839

Application for Allowance

FOR THE YEAR ENDING OCTOBER 25, 1891.

FOR

Loss of Finger

Applicant, J. B. Wooten
County, Decatur
Amount, 5 a
Date of Warrant, Mch 23 1891
Entered on record
W H H
SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO
W H Wright

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears J. B. Wooten of Decatur 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 11th day of March 1846; 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 F, of 50th Regiment of Georgia Volunteers Bryant's Brigade; that whilst engaged in such military service, at the battle of Cold Harbor in the State of Virginia, on the 3rd or 4th day of June 1864, he was wounded as follows: Ball struck left hand near finger joints and so mutilating the little finger of said hand that the same was amputated at joint of hand (the whole finger being amputated)

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

Sworn to and subscribed before me, this the 12th day of April 1890 } J B Wooten
C T Munnerlyn 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
Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, J. B. Wooten of Decatur county, in said State, do hereby appoint W. A. Wright of Atlanta 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 Twelfth day of April 1890

J B Wooten [L. S.]

Executed in the presence of us:
J. P. Bradwell
C T Munnerlyn

DIRECTION.

Send money to me as follows, by Express to Bainbridge ~~P.O.~~
Decatur County, Georgia.
J B Wooten

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears J. B. Wooten of Decatur 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 1846; 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 F, of 50th Regiment of Georgia Volunteers Bryant's Brigade; that whilst engaged in such military service at the battle of Cold Harbor in the State of Virginia, on the day of June 1864, he was wounded as follows: Ball entered back of left hand just above joint of little finger so lascerating bone that it necessitated amputation of said little finger where it joins the hand

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

Sworn to and subscribed before me, this the 20th day of March 1891. } J B Wooten
C T Munnerlyn Ordinary

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I, J. B. Wooten of Decatur County, State of Georgia, do hereby appoint Wm A. Wright of Atlanta 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 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 Twentieth day of March 1891.

J B Wooten [L. S.]

Executed in the presence of us:
J P Bradwell
C T Munnerlyn Ord

DIRECTION.

Send money to me as follows, by Express to Bainbridge ~~P.O.~~
Decatur County, Georgia.

J B Wooten

STATE OF GEORGIA,
Decatur County.

I, C. J. Munnerlyn Ordinary of said county, do certify that I am well acquainted with J. B. Wooten 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 5th day of March 1897.

C. J. Munnerlyn
Ordinary Decatur County.

Decatur Co
Wooten, J. B.
No. 1614

SOLDIER'S PENSION.
1892.
FOR THE YEAR ENDING OCTOBER 26, 1892.

Name J. B. Wooten
County Decatur
Disability Loss of finger
Amount $ 5.00
Entered on record March 1892.

W. H. HARRISON.
Secretary of Executive Department.

AGENT.
W. A. Wright

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I J. B. Wooten of Decatur County, State of Georgia, do hereby appoint Wm. A. Wright 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 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 26th day of March 1893.

J. B. Wooten [L. S.]

Executed in the presence of us:
C. J. Munnerlyn
J. P. Bradwell

DIRECTION.

Send money to me as follows, by Check to Bainbridge P. O. Decatur County, Georgia.

J. B. Wooten

Decatur Co
Wooten, J. B.
1893.

No. 190
Application for Allowance
For the Year Ending October 26, 1893.
FOR
Loss of finger
Applicant, J. B. Wooten
County Decatur
Amount, Ten Dollars
Date of Warrant, 31
Entered on record, 31 1893.
W. H. H.
Secretary Executive Department.

WARRANT HANDED TO
W. A. W.

Geo. W. Harrison, State Printer, Atlanta.
No Data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears J. B. Wooten of Decatur 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 day of 1846; 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 F, of 50 th Regiment of Georgia Volunteers Bryans's Brigade; that whilst engaged in such military service at the battle of Cold Harbor in the State of Virginia, on the 3rd or 4th day of June 1864, he was wounded as follows: Ball struck left hand near where fingers join, cutting off little finger of said hand

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 Five Dollars for one finger

Sworn to and subscribed before me this the 5th day of March 1892. J B Wooten

C T Munnerlyn 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,
Decatur County.

Know all Men by these Presents, That I, J. B. Wooten of Decatur County, in said State, do hereby appoint Wm A. Wright of Atlanta 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 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 fifth day of March 1892.

J B Wooten [L. S.]

Executed in the presence of us:
F. Bradwell
C T Munnerlyn

DIRECTION.

Send money to me as follows, by Express to Whigham P. O.
Decatur County, Georgia.
J B Wooten

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears J B Wooten of Decatur 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 1846; 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 F, of 50th Regiment of Georgia Volunteers 's Brigade; that whilst engaged in such military service at the battle of Cold Harbor in the State of Virginia, on the day of June 1864 he was wounded as follows: Shot in left & the finger amputated

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

Sworn to and subscribed before me, this, the 30th day of March 1893. J B Wooten

C T Munnerlyn 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,
Decatur County.

I, C T Munnerlyn Ordinary of said County, do certify that I am well acquainted with J B Wooten 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 C T Munnerlyn before whom the foregoing affidavits were made and power of attorney was signed, is a Ordinary of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 30th day of March 1893.

C T Munnerlyn
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

Know all Men by these Presents, That I, J B Wooten of Decatur County, State of Georgia, do hereby appoint Wm S Wright of Atlanta 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 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 27th day of March 1894.

J B Wooten [L. S.]

Executed in the presence of us
A. J. Kelly
C. Mannon Jr

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

Wooten, J. B.
Decatur Co

(For Those Already Enrolled.)

No. 183

Soldier's Pension.

1894.

Name J B Wooten
County Decatur
Disability Lt of Finger
Amount, $ 4 54

1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
W A Wright

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I, J. B. Wooten of Decatur County, State of Georgia, do hereby appoint Wm S. Wright of Atlanta 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 entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrrant that may be issued by the Governor, or 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 Feby 1895.

J B Wooten [L. S.]

Executed in presence of us
J. S. Bradwell
C. Mannon Jr

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

Wooten, J. B.
Decatur Co

(For Those Already Enrolled.)

No. 1418

SOLDIER'S PENSION.

1895.

Name J B Wooten
County Decatur
Disability Lt of Finger
Amount, $ 54

Feb 27 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Atty

Geo. W. Harrison, State Printer, Atlanta.

No Decatur

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears J B Wooten of Decatur 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 1846 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 4, of 50th Regiment of Virginia Volunteers 's Brigade; that whilst engaged in such military service at the battle of Coal Harbor in the State of Virginia, on the day of June 1864 he was wounded as follows: Shot in left hand and one finger shot off

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 Five dollars, for the year 1893

Sworn to and subscribed before me, this, the 27th day of March 1894. J B Wooten

C J Munnerlyn 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,
Decatur County.

I, C J Munnerlyn Ordinary of said County, do certify that I am well acquainted with J B 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 27th day of March 1894.

Affix your seal here

C J Munnerlyn
Ordinary Decatur County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears J. B. Wooten of Decatur 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 1846; 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 3, of 50th Regiment of Ga, Volunteers, Bryan 's Brigade; that whilst engaged in such military service at the battle of Cold Harbor in the State of Virginia, on the day of June 1864, he was wounded as follows:

Wounded in left hand causing amputation of little finger of said hand

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 Five dollars, for the year 1894

Sworn to and subscribed before me, this, the 19th day of Feby 1895. J B Wooten

C J Munnerlyn 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,
Decatur County.

I, C. J. Munnerlyn Ordinary of said County, do certify that I am well acquainted with J. B. 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 Feby 1895.

Affix your seal here

C J Munnerlyn
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, J B Wooten hereby authorize Wm A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to me by check at Bainbridge

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6th day of January 1896.

J B Wooten [L. S.]

Executed in presence of us
J B Bradwell
[illegible]

Wm A Wright
Decatur
ACT OF MAY 1, 1897.
(For Those Already Enrolled.)

No. 1097

SOLDIER'S PENSION.

1896.

Name J B Wooten
County Decatur
Disability Wrist Dryer
Amount, $ 5
7/28 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Atty

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, J B Wooten hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Whigham Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th day of Feby 1897.

J B Wooten [L. S.]

Executed in presence of
C J Mummerlyn Jr
J B Bradwell

Wm A Wright
Decatur
ACT OF MAY 1, 1897.
(For Those Already Enrolled.)

No. 969

INVALID

SOLDIER'S PENSION.

1897.

Name J B Wooten
County Decatur
Disability
Amount, $ 5
2 8 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Wm A Wright

GEO. W. HARRISON, STATE PRINTER, ATLANTA.
No Data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, J B Wooten hereby authorize Wm A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to me by check at Bainbridge

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6th day of January 1896.

J B Wooten [L. S.]

Executed in presence of us
J. A. Bradwell
E. P. Hammond

Decatur Co
ACT OF MAY 1, 1896
(For Those Already Enrolled.)

No. 1097

SOLDIER'S PENSION.
1896.

Name J B Wooten
County Decatur
Disability Wrist Finger
Amount, $ 5
7/28 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Atty

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, J B Wooten hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Whigham Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th day of Feby 1897.

J B Wooten [L. S.]

Executed in presence of
C. J. Mummerlyn Jr
J. A. Bradwell

Decatur Co
40 Stone, J. B.
ACT OF MAY 1, 1896
(For Those Already Enrolled.)

No. 969

INVALID
SOLDIER'S PENSION.
1897.

Name J B Wooten
County Decatur
Disability
Amount, $ 5
2 8 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Wm A Wright

GEO. W. HARRISON, STATE PRINTER, ATLANTA.
Wm Data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears J B Wooten of Decatur 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 1846; 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 F, of 50th Regiment of Georgia Volunteers, 's Brigade; that whilst engaged in such military service in the State of Virginia, on the 6th day of June 1864, he was wounded, injured or diseased as follows:
wounded left hand — causing amputation of one finger

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 Decatur county been allowed a pension of Five dollars, for the year 1895.

Sworn to and subscribed before me, this, the 6th day of January 1896.
J B Wooten
C J Munnerlyn 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,
Decatur County.

I, C J Munnerlyn Ordinary of said County, do certify that I am well acquainted with J B 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 1896.

Affix your seal here.

C J Munnerlyn
Ordinary Decatur County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears J B Wooten of Decatur 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 1846; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F, of 50th Regiment of Georgia Volunteers, Bryan 's Brigade; that whilst engaged in such military service in the State of Virginia, on the day of June 1864, he was wounded, injured or diseased of follows:
Lost little finger on left hand at Coldharbor Va

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 Decatur county been allowed an invalid pension of Five — Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 9th day of Feby 1897.
J B Wooten
POST OFFICE Whigham Ga
C J Munnerlyn

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,
Decatur County.

I, C J Munnerlyn Jr Clk Ordinary of said County, do certify that I am well acquainted with J B 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 Feby 1897.

Affix your seal here.

C J Munnerlyn Jr Clk
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, J. B. Wooten hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to C J Mummerlyn by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25th day of Jany 1898.

J B Wooten [L. S.]

Executed in presence of
C J Mummerlyn Jr
J B Bradwell

ACT OF AUGUST, 1887.
(For Those Already Enrolled.)
No. 1250

INVALID
SOLDIER'S PENSION.
1898.

Name J B Wooten
County Decatur
Disability Fingerloss
Amount, $ 5 00
Jany 25th 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Dale

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, J B Wooten hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to J B Maxwell Ordy by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25 day of Jany 1899.

J B Wooten [L. S.]

Executed in presence of
J. Bradwell
J B Maxwell Ordy

CODE SECTION 1250.
(For Those Already Enrolled.)
No. 420

INVALID
SOLDIER'S PENSION.
1899.

Name J B Wooten
County Decatur
Disability Fingerloss
Amount, $ 5 00
Jany 25th 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Dale

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears J B Wooten of Decatur 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 1846; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F, of 50 th Regiment of Georgia Volunteers, Bryan 's Brigade; that whilst engaged in such military service in the State of Virginia, on the day of June 1864, he was wounded, injured or diseased as follows:

Loss finger on left hand

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 Decatur county been allowed an invalid pension of Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 25 day of Jany 1898. J B Wooten POST-OFFICE

C J Mummerlyn

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,
County.

I, C J Mummerlyn Ordinary of said County, do certify that I am well acquainted with J. B. 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 25th day of Jany 1898.

Affix your seal here

C J Mummerlyn
Ordinary Decatur County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears J B Wooten of Decatur 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 Mch 1846; 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 F, of 50 th Regiment of Ga Volunteers, Bryants 's Brigade; that whilst engaged in such military service in the State of Va, on the 3 day of June 1864, he was wounded, injured or diseased as follows:

In the Battle of Cole Arbor I was shot though one finger which was amputated on next day.

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 Decatur County been allowed an invalid pension of Five Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 25 day of Jany 1899. J B Wooten POST OFFICE

F B Maxwell Ordy

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,
Decatur County.

I, F B Maxwell Ordinary of said County, do certify that I am well acquainted with J. B. 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 25 day of Jany 1899.

Affix your seal here

F. B. Maxwell
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, J B Wooten hereby authorize
W A Wright of Atlanta Ga
to receive and receipt for the pension paid hereon and request that he remit same to
Ordinary by ck
at Bainbridge

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22
day of June 1900.

J B Wooten [L. S.]

Executed in presence of
H. A. Sandess
J B Maxwell

Wooten, J. B.
Decatur County

CODE SECTION 1280
(For Those Already Enrolled.)

No. 2918

INVALID
SOLDIER'S PENSION.
1900.

Name J B Wooten
County Decatur
Disability Finger
Amount, $5.00
Warrant issued 1/pm B 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Wright

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I J B Wooten hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension paid hereon and request that he remit same to
Ordinary by check
at Bainbridge

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 26
day of January 1901.

J B Wooten [L. S.]

Executed in presence of
J B Maxwell
Ordinary.

Wooten, J. B.
Decatur County

CODE SECTION 1280
(For Those Already Enrolled.)

7-50 No. 1680

DISABLED
SOLDIER'S PENSION.
1901.

Name J B Wooten
County Decatur
Disability Finger
Amount, $5.00
1/30 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
W A Wright

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears J B Wooten of Decatur 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 ____ 1884; 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 F, of 50th Regiment of Ga. Volunteers, Bryan's Brigade; that whilst engaged in such military service in the State of Va., on the ____ day of June 1864, he was wounded, injured or diseased as follows:

While in Battle at Cold Harbor, Va. shot through left hand causing loss of one finger

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 Decatur County been allowed an invalid pension of Five Dollars, for the year 1899.

Sworn to and subscribed before me, this the 22 day of Jany 1900. J B Wooten, POST OFFICE

T B Maxwell

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,
Decatur County.

I, T B Maxwell Ordinary of said County, do certify that I am well acquainted with J B 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 22 day of Jany 1900.

Affix your seal here.

T B Maxwell
Ordinary Decatur County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears J B Wooten of Decatur County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 23 day of Oct 1888; that he enlisted in the military service of the Confederate States (or of the State of Va.) during the war between the States, and served as a Private in Company F, of 50th Regiment of Va. Volunteers, Bryan's Brigade; that whilst engaged in such military service in the State of Va., on the ____ day of June 1864, he was wounded, injured or diseased as follows:

In an engagement at Cold Harbor was shot through left hand causing amputation of one finger

Deponent makes application for the pension to which he is entitled for year ending October 20th, 1901. I have heretofore under said law as a resident of Decatur County been allowed an invalid pension of Five Dollars, for the year 1900.

Sworn to and subscribed before me, this the 26 day of Jany 1901. J B Wooten, Postoffice

T B Maxwell

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,
Decatur County.

I, T B Maxwell Ordinary of said County, do certify that I am well acquainted with J B 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 26 day of Jany 1901.

Affix your seal here.

T B Maxwell
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, J B Wooten hereby authorize W A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to Ordinary by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 25th day of January 1902. J B Wooten [L. S.]

Executed in presence of
B. C. Minter J. P.

Wooten J. B.
Decatur County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 2931

DISABLED
SOLDIER'S PENSION
1902.

Name J. B. Wooten
County Decatur
Co. F Regiment 50th Ga
Disability loss little finger
Amount, $ 5.00
1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, J B Wooten hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to Ordinary by Check at Bainbridge

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 24th day of January 1903. J B Wooten [L. S.]

Executed in presence of
B. C. Minter J. P.

Wooten J. B.
Decatur Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 2168 Ga

DISABLED
SOLDIER'S PENSION
1903.

Name J B Wooten
County Decatur
Co. F Regiment 50th Ga
Disability lost little finger
Amount, $5.00
1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison State Printer, Atlanta

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Decatur **County.**

Personally appears J B Wooten of Decatur 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 1 day of Jan 1890; 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 F, of 50 th Regiment of Ga Volunteers, Bryants 's Brigade; that whilst engaged in such military service in the State of Va, on the day of June 1864, he was wounded, injured or diseased as follows:

By loss of little finger on left hand by ball

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 Decatur County, been allowed an invalid pension of Five Dollars, for the year 1901.

Sworn to and subscribed before me, this the 25th day of January 1902. J B Wooten Post-office Jakin Ga

B. C. Minter J. P.

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,
Decatur **County.**

I, T B Maxwell Ordinary of said County, do certify that I am well acquainted with J B 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 27 day of Jan 1902.

Affix your seal here

T B Maxwell
Ordinary Decatur 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,
Decatur **County.**

Personally appears J B Wooten of Decatur 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 1846; that he enlisted in the military service of the Confederate States (or of the State of March 1862) during the war between the States, and served as a Private in Company F, of 50 th Regiment of Georgia Volunteers, Bryants 's Brigade; that whilst engaged in such military service in the State of Virginia, on the 3 or 4th day of June 1864 he was wounded, injured or diseased as follows:

By loss of little finger off of left hand.

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 Decatur County, been allowed an invalid pension of Five Dollars, for the year 1902.

Sworn to and subscribed before me, this the 24th day of January 1903. J B Wooten Post-office Jakin Ga

B. C. Minter J. P. Wt Tinker

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,
Decatur **County.**

I, T B Maxwell Ordinary of said County, do certify that I am well acquainted with J B 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 24th day of January 1903.

Affix your seal here

T B Maxwell
Ordinary Decatur 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,
Decatur COUNTY.

I, J B Wooten hereby authorize W A Wright of Atlanta Ga to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18th day of January 1904.

J B Wooten [L. S.]

Executed in presence of
B. C. Minter J.P.

Wooten, J.B.
Decatur County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)
To Michele Co 1904
No. 2396

DISABLED Pension

SOLDIER'S PENSION
1904.

Name J B Wooten
County Decatur
Co. F Regiment 50th
Disability Finger
Amount, $5.00
Jan FEB 19 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Cook

Geo W Harrison, State Printer, Atlanta.

no data

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

Atlanta
5/16-1905

Dear Judge

I return the vouchers & sent to me for the wife of W. A. Wooten Disabled Pensioner from your County whom you say is in the State Penitentiary. If this is true then attach a Arbitrary Copy of the Sentence of the Court placing him in the Penitentiary & return to me and it will be paid when in funds. The atty Genl assimilated this Pension Class to those sent to the Asylum. No special law for it. but I am disabled to pay them there are three Pensions in State Prison. Attend to this & send back

With best wishes & kind regards from your friend

J W Lindsey

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Decatur County.

Personally appears J B Wooden of Decatur 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 1 day of Jan 1870; 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 D, of 60 th Regiment of Georgia Volunteers, Gayarts 's Brigade; that whilst engaged in such military service in the State of Virginia, on the 4th day of March 1864, he was wounded, injured or diseased as follows: loss of little finger on left hand

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 Decatur County, been allowed an invalid pension of Five Dollars, for the year 1903.

Sworn to and subscribed before me, this the 18th day of January 1904.
B. B. Minter J. P.

J B Wooden
Post-office Jakin

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,
Decatur County.

I, J B Maxwell Ordinary of said County, do certify that I am well acquainted with J B Wooden 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 January 1904.

J B Maxwell
Ordinary Decatur County.

Affix 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

THE ORDINARY

DECATUR COUNTY.

T. B. MAXWELL, ORDINARY

BAINBRIDGE, GA., May 18 1903

Col J W Lindsey
Atlanta Ga

Dear Sir

I enclose you herewith Application of Mrs Lucy Wooden Wife of J B Wooden who was convicted and found guilty of the charges and on account of his age was sent to the State Farm to serve out his sentence. He was on the Pension Roll & drew a pension of $ for loss finger up until 1902 He wrote his wife that he failed to draw for 1903 stating that the Attorney General had ruled that he was not entitled to it but that his wife was to satisfy her & allowed her to file the enclosed papers. If there is any law for her to draw his money during his incarceration I am sure your investigation of the matter will settle it and let me know at once

Yours Truly,
J B Maxwell
Ordinary.

GEORGIA, Decatur County.

I, T B Maxwell, Ordinary of said county, do certify that I personally know Mrs Lucy Wooten, the applicant, and that she is the lawful ~~widow~~ wife of J B Wooten, and was on the Invalid Pension Roll of said Decatur county, and was paid a Pension from Decatur county for 1906, and at the time of his ~~death~~ Imprisonment on the day of 190, there was due to him and unpaid his Pension of Five dollars from the State of Georgia, and I know G W Dollar, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 23 day of Jan 1906

T B Maxwell Ordinary,

Decatur County.

GEORGIA, Decatur County.

I, T B Maxwell, Ordinary of said county, do certify that I personally know Mrs Lucy Wooten, the applicant, and that she is the lawful ~~widow of~~ Wife of Jas B Wooten, and was on the Invalid Pension Roll of said Decatur county, and was paid a Pension from Decatur county for 1904, and at the time he was ~~of his death on the~~ Sent to the State Farm day of in January 1905, there was due to him and unpaid his Pension of Five dollars from the State of Georgia, and I know W C Hurrell, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 13 day of May 1905

T B Maxwell Ordinary,

Decatur County.

Wooten Lucy J. B.
Decatur Co.
Certificate of Court Inside

No. 2970

190 1906

Application for Pension
Due Deceased Soldier
Under Act 1891.

BY

Mrs. Lucy Wooten

Wife of J. B. Wooten

of County Decatur

Co. Reg't Vols.

Approved and Paid

$28.50 190

J. W. LINDSEY,
Commissioner of Pensions.

Wooten Lucy J. B.
Decatur Co.

No. 774

1906

Application for Pension
Due ~~Deceased~~ Imprisoned Soldier
Under Act 1891.

BY

Mrs. Lucy Wooten

Wife of J B Wooten

of County Decatur

Co. F Reg't ~~Vol.~~ Vols.

Approved and Paid

JAN 30 190

J. W. LINDSEY,
Commissioner of Pensions.

GEORGIA, Decatur County.

I hereby authorize and constitute W A Wright of Atlanta Fulton of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1906, through my deceased husband J B Wooten, who was on Invalid Pension Roll and paid from Decatur for 1905. Send check to Ordinary Bambridge Ga

Witness my hand this 23 day of Jan 1906

Attested before me:

T B Maxwell Ordinary } Lucy Wooten

GEORGIA, Decatur County.

I hereby authorize and constitute W A Wright of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1905, through my deceased husband John B. Wooten, who was on Invalid Pension Roll and paid from Decatur County for 1904

Witness my hand this 13 day of May 1905

Attested before me:

T B Maxwell Ordinary } Lucy Wooten

GEORGIA, Decatur County.

I, T B Maxwell, Ordinary of said county, do certify that I personally know Mrs Lucy Wooten, the applicant, and that she is the lawful ~~widow~~ wife of J B Wooten, and was on the Invalid Pension Roll of said Decatur county, and was paid a Pension from Decatur county for 1906, and at the time of his ~~death~~ on the day of 190, there was due to him and unpaid his Pension of Five dollars from the State of Georgia, and I know T W Dollar, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 23 day of Jan 1906

T B Maxwell Ordinary,
Decatur County.

Application for Pension
Due Deceased Soldier
Under Act 1891.

BY

Mrs. Lucy Wooten
~~Widow~~ wife of
Widow of J B Wooten
of County Decatur
Co. F Reg't 3rd Ga Vols.

Approved and Paid
JAN 24 1906
J. W. LINDSEY,
Commissioner of Pensions.

No. 7776
1906

Wooten, Lucy, widow of J. B.
Decatur County
Certificate of Pension Issued
No. 2970
1906

GEORGIA, Decatur County.

I hereby authorize and constitute W A Wright of Atlanta Fulton of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1906, through my deceased husband J B Wooten, who was on Invalid Pension Roll and paid from Decatur for 1905. Send check to Ordinary Bainbridge Ga

Witness my hand this 23 day of Jan 1906

Attested before me:
T B Maxwell Ordinary. } Lucy Wooten

GEORGIA, Decatur County.

I, T B Maxwell, Ordinary of said county, do certify that I personally know Mrs Lucy Wooten, the applicant, and that she is the lawful ~~widow~~ Wife of John B Wooten, and was on the Invalid Pension Roll of said Decatur county, and was paid a Pension from Decatur county for 1904, and at the time he was ~~of his death~~ Sing le in Slide Farm on the day of 1st January 1905, there was due to him and unpaid his Pension of Five dollars from the State of Georgia, and I know W C Hurst, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 13 day of May 1905

T B Maxwell Ordinary,
Decatur County.

Application for Pension
Due Deceased Soldier
Under Act 1891.

BY

Mrs. Lucy Wooten
Wife of J B Wooten
of County Decatur
Co. F Reg't 3rd Ga Vols.

Approved and Paid
May 28 1905
J. W. LINDSEY,
Commissioner of Pensions.

Wooten, Lucy, widow of J. B.
Decatur County
Certificate of Pension Issued
No. 2970
1906

GEORGIA, Decatur County.

I hereby authorize and constitute W A Wright of Atlanta Fulton of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1905, through my deceased husband John B Wooten, who was on Invalid Pension Roll and paid from Decatur County for 1904

Witness my hand this 13 day of May 1905

Attested before me:
T B Maxwell Ordinary. } Lucy Wooten

APPLICATION FOR PENSIONS DUE DECEASED SOLDIER.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Decatur County.

Personally before me come Mrs. Lucy Woolen, wife, of said county, after being duly sworn, on oath says that she is the ~~widow~~ of J B Woolen, who was duly enrolled as a Maimed Pensioner from the county of Decatur and was paid a Pension of Five Dollars from Decatur county for 1905, and that the said J B Woolen is now Confined in the Milledgeville State Farm ~~county~~ on the ~~as a criminal from Decatur County~~ Confinement day of 190, and at the time of his ~~death~~ a Pension of 5 was due him from Decatur county and unpaid for 1906. Applicant further swears that she married the said J B Woolen on the 1 day of September 186, in Decatur county and State of Ga and resided with him from date of marriage to his ~~death~~ Incarceration as his lawful wife, and is now his dependant ~~widow~~ wife, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 23 day of Jan 1906

J B Maxwell Ordinary
Decatur County. } Lucy Woolen [L. S.]

AFFIDAVIT OF WITNESS.

GEORGIA, Decatur County.

Personally before me come G W Dollar, who on oath says that he knew J B Woolen ~~while in life~~ and that he knows Mrs. Lucy Woolen, the above applicant; that he knows that the said J B Woolen and Lucy Harrell were in due form of law married in the county of Decatur in the State of Ga on the day of Sept 1865, and that they resided ~~together as husband and wife from date of marriage to the day of his death~~ Incarceration on the day of 190, and I now know that she is his dependant ~~widow~~ wife.

Sworn to and subscribed before me this 23 day of Jan 1906

J B Maxwell Ordinary
Decatur County. } G W Dollar

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

APPLICATION FOR PENSIONS DUE DECEASED SOLDIER.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Decatur County.

Personally before me come Mrs. Lucy Woolen, of said county, after being duly sworn, on oath says that she is the ~~widow of~~ Wife of J B Woolen who was duly enrolled as a Invalid Pensioner from the county of Decatur and was paid a Pension of Five Dollars from Decatur county for 1904, and that the said J B Woolen was ~~sent died in~~ to State Farm at ~~county on the Milledgeville day of~~ in January 1905, and at the time ~~of his death~~ a Pension of Five Dollars was due him from Decatur county and unpaid for 1904. Applicant further swears that she married the said J B Woolen on the 15 day of Sept 1865, in Decatur county and State of Georgia and resided with him from date of marriage to ~~his death~~ present as his lawful wife, and is now his dependant ~~widow~~ wife, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 13 day of May 1905

J B Maxwell Ordinary
Decatur County. } Lucy Woolen [L. S.]

AFFIDAVIT OF WITNESS.

GEORGIA, Decatur County.

Personally before me come W C Harrell, who on oath says that he knew Jno B Woolen while in life and that he knows Mrs. Lucy Woolen, the above applicant; that he knows that the said Jno B Woolen and Lucy Harrell were in due form of law married in the county of Decatur in the State of Ga on the day of 1865, and that they resided together as husband and wife from date of marriage to ~~the day of his death on the~~ present day of 190, and I now know that she is his dependant ~~widow~~ wife.

Sworn to and subscribed before me this 13 day of May 1905

J B Maxwell Ordinary
Decatur County. } W C Harrell

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

7 B Maxwell ORDINARY } G W Dollar
Decatur County.

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

5 B Maxwell ORDINARY } W. C. Harrell
Decatur County.

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

Audited May 27 1889.
Wm A Wright
COMPTROLLER-GENERAL.

Decatur

Maimed Soldiers.

Voucher No. 2316
Amount, $ 5
Paid to J B Wooten
For Loss of One finger
May 25 1889.

TREASURER'S OFFICE PAID STATE OF GEORGIA

Included in Warrant No.
issued to Treasurer.

E. Bainbridge 1889.

WARRANT CLERK.

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

W A W

Audited April 17 1890

COMPTROLLER-GENERAL.

E. C. Decatur
Bainbridge

Maimed Soldiers.

Voucher No. 2748
Amount $ 5.00
Paid to J. B. Wooten
For Loss of one finger
April 16 1890.

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

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

W A Wright

No. 2316

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. May 25, 1889.

Mr J. B. Wooten of the County
of Decatur having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
Dec. 24, 1888, and the same having been allowed for
Loss of one finger
He is entitled to receive the sum of Five 00/ 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.

J. B. Gordon
GOVERNOR.

By the Governor
H. N. Hamsun
CLERK EXECUTIVE DEPARTMENT.

$5

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Five 00/ Dollars,
per above voucher, this 25 of March 1889.
J. B. Wooten
Wormsley

No. 2748

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga., April 16, 1890

Mr. J. S. Wooten of the County
of Decatur having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
approved, Dec. 24, 1888, and the same having been examined and allowed for
Loss of one finger
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, 1890
The Treasurer will pay the same and hold his receipt on this voucher, and return same
to Executive Department for warrant.

TREASURER PAID STATE OF GEORGIA

J. B. Gordon
GOVERNOR.

By the Governor,
H. N. Harrison
CLERK EXECUTIVE DEPARTMENT.

$5 00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Five 00/ Dollars,
per above voucher, this 16 of April 1890
J. B. Wooten

The State

-vs-

J B Wooten

Indictment for Perjury

IN DECATUR SUPERIOR COURT MAY TERM 1901.

Verdict *GUILTY.*

Whereupon, It is considered ordered and adjudged by the Court, That you J B Wooten *be taken by the Sheriff to the common Jail of Decatur County, and there be kept, until you shall be demanded by a sufficient Guard to be sent from the Penitentiary of the State of Georgia, by which Guard you shall be safely conveyed to the Penitentiary of said State, or to such other place in said State as the Board of Prison Commissioners of said State may direct, where you shall be imprisoned and confined at hard labor for and during the period of* Six years *to be estimated from the day you are received into said Penitentiary, and that at the expiration of said term that you be discharged, and the Clerk of this Court is ordered to notify the Prison Commissioners of said State immediately of your conviction and sentence, and to transmit to said Prison Commissioners a complete copy of the record of your trial, conviction and sentence, and to enter this sentence upon the minutes of this Court. Done in open Court this* 24 *day of May 1901*

W A Spence

Judge S. C. A. C.

Georgia Decatur County,
I hereby Certify that the above is a true and Correct copy from the Minutes of Decatur Superior Court. Witness my signature and seal of office this 20th day of May 1905

[illegible] Wimberley Clerk

Audited AUDITED MAR 24 1891. *1891.*

Wm A Wright
COMPTROLLER GENERAL.

Wooten, J. B.

1891.

Maimed Soldiers.

Voucher No. 2820

Amount $ 5

Paid to J B Wooten

For Loss of one finger

Mch 23 *1891.*

Included in warrant No.

issued to Treasurer,

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W A Wright

1891.

No. 2879

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. March 23 1891.

Mr. J B Wooten of the County of Decatur having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for Loss of one finger

He is entitled to receive the sum of Five 00/ 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. Northen,
GOVERNOR.

By the Governor,

W. H. Hanson
SEC'Y EXECUTIVE DEPARTMENT.

$ 5 00

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

Five 00/100 Dollars,

per above voucher, this 23 of March 1891.

J B Wooten

WATT

Georgia Decatur County
I T B Maxwell Ordinary
of said County hereby Certify
That the within

MARRIAGE LICENSE

OF

John Wooten

AND

Lucy Harrell

Issued Sept 9th 1865
Executed Sept 15th 1865

and Recorded on Page 467 Book

of Marriage Licenses.

on file in this Office
Ordinary.
Given under my hand
& Seal of Office
this May 13th 1905

T B Maxwell
Ordinary.

FOOTE & DAVIES CO., PRINTERS AND BINDERS, ATLANTA, GA.

AND

Lucy Harrell

Issued Sept 9th 1865
Executed Sept 15th 1865

and Recorded on Page 467 Book

of Marriage Licenses.

on file in this Office
Ordinary.
Given under my hand
& Seal of Office
this May 13th 1905

J. S. Maxwell
Ordinary.

FOOTE & DAVIES CO., PRINTERS AND BINDERS, ATLANTA, GA.



MARRIAGE,

STATE OF GEORGIA. COUNTY OF

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

You are hereby authorized to join John Wooten and Lucy Harrell 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 6th day of Sept 1865 ~~1865~~ At Mt Beach (L.S.)

Ordinary.

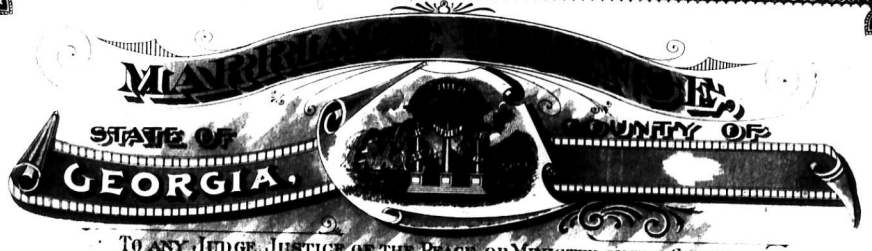
CERTIFICATE.

I Certify that John Wooten and Lucy Harrell were joined in Matrimony by me this 16th day of Sept ~~and~~ 1865

Recorded 1870 John H. Pullen J.P.

Ordinary.

FOOTE & DAVIES CO. ATLANTA



MARRIAGE LICENSE

STATE OF GEORGIA. COUNTY OF

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

You are hereby authorized to join John Woolen and Lucy Harrell 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 thereon of the same and date of the Marriage.~~

Given under my hand and seal this 6th day of Sept 1865 ~~1865~~ At Mt Beach (L.S.)

Ordinary.

CERTIFICATE.

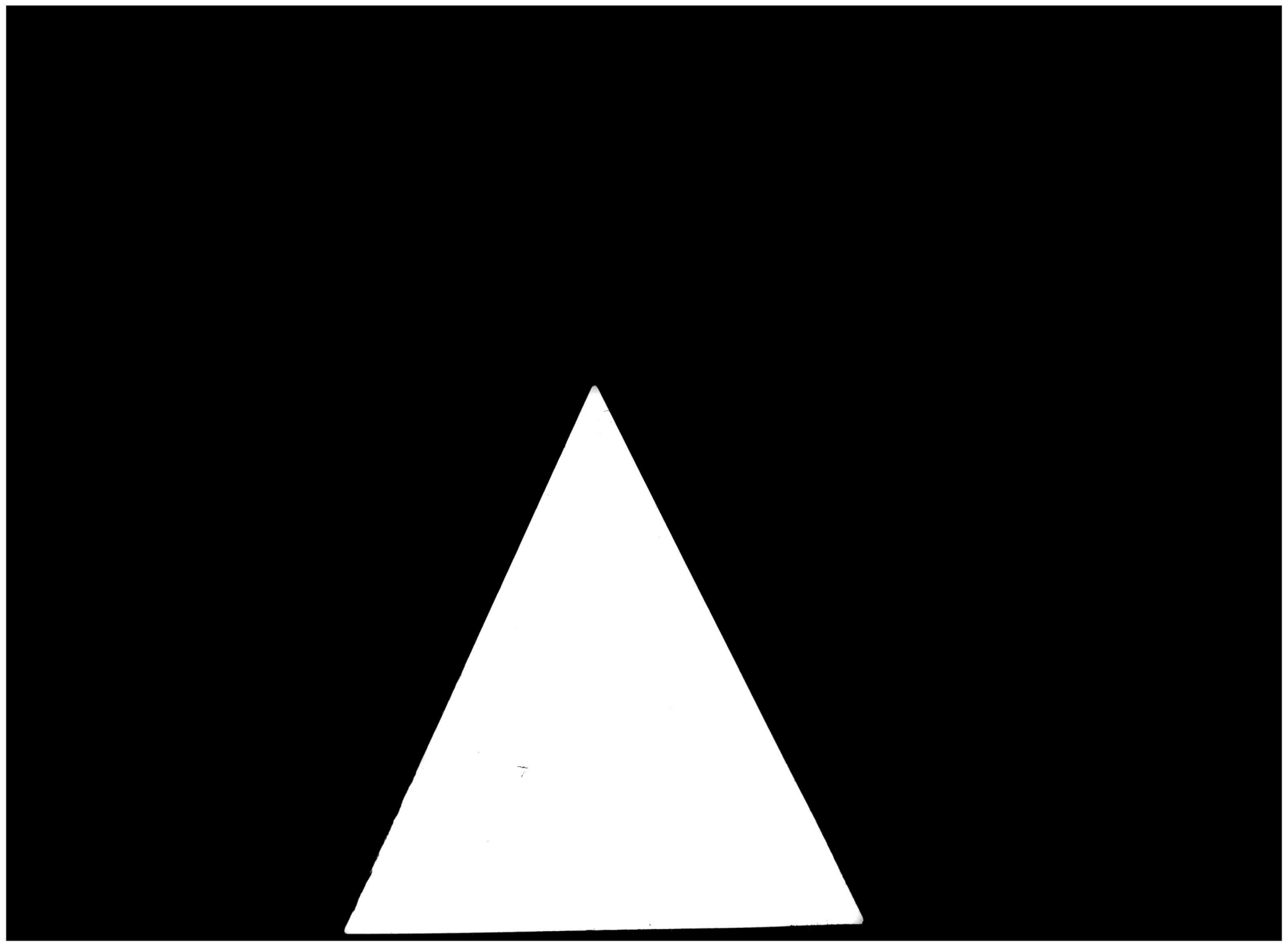
I Certify that John Woolen and Lucy Harrell were joined in Matrimony by me this 16th day of Sept ~~and~~ 1865

Recorded 190

John H Pullen J.P.

Ordinary.

FOOTE & DAVIES CO. ATLANTA



Ordinary's Certificate

STATE OF GEORGIA,

Decatur COUNTY

I, T B Maxwell Ordinary of said County, do certify that I know Mrs Martha S Worn 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 J W Wi[illegible] Mrs of Thomas Co 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 29 day of July 1920

(SEAL) T B Maxwell Ordinary,

Decatur 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.

Worn Martha S (Mrs) Decatur County No. 1 Apr 1921

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Decatur

Name Mrs Martha S Worn

Widow of S C Worn

Company H 2 Ga Cavalry

Regiment [illegible]

Approved

Order Filed

E.R.O.

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10/28/1920

Ordinary's Certificate

STATE OF GEORGIA,
Decatur COUNTY.

I, T B Maxwell Ordinary of said County, do certify that I know Ms Martha S Worn 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 J. W. Wilson Now of Thomas Co 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 29 day of July 1920

(SEAL) T B Maxwell Ordinary,
Decatur 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.

Worn Martha S (Mrs) Decatur County No. 1 Apr 1921

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Decatur
Name Mrs Martha S Worn
Widow of S C Worn
Company K 2 Ga County
Regiment 31 Ga Cty
Approved
Entered
E.R.O.

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10/28/1920

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,
Thomas COUNTY.

Personally before me comes John W. Wilson 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? John W. Wilson Thomasville Ga
2. How long and since when have you known Martha Salome Worn applicant? Ever since she was a young lady
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? Jan 23 1870 to Worn How do you know? From general knowledge
5. How long and since when did you know Stokely Charles Worn her husband? 1862 - When we were in the War together
6. When and where did Stokely Charles Worn the husband of applicant, die? Feb - 1891 - Decatur County Ga
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death? —
Were they divorced? No
9. When, where and in what Company and Regiment did Stokely Charles Worn enlist? Army 1862 Bainbridge Ga - Company K - 2 Ga Cavalry
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? 1862 - 1865
12. When and where did his Command surrender, and was discharged? Greensboro N.C. April 26 1865
13. Were you personally present when it was surrendered? Yes If not, where were you —— and how came you there? ——
14. Was the husband of applicant personally present at surrender? To the best of my recollection He never present 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? Because we were present
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? ——
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? ——

Sworn to and subscribed before me this the 20th day of March 1920
W. W. Fowler Ordinary
of Thomas County.
(SEAL)

John W. Wilson
his
(mark)

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

Questions for Applicant

STATE OF GEORGIA,
Decatur COUNTY.

Personally before me comes Mrs Martha S Worn 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? Martha S Worn Climax Ga
2. How long and since when have you been a continuing resident of the State of Georgia? All my Life 69 Years
3. When, where and to whom were you married? In Decatur County Ga S A Wilson January 23 1870
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.) Pvt Co I 2nd Ga Infantry Army Armed Mounted Was discharged on Disability Retired Co K 2nd Ga Cavalry at Bainbridge Ga Enlisted in the year 1862
5. When and where did the commands of your husband surrender or discharge from the army? From information at Greensboro N C April 1865
6. Was your husband personally present at the time of the surrender or discharge of this command? Yes
7. If he was not present state clearly where he was? —
8. Where was his command when he left? Greensboro N.C.
a. For what cause did he leave his command? War Closed
b. By whose authority did he leave his command? Surrender
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 first husband die? Died at home in Decatur Co Ga Feb 1891
k. Were you residing together when he died? Yes
l If not, how long had you resided apart? ——
m. Are you now a widow? Yes
9. 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 1 day of April 1920
W. B. Maxwell Ordinary
of Decatur County.
(SEAL)

Mrs Martha S Worn
her
mark

of ..... County. }
(SEAL)

of ..... County. }
(SEAL)

Georgia Decatur County

I T B Maxwell Ordinary in and for said County do hereby Certify that the within is a true Copy of Marriage License and Certificate of the Marriage of S C Worse and Martha S Mack which appears of record in this Office in Marriage record Book B Page 60

Given under my hand and Seal of Office This July 29 1920

T B Maxwell
Ordinary
Decatur County Ga

MARRIAGE LICENSE

OF

AND

Issued _____ 19__

and Recorded on Page _____ Book

_____ of Marriage Licenses

_____ Ordinary

SUBMITTED BY LOUIS

Given under my hand and Seal of Office This July 27 1920

T J Maxwell
Ordinary

Decatur Co. Ga.

MARRIAGE LICENSE

OF

AND

Issued _____ 19__

and Recorded on Page _____ Book

_____ of Marriage Licenses.

Ordinary

57

MARRIAGE LICENSE

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

D C Worm — You are hereby authorized to join and Martha A Mock

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 22 day of January 1870

Joe Law (L.S.)
Ordinary.

LICENSE OBTAINED UNDER OATH BY

STATE OF GEORGIA — CERTIFICATE — DECATUR COUNTY

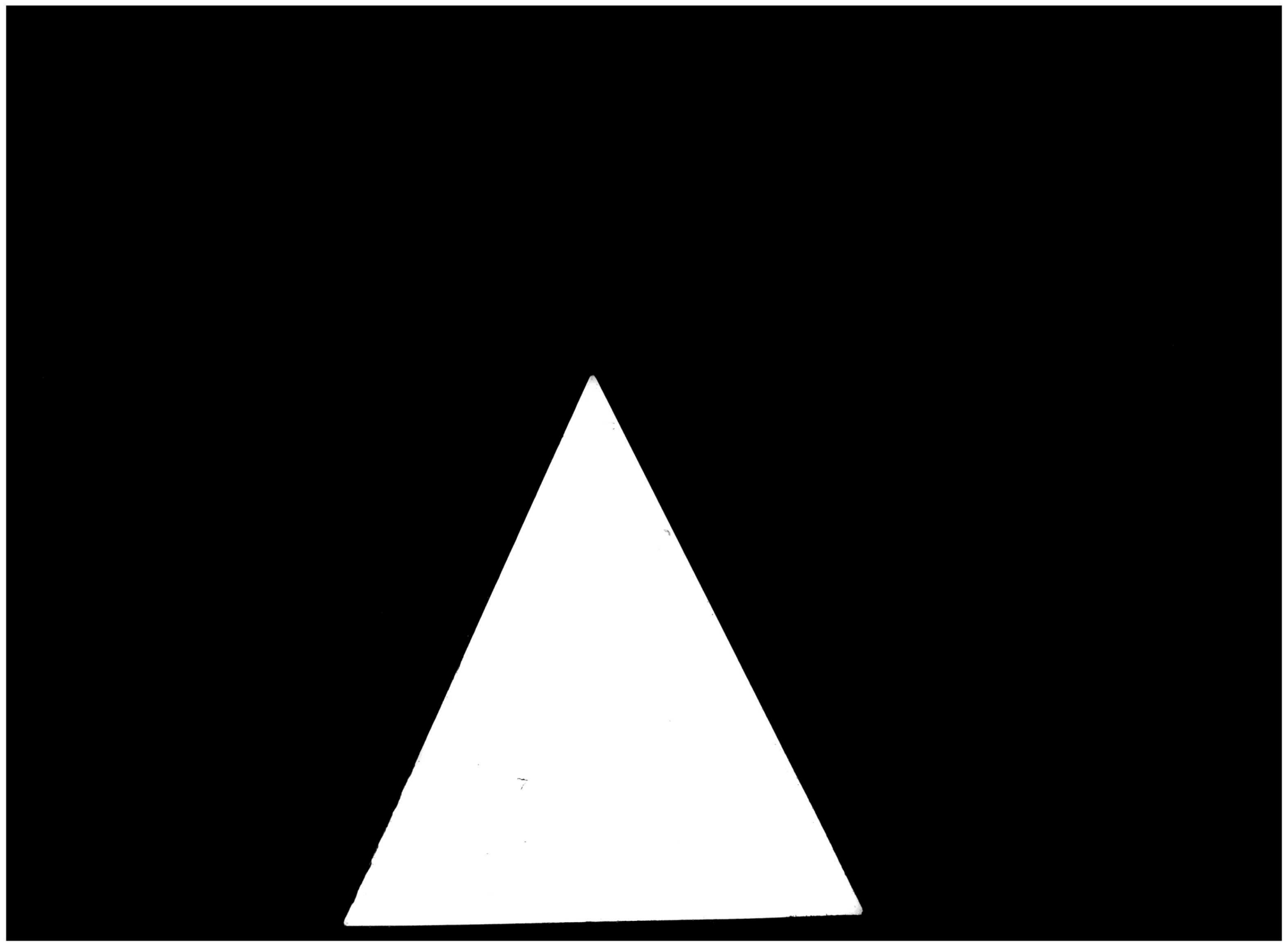
I Certify that D. C. Worm and Martha A Mock were joined in Matrimony by me this 23 day of January ~~Eighteen Hundred~~ and 1870

Recorded _____ 19__

J J Cooper (Sign here.) J.P.
Ordinary.

1444

PARTY PERFORMING CEREMONY RETURN TO ORDINARY TO BE RECORDED



Yarbrough, Dicy A.
Decatur Co
~~[illegible]~~

O.K. Jan 1911

Widow's Application

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

County Decatur

Name Mrs D A Yarbrough

Widow of F S Yarbrough

Who was on Pension Roll this State

Approved

J. W. LINDSEY
Commissioner of Pensions

Chas. P. Byrd, State Printer, Atlanta.

9/30/10

Yarbrough, Dicey A.
Decatur
O.K. Jan 15th

Widow's Application

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

County Decatur

Name Mrs D A Yarbrough

Widow of F S Yarbrough

Enlisted in Co. [illegible] 1st Ga. Inf.

Approved

J. W. LINDSEY
Commissioner of Pensions

Chas. P. Byrd, State Printer, Atlanta.

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,
Decatur County.

Personally before me comes Mrs D A Yarbrough of said County, who, after being duly sworn, on oath says, that she is the widow of F S Yarbrough to whom in the County of Decatur State of Ga she was married on the 6th day of Oct 1865 and that she remained his wife, and resided with him to the date of his death in 14th of Feb 1897 and that she has not since his death remarried. At the time of his death he was a resident of Decatur County, in said State of Georgia, and he was on the Invalid Pension Roll of the State and paid a pension of $60.00 in Decatur County for 1897 per annum, on account of being a soldier in Company Corporal Sergt Artillery (Volunteers of State Militia.)

At the death of F S Yarbrough he was in the use and possession of the following property He did not own any property of the cash value of $

What property of any kind and of any value have you in your use, control and possession now, and the cash value (State fully.) I don't own any property Whatever acres land of any kind I live on about an acre Horses and Mules My Children & this family Hogs, Cows, etc Decatur Co Ga $

Total Cash value of all property $

That she is now a bonafide resident citizen of said County of Decatur and she has so continuously resided since All my life of Since 1836

Sworn to and subscribed before me, this the 16 day of Sept 1910
D B Maxwell Ordinary.
of Decatur County.

D A Yarbrough

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

STATE OF GEORGIA,
Decatur County.

Personally before me come J E Thursby 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 D A Yarbrough who made the foregoing affidavit, is the lawful widow of F S Yarbrough who died in Decatur County in said State of Georgia on 14 day of Feb 1897 and that she has not since remarried. That she became the wife of F S Yarbrough on the 6 day of Oct 1865 and that she and he had resided together as man and wife continuously since 6 day of Oct 1865 was at the marriage and that the F S Yarbrough was the same man who was on the pension roll of said State Ga from Decatur County when he died.

Sworn to and subscribed before me, this the 17 day of Sept 1910
D B Maxwell Ordinary.
of Decatur County.

his
J E Thursby
mark

Georgia Decatur County
I J B Maxwell ordinary of said County do here by certify that the within is a true Copy of Marriage License & Certificate of the Marriage of Francis S Yarbrough to Dicey A Sweet which appears of record in my office in Marriage Record Book A Page 482. Given under my hand and seal of office This 28th day of Sept 1910

J B Maxwell
Ordinary
Decatur Co Ga

MARRIAGE LICENSE
OF
AND
Issued 19
and Recorded on Page Book
of Marriage Licenses.
Ordinary.

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Decatur County.

Personally before me comes J D Talbert who after being sworn on oath says, that they are freeholders of said County, and that they know Mrs D A Yarbrough of said County and knew her said husband F S Yarbrough at his death on the day of 1897 that she and he were in the use, possession and control of the following property at his death to wit: He left her 62½ acres Land when he died 1897 Very poor or at least there was in her possession at that time 62½ acres of the value of $250.00 That she is now in the use, possession and control of the following property to wit: To my Knowledge she has not owned any property of any kind within past Ten years of the value of $

Sworn to and subscribed before me, this the 26 day of Sept 1910 J D Talbert

J B Maxwell Ordinary.
of Decatur County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I, J B Maxwell Ordinary of said County, do certify, that, I know Mrs. D A Yarbrough 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 Nov 8 1908.

That I also know J E Thursday witness as to marriage and I also know J D Talbert 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 Decatur County shows that she returned No property to the amount of for 1908 $ — for 1909 $ — for 1910 $

Sworn under my hand and official seal of office this 26 day of Sept 1910

(SEAL.) J B Maxwell Ordinary.
Decatur 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.

A Page 482. Given under my hand and seal of office this 28th day of Sept 1910

T B Maxwell
Ordinary
Decatur Co Ga

MARRIAGE LICENSE

OF

AND

Issued 19

and Recorded on Page Book

of Marriage Licenses

Ordinary.

of the value of $

Sworn to and subscribed before me, this the 26 day of Sept 1910

J D Talbert

T B Maxwell Ordinary.

of Decatur County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I, T B Maxwell Ordinary of said County, do certify, that, I know Mrs. D A Yarbrough 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 Nov 8 1908

That I also know J E Thursday witness as to marriage and I also know J D Talbert 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.

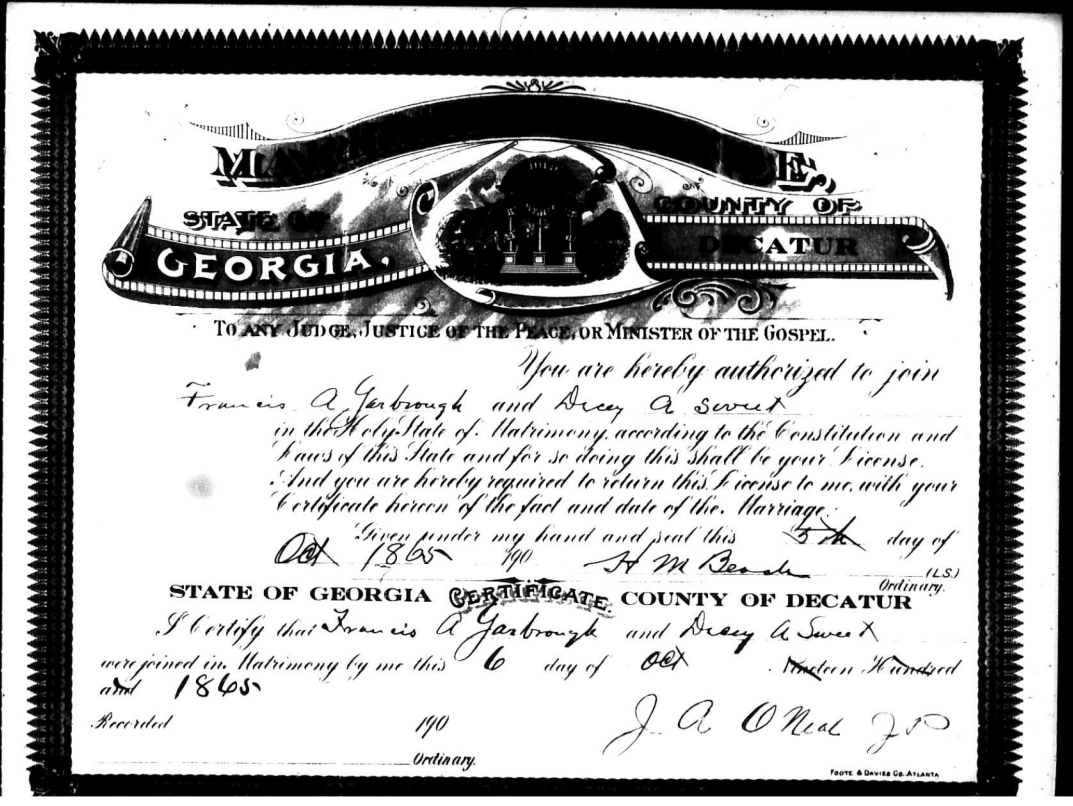
That the tax Books of Decatur County shows that she returned no property to the amount of for 1908 $— for 1909 $— for 1910 $

Sworn under my hand and official seal of office this 26 day of Sept 1910

(SEAL.) T B Maxwell Ordinary.

Decatur 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.



M E

STATE OF GEORGIA. COUNTY OF DECATUR

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

You are hereby authorized to join Francis A Garbrough and Drucy A Sweet 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 5th day of Oct 1865 190 H M Beard (L.S.) Ordinary.

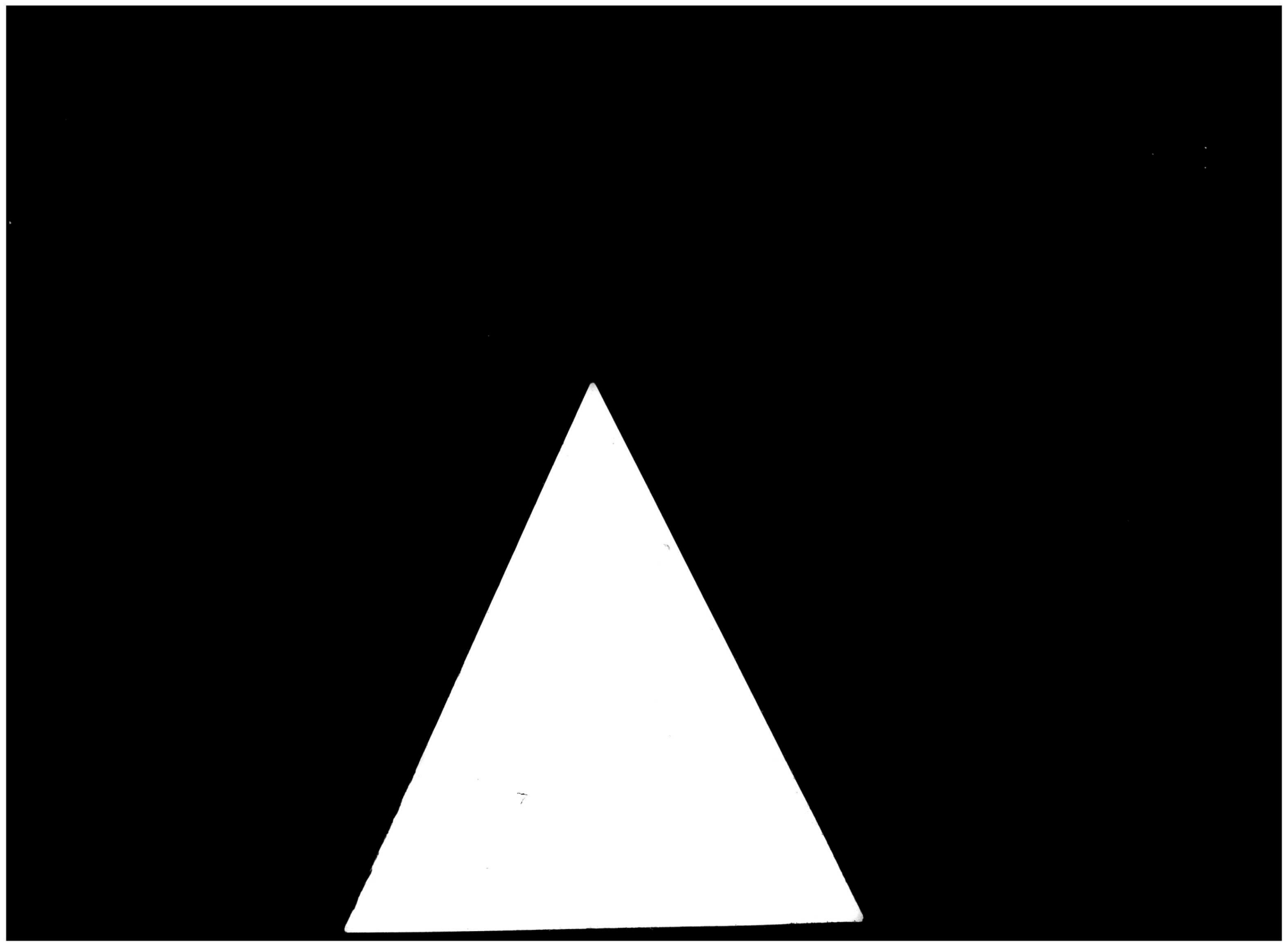
STATE OF GEORGIA CERTIFICATE COUNTY OF DECATUR

I Certify that Francis A Garbrough and Drucy A Sweet were joined in Matrimony by me this 6 day of Oct Eighteen Hundred and 1865

Recorded 190 J. A. O'Neal J.P.

Ordinary

FOOTE & DAVIES CO. ATLANTA



Yarborough, F. S.
No. 488
Decatur Co.

INDIGENT PENSION

1895.

Name F S Yarborough

County Decatur

Ground age infirmity & poverty

Aug 1st 1846 1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Atty

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, F S Yarborough of Marlow hereby authorize W A Wright to receive and receipt for the pension allowed and request that he remit same to

at Bainbridge by Clerk

Witness my hand and seal this 21st day of May 1895.

Executed in presence of

F S Yarborough
Edmundson

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, F S Yarborough hereby authorize W A Wright of Atlanta

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

at Bainbridge by Check

Witness my hand and seal this 21st day of May 1895.

Executed in presence of

F S Yarborough
C M Cunningham

Yarborough F S
No. 48
Decatur Co

INDIGENT PENSION

1895.

Name F S Yarborough

County Decatur

Ground Ga infirmity
Jany 1st 1896 1895.

RICHARD JOHNSON.
Secretary Executive Department.

E P C
1941

WARRANT HANDED TO
Atty

Geo. W Harrison, State Printer, Atlanta.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Decatur County.

F S Yarborough 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) F S Yarborough in Decatur County, Ga. P.O. fair Childs Ga
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? in Decatur County. 55. years
3. When and where were you born? in Decatur County Ga
4. Did you volunteer in the Confederate Army or in the Georgia Militia? I Did
5. When and where did you enlist? in Bainbridge 1863
6. ~~In what~~ company and regiment did you enlist? Campbells Camels Seige Artilery
7. How long did you remain in that company and regiment? from 1863 until the War Ended
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer? Discharged By Ending of War
9. For how long a period did you discharge regular military duty? from 1863 until War Ended
10. When, where and under what circumstances were you discharged from service? By the Ending of the War
11. What is your present occupation? None for I am helpless
12. How much can you earn per annum by your own exertions or labor? Nothing
13. What has been your occupation since 1865? farming until Disabled
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? 2.00 Dolars. Contribute Nothing
15. What is your present physical condition and how long have you been in such condition? Perfectly helpsly and have Been for four years.
16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmity and poverty" or ~~third "blindness and poverty"~~?
17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? I have Perfectly helpless 4 years
18. What property, effects or income do you possess? Non my Wife has a Little Property
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? No Property
20. In what County did you reside during those years and what property did you then return for taxation? in Decatur County No Property Returned
21. How were you supported during the years 1893 and 1894? By my Wife's Small income from her Labor
22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? $2.00 Dolars medical treatment Support
23. What was your employment during 1893 and 1894? What pay did you receive in each year? No employment Recived No Pay
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? I am mared I have 5. Children 4. girls and one Boy. All of age and support them helps

25. Are you receiving a pension under any law of this State; if so what amount and for what disability?

Reclined No Pension

Sworn to and subscribed before me this the 15 day of May, 1895.

F. S. Yarbrough
Applicant.

F. J. Coleman J.C. Ordinary
of the 635 938 Decatur County. Ga

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Decatur County.

W. C. Subers & R. J. Brown, of said State and County, having been presented as a witness in support of the application of F. S. Yarbrough 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?
W. C. Subers Decatur Co
R. J. Brown (both) Decatur Co

2. Are you acquainted with F. S. Yarbrough, the applicant, if so how long have you known him?
Yes Yarbrough 40 years

3. Where does he reside, and how long has he been a resident of this State?
Decatur Co — ever since Ga has been a state

4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this?
Yes in Confederate Army — Lived with him

5. When, where and in what company and regiment did he enlist?
1863 — Bainbridge — Campbells Siege Artillery

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?
Until close of war

8. What property, effects or income has the applicant? (Give your means of knowledge.)
He has nothing

9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same?
Horses, Cattle, Hogs & Land
Has a piece of land & Horse & Cattle

10. What is the applicant's occupation and physical condition?
Has no occupation — Helpless

11. Is the applicant unable to support himself by labor of any sort, if so, why?
Yes — entirely helpless

12. How was he supported during the years 1893 and 1894?
by Neighbors as he Has Could Make

13. What portion of his support for these two years was derived from his own labor or income?
Nothing

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 entirely helpless

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

Sworn to and subscribed before me, this the 13th day of May 1895.

W. C. Subers
R. J. Brown
Applicant.

F. J. Coleman J.C.
Ordinary

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Decatur County.

Personally came before me J. A. B. Sikes and J. D. Chason, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully F. S. Yarbrough, applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:

He is entirely helpless. And has been for 2 years from Rheumatism Gout and Condition such at present that permanent Organic Changes have taken place in several joints and his heart.

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 14th day of May 1895.

J. D. Chason, M.D.
J. A. B. Sikes M.D.

Jas F Stone J.P.
Decatur Co Ga

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I, F. J. Coleman, Ordinary in and for said County, hereby certify that the applicant F. S. Yarbrough 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: W. C. Subers, R. J. Brown & Bro & Rhes & Chason are of trustworthy character and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same were signed.

I further certify that the tax digests of ____ County show that applicant returned for taxation in his name in 1893, ____ dollars of property, and in 1894, ____ dollars of property.

Witness my hand and seal of office, this 24 day of May 1895.

F. J. Coleman
Ordinary
of Decatur 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,
Decatur County.

I, F. S. Yarbrough hereby authorize W. A. Wright
of Atlanta Ga
to receive and receipt for the pension paid hereon and request that he remit same to
L. P. Hammerlyn by Check
at Bainbridge Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25
day of January 1897.

F. S. Yarbrough [L. S.]

Executed in presence of
[illegible]
L. P. Hammerlyn

Decatur Co
Yarbrough F. S.

ACT OF 15 DEC., 1894.
(For Those Already Enrolled.)

No. 1806

INDIGENT
Soldier's Pension.
1897.

Name F. S. Yarbrough
County Decatur

2/16 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Wm Lyr

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur **County.**

Personally appears F. S. Yarbrough of Decatur 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 continously ever since the 1st day of January 1840; that he is 57 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served for the term of three years in Company Campbells Lage Artillery, of th Regiment of at St Marks Fla; that his physical condition is as follows: He is helpless with Rheumatism and at times with Rheumatic Gout

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 1897. I have heretofore as a resident of Decatur county been allowed a pension for the year 1896.

Sworn to and subscribed before me, this, the 28 day of Jan 1897. F. S. Yarbrough

Reuben J. Brown **Ordinary.** J. P.

STATE OF GEORGIA,
Decatur **County.**

I, C. J. Mummerlyn Jr Clk Ordinary of said County, do certify that I am well acquainted with F. S. Yarbrough 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 28 day of Jany 1897.

Affix your seal here.

C. J. Mummerlyn Jr Clk
Ordinary Decatur County.

NOTE—The blanks spaces must be filled.

NOTE—The blanks spaces must be filled.

County.

OFFICE OF

J. D. CHASON,

Physician & Surgeon.

Diseases Peculiar to Women a Specialty.

Iron City, Ga. Jan 25 1897.

Georgia
Decatur County } To the Ordinary of the aforesaid County and State. this is to Certify that Mr F. S. Yarbrough who is already enrolled as an indigent pensioner of the State of Georgia is now Physically unable to go before the Ordinary of said County to sign his application for pension for the present year and further is totally incapacited Physically or Financially to make a lively hood for himself. sworn to and subscribed before me this 25th day of Jan 1897

Geo T. Lane N.P. } J D Chason. M.D.

Bainbridge July 24th 97

Dear Richard Johnson
Dr Sr

Yours of 22d Ord — I hereby return the Check of Mrs Marshall, also that to F. S. Yarborough.

It is a pity there would not have been paid — both parties died only a very few days before the Checks were issued — Every two months [illegible] year having expired [illegible] parties gave directions to have their Pension money used in paying burial expenses. I do not say this to reopen the matter I am satisfied with the legality of your decision in the matter —

Yrs truly
C. T. Munnerlyn
Ordinary

Decatur

As the Parties are being interested in their Checks may inquire again of them — please authorize receipt of them.

OFFICE OF

Court of Ordinary Echols County, Ga.,

Jasper Roberts, Ordinary.

Statenville, Ga., April 1895

To the Secretary Ex Department.
Atlanta Ga.

Dr Sir

The late act for pensions provides that applicants for same must be examined by two physicians in the County of Applicant. And we have but one reputable physician in this County, therefore we wait your instruction relative to the matter before we proceed further.

Truly
J. Roberts Ordinary
Echols Colsa.

Dec[redacted] Co
F. S. Yarbrough

Check handed
W. A. Wright
atty to be re-
funded
10/8.97

NAME Yarborough, T.S. or F.S. YEAR 1896 COUNTY Decatur

WHEN AND WHERE BORN? Decatur County, Ga.

ENLISTED WHEN AND WHERE? Bainbridge, Ga. 1863.

RANK.

COMPANY AND REGIMENT? Campbell's Field Artillery.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

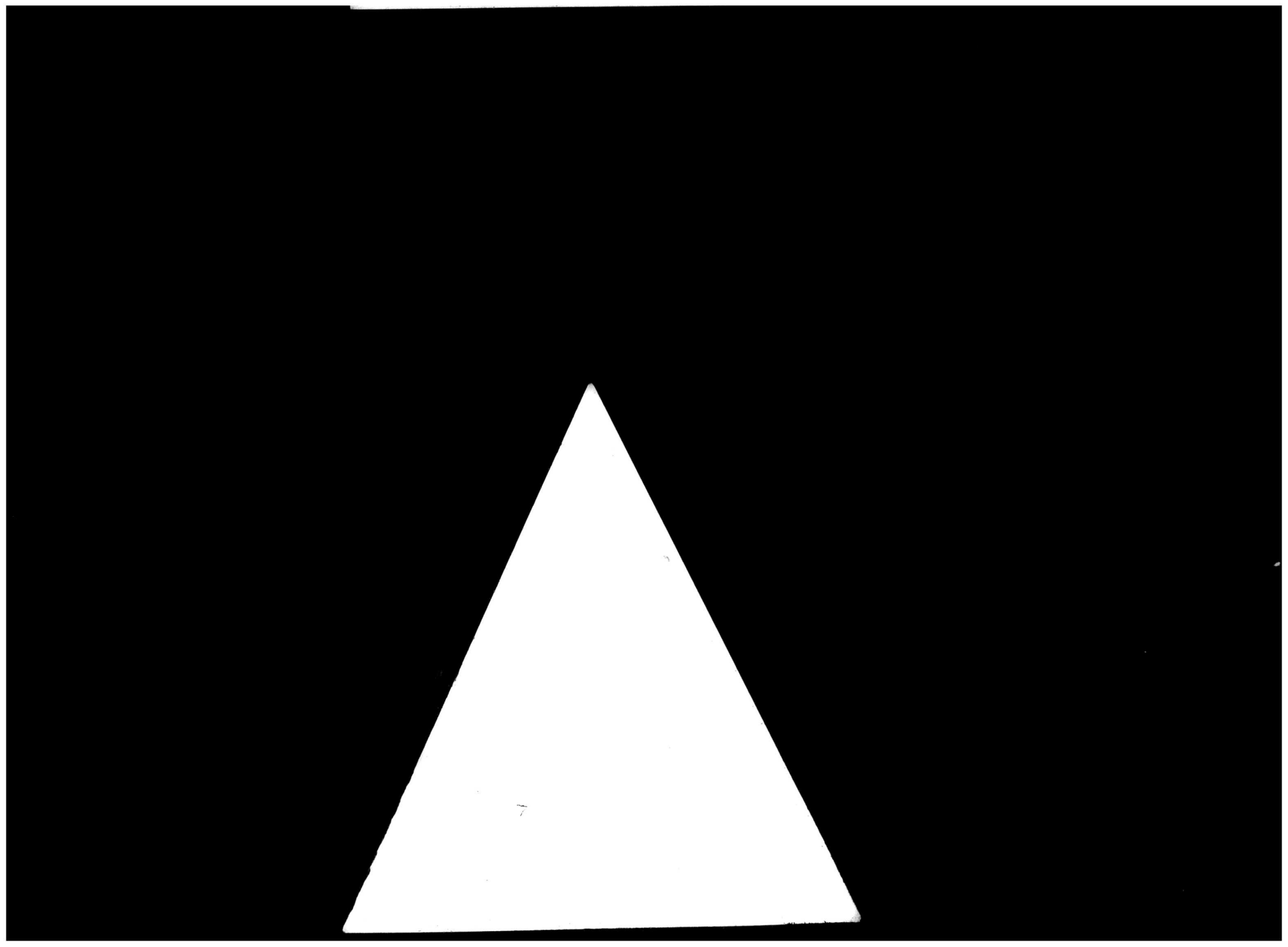
WHEN AND WHERE SURRENDERED? 1865.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J.C. Lubers, No data.
R.J. Brown.



Gawn, John Decatur Co.

9/26-1905

No.

INDIGENT PENSION.

1905

Name John Gawn

County Decatur

Co. I 31st 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.

9/18/05.

Pension office
9/26-1905
Is the owner of
Property of a valuable
value not Indigent
not intitled to Pension
J. O. Lindsey
Com. of Pens.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY }

I, John Gawn hereby authorize
Wm. Wright of Atlanta
to receive and receipt for the pension allowed and request that he remit same to
Ordinary at Bainbridge by Check

Witness my hand and seal, this 15 day of May 1905

John Gawn [L. S.]

Executed in presence of
J. B. Maxwell
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, John Yarn hereby authorize
18th Wright of Atlanta
to receive and receipt for the pension allowed and request that he remit same to
Ordinary at Bainbridge by Check
Witness my hand and seal, this 15 day of May 1905
John Yarn [L. S.]

Executed in presence of
T. B. Mayson
Ordinary

INDIGENT PENSION. 1905

No.
Name John Yarn
County DeKalb
Co. I 31st 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.

9/18/05

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
DeKalb COUNTY.

John Yarn 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). John Yarn DeKalb Co Climax 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? Born in Ga 1839
4. When and where and in what company and regiment did you enlist or serve? I enlisted at Bainbridge 1862 in Co I 31st Ga
5. How long did you remain in such company and regiment? until captured in may 1864
6. When and where was your company and regiment surrendered and discharged? Most of my Recollection Appomattox C H Va
7. Were you present with your company and regiment when it was surrendered? Was not
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 Captured & kept at Fort Delaware from may 1864 I was Exchanged in March 1865. I received a 60 day furlough
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? 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"? 1st & 2nd
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? For the last 8 years have been failing fast I cannot do but very little work on account of Cancer on my nose
13. What property, real and personal, or income, do you possess, and its gross value? No Income Any Taxable Property of Land & Personal Given in by me $50.00
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? I owned Land in 94 to 1902 I disposed of it by dividing it among my Children except 30 acres which I still own I own some personal property
15. In what County did you reside during those years, and what property did you then return for taxation? DeKalb County I returned for Taxes Land & personal about $50.00
16. How were you supported during the years 1899, 1900, 1901 and 1902? Supported from the Income of the Lands
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? Nominal Cost Very Little Contributed
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? On the Farm no Specific Pay
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? I've Wife and 6 Children Support from the Farm They have a home which I provided for them Ages from 2 years to 16
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? —

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 15 day of May 1905
T B Mayson Ordinary,
of DeKalb County.

John Yarn
Applicant.

and was at home when his command

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Decatur COUNTY.

W D Taylor of said State and County, having been presented as a witness in support of the application of John Yawn 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? W D Taylor Decatur Co
2. Are you acquainted with John Yawn, the applicant; if so, how long have you known him? I have known him about 50 years
3. Where does he reside, and how long and since when has he been a resident of this State? Decatur County resident ever since I knew him
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted at Bainbridge in Co I 31st Ga Mch 1862
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? Until Captured in May 1865
7. When and where was his command surrendered? At Appomattox C H April 1865
8. Were you present when it surrendered? I was
9. Was applicant present? I do
10. If he was not present, where was he? I never saw him any more after he was Captured
When did he leave his command? For what cause?
By what authority he left? How do you know all of this?
Until the War closed I found him at home
11. What property, effects or income has the applicant? (Give your means of knowledge.)
He has some property dont know how much
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? He owned some property in 1896 Dont know as to disposition
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Dont recon of my own knowledge as to Conveying property
14. What is the applicant's occupation and physical condition? He is a farmer Physical Condition very feeble
15. Is the applicant unable to support himself by labor of any sort; if so, why? I dont think he is able to support himself on account of Suffering with Cancer on his nose & age
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? Supported from his farm
17. What portion of his support for these four years was derived from his own labor or income? Very little from his Apparent 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 unable to support himself and was a true Soldier
19. Who composes family? What property have they? Children's age and their earning capacity? Wife & 6 Children I dont know as to their property They are not able to support themselves Are young
20. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this the 14 day of May 1903
J B Maxwell Ordinary.

his
W D Taylor
mark
Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Decatur COUNTY.

Personally came before me E J Morgan M D and H H Cheatham M D, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mr John Yawn, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Very Feeble and infirm. is Suffering from Cancer on Nose.

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

Sworn to and subscribed before me, this the 15 day of May 1903
J B Maxwell Ordinary.

E J Morgan M D
H H Cheatham M D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur COUNTY.

I, J B Maxwell Ordinary, in and for said County, hereby certify that the applicant John Yawn resides in said County, and has been a bona fide resident of this State since the 1 day of June 1894 and that the witnesses, viz.: W D Taylor

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 Decatur County shows that applicant returned for taxation in his name in 1899 1208 Dollars of property, and in 1900 Nothing Dollars of property; in 1901 597 Dollars of property; in 1902 551 50 Dollars of property.

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

Witness my hand and seal of office, this 15 day of May 1903
J B Maxwell Ordinary,
of Decatur 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,
Decatur COUNTY.

I, John Gavin hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension allowed and request that he remit same to
Ordinary at Bainbridge by check

Witness my hand and seal, this 13 day of Aug 1908

John Gavin [L. S.]

Executed in presence of
T B Maybarle
Ordinary

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Decatur COUNTY.

John Gavin 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.)
John Gavin Decatur Co
2. How long and since when have you been a resident of this State?
All my Life
3. When and where were you born? In Decatur Co 1839 69 years ago
4. When and where and in what company and regiment did you enlist or serve? I enlisted in Co I 31st Ga March 1862
5. How long did you remain in such company and regiment? I was Captured in May 1864 & Sent to Ft Delaware Prison Exchanged in March 1865 and Was Paroled for 30 days Was Closed before Time was out
6. When and where was your company and regiment surrendered and discharged?
Surrendered at Appomattox C H Va
7. Were you present with your company and regiment when it was surrendered? Was not
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 at Home I Was exchanged Parolled & Paroled in March 1865
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? 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?" First Class under
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. From old age and general debility I have not been able to do sufficient work for support for the past 3 years Also have had Cancer on my face & cannot do much work
13. What property, real and personal, or income, do you possess, and its gross value? No Income No property of any kind
14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift, have you made of same? I owned some property in 1905 I had to let it go for support
15. In what County did you reside during those years, and what property did you then return for taxation?
Decatur Co Returned some property in 1905 I was
16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
Supported in 1905 from my own property Since then by help of other
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? Don't Know Cost I Contributed probably half to Support
18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year? On the Farm No Special pay
19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead or other property? Their ages and how employed? Yes Wife & 2 Minor Children Ages 6 & 10 Years No employment Wife has 29 acres land & little personal 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? Yes
22. How many applications have you ever made and under what class? Under Legislative Several Years ago

Sworn to and subscribed before me this the 13 day of Aug 1908
T B Maybarle Ordinary,
of Decatur County.

John Gavin
Applicant.

Every Question MUST Be Answered.

Complied to Act of 1907

Ordinary's Office, Decatur Co., Ga.
No. 1908
Filed ... day of ... 1908
Thos Carson Ord'y Clerk

INDIGENT PENSION.
1908

Name John Gavin
County Decatur
Co. I 31st Ga Regt.
Approved 190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write name of Applicant, Company and Regiment and mail to nearest Notary.

Geo. W. Harrison, State Printer, Atlanta.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Decatur COUNTY.

W D Taylor of said State and County, having been presented as a witness in support of the application of John Yawn 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? W D Taylor Climax Ga
2. Are you acquainted with John Yawn, the applicant; if so, how long have you known him? Nearly all my life over 50 years
3. Where does he reside, and how long and since when has he been a resident of this State? In Decatur Co A resident ever since I know him
4. When, where and in what company and regiment did he enlist, and how do you know? Hen enlisted in Co I 31st Ga March 1862
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? Regular until May 1864
7. When and where was his command surrendered? Surrendered at Appomattox April 1865
8. Were you present when it surrendered? I was
9. Was applicant present? No
10. If he was not present, where was he? He was at home when war closed
When did he leave his command? May 1864 For what cause? Captured
By what authority he left? Captured How do you know all of this? We were together at the time I out run the Yanks but applicant was captured & carried to Prison I learned that he was exchanged in March 1864 and forded was at home
11. What property, effects or income has the applicant? (Give your means of knowledge.) He has no property that I know of We live about 4 miles
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, He owned some property up to 1905 but sold out or disposed of it for sup and what disposition, if any, did he make of same? Fort
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? I dont know of any property since 1905
14. What is the applicant's occupation and physical condition? Farmer He is feeble from old age and suffers with cancer on his face
15. Is the applicant unable to support himself by labor of any sort; if so, why? I dont think he is able to support himself caused from general weakness & old age
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? He supported himself up to 1905 since then tied of others
17. What portion of his support for these four years was derived from his own labor or income? Dont know but would say very little. (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 has been a hard working man but on account of his feeble condition he is not much good need help
19. Who composes family? What property have they? Children's ages and their earning capacity? Wife and 2 minor children dont know their exact age but too young to work. Wife has a small place and with aid of her family who lives near them make out none
20. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the 13 day of Aug 1908

W D Taylor his mark Witness.

T B Maxwell Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Decatur COUNTY.

Personally came before me V Berry MD and E J Morgan MD, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully John Yawn, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows: Old and infirm physically unable to do sufficient manual labor to make a support for himself ~~and family~~

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

V Berry MD
E J Morgan MD

Sworn to and subscribed before me, this the 13 day of Aug 1908

T B Maxwell Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur COUNTY.

I, T B Maxwell Ordinary, in and for said County, hereby certify that the applicant John Yawn resides in said County, and has been a bona fide resident of this State since the 1 day of Jan 1894 and that the witnesses, viz.: W D Taylor 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 Decatur County shows that applicant returned for taxation in his name in 1901 697 Dollars of property, and in 1902 628 Dollars of property; in 1903 839 Dollars of property; in 1904 911 Dollars of property; in 1905 146 Dollars of property; in 1906 Nothing Dollars of property; in 1907 Nothing Dollars of property.

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

Witness my hand and seal of office, this 13 day of Aug 1908

T B Maxwell 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.

DISAPPROVED

NAME Yawn, John | YEAR 1905 | COUNTY Decatur

WHEN AND WHERE BORN? 1839, Georgia

ENLISTED WHEN AND WHERE? 1862, Bainbridge, Georgia

RANK.

COMPANY AND REGIMENT? Co. I, 31st Georgia

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? Does not state when or where captured. Was kept at Fort Delaware from May 1864.

RELEASED. Was exchanged in March 1865, from Fort Delaware prison

WHEN AND WHERE SURRENDERED? April 1865, Appomattox Court House, Va.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Was exchanged from prison at Fort Delaware, ~~Mxx~~ March 1865 and received a furlough ~~fxx~~ for sixty days and was at home.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES.

W. D. Taylor - same command - No data

ss

NAME **Yawn, John** | YEAR **1909** | COUNTY **Decatur**

WHEN AND WHERE BORN? **1839, Decatur County, Ga.**

ENLISTED WHEN AND WHERE? **March 1862, does not state where.**

RANK.

COMPANY AND REGIMENT? **Co. I, 30th Georgia.**

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? **May 1864, captured and sent to Fort Delaware, Delaware Prison.**

RELEASED. **Exchanged March 1865, had parole for 30 days war closed before time was out.**

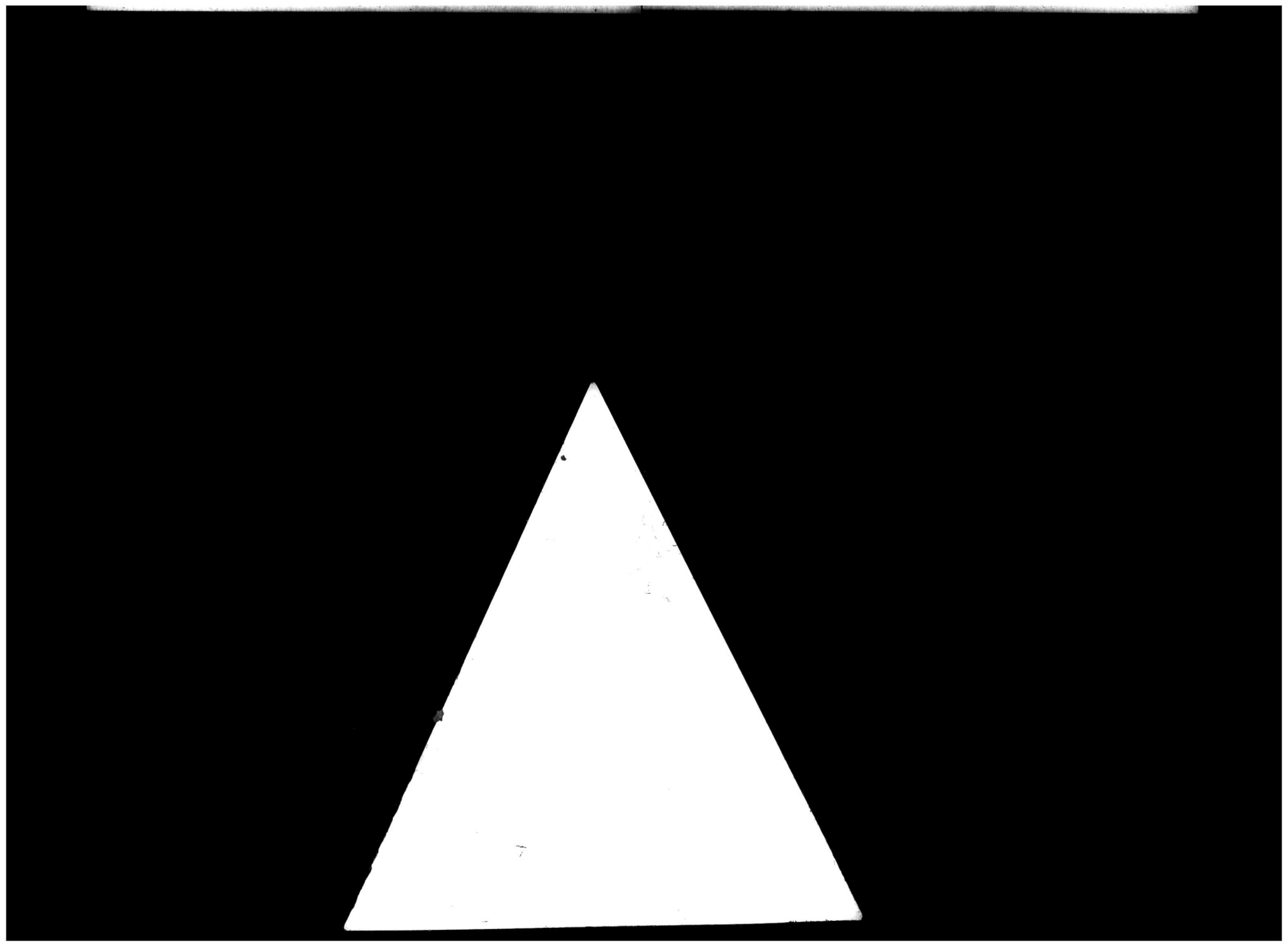
WHEN AND WHERE SURRENDERED? **April 1865. Command, Appomattox Court House, Va.**

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? **At home, exchanged prisoner and paroled in March, 1865.**

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. **W. D. Taylor - Same Command** **No data.**



Yours Mr. Maxwell
Q.O. 1926-E

WIDOW'S APPLICATION

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

County Decatur
Name Mrs Martha Ann Yown
Widow of Pat Yown
Company S 31 Ga.
Regiment
Date of Husband's Death Oct 27 1925
Date of Marriage Dec 28 1876
Approved John W Celsen 12/2/25

[redacted]
Commissioner of Pensions.

12-2-25-E.

Ordinary's Certificate

STATE OF GEORGIA,

Decatur COUNTY.

I, T B Maxwell Ordinary of said County, do certify that I know Mrs. Martha Ann Yown, the applicant for pension; that she is the person she represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1920; that I also know M Boyett, the witness as to marriage, and that both the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 2 day of Dec, 1925.

(SEAL OF ORDINARY) T B Maxwell Ordinary,

Decatur County

Instructions.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the County of residence.
4. Only widows who are married prior to first January, 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 Disabled Pensioners made no proof of service and were not required to do so.

Yawn, Martha Ann
Decatur Co.
D.O. 1926-E

WIDOW'S APPLICATION

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

County Decatur
Name Mrs Martha Ann Yawn
Widow of Pat Yawn
Company I 31 Ga.
Regiment
Date of Husband's Death Oct 27 1925
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Approved John W Leland 12/2/25

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Ordinary's Certificate

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Decatur COUNTY.

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Given under my hand and official seal of office this 2 day of Dec, 1925.

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

FILED
FEB 2[illegible]
VETE[illegible] OFFICE
A. L. HE[illegible] Director

4/ Yawn, Martha (Mrs.) 100

For DECATUR County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

Nell Maxwell, Ordinary

For: Mrs. Martha Yawn
(Name of Pensioner)

Date of Death: Febry 21, 1936.

Amount: $100.00

PAID TO ORDINARY ON THIS CLAIM:

DATE 1935	FUND FROM WHICH PAID	$
8-31	Exc	100.00
	Paid Sept 5-1936 Nell Maxwell Ordinary	
X	100 TOTAL.	

Approved, and ordered paid,

JUL 6 1936, 193

A. L. HENSON,
Director, Veterans Service Office.

APPLICATION FOR PENSION BY A WIDOW

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

STATE OF GEORGIA,

Decatur COUNTY.

Personally before me comes Martha Ann Yawn of said County, who, after having been duly sworn, says that she is the widow of Pat Yawn to whom, in the County of Decatur State of Ga she was married on the 28 day of Dec 1876 and that she remained his wife, and resided with him to the date of his death in Oct 29 1925 and that she has not since his death remarried; at the time of his death he was a resident of Decatur County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of $100 in Decatur County for 1925 (per annum), on account of being a soldier in Company I Regiment 31st Ga (Volunteers or State Militia).

That she is now a bona fide resident citizen of said State of Georgia and she has, continuously, resided there since all day of her life about 1910 50 years

Sworn to and subscribed before me, this the

2 day of Dec, 1925

D B Maxwell, Ordinary

of Decatur County.

Martha Ann Yawn (Applicant) mark

(SEAL OF THE ORDINARY.)

Affidavit of Witness to Prove Marriage and Date of Death of Husband.

STATE OF GEORGIA,

Decatur COUNTY.

Personally before me comes J M Boyett known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Martha Ann Yawn who made the foregoing affidavit, is the lawful widow of Pat Yawn who died in Decatur County in said State of Ga on the 29 day of Oct, 1925, and that she has not since remarried; that she became the wife of Pat Yawn on the 28 day of Dec, 1876; that she and he had resided together as husband and wife, continuously, since Their ~~day of~~ Marriage 1876, and that Pat Yawn was the same man who was on the pension roll of said State of Ga from County of Decatur when he died.

Sworn to and subscribed before me, this the

2 day of Dec, 1925

D B Maxwell, Ordinary

of Decatur County.

J M Boyett

(SEAL OF ORDINARY)

Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, DECATUR County:

Before me, the Ordinary of said County, comes Reid Player, of said County, who, after being duly sworn, on oath says that he knew Mrs. Martha Yawn late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO WIDOW AND NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of $100.00, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me, this the 22 day of Feby, 1926.

Dell Maxwell, Ordinary.

Reid Player

CERTIFICATE OF THE ORDINARY

GEORGIA, DECATUR County.

I certify that Reid Player who subscibed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew Mrs. Martha Yawn the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 22 day of Feby, 1926.

(Seal of Ordinary)

Dell Maxwell, Ordinary.

INSTRUCTIONS:

1st. Certified copy of Burial Certificate must accompany this application.

2nd. 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.

3rd. Each account must be sworn to before the Ordinary, and in the following form:

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

4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.

5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.

6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.

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

STATE OF GEORGIA

Court of Ordinary

T. B. MAXWELL
ORDINARY

Bainbridge, Ga. December 3d, 1925.

Hon. John W. Clark,
Commissioner of Pensions,
Atlanta, Ga.,

Dear Col. Clark:

Yours of recent date received, in regard to Mrs. Pat Yawn widow of Pat Yawn, deceased, stating to make a claim for her to be placed on the Pension Roll in her own name.

Complying with same, I herewith enclose Mrs. Martha Ann Yawn's application for Pension; also a certificate of her marriage to Pat Yawn, a Confederate Soldier heretofore named, which marriage shows that they were married December 28, 1878.

Place her on the roll, and notify me of the same, and I will place her on my roll book of Decatur County, for her Pension dues for 1926, with the other Pensioners.

Yours truly,

T. B. Maxwell
Ordinary.

~~100~~ ~~$30.00~~ Pension for ~~the Month of~~ ~~Funeral Claim~~ ~~193~~ No. 2

This 5 Day of September 1936

Received of NELL MAXWELL, ~~Ordinary~~, Decatur County

Thirty and No /100 DOLLARS

IN FULL SETTLEMENT OF THE ABOVE NAMED AMOUNT (~~claim~~) FOR THE ~~MONTH~~ OF Funeral Claim
of Deceased Pensioner
Mrs Martha Yawn

T. B. Maxwell
Witness

T. B. Maxwell
Witness

Rish Player
Undertaker
Business Signature

The Accompanying Check Will Not Be Paid Unless THIS RECEIPT Is Properly Signed, Witnessed and Remains Attached to Check

THE ART PRINTERS, BAINBRIDGE

COUNTY DIRECTORY
COUNTY COMMISSIONERS
JOHN E. DRAKE, CHAIRMAN
BAINBRIDGE, GA.
H. R. GARRETT, VICE CHAIRMAN
FACEVILLE, GA.
T. C. FUNDERBURKE,
BAINBRIDGE, GA.
W. B. MILLER,
ATTAPULGUS, GA.
J. J. HOWELL,
CLIMAX, GA.
W. H. MILLER, ATTORNEY
BAINBRIDGE, GA.
C. E. HURST, CLERK
BAINBRIDGE, GA.
C. C. HARRELL, WARDEN
BAINBRIDGE, GA.
SUPERIOR COURT
B. C. GARDNER, JUDGE
CAMILLA, GA
ROBT. B. SHORT, SOL.-GEN
NEWTON, GA.

Decatur County Georgia

REGULAR MEETINGS
OF
COUNTY COMMISSIONERS
FIRST TUESDAY EACH MONTH

Bainbridge, Ga.,

COUNTY DIRECTORY
BAINBRIDGE CITY COURT
P. D. RICH, JUDGE
M. E. O'NEAL, SOLICITOR
BAINBRIDGE, GA.
NELL MAXWELL, ORDINARY
BAINBRIDGE, GA.
W. J. CATLEDGE, SHERIFF
BAINBRIDGE, GA.
BEN KIRBO, CLERK
SUPERIOR AND CITY COURTS
BAINBRIDGE, GA.
P. H. BATTLE, TAX COMMISSIONER
BAINBRIDGE, GA.
H. P. TOWNSEND, CHAIRMAN
TAX ASSESSORS
BAINBRIDGE, GA.
LEE A. PARKER, TREASURER
BAINBRIDGE, GA.
ANDREW AVERY
COUNTY SCHOOL SUPT
BAINBRIDGE, GA
W. B. INGRAM, CORONER
BAINBRIDGE, GA
DR M. A. PORT, HEALTH COM.
BAINBRIDGE, GA.

Received of Nell Maxwell, Ordinary Decatur County, Georgia, balance due on funeral claim for the funeral services of Mrs. Martha Yawn, deceased Pensioner of Decatur County, who died on date of February 21, 1936, This pays the funeral claim in full for the amount.....$100.00

This the 5th day of September 1936.

Rish Player
Undertaker

Sworn to before me this
5th day of September 1936.

Nell Maxwell
Ordinary Decatur County

Witness

H L Maxwell
Witness

Deceased Pensioner
Miss Martha Yawn
Rich Player
Undertaker ~~Pensioner Sig. Here~~

The Accompanying Check Will Not Be Paid Unless THIS RECEIPT Is Properly Signed, Witnessed and Remains Attached to Check

THE ART PRINTERS: BAINBRIDGE

STATE OF GEORGIA

Marriage Certificate

DECATUR COUNTY

This Certifies that Pat Yawn

and Miss Martha Ann Herring

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By Green G. Walden, J. P.

On the 22th day of December in the year of our Lord 1876

as appears of record in my office in Marriage Record, book "B",

page 258. This 2d. day of December 1925.

T. B. Maxwell
Ordinary.

MARSHALL & BRUCE CO., NASHVILLE

Copy of original death Certificate filed with Decatur Co. Board of Health, Feb. 24. 1936.

M. A. Fort. M.D.
Commissioner of Health
Decatur County, Ga.

BAINBRIDGE, GA., Feb 22nd 1936

Mrs. Martha Yawn
Climax Ga.

IN ACCOUNT WITH

PLAYER FUNERAL HOME

AMBULANCE SERVICE
DAY OR NIGHT

TELEPHONE 144

LADY ATTENDANT

Feb	22	Casket $90.00 & Shroud $10.00.	100.	00

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

Sworn to and subscribed before me this the 22d day of Feby 1936.

Clint Player

Bell Maxwell
Ordinary Decatur County Ga.,

V.R.—2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. Was disease or injury caused by dangerous or insanitary conditions or occupation? ..... Where was disease contracted if not at place of death?

CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
Bureau of Vital Statistics

Registered No. _____

1. PLACE OF DEATH
County Decatur Militia District (Number and Name) 1361 State of Georgia
City or Town Climax Length of residence in this city or town: Yrs. ..... Mos. ..... Ds. ..... NON-RESIDENT (Yes or No) .....
Street and Number (No.) ..... (Street) ..... Ward .....
(If death occurred in a hospital, give its name instead of street and number)

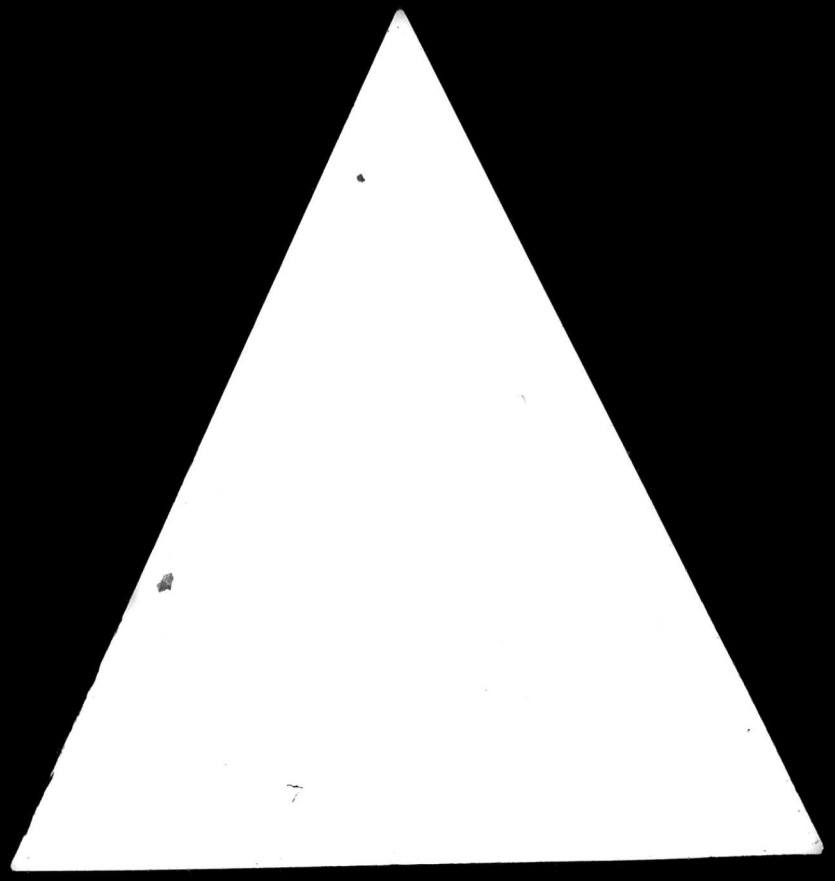
2. FULL NAME Mrs. Martha Yann
Residence (City or Town) Climax (Street and Number) R.F.D. (State) .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR or RACE White
5. Single, Married, Widowed, Divorced (write the word) Widowed
6. DATE OF BIRTH (month, day, year) Aug. 4 - 1860
7. AGE Years 83 Months 6 Days 17 If less than one day Hours ..... Minutes .....
8. OCCUPATION
(a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. .....
(c) Date deceased last worked at this occupation (month and year) .....
(d) Total years spent in this occupation .....
9. BIRTHPLACE (P. O. Address) Decatur Co. Ga.
FATHER
10. NAME Geo. Herring
11. BIRTHPLACE (P. O. Address) D.K.
MOTHER
12. MAIDEN NAME D.K.
13. BIRTHPLACE (P. O. Address) D.K.
14. INFORMANT (Signed) J. Z. Yann
(Address) Whitmanville, Ga.
19. BURIAL PLACE (Cemetery) Bisgah Cemetery
(Postoffice) Climax, Ga. 2-25-1936
20. UNDERTAKER (Signed) Reid Plager
(Address) Bainbridge, Ga.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2-21-1936 at 7:30 P.M. (Month, Day, Year) (Hour)
I HEREBY CERTIFY, That I attended the deceased from 2-5-1936 to 2-14-1936
I last saw er alive on 2-14-1936 death is said to have occurred on the date and hour stated above.
The principal cause of death and related causes of importance in the order of onset and duration of each:
Flu and Nephritis
Other contributory causes of importance:
What test confirmed diagnosis? Clinical
(Specify whether autopsy, operation, laboratory, or clinical)
If death was due to external causes (violence) fill in also the following:
Was injury an accident, suicide, or homicide? .....
Where did injury occur (Specify city or town, if outside of limits, the county, and also the state)
Did injury occur in a home, public place or industry? .....
Manner of injury .....
Nature of injury .....
(Signed) M. W. Dakes M.D.
(Address) Whigham, Ga.
15. FILED Feb. 24 1936
(Signed) E. S. Davis
(Local Registrar)



Record of Yarn, Mary O. R. E.
Decatur Co.
Ga.
1938

Widow's Application

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendments of 1930 and 1937.

County DECATUR

Name Mrs. Mary O. R. E. Yarn

Widow of John Yarn

Date of Marriage June 3, 1883

Date of Husband's Death Jan. 15, 1927

Company "I"

Regiment 31st. Georgia

Approved DEC 27 1937 193

Director.

AUG 9 1937

antiam, Sept. 5, 1937.
26th Regt. Cavalry.

o r d

John Yarn enlisted as a private
in Co. I, 31st Regt. Ga. Inf.
Feb. 20, 1865. Captured,
Pennsylvania, Va., May 15, 1864.
Paroled, Ft. Delaware, Del. Feb.
1865. Received, James River,
Va., for exchange, Mch. 10-15,
1865. Paroled, Tallahassee, Fla.
May 25, 1865.

Lillian Henderson

Ordinary's Certificate

STATE of GEORGIA,

DECATUR COUNTY.

I, Nell Harrell, Ordinary of said County, do certify that I know Mrs. Mary O. R.E. Yarn the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know her husband drew a Confederate Pension and that her marriage record the witness who swears to the service of husband and/or the marriage; that both of them are now residents is correc of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 26th day of July 193 7.

(SEAL OF ORDINARY) Nell Harrell, Ordinary.

of DECATUR County.

INSTRUCTIONS:

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 truly answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. Only widows who married prior to January 1st, 1920, are entitled.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation, certified by such Ordinary to be made before the Ordinary of the County in which the applicant or witness resides and must be
6. Fill out the back of the application carefully.
7. Don't use the baby form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

Atlanta, Sept.3, 1937.
403 State Capitol.

John Yawn enlisted as a private in Co. I, 31st Regt. Ga. Inf. Feb. 25, 1863. Captured, Spotsylvania, Va., May 12, 1864. Paroled, Ft. Delaware, Del. Feb. 1865. Received, James River, Va., for exchange, Mch. 10-12, 1865; Paroled, Tallahassee, Fla. May 25, 1865.

Lillian Henderson

Record OK
Mrs. Mary O.R.E. Yawn
Decatur Co. Pl.

Widow's Application

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.

County DECATUR
Name Mrs. Mary O. R. E. Yawn
Widow of John Yawn
Date of Marriage June 3, 1883
Date of Husband's Death Jan 18, 1927
Company "I"
Regiment 31st. Georgia
Approved DEC 27 1937 193
L. Yawn Lillian
Director.

AUG 9 1937

Ordinary's Certificate

STATE OF GEORGIA,

DECATUR COUNTY.

I, Nell Maxwell, Ordinary of said County, do certify that I know Mrs. Mary O. R.E. Yawn the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know her husband drew a Confederate Pension and that her marriage record is correc the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 28th day of July 1937.

(SEAL OF ORDINARY) Nell Maxwell, Ordinary.

of DECATUR County.

INSTRUCTIONS:

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 whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

DECATUR COUNTY.

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

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County) Mary O.R.E. Yawn Climax, Ga.,
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? all my life
Give date, or year, of your birth. May 20, 1867 Age? 70
3. (1)When, (2)where and (3)to whom were you married? June 3, 1883 Decatur County, to John Yawn
   a. Have you married since the death of first and soldier husband? no
   b. When and where did your first husband die? January 18, 1927, at Climax, Ga.
   c. Were you residing together when he died? yes
   d. If not, how long had you resided apart?
   e. Are you now a widow? yes
   f. Have you or your husband heretofore been paid a pension by the State? husband drew a pension until his death.
   g. If so, when and for what cause were you or your husband placed on the roll? disabled and a small farm for income

SECTION II.

Answer the following questions if your husband was not a pensioner:

1. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
2. When and where did the Commands of your husband surrender or discharge from the Service?
3. Was your husband personally present with his Command when it was surrendered or discharged?
4. If he was not present, state specifically and clearly where he was?
5. When did he leave the Command?
   a. For what cause did he leave?
   b. By whose authority did he leave?
   c. For how long was his leave of absence granted? d. In what way?
   e. What was his physical condition when he left his Command?
   f. What effort did he make to return to his Command?
   g. In what way was he prevented from going back to his Command?
   h. Was he captured by the enemy at any time?
   i. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the 28th day of July, 1937

Nell Maxwell Ordinary

of DECATUR County.

(SEAL OF ORDINARY)

Mrs Mary O.R.E. Yawn

Applicant.

(SEAL OF ORDINARY) Nell Maxwell, Ordinary.

of DECATUR County.

INSTRUCTIONS:

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 whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

f. What effort did he make to return to his Command?

g. In what way was he prevented from going back to his Command?

h. Was he captured by the enemy at any time?

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

Sworn to and subscribed before me, this the 28th day of July, 1937.

Nell Maxwell Ordinary

of DECATUR County.

(SEAL OF ORDINARY)

Mrs Mary O. R. Everett

Applicant.

STATE OF GEORGIA

Marriage Certificate

DECATUR COUNTY

This Certifies that JOHN YAWN

and MARY O. R. EVERETT

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By Peter T. Everrett, Minister of the Gospel

On the 3d day of June, in the year of our Lord 1883.

as appears of record in my office in Marriage Record, book "B", page 440. This 28th day of July 1937.

Nell Maxwell

Decatur County, Georgia Ordinary.

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Miss Nell Maxwell, Ordinary,
Decatur County,
Bainbridge, Georgia.

WHEREAS:

MRS. MARY O. R. E. YAWN, WIDOW OF JOHN YAWN,

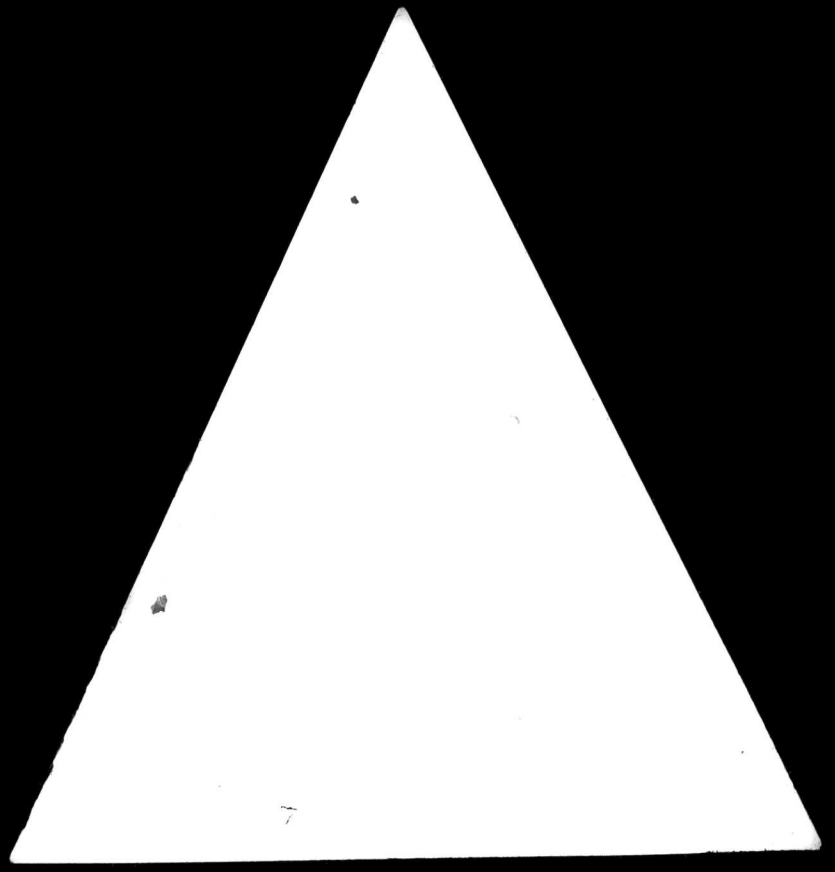
has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore,

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January, 19 38, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 19 37.

Director, Confederate Division
State Department of Public
Welfare



Yawn, Pat
~~Yawn, Pat~~ 204
Decatur Co

831 No 526

Application for Allowance

FOR

Right Arm disabled

Applicant Pat Yawn

County Decatur

Amount 25,

Date of Warrant Jany ~~10~~ 12/88

Entered on Record,

Jany 10 1888

W H H

Secretary Executive Department.

Right Arm 25

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears Pat Yawn of Decatur 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 5th day of June 1848; 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 I, of 31st Regiment of Georgia Volunteers Gordon's Brigade; that whilst engaged in such military service, at the battle of Winchester in the State of Virginia, on the day of August 1863, he was wounded as follows (~~or whilst in said service in the year 186~~ , ~~he contracted disease as follows~~) (State fully nature of wound or character of disease which causes disability): Minnie ball passed through the back of right hand cutting through two bones and the sinews of the hand whereby three fingers remain closed and the arm partially stiffened. Said wound practically and permanently renders deponent incompetent to perform hard manual labor

Which wound (~~or disease~~) permanently disables deponent and renders him practically incompetent to perform manual labor, and his arm, ~~or leg, or~~ , substantially useless.

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 21st day of December 1887

Pat Yawn

C. I. Munnerlyn
Ordinary

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,
Decatur County.

PERSONALLY came before me D. J. G. McNair of the county of Decatur State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company I, of 31st Regiment of Georgia Volunteers, and that deponent knows Pat Yawn, 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 Pat Yawn, as stated by him in said affidavit. Deponent further states that said Pat Yawn is a *bona fide* citizen of this State, and resides in Decatur county.

Sworn to and subscribed before me, this 4th day of January 1888

C. I. Munnerlyn
Ordinary

D. J. G. McNair, 1st Lieut Co I

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.

Yawn Pat
Yawn Pat
Decatur Co

831 No 526

Application for Allowance

FOR

Right Arm Disabled

Applicant Pat Yawn

County Decatur

Amount 25

Date of Warrant July 12 #88

Entered on Record.

July 10 1888

Secretary Executive Department

STATE OF GEORGIA,
Decatur County.

Personally came John Yawn

citizens of Decatur County, in said State, who, being duly sworn, say that they are acquainted with Pat Yawn 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 Decatur County, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this 21st day of December 1887

John Yawn
W. D. TAYLOR.

STATE OF GEORGIA,
Decatur County.

PERSONALLY comes before me C. J. Munnerlyn Ordinary of said county, L. H. Peacock M. D. and E. J. Morgan M. D., both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Pat Yawn and after such examination say that the applicant has been injured to the extent claimed by him, and that he has been rendered permanently and practically incompetent for the performance of ordinary manual labor by reason of said wounds (or disease), and that, in our opinion, applicant is entitled to the benefits allowed under the Act, approved Ootober 24, 1887, for the relief of the disabled.

Sworn to and subscribed before me, this 2nd day of January 1888

L. H. Peacock M.D.
E. J. Morgan M.D.

C. J. Munnerlyn
ORDINARY.

STATE OF GEORGIA,
Decatur County.

I, C. J. Munnerlyn Ordinary of said county, do certify that I am well acquainted with Pat Yawn 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 further certify that C. J. Munnerlyn before whom the foregoing affidavits were made and power of attorney was signed, is the Ordinary of said county, and that the signatures thereto are genuine.

Given under my official signature and seal, this 30th day of December 1888

C. J. Munnerlyn
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

Know all men by these presents, That I Pat Yawn of Decatur county, in said State, do hereby appoint Wm A. Wright of Fulton County, (Atlanta) 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 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 Thirtieth day of December 1887

Pat Yawn [L. S.]

Executed in the presence of us:

J. S. Bradwell
C. J. Munnerlyn
Ordinary

No. 231

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889.

FOR

Rights Arm Disabled

Applicant, Pat Yawn

County Decatur

Amount 50

Date of Warrant Apl 24

Entered on record Apl 24 1889

WMH

SECRETARY EXECUTIVE DEPARTMENT.

To additional Data

Wmd

STATE OF GEORGIA,

Decatur *County.*

PERSONALLY appears Pat Yawn of Decatur county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the day of June 1847; 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 I, of 31st Regiment of Georgia Volunteers Gordon 's Brigade; that whilst engaged in such military service, at the battle of Winchester in the State of Virginia, on the day of August 1863, he was wounded as follows: Ball entered back of palm of right hand, coming out in palm of hand near wrist joint, destroying the use of three fingers and stiffening the fourth (forefinger), ~~and~~ another ball entered Muscle of same arm about 2 inches above elbow joint, partly stiffening said arm (Right arm)

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 22nd day of April 1889. Pat Yawn

E. Murphy Ordinary

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,

Decatur *County.*

PERSONALLY comes before me E. J. Murphy Ordinary of said county, E. Morgan M.D. and W. E. Hunter M.D., both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have carefully examined Pat Yawn and after such examination say that the applicant has been injured as follows: Ball entered back of palm of hand (right) and came out palm of hand near wrist so as to destroy or a great part of the meta carpal bones of the ring and little fingers rendering these two fingers stiff elbowed and entirely useless. With the little, portion of index finger also gone and shot in lower third of same arm destroying some of muscles interfering with free motion of arm.

Sworn to and subscribed before me, this 22 day of April 1889. W. E. Hunter M.D. E. Morgan M.D.

E. J. Murphy 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,
Decatur County

I, C. J. Munnerlyn Ordinary of said county, do certify that I am well acquainted with Pat Yawn 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: H. C. Hunter M.D. & C. J. Morgan M.D.

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

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

Given under my official signature and seal, this 22nd day of April 1889

C. J. Munnerlyn
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County

Know all Men by these Presents, That I, Pat Yawn of Decatur county, in said State, do hereby appoint Wm. A. Wright of Atlanta 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 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 22nd day of April 1889

Pat Yawn (L. S.)

Executed in the presence of us:

J. S. Bradwell
C. J. Munnerlyn
Ordinary

DIRECTION:

Send money to me as follows, by ~~Whigham~~ Express to Whigham ~~P.O.~~ Decatur County, Georgia.

Pat Yawn

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,
Decatur County.

I, C. J. Munnerlyn Ordinary of said county, do certify that I am well acquainted with Pat. Yawn 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 C. J. Munnerlyn before whom the foregoing affidavits were made and power of attorney was signed, is the Ordinary of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 4th day of Feby. 1890

C. J. Munnerlyn
Ordinary Decatur County.

Yawn, Pat. Co.
Decatur Co.

1890.

Yawn, Pat

No. 1913

APPLICATION FOR ALLOWANCE.

FOR THE ENDING OCTOBER 25, 1890.

—FOR—

Army Disabled

Applicant, Pat. Yawn

County, Decatur

Amount, 50 cts

Date of warrant, Feby 1890

Entered on record Feby 1890

W. H. H.
Secretary Executive Department.

WARRANT HANDED TO

W. A. Wright

STATE OF GEORGIA,
Decatur County.

I, C. J. Munnerlyn Ordinary of said County, do certify that I am well acquainted with Pat. Yawn 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 C. J. Munnerlyn before whom the foregoing affidavits were made and power of attorney was signed, is the Ordinary of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 14th day of Feby 1891.

C. J. Munnerlyn
Ordinary Decatur County.

Yawn, Pat
Decatur Co
Yawn, Pat

1891.

No. 7508

Application for Allowance

FOR THE YEAR ENDING OCTOBER 25, 1891.

FOR

Army Disabled

Applicant, Pat Yawn

County, Decatur

Amount, 50 cts

Date of Warrant, Feb 20

Entered on record Feb 20 1891

W. H. H.
Secretary Executive Department.

WARRANT HANDED TO

W. A. Wright

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears Pat Yawn of Decatur county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the day of June 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 H, of 31st Regiment of Georgia Volunteers Gordon's Brigade; that whilst engaged in such military service, at the battle of Winchester in the State of Virginia, on the day of August 1863, he was wounded as follows: Ball struck in palm of right hand coming out on opposite side breaking the bones of the fingers, cutting sinews thereby causing thumb of the fingers to be drawn down to palm of hand and stiffening the forefinger rendering useless said right hand

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 4th day of Feby, 1890. Pat Yawn

E Gilmer Clay O.D.J.

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
Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, Pat Yawn of Decatur county, in said State, do hereby appoint W. A. Wright of Atlanta 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 4th day of Febuary 1890

Pat Yawn [L. S.]

Executed in the presence of us:
J P Bradwell
E Gilmer Clay O.D.J.

DIRECTION.

Send money to me as follows, by Express to Whigham P.O.
Decatur County, Georgia.

Pat Yawn

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears Pat Yawn of Decatur 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 H, of 31st Regiment of Georgia Volunteers Gordon's Brigade; that whilst engaged in such military service at the battle of Winchester in the State of Virginia, on the day of August 1863, he was wounded as follows: Ball entered back of hand right hand near wrist joint, breaking the finger bones and lacerating tendons so as to contract the fingers of said hand and rendering said hand 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 Fifty dollars, for maimed right hand

Sworn to and subscribed before me, this the 14th day of Feby 1891. Pat Yawn

E Gilmer Clay O.D.J.

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,
Decatur County.

Know all Men by these Presents, That I, Pat Yawn of Decatur County, State of Georgia, do hereby appoint W. A. Wright of Atlanta 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 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 14th day of Feby 1891.

Pat Yawn [L. S.]

Executed in the presence of us:
J P Bradwell
E Gilmer Clay

DIRECTION.

Send money to me as follows, by Express to Whigham P.O.
Decatur County, Georgia.

Pat Yawn

STATE OF GEORGIA,
Decatur County.

I, C. J. Munnerlyn Ordinary of said county, do certify that I am well acquainted with Pat Yawn 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 7th day of March 1892.

C. J. Munnerlyn
Ordinary Decatur County.

Yawn, Pat
Decatur Co
No. 1925

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name Pat Yawn
County Decatur
Disability Wounded Arm — no unless
Amount, $ 50
Entered on record Mch 1892.

W. H. HARRISON,
Secretary of Executive Department.

AGENT.
W. A. Wright

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

Know all Men by these Presents, That I Pat Yawn of Decatur County, State of Georgia, do hereby appoint Wm A Wright of Whigham 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 28th day of March 1893.

Pat Yawn [L. S.]

Executed in the presence of us:
C. J. Munnerlyn
J. V. Bradwell

DIRECTION.

Send money to me as follows, by Clerk to Whigham P. O. Decatur County, Georgia.

Pat Yawn

Yawn, Pat
Decatur Co

1893.

No. 79

Application for Allowance

For the Year Ending October 26, 1893.

FOR

Disabled Arm

Applicant, Pat Yawn
County, Decatur
Amount, $50
Date of Warrant, 31
Entered on record, 22

1893.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
W. A. WRIGHT.

Geo. W. Harrison, State Printer, Atlanta.

No Date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears Pat Yawn of Decatur 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 ..... day of ..... 1844; 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 II, of 31st th Regiment of Georgia Volunteers Gordon's Brigade; that whilst engaged in such military service at the battle of Winchester in the State of Virginia, on the ..... day of August 1863, he was wounded as follows:

Ball entered back of hand, cutting bones and ligaments so that fingers remain drawn and hand rendered 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, 1892. I have heretofore been allowed a pension of Fifty Dollars for loss of right arm

Sworn to and subscribed before me this the 7th day of March 1892.

Pat Yawn

C. I. Munnerlyn 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,
Decatur County.

Know all Men by these Presents, That I, Pat Yawn of Decatur County, in said State, do hereby appoint Wm A. Wright of Atlanta 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 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 Seventh day of March 1892.

Pat Yawn [L. S.]

Executed in the presence of us:
P. Bradwell
C. I. Munnerlyn

DIRECTION.

Send money to me as follows, by Express to Wingham P. O.
Decatur County, Georgia.

Pat Yawn

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

PERSONALLY appears Pat Yawn of Decatur 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 ..... 1844; 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 I, of 31 th Regiment of Georgia Volunteers ..... 's Brigade; that whilst engaged in such military service at the battle of Winchester in the State of Virginia, on the ..... day of August 1863, he was wounded as follows: wounded in right hand in wrist causing the loss of the use of the hand

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

Sworn to and subscribed before me, this, the 20th day of March 1893.

C. I. Munnerlyn Ordinary

Pat Yawn

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,
Decatur County.

I, C. I. Munnerlyn Ordinary of said County, do certify that I am well acquainted with Pat Yawn 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 C. I. Munnerlyn before whom the foregoing affidavits were made and power of attorney was signed, is a Ordinary of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 20th day of March 1893.

C. I. Munnerlyn
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

Know all Men by these Presents. That I, Pat Yawn of Decatur County, State of Georgia, do hereby appoint W A Wright 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 3d day of March 1894.

Pat Yawn [L. S.]

Executed in the presence of us
J. S. Bradwell
C. Hammerton

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

Decatur Co.
Yawn, Pat.
(For Those Already Enrolled.)
No. 78

Soldier's Pension.
1894.

Name Pat Yawn
County Decatur
Disability Left arm & hand
Amount, $ 50

1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
W A WRIGHT

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

KNOW ALL MEN BY THESE PRESENTS, That I, Pat Yawn of Decatur County, State of Georgia, do hereby appoint W A Wright 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 Warrrant 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 28th day of January 1895.

Pat Yawn [L. S.]

Executed in presence of us
J. S. Bradwell
C. Hammerton

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

Yawn, Patrick
Decatur Co.
(For Those Already Enrolled.)
No. 1419

SOLDIER'S PENSION.
1895.

Name Pat Yawn
County Decatur
Disability Right arm & hand
Amount, $ 50

Feb 27 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County

PERSONALLY appears Pat Yawn of Decatur 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 1844; 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 21st Regiment of Georgia Volunteers 's Brigade; that whilst engaged in such military service at the battle of Winchester in the State of Virginia, on the day of August 1863, he was wounded as follows: Shot in right hand causing total disease of hand

Co. I. 31st

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 Fifty dollars, for the year 1893

Sworn to and subscribed before me, this, the 3d day of March 1894.

C. P. Mannerbyn Ordinary

Pat Yawn
Patrick Yawn

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,
Decatur County.

I, C. P. Mannerbyn Ordinary of said County, do certify that I am well acquainted with Pat Yawn 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 3d day of March 1894.

Affix your seal here

C. P. Mannerbyn
Ordinary Decatur County.

7

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears Pat Yawn of Decatur 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 1844; 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 31st Regiment of Georgia Volunteers, 's Brigade; that whilst engaged in such military service at the battle of Winchester in the State of Virginia, on the day of August 1863, he was wounded as follows: Shot in right wrist a hand producing total disability of the arm

Co. I. 31st

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 56 dollars, for the year 189

Sworn to and subscribed before me, this, the 28th day of January 1895.

C. P. Mannerbyn

Pat Yawn
Patrick Yawn

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,
Decatur County.

I, C. P. Mannerbyn Ordinary of said County, do certify that I am well acquainted with Pat Yawn 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 28th day of January 1895.

Affix your seal here

C. P. Mannerbyn
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Pat Yawn hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to me by Mail at Bainbridge

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7th day of January 1896.

Pat Yawn [L. S.]

Executed in presence of us
J. S. Bradwell
C. Mannerson

Ga. Pat. Decatur 3
ACT OF 24 OCT. 1887.
(For Those Already Enrolled.)

No. 1100

SOLDIER'S PENSION.

1896.

Name Pat Yawn
County Decatur
Disability Loss of Hand
Amount, $ 50
2/28 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Atty

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Pat Yawn hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by Mail at Climax Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of Jany 1897.

Pat Yawn [L. S.]

Executed in presence of
A. Hammerlyn Jr
W. T. Boyett

Decatur Yawn Pat
ACT OF 24 OCT. 1887.
(For Those Already Enrolled.)

No. 170

INVALID

SOLDIER'S PENSION.

1897.

Name Pat Yawn
County Decatur
Disability
Amount, $ 50
2/18 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears Pat Yawn of Decatur 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 1844; 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 I, of 31st Regiment of Georgia Volunteers, 's Brigade; that whilst engaged in such military service in the State of Virginia, on the day of August 1863, he was wounded, injured or diseased as follows:
in right hand - loosing use of hand
(injury received in battle of Winchester)

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 Decatur county been allowed a pension of Fifty dollars, for the year 1895.

Sworn to and subscribed before me, this, the 7th day of January 1896. Pat Yawn
C. J. Munnerlyn 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,
Decatur County.

I, C. J. Munnerlyn Ordinary of said County, do certify that I am well acquainted with Pat Yawn 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 January 1896.

C. J. Munnerlyn
Ordinary Decatur County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears Pat Yawn of Decatur 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 1844; 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 I, of 31st Regiment of Georgia Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Virginia, on the day of August 1863, he was wounded, injured or diseased of follows:
was shot through the right hand at battle Winchester

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 Decatur county been allowed an invalid pension of Fifty Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 19 day of Jany 1897. Pat Yawn POST OFFICE Climax Ga
C. J. Munnerlyn

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,
Decatur County.

I, C. J. Munnerlyn Jr. Clk Ordinary of said County, do certify that I am well acquainted with Decatur 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 Jany 1897.

C. J. Munnerlyn Jr. Clk
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Pat Yawn hereby authorize Wm A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to A D Mummerlyn by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th day of Jany 1898.

Pat Yawn [L. S.]

Executed in presence of
A D Mummerlyn Jr
J P Birdwell

ACT OF 21 OCT., 1887.
(For Those Already Enrolled.)
No. 1289

INVALID
SOLDIER'S PENSION.
1898.

Name Pat Yawn
County Decatur
Disability Hand
Amount, $ 50.00
January 13 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Pat Yawn hereby authorize Wm A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to T B Maxwell Ordy by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7 day of January 1899.

Pat Yawn [L. S.]

Executed in presence of
Homer Brooks
T B Maxwell Ordy

CODE SECTION 1250.
(For Those Already Enrolled.)
No. 921

INVALID
SOLDIER'S PENSION.
1899.

Name Pat Yawn
County Decatur
Disability Shot through Wrist
Amount, $50.00
January 7th 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears Pat Yawn of Decatur 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 1844; 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 I, of 31st Regiment of Georgia Volunteers, Gordons's Brigade; that whilst engaged in such military service in the State of Virginia, on the day of Aug 1863, he was wounded, injured or diseased as follows:

Shot through the right hand at the battle of Winchester.

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 Decatur county been allowed an invalid pension of Fifty Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 10th day of Jany 1898. Pat Yawn POST-OFFICE

E. J. Mummerlyn

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,
Decatur County.

I, E. J. Mummerlyn Ordinary of said County, do certify that I am well acquainted with Pat Yawn 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 Jany 1898.

Affix your seal here.

E. J. Mummerlyn
Ordinary Decatur County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur County.

Personally appears Pat Yawn of Decatur 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 1844; 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 I, of 31 th Regiment of Ga Volunteers, Gordons's Brigade; that whilst engaged in such military service in the State of Va, on the day of Aug 1863, he was wounded, injured or diseased as follows:

He was shot in wrist at the Battle of Winchester disabling his hand.

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 Decatur County been allowed an invalid pension of Fifty Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 7 day of January 1899. Pat Yawn POST-OFFICE Climax Ga

T. B. Maxwell ordy

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,
Decatur County.

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

Given under my official signature and seal, this 7 day of Jan 1899.

Affix your seal here

T. B. Maxwell
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Pat Yawn hereby authorize Wm A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to Ordinary by Check at Bainbridge

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 8 day of Jan 1900.

Pat Yawn [L. S.]

Executed in presence of

W. T. Bozett
J B Maxwell

Decatur
Yawn, Pat Ft 24

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 2717

INVALID
SOLDIER'S PENSION.
1900.

Name Pat Yawn
County Decatur
Disability Arm
Amount, $50.00
Warrant issued Mar 13 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
W Wright

Geo. W. Harrison, State Printer, Atlanta.

110 data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I Pat Yawn hereby authorize W A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to Ordinary by Check at Bainbridge

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

Pat Yawn [L. S.]

Executed in presence of

J B Maxwell
Ordy

Yawn, Pat
Decatur County

CODE SECTION 1250
(For Those Already Enrolled.)

No. 1682

DISABLED
SOLDIER'S PENSION.
1901.

Name Pat Yawn
County Decatur
Disability hand
Amount, $50.00
2/1 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
W. A. Wright

Geo. W. Harrison, State Printer, Atlanta.

no data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur **County.**

Personally appears Pat Gavin of Decatur 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 8 day of 1844; 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 I, of 31 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the day of Aug 1863, he was wounded, injured or diseased as follows:
At Battle of Winchester I was shot through the right hand, causing the loss of his hand.

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 Decatur County been allowed an invalid pension of Fifty Dollars, for the year 1899.

Sworn to and subscribed before me, this the 8 day of Jany 1900. } POST OFFICE Pat Gavin Decatur
J B Maxwell

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,
Decatur **County.**

I, J B Maxwell Ordinary of said County, do certify that I am well acquainted with Pat Gavin 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 8 day of Jany 1900.

Affix your seal here.

J B Maxwell
Ordinary Decatur County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Decatur **County.**

Personally appears Pat Gavin of Decatur 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 1844; 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 I, of 31 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the day of Aug 1863, he was wounded, injured or diseased as follows:
While in Battle at Winchester Va Was shot through the right Disabling his hand from use

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 Decatur County been allowed an invalid pension of Fifty Dollars, for the year 1900.

Sworn to and subscribed before me, this the 8 day of Jany 1901. } Postoffice Pat Gavin Decatur
J B Maxwell Ordy.

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,
Decatur **County.**

I, J B Maxwell Ordinary of said County, do certify that I am well acquainted with Pat Gavin 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 8 day of Jany 1901.

Affix your seal here.

J B Maxwell
Ordinary Decatur County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Pat Yawn hereby authorize W A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to Ordinary by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10 day of June 1902.

Pat Yawn [L. S.]

Executed in presence of
J B Maxwell
Ordinary

Yawn Pa
Decatur County

CODE SECTION 1290.
(FOR THOSE ALREADY ENROLLED.)

No. 2930

DISABLED
SOLDIER'S PENSION
1902.

Name Pat Yawn
County Decatur
Co. I Regiment 31
Disability Right Hand
Amount, $50.00

1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur County.

I, Pat Yawn hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to Ordinary by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 8 day of Jany 1903.

Pat Yawn [L. S.]

Executed in presence of
J B Maxwell
Ordy.

CODE SECTION 1290.
(FOR THOSE ALREADY ENROLLED.)

No. 2170

DISABLED
SOLDIER'S PENSION
1903.

Name Pat Yawn
County Decatur
Co. I Regiment 31
Disability Right Hand
Amount, $50.00

Jany 8 1903.

JOHN W. LINDSEY,
2/12 (Commissioner of Pensions)

WARRANT HANDED TO

Geo. W. Harrison State Printer, Atlanta

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Decatur **County.**

Personally appears Pat Gowen of Decatur 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 1890; 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 I, of 31 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the day of Aug 1863, he was wounded, injured or diseased as follows:

In Battle at Winchester was shot through right hand permanently disabling same

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 Decatur County, been allowed an invalid pension of Fifty Dollars, for the year 1901.

Sworn to and subscribed before me, this the 10 day of Jan 1902. Post-office Pat Gowen

J B Maxwell

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,
Decatur **County.**

I, J B Maxwell Ordinary of said County, do certify that I am well acquainted with Pat Gowen 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 10 day of Jan 1902.

Affix your seal here

J B Maxwell
Ordinary Decatur 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,
Decatur **County.**

Personally appears Pat Gowen of Decatur 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 1844; 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 I, of 31 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the day of Aug 1863, he was wounded, injured or diseased as follows:

While in Battle was shot through right hand ~~His abling~~ permanently disabling Same number

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 Decatur County, been allowed an invalid pension of Fifty Dollars, for the year 1902.

Sworn to and subscribed before me, this the 8 day of Jany 1903. Post-office Pat Gowen

J B Maxwell Ordy.

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,
Decatur **County.**

I, J B Maxwell Ordinary of said County, do certify that I am well acquainted with Pat Gowen 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 8 day of January 1903.

Affix your seal here

J B Maxwell
Ordinary Decatur 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,
Decatur COUNTY.

I, Pat Yawn hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary by Check at Bainbridge

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13 day of Jan 1904.

Pat Yawn [L. S.]

Executed in presence of
T B Maxwell
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Pat Yawn hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary by Bainbridge at Bef Check

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17 day of Jan 1905.

Pat Yawn [L. S.]

Executed in the presence of
T B Maxwell Ordinary

Yawn, Pat
Decatur County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 2394

DISABLED
SOLDIER'S PENSION
1904.

Name Pat Yawn
County Decatur
Co. I Regiment 31st
Disability Hand
Amount, $50.00
Jan 13 FEB 19 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Cook

Geo. W. Harrison, State Printer, Atlanta.

no date

Yawn, Pat
Decatur County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 7670

DISABLED
SOLDIER'S PENSION
1905.

Name Pat Yawn
County Decatur
Co. I Regiment 31st
Disability Hand
Amount, $50.00
Jan MAR 2 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Yr.

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

no date

700
500
90
5
1295

3 x 30
1 x 5
23

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Decatur County.

Personally appears Pat Gowen of Atlanta 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 1 day of Jan 1896; 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 I, of 31 th Regiment of Ga Volunteers Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the day of Aug 186 3, he was wounded, injured or diseased as follows: At the Battle of Winchester Was shot through hand disabling the same permanently

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 Decatur County, been allowed an invalid pension of Fifty Dollars, for the year 1903.

Sworn to and subscribed before me, this the 13 day of Jan 1904. J B Maxwell Ordinary. Pat Gowen 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,
Decatur County.

I, J B Maxwell Ordinary of said County, do certify that I am well acquainted with Pat Gowen 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 13 day of Jan 1904.

Affix your seal here.

J B Maxwell
Ordinary Decatur 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,
Decatur COUNTY.

Personally appears Pat Gowen of Decatur 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 1 day of Jan 1886; 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 I, of 31 th Regiment of Ga Volunteers Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the day of Aug 186 3, he was wounded, injured or diseased as follows: At the Battle of Winchester was Shot through right hand disabling the same permanent

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 Decatur County, been allowed an invalid pension of Fifty Dollars, for the year 1904.

Sworn to and subscribed before me, this the 17 day of Jan 1905. J B Maxwell Ordy. Pat Gowen 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,
~~Fla~~ Decatur COUNTY.

I, J B Maxwell Ordinary of said County, do certify that I am well acquainted with Pat Gowen 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 1905.

Affix your Seal here.

J B Maxwell
Ordinary Decatur 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,
Decatur COUNTY.

I, Pat Yawn hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4 day of Jan 1906.

pat yawn [L. S.]

Executed in the presence of
T B Maxwell
Ordinary

Yawn, Pat
Decatur County
Code Section 1250.
(FOR THOSE ALREADY ENROLLED.)
No. 573

DISABLED
SOLDIER'S PENSION
1906.

Name Pat Yawn
County Decatur
Co. I Regiment 31
Disability hand
Amount, $50.00
Jan 4 Dec 30 1906.

JOHN W. LINDSEY.
Commissioner of Pensions.

WARRANT HANDED TO

Tel Franklin Printing and Publishing Co. Geo. W. Harrison, Mgr.

no data

2 x 100 - 200
11 x 50 - 550
1 x 30 - 30
1 x 5 - 5
15 - 785

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Pat Yawn, hereby authorize W A Wright of Atlanta to receive and receipt for the pension paid hereon, and request that he remit same to Ordinary by Check at Bainbridge Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2 day of Jan 1907.

pat yawn [L. S.]

Executed in presence of
T B Maxwell
Ordinary

Yawn, Pat
Decatur Co.
Code Section 1250.
(FOR THOSE ALREADY ENROLLED)
No. 1533

DISABLED
SOLDIER'S PENSION
1907.

Name Pat Yawn
County Decatur
Co. I Regiment 31st
Disability Arm
Amount, $50.00
January FEB 5 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no data

12-50 600
3-100 300
1 30 30
16 930

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Decatur County.

Personally appears Pat Gavin of Decatur 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 1 day of Jan 1896; 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 I, of 31 th Regiment of Ga Volunteers Gordons 's Brigade; that whilst engaged in such military service in the State of Va, on the day of Aug 1863, he was wounded, injured or diseased as follows: At the Battle of Winchester was Wounded in right hand permanently disabling Same

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 Decatur County, been allowed an invalid pension of Fifty Dollars, for the year 1905.

Sworn to and subscribed before me, this the 4 day of Jan 1906.
T B Maxwell Ord

Pat Gavin
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,
Decatur County.

I, T B Maxwell Ordinary of said County, do certify that I am well acquainted with Pat Gavin 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 1906.

T B Maxwell
Ordinary Decatur County.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Decatur County.

Personally appears Pat Gavin of Decatur 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 1 day of Jan 1897; 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 I, of 31 th Regiment of Ga Volunteers Gordons 's Brigade; that whilst engaged in such military service in the State of Va, on the day of Aug 1863, he was wounded, injured or diseased as follows: Wounded in right Arm disabling the Same permanently

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 Decatur County, been allowed an invalid pension of Fifty Dollars, for the year 1906.

Sworn to and subscribed before me, this the 2 day of Jan 1907.
T B Maxwell Ord

Pat Gavin
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,
Decatur County.

I, T B Maxwell Ordinary of said County, do certify that I am well acquainted with Pat Gavin 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 1907.

T B Maxwell
Ordinary Decatur County.

Affix your seal here

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

Journal Pat Gaines Dawson Ga

Dec for 1913

No. Mar 1537

Confederate

Soldier's Application.

UNDER ACT 1910.

County Dooly

Name Pat Gaines

Company L 31st Ga

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

10/31/1912

ENTERED ROSTER OFFICE

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

Dooly County,

Pat Gaines of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office) Pat Gaines Dooley County Ga R.F.D.

2. How long and since when have you been a continuous resident citizen of this State? All my life in this State 68 yrs.

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Enlisted in the Army of the Confederate State

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) At Bainbridge Ga in Co I 31st Ga Regiment May 1862

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) From enlistment until Aug 1864 2 years 3 mo

6. When and where was your Company and Regiment surrendered or discharged from the Service? At Appomattox Va April 1865

7. Were you actually present with your Command when it was surrendered or discharged? Yes

8. If you were not actually present, state specifically and clearly where you were At home

a. Where was your Command when you left it? At Winchester Va

b. When did you leave the Command? Aug 1864

c. For what cause did you leave? Was Wounded

d. By whose authority did you leave? Army Surgeon

e. For how long was your leave granted? In what way? Two months 60 days

f. Why did you not return to your Command after leave expired? Was at home

g. In what way were you prevented? Shot through right knee not able for service

h. What effort did you make to return? No effort. Went to my home & Wife & children

i. Were you captured during the war? No

j. If so, when, and where? In what prison were you held and when were you released?

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) 30 acres of land Some stock & farming tools some household & kitchen furniture Value about $ 350.00

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? None

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). Same as above

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? No income except Pension for $12 Per month from State

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

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

Sworn to and subscribed before me, this the 20 day of Apl 1912

Pat Gaines

J S Mathews Ordinary,

of Dooly County.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Decatur County.

J M Whitaker of said State and County is hereby presented as a witness in support of the application of Pat Gowen 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? J M Whitaker
De Catur Co Ga - Bainbridge -

2. How long and since when have you known Pat Gowen the applicant?
Over 50 years

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? He lives in Decatur Co Ga
A resident of Ga ever since I Know him

4. When, where and in what Company and Regiment did Pat Gowen enlist during war from 1861 to 1865? (Give date and place). Co I 31st Ga Spring 1862

5. How did you obtain your information of this Service? I was in
Same Co & regiment

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) Something over 2 years

7. When and where was his Command surrendered or discharged (give date and place)
At Appomattox Va April 1865

8. Were you personally present at the Surrender? No

9. If not, where were you and how came you there? at home on
Furlough

10. Was the applicant personally present with his Command at surrender? No

11. If not where was he and how came him there? He was wounded at Winchester
in Aug 1864 and sent home

12. When did he leave his Command? Aug 1864 Where was his Command when he left it? at Winchester for what cause did he leave? Leave of absence
By whose authority did he leave Army Surgeon and how long was he granted leave? Don't Know how long How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)
We were both in same battle He was wounded

13. In what way was he prevented from returning to his Command? disabled from Wound How do you know? I never met him again until after close of the War. He was shot through right hand with ball from Miniball Sniper

14. What effort did he make to return to his Command and how do you know?
None that I Know of

15. Was applicant captured as a prisoner No If so, when and where? —
— In what prison was he held? — and when released

Sworn to and subscribed before me, this the 24 day of Sept 1912

J M Whitaker

D B Maxwell Ordinary,
of Decatur County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.
County.

Personally before me comes who on oath says that they are freeholders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.)
2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full values? or was it made to obtain a pension?

Sworn to and subscribed before me, this the
day of 191
Ordinary,
of County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I, D B Maxwell Ordinary of said County, certify that I know the applicant Pat Gowen for Pension is the person he represents himself to be and resides in said County. That I also know J M Whitaker 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 Pat Gowen shows that he and wife value for tax is in 1908 $ 125.00 for 1909 $ 122.00 for 1910 $ 125.00

Sworn under my hand and official seal of office this 24 day of Sept 1912

D B Maxwell Ordinary,
of Decatur 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.

In what prison was he held? — and when released

Sworn to and subscribed before me, this the 24 day of Sept 1912 } J. C. Whitaker

F B Maxwell Ordinary,

of Decatur County.

Audited May 2 1889.

Wm A Wright
COMPTROLLER-GENERAL.

Decature

Maimed Soldiers.

Voucher No. 2127

Amount, $ 50.

Paid to Pat Yaron

For Right Arm Disabled

May 2 1889.

Exp Whigham

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

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

W A W

Audited Feb. 26 1890

Wm A Wright
COMPTROLLER-GENERAL.

Decatur

Maimed Soldiers.

Voucher No. 1973

Amount $ 50.

Paid to Pat Yaron

For Arm disabled

Feby 25 1890

Included in warrant No.

issued to Treasurer.

Ex 18

Whigham
WARRANT CLERK.

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

W. A. Wright

No. 2127

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga May 2. 1889.

Mr Pat Yaun of the County
of Decatur 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
Right arm disabled
He is entitled to receive the sum of Fifty ✓ 00/ 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 for this voucher, and return same
to Executive Department for warrant.

J B Gordon
GOVERNOR.

By the Governor
W H Harrison
CLERK EXECUTIVE DEPARTMENT.

TREASURER'S OFFICE STATE OF GEORGIA PAID

50.
RECEIVED OF STATE TREASURER, R U HARDEMAN,
Fifty ✓ 00/ Dollars,
per above voucher, this 2 of May 1889.
Pat Yaun
W A Wright

No. 1993

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga., Feby 25 1890

Mr. Pat Yaun of the County
of Decatur 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
Arm 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 for this voucher, and return same
to Executive Department for warrant.

J B Gordon
GOVERNOR.

By the Governor,
W H Harrison
CLERK. EXECUTIVE DEPARTMENT.

TREASURER'S OFFICE STATE OF GEORGIA PAID

$ 50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty Dollars,
per above voucher, this 26 of Feb 1890.
Pat Yaun
W A W

NAME, Yawn, Pat YEAR 1888 COUNTY Decatur

WHEN AND WHERE BORN? Resident of Ga since 5th June 1848.

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co I 31st Regt. Ga Vols
Gordon's Brigade

NAME OF CAPTAIN AND COLONEL? D J G McNair, Commanding Officer

WOUNDED? Winchester, Va - August 1863 - In the hand.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE EXCHANGED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. ~~Witnesses~~ D J G McNair, Commanding Officer

AUDITED

Audited MAR 18 1891 1891.

Wm A Wright

COMPTROLLER GENERAL.

Yawn, Pat
Decatur

1891.

Maimed Soldiers.

Voucher No. 7508

Amount $ 80

Paid to Pat Yawn

For Am disabled

Mch 11 1891.

Included in warrant No.

issued to Treasurer,

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. A. Wright

NAME ~~Yown~~, Pat. YEAR 1913 COUNTY Decatur.

WHEN AND WHERE BORN? Born in 1844, in Ga. A resident of Ga. all his life. (68 yrs.)

ENLISTED WHEN AND WHERE? May 1862, Bainbridge, Ga.

RANK:

COMPANY AND REGIMENT? Co. I, 31st Ga. Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Wounded Aug. 1864, shot through right hand at Winchester, Va.

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? Command surrendered Apr. 1865, Appomattox, Va.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home on 60 day wounded furlough.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: J. M. Whitaker-- Same command--no data.
mt.

1891.

No. 7508

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Mch 11 1891.

Mr. Pat Yawn of the County of Decatur 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 Arm 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, 1891.

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

TREASURER'S OFFICE PAID STATE OF GEORGIA

H. J. Norton
GOVERNOR.

By the Governor,

W H Harrison
SEC'Y EXECUTIVE DEPARTMENT.

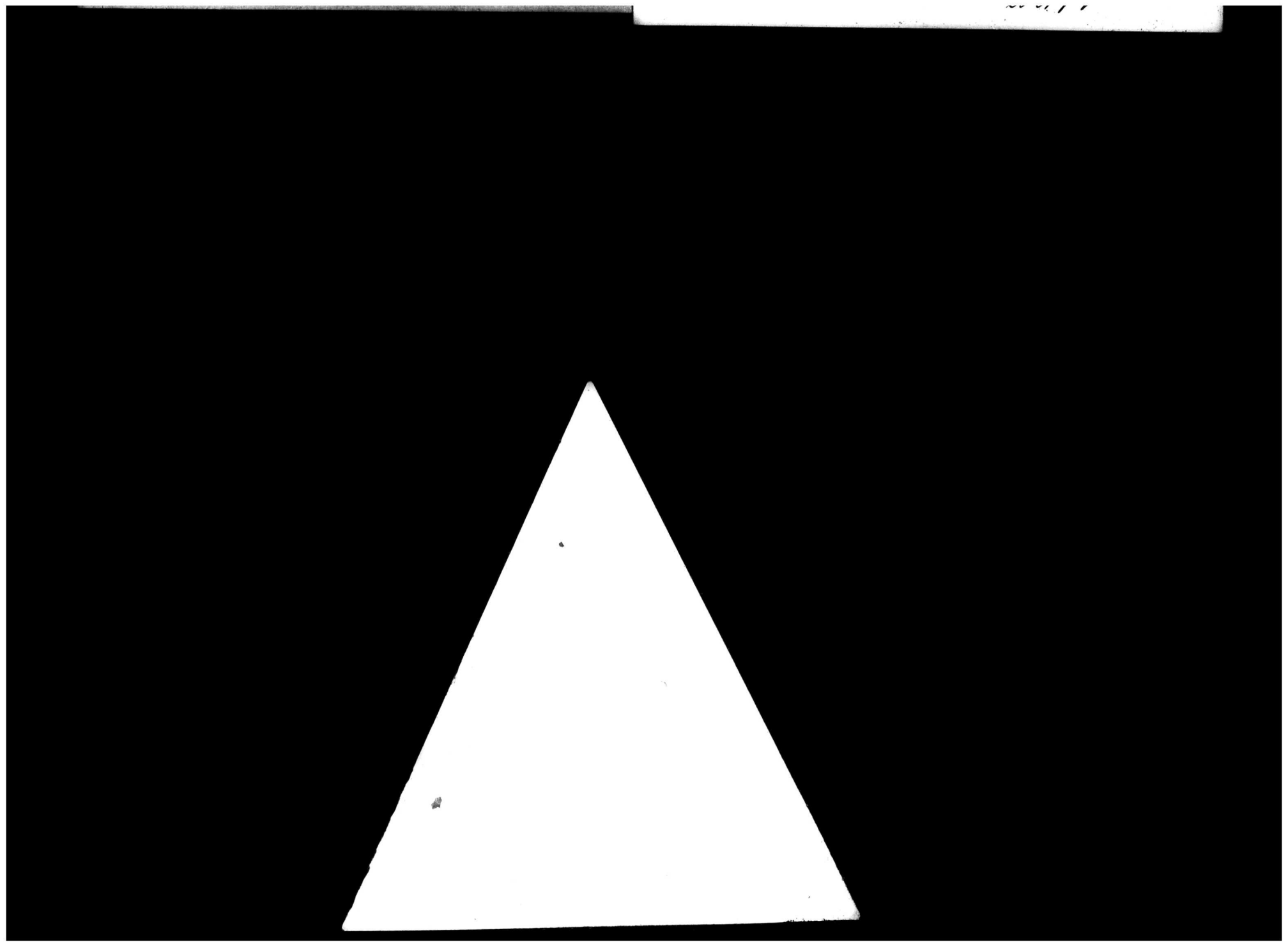
$ 50

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

Fifty & no/100 Dollars,

per above voucher, this 11 of Mch 1891.

Pat Yawn
W M



Yearty, Isaac
Decatur County

No. 1

Disapproved 10/4/07

INDIGENT PENSION

1907

Name Isaac Yearta

County Decatur

Co. L 11 Ga Bat 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.

9/30/07

Pension Office
10/4 1907
This man did not
perform six months
actual military service
duties as an enrolling
officer - was not military
duties - not entitled
J W Lindsey
Chief of Pensions

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Isaac Yearta hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension allowed and request that he remit same to
Ordinary at Bainbridge by check

Witness my hand and seal, this 16 day of July 1907

Isaac Yearta his mark [L. S.]

Executed in presence of
T B Maxwell
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, Isaac Yearta hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension allowed and request that he remit same to
Ordinary at Bainbridge by check

Witness my hand and seal, this 16 day of July 1907

Isaac Yearta his mark [L. S.]

Executed in presence of
T B Maxwell
Ordinary.

Yearty Isaac
Decatur County
No.
Disapproved 10/1907

INDIGENT PENSION
1907

Name Isaac Yearta
County Decatur
Co. L 11 Ga Bat
Reg't
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.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Decatur COUNTY.

Isaac Yearta 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.)
Isaac Yearta Stockland Decatur Co Ga
2. How long and since when have you been a resident of this State? A resident of the State all my life
3. When and where were you born? Born in Decatur Co Ga 1847 (60 years)
4. When and where and in what company and regiment did you enlist or serve? I enlisted at Bainbridge in Co L 11th Ga Battalion on 1st day of April 1863.
5. How long did you remain in such company and regiment? I remained in the Co until the last of August 1863 On account of my Youthful age I was sent back to my home and put on detail service as an enrolling officer
6. When and where was your company and regiment surrendered and discharged? My Co Was discharged at Greensboro, NC April 1865
7. Were you present with your company and regiment when it was surrendered? I was not
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I left Command at Albany the last of Sept 1863 by Authority of War Department ... enlistment E C Spence Co 10 Ga Regt Capt Hyde
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? 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"? Disease
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I have for several years past suffered with Severe prostration which renders me unable to do manual labor sufficient for support
13. What property, real and personal, or income, do you possess, and its gross value? No income I have some personal property Forty Dollars being about $200.00
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? About the same amount of personal property during the above dates I bought 60 acres land 1903 on credit I Sold it in 1906 to pay my debts
15. In what County did you reside during those years, and what property did you then return for taxation? Decatur Co I give In on the Land 3 years & the personal property I sold
16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? I have managed to support my Self up to 1906
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? No A/c Kept of Cost I contributed all to 1906
18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year? On the Farm Products of Farm to 1906
19. Have you a family? If so, what composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? I have Wife & one Girl My Girl is 16 years old They have no Estate of their own
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? —

Sworn to and subscribed before me this the 16 day of July 1907
T B Maxwell Ordinary
of Decatur County.

Isaac his mark X Yearta
Applicant.

Every Question MUST Be Answered

Yearta Isaac
Decatur Co
Co L 11 Ga Bat
Disapproved 10/1907

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Decatur COUNTY.

W P Harrell of said State and County, having been presented as a witness in support of the application of Isaac Yearta 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? W P Harrell Donalsonville Decatur Co Ga
2. Are you acquainted with Isaac Yearta, the applicant: if so how long have you known him? Have known him from Childhood
3. Where does he reside, and how long and since when has he been a resident of this State? In Decatur County Resident of the State all his life
4. When, where and in what company and regiment did he enlist, and how do you know? In Co L 5 Fla Cav at Bainbridge March or April 1863
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? During Haul the War
7. When and where was his command surrendered? was surrendered at Thomasboro N C April 1865
8. Were you present when it surrendered? I was
9. Was applicant present? Yes
10. If he was not present, where was he? He was out on detail Service
When did he leave his command? About the Fall 1863 For what cause? Time Young for long Service
By what authority he left? From superior Officer How do you know all of this? I was present when he was sent out for detail Service
Corp. Samuel Capt. Hyde Head Quarters Bainbridge Ga
11. What property, effects or income has the applicant? (Give your means of knowledge.) Don't Know of any property or income
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? Don't Know of any property he owned
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? Farmer
Physical Condition Appears Very Feeble
15. Is the applicant unable to support himself by labor of any sort; if so, why? I don't think he could support himself on account of Feeble Condition
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? 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 He seems to be afflicted Not able to Labor for a living But He seems Feeble I Know of
19. Who composes family? What property have they? Children's ages and their earning capacity? He has Wife and one Child I don't Know as to their earning Don't Know of any property
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 27 day of Sept 1907
J B Maxwell Ordinary.

his
W P X Harrell
mark
Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Decatur COUNTY.

Personally came before me Dr E T Towle and Gordon Chason, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Isaac Yearta, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows: Very Nervous. Has Low Fever, Symptoms Paralysis - Said Nervous Condition caused under him unfit to do any manual work for support

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

Sworn to and subscribed before me, this the 27 day of Sept 1907
J B Maxwell Ordinary.

Dr E T Towle
Gordon Chason MD

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur COUNTY.

I, J B Maxwell Ordinary, in and for said County, hereby certify that the applicant Isaac Yearta 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.: W P Harrell and J H Powell 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 Decatur County shows that applicant returned for taxation in his name in 1901 Personal property Seventy one Dollars of property, and in 1902 One hundred Twenty three Dollars of property; in 1902 No property Officer Dollars of property; in 1904 No property Dollars of property; in 1905 No property 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 Sept 1907
J B Maxwell Ordinary.
of Decatur 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.

Georgia Decatur County

John H Powell of said State and County having been presented as a Witness in Support of the application of Isaac Gearta for pension under Sec 1214 Code and after being duly sworn true answers to make to the following questions deposes and answers as follows.

About the Month of October 1864 Capt Hyde had charge of a small Co for detail service his head Quarters being at Bambridge I joined them and Our work was confined principally in Decatur County the said Isaac Gearta was with the squad. and doing service under direction of Capt Hyde. Our duty being to Hunt deserters and enroll men for service in the Confederate ~~Service~~ Army This was continued through out the War and the Applicant Isaac Gearta was with us and Honorably discharged. at the Close of the War April 1865-

Sworn to and subscribed before me this Sept 27 1907

T B Maxwell
Ordinary

J H Powell

DISAPPROVED

NAME Yearta, Isaac YEAR 1907 COUNTY Decatur

WHEN AND WHERE BORN? 1847 - Decatur County, Georgia

ENLISTED WHEN AND WHERE? April 1st 1863 - Bainbridge, Georgia

RANK.

COMPANY AND REGIMENT? Company L, 11th Ga. Battalion
Last of August 1863 on account of youthful age was sent back home and put on detail service as an Enrolling Officer.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

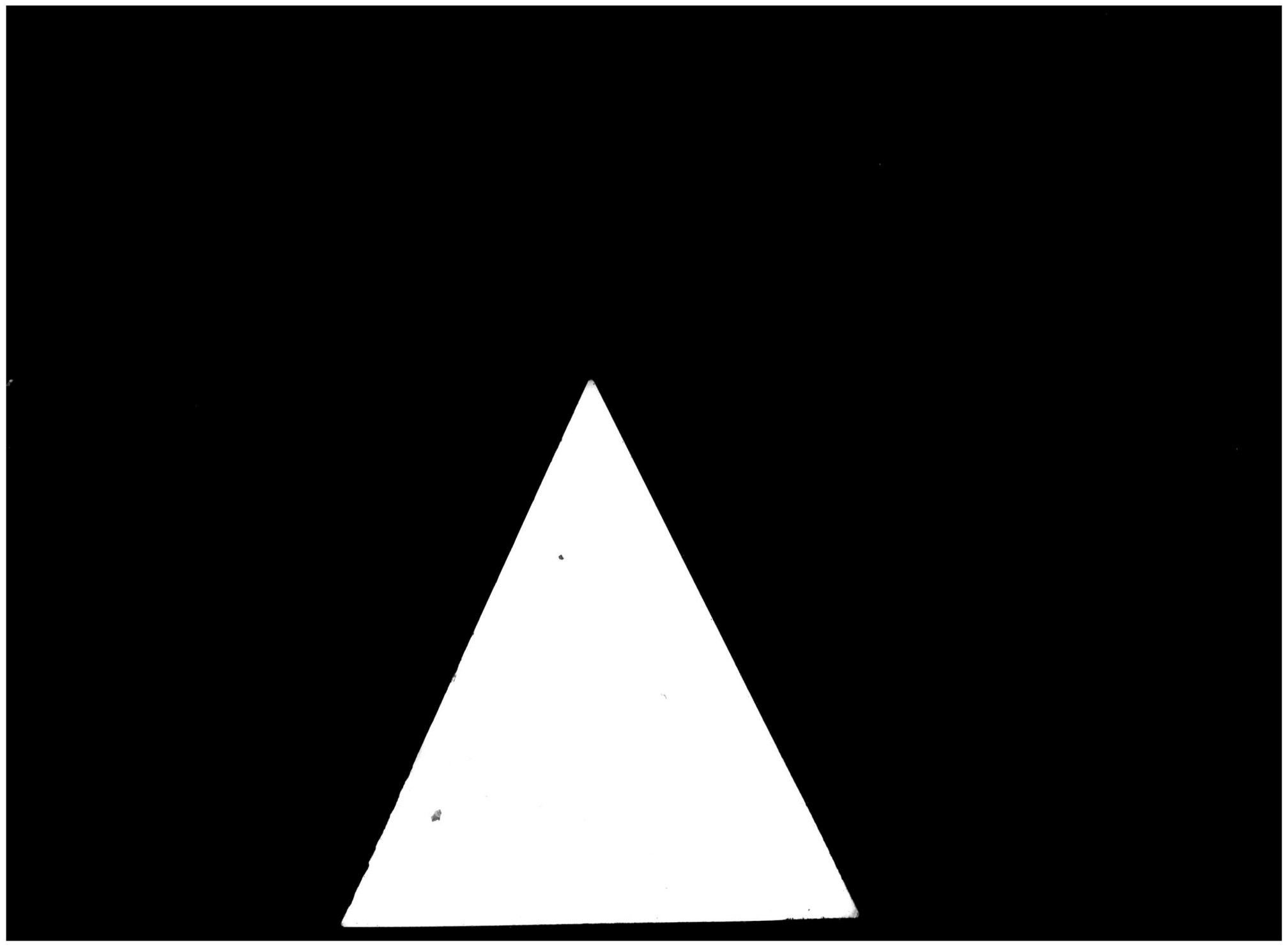
WHEN AND WHERE SURRENDERED? Command: April 1865 - Greensboro, N. C.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? On detail service as Enrolling Officer. Left command at Atlanta, Ga., last of Sept. 1863 on detail service and headquarters was at Bainbridge, Ga., and served on this detail until the war closed in April 1865.

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. W. P. Harrell - same command -- No data.
lw John M. Powell - served with applicant on detail service. No data.



Ordinary's Certificate

STATE OF GEORGIA,

Decatur COUNTY.

I, T B Maxwell Ordinary of said County, do certify that I know Mrs. Arkansas Yeates 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 18 day of Aug 1920

(SEAL) T B Maxwell Ordinary,

Decatur 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.

Yeates Arkansas
Decatur County

No. 192

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Decatur

Name Mrs Arkansas Yeates

Widow of Jas S Yeates

Company 12th Ga Regiment

Regiment

Approved

$1750

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10/28/1920

Ordinary's Certificate

STATE OF GEORGIA,
Decatur COUNTY.

I, T B Maxwell Ordinary of said County, do certify that I know Mrs Arkansas Yeates 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 18 day of Aug 1920

(SEAL) T B Maxwell Ordinary,
Decatur 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.

Yeates, Arkansas (mrs)
Decatur County

No. 1921

Widow's Pension
Under Act 1910 as Amended by Act of 1919.

County Decatur
Name Mrs Arkansas Yeates
Widow of Jas S Yeates
Company — 12th Ga Regt C.
Regiment
Approved

J. W. LINDSEY,
Commissioner of Pensions.
Byrd Printing Co., State Printers, Atlanta.

10/28/1920

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

Questions for Applicant

STATE OF GEORGIA,
Decatur COUNTY.

Personally before me comes Mrs Arkansas Yeates 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? Arkansas Yeates Decatur Co Ga
2. How long and since when have you been a continuing resident of the State of Georgia? All My Life 76 Years
3. When, where and to whom were you married? June 1865 to J. S. Yeates in Worth County Ga
   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.) Co — 12th Ga Regiment at Macon April 1864 Line Infantry I don't remember
5. When and where did the commands of your husband surrender or discharge from the army? At Augusta Ga close of the War April 1865
6. Was your husband personally present at the time of the surrender or discharge of this command? He was present
7. If he was not present state clearly where he was? —
8. Where was his command when he left? —
   a. For what cause did he leave his command? —
   b. By whose authority did he leave his command? —
   c. For how long was he granted leave of absence? —
   e. What was his physical condition when he left his command? —
   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 first husband die? September 1876
   k. Were you residing together when he died? Yes
   l If not, how long had you resided apart? —
   m. Are you now a widow? Yes
9. 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 18 day of Aug 1920
T B Maxwell Ordinary
of Decatur County.
(SEAL)

Ark Yeates
her
Mark

****LIGHT PRINT OR BAD COPY ****

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,
Miller COUNTY.

Personally before me comes John B. Stegall 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? John B. Stegall, Miller County, Georgia.

2. How long and since when have you known Mrs. Arkansas Yeates applicant? Since May 1865

3. How long and since when has she continuously resided in this State? (Give date.) All of her life

4. When and to whom was she married? Jas. S. Yeates June 1866 How do you know? Was living near them when they married

5. How long and since when did you know Jas. S. Yeates her husband? Known him since Apr. 1864

6. When and where did Jas. S. Yeates the husband of applicant, die? Decatur County, Georgia, 1876.

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

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

9. When, where and in what Company and Regiment did Jas S. Yeates enlist? Company, 12th Georgia, Macon, Ga., Apr. 1864

10. Were you a member of the same Company? Not same company but same Regiment.

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From time of inlistment until May 1865, Augusta, Ga.

12. When and where did his Command surrender, and was discharged? May 1865, Augusta, Ga.

13. Were you personally present when it was surrendered? Yes If not, where were you and how came you there?

14. Was the husband of applicant personally present at surrender? Yes If not where was he? When, where and for what cause did he leave Command? (Give date.) By whose authority did he leave his Command? And how long was he granted leave? How do you know all this? I was member of same Regiment and we were discharged at the same time.

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

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

Sworn to and subscribed before me this the 16th day of August 1920

John B. Stegall
C. F.

W. C. Dancer Ordinary of Miller County.

(SEAL)

MARRIAGE LICENSE

OF

James S. Yates

AND

Arkansas Brantley

Issued June 24th 1865

and recorded on page 124

Book 1854 to 1883 of Marriage Licenses.

J. S. Story
Ordinary

THE MILLS PTG. CO. GRIFFIN, GA.

Georgia, Worth County. Ordinary, s Office:--ss.

I, ...S.S. Story Ordinary and ex-officio clerk of the Court of Ordinary of said County, do hereby certify, certify that I have compared the foregoing copy of Marriage Licenes of James S. Yates and Arkansas Brantley, 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 the 25th, day of August 1920.

.....J. S. Story.....
.Ordinary and ex-officio C. C. O.

ORDINARY
MILLER COUNTY
COLQUITT, GEORGIA

Georgia Miller County

I W C Dancer ordinary of said County do certify that J B Stegall is a resident of Miller County and he is truthful and trustworthy and his statement is entitle to full faith and credit. Given under my hand and seal of office this Sept 7th 1920

W C Dancer
Ordinary

MARRIAGE LICENSE

OF

James S. Yates

AND

Arkansas Brantley

Issued June 24th 1865

and recorded on page 124

Book 1854 to 1889 of Marriage Licenses.

[illegible]
Ordinary

THE MILLS PTG. CO., GRIFFIN, GA.

Georgia, Worth County. Ordinary, s Office:--ss.

I, . . . S. S. Story Ordinary and ex-officio clerk of the Court of Ordinary of said County, do hereby certify , caritfy that I have compared the foregoing copy of Marriage Licenes of James S. Yates and Arkansas Brantley, 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 the 25th, day of August 1920.

S. S. Story

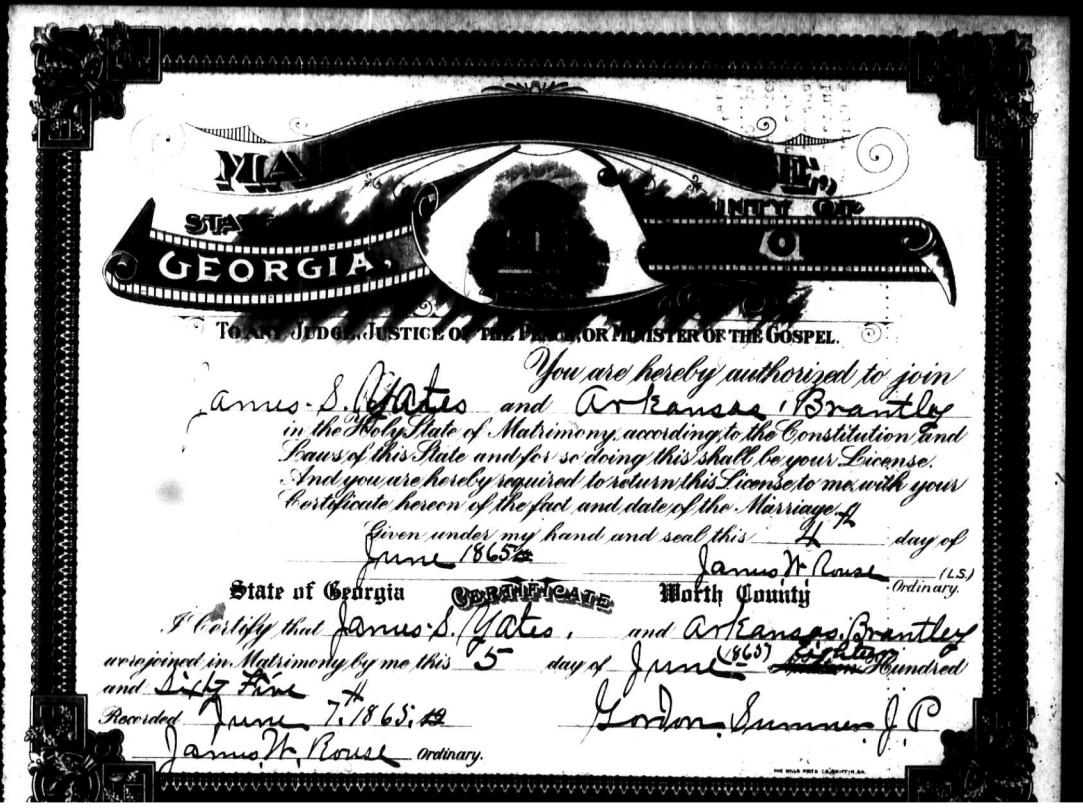
. . . . . .Ordinary and ex-officio C. C. O.

ORDINARY
MILLER COUNTY
COLQUITT, GEORGIA

Georgia Miller County

I W C Dancer ordinary of said County do certify that J B Stegall is a resident of miller County and he is truthful and trustworthy and his statement is entitle to full faith and credit. Given under my hand and seal of office this Sept 7th 1920

W C Dancer
ordinary



MARRIAGE LICENSE

STATE OF GEORGIA, COUNTY OF

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

You are hereby authorized to join James S. Yates and Arkansas Brantley 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 4 day of June 1865

James N. Rouse (L.S.) Ordinary.

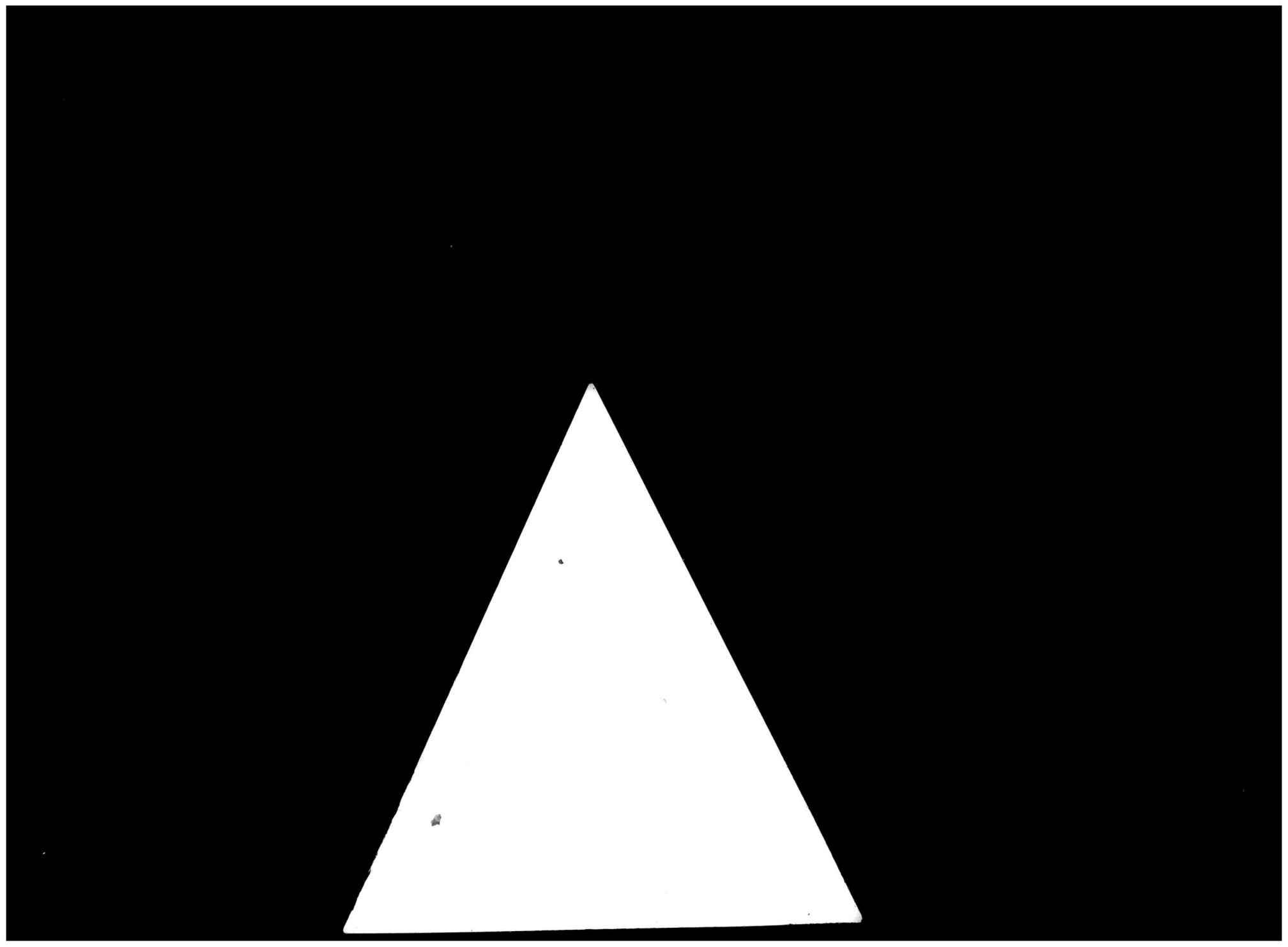
State of Georgia CERTIFICATE Worth County

I Certify that James S. Yates and Arkansas Brantley were joined in Matrimony by me this 5 day of June (1865) Eighteen Hundred and Sixty Five

Recorded June 7th 1865 12

Gordon Summer J.P.

James N. Rouse Ordinary.



Yeates, James M.
Decatur County
No. ok for 1906

INDIGENT PENSION.

190

Name J. M. Yeates
County Decatur
Co. Abels Artillery 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

9/18/05

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, J. M. Yeates hereby authorize
W. A. Wright of Atlanta
to receive and receipt for the pension allowed and request that be remit same to
Ordinary at Bainbridge by ok

Witness my hand and seal, this 27 day of Aug 190 5
J. M. Yeates [L. S.]

Executed in presence of
T. B. Maxwell

POWER OF ATTORNEY.

STATE OF GEORGIA,
Decatur COUNTY.

I, J M Geales hereby authorize
W A Wright of Attenta

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

Ordinary at Bainbridge by C/C

Witness my hand and seal, this 29 day of this Aug 190 √

J X M Geales [L. S.]
his mark

Executed in presence of
T B Maxwell

Yeates James M.
Decatur County
No. 1
Act of 1926

INDIGENT PENSION.

190

Name J M Geales
County Decatur
Co. Abels Artillery 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.

9/8/26

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Decatur COUNTY.

J M Geales 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).
J M Geales Decatur Co Ga
2. How long and since when have you been a resident of this State? A Resident all my life
3. When and where were you born? Born in Decatur Co. Ga. 1839
4. When and where and in what company and regiment did you enlist or serve? Enlisted at Bainbridge Ga in March 1862 in Millers Artillery Augs. Joined first under Capt Abel and what was known as 1st or First Artillery
5. How long did you remain in such company and regiment? I was with Command until the Close of the War 1865
6. When and where was your company and regiment surrendered and discharged? Surrendered at Greensboro N.C. April 1865
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? Present
9. How much can you earn (gross) per annum by your own exertions or labor? About $150.00 per year
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"? Second
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? For the past few years I have not been able to earn support Caused from Kidney Trouble and Rheumatism and General Debility
13. What property, real and personal, or income, do you possess, and its gross value? No Income I own about 100.00 Dollars in Personal property
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? I own 1-2 acre land some Cattle 2 Horses 7 some hogs I have lost in 1901 & settle debts I have Given my personal property Nearly out
15. In what County did you reside during those years, and what property did you then return for taxation? Decatur Co I gave in for Taxes the above property up to 1901
16. How were you supported during the years 1899, 1900, 1901 and 1902? Supported by my own labor and assistance of 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? Don't Know Cost I Contributed about 1/4 by my own Labor
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? On the Farm Mr Special pay
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? Wife She is about 50 Years old She owns a 4 Horse Cattle & a few hogs We Live on rented land She has no home of her own
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 1901
22. How many applications have you ever made and under what class? One Indigent

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 29 day of Aug 190 √
T B Maxwell Ordinary,
of Decatur County.

J M Geales his Mark Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Decatur COUNTY.

J Arnett of said State and County, having been presented as a witness in support of the application of J M Geales 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 Arnett
Bainbridge Ga
2. Are you acquainted with J M Geales, the applicant; if so, how long have you known him? I have known him ove 45 years
3. Where does he reside, and how long and since when has he been a resident of this State? He resides in Decatur County & resident ever since I know him.
4. When, where and in what company and regiment did he enlist, and how do you know?
enlisted at Tobe Ga in Abels Light Artillery Thomas Co Ga
5. Were you a member of the same company and regiment? I was (2nd Lieut)
6. How long did he perform regular military duty? (Report) Feb 4th Jan 1861 to my knowledge
7. When and where was his command surrendered? Surrendered at Greensboro
N C April 1865
8. Were you present when it surrendered? Was not
9. Was applicant present? Don't Know
10. If he was not present, where was he? Don't Kn
When did he leave his command? Don't Know For what cause?
By what authority he left? How do you know all of this?
I was sent to Hospital on January 1865 The Applicant was with Co up to that date I never saw him after that date
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 1896, 1897, 1898, 1899, 1900, 1901 and 1902, 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? Farmer & Farmer
He is having Very Good Form General appearance
15. Is the applicant unable to support himself by labor of any sort; if so, why? I don't think he could make much of a support as he is Getting old and apparently feeble
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
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? Age and apparent infirmity
19. Who composes family? What property have they? Children's age and their earning capacity?
Don't Know as to his family
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 29 day of Aug 1905
T B Maxwell Ordinary.

J Arnett Witness.
Pt Kemp Ala

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Decatur COUNTY.

Personally came before me Drs A Chesnutt & Bennett, both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully J M James A Geales, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Organic heart disease Valvular Chronic Enlargement & Fibroid Tendency also Atheroma Incapacitate him for much labor He is usually debilitated, and can not eat sufficient to support himself Because of stomach trouble

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

Sworn to and subscribed before me, this the 29 day of Aug 1905
T B Maxwell Ordinary.

A Chesnutt M.D.
J Bennett M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur COUNTY.

I, T B Maxwell, Ordinary, in and for said County, hereby certify that the applicant J M Geales resides in said County, and has been a bona fide resident of this State since the 1 day of Jan 189[illegible] and that the witnesses, viz.: J Arnett & A Bennett 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 Decatur County shows that applicant returned for taxation in his name in 1899 382 Dollars of property, and in 1900 447 Dollars of property; in 1901 Sold Personal $65.00 Dollars of property; in 1902 No property Dollars of property.

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

Witness my hand and seal of office, this 29 day of Aug 1905
T B Maxwell Ordinary,
of Decatur County.

Sold in 1901 Jan 2nd 1901

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,
DeKalb COUNTY.

I, J M Yeates hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension allowed, and request that he remit same to
Ordinary at Bainbridge Ga
by check

WITNESS my hand and seal, this 16 day of Jan 1906.
J M Yeates [L. S.]

Executed in the presence of
T B Maxwell
Ordinary

Yeates, J. M.
Decatur Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 2478

INDIGENT
SOLDIER'S PENSION
1906.

Name J M Yeates
County DeKalb
Co. Artillery Regiment

WARRANT ISSUED
JA[illegible] 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

The Franklin Printing and Publishing Co. Geo. W. Harrison, State Printer.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, J M Yeates, hereby authorize
W A Wright of Atlanta
to receive and receipt for the pension allowed, and request that he remit same to
Ordinary at Bainbridge Ga
by check

WITNESS my hand and seal, this 2 day of Jan 1907.
J M Yeates [L. S.]

Executed in presence of
T B Maxwell
Ordinary

Yeates, J. M.
Decatur Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 4511

INDIGENT
SOLDIER'S PENSION
1907.

Name J M Yeates
County DeKalb
Co. Artillery Regiment

WARRANT ISSUED
FEB 6 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Decatur County.

Personally appears J M Yeates of Decatur 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 Jan 1894; 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 Ga) during the war between the States, and served for the term of 3 yrs in Company First in Milton Artillery of 7 th Regiment of Transferred Abels Artillery (Co. B. Field Art); that his physical condition is as follows: Infirmity & poverty
Suffer with Kidney & Catarrh of head
Not able to do but very little work

that his property consists of the following items: No property

of the value of — Dollars. I am now earning by my labor, No Earnings Specially 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 Decatur County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 16 day of Jan 1906.
T B Maxwell Ordinary.
J M his X Yeates

State of Georgia,
Decatur County.

I, T B Maxwell Ordinary of said County, do certify that I am well acquainted with J M Yeates 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 16 day of Jan 1906.
T B Maxwell
Ordinary Decatur County.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Decatur County.

Personally appears J M Yeates of Decatur 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 Jan 1894; 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 Ga) during the war between the States, and served for the term of 3 yrs in Company Milton's Artillery, Later of 7 th Regiment of Abels Artillery, known as Co. B. or Field Artillery; that his physical condition is as follows: Suffering with Kidney trouble & Rheumatism Not able to do much work

that his property consists of the following items: One Pony Horse & wagon

of the value of 75.00 Dollars. I am now earning by my labor, 3 or 4 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 Decatur County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 5 day of Jan 1907.
T B Maxwell Ordinary.
J M his X Yeates

State of Georgia,
Decatur County

I, T B Maxwell Ordinary of said County, do certify that I am well acquainted with J M Yeates 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 1907.
T B Maxwell
Ordinary Decatur County.

Affix your seal here

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

STATE OF GEORGIA, Decatur **County**

I, T B Maxwell, Ordinary of said county, do certify that I personally know Mrs L M Yates, the applicant, and that she is the lawful widow of J M Yates, and was on the Indigent Pension Roll of said Decatur county, and was paid a Pension from Decatur county for 1921, and at the time of his death on the 30 th day of Dec 1920, there was due to him and unpaid his Pension of $100 00 Dollars from the State of Georgia, and I know ~~Mrs L M Yates~~ E. A. Nichols, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 9 of Feby 1920

T B Maxwell Ordinary,
Decatur County.

Yates L. M.
Decatur Co

No. 26
1920

Application for Pension Due Deceased Soldier

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY

Mrs. L M Yates
Widow of J M Yates
of Decatur County
Co. Able Cpl Regt.
Date of Death Dec 30 1920

Approved and paid 1920.

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

GEORGIA, County.

I hereby authorize and constitute of said county, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 191..., through my deceased husband, , who was on Pension Roll and paid from County for 191....

Witness my hand this day of 1920.

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, Decatur **County**

Personally before me comes Mrs. L M Gates, of said county, after being duly sworn, on oath says that she is the widow of J M Gates who was duly enrolled as a Indigent Pensioner from the county of Decatur and was paid a Pension of $12.50 Dollars from Decatur county for 1921, and that the said J M Gates died in Decatur county on the 30th day of Dec, 1921, and at the time of his death a Pension of $100.00 was due him from Decatur county and unpaid for 1922. Applicant further swears that she married the said J M Gates on the 13 day of Dec 1866 in Decatur 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 the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 9th day of February, 1922.

T B Maxwell, Ordinary.
Decatur County.

Mrs. L. M. Gates (L. S.)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Decatur **County**

Personally before me comes E A Nichols, who on oath says that he knew J M Gates while in life and that he knows the Widow Mrs. L M Gates the above applicant; that he knows that the said James M Gates and Louisiana M Barber were in due form of law married in the county of Decatur in the State of Ga on the 13 day of Dec, 1866, and that they resided together as husband and wife from date of marriage to the day of his death on the 30th day of of Dec 1921, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 9th day of February, 1922.

T B Maxwell, Ordinary.
Decatur County.

E A Nichols

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 attached.

T B Maxwell, Ordinary.
DeKalb County.

Ea Nichols

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 attached.

STATE OF GEORGIA

Marriage Certificate

DeKalb COUNTY

This Certifies that J M Yates

and Louisiana M Barber

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By John M Jones J. P.

On the 13 day of Dec in the year of our Lord 1866

as appears of record in my office in Marriage Record, book A

page 522. This 9 X day of Feby 1922

T B Maxwell

Ordinary.

MARSHALL & BRUCE CO. NASHVILLE

State of Georgia Decatur County

A W Miller of said County having be presented as a witness in support of the application of J M Yeates for Pension and after being duly sworn deposes & answers as follows

1st A W Miller Bainbridge Ga

2 & 3 Yes I have known him 30 odd years. He lives in Decatur County Ga

4 He enlisted in Milton's Artillery 1862, Later the Co was divided & he was placed under Capt Able in the Year 1863 as field Artillery

5 I was

6 He served until close of the war

7 Surrendered at Greensboro N C 1865

8 Yes 9 He was

Latter part of 10 We were together.

11 I don't know whether he owns any property or not

12 I don't know I have heard him say he was badly indebt

13 Not to my knowledge

14 Occupation Farmer & Physical Condition apparently failing

15 I don't say.

16 I don't know I suppose by his labor & help of his children

17 Don't know

18 I can't say as to his physical condition only he is getting old like the rest of us. No 19 — None.

Sworn to and Subscribed before me this May 16 1901

T B Maxwell
Ordinary.

A W Miller

NAME Yeates, J. M. YEAR 1906 COUNTY Decatur

WHEN AND WHERE BORN? 1839 - Decatur County, Georgia

ENLISTED WHEN AND WHERE? March 1862 - Bainbridge, Georgia

RANK.

COMPANY AND REGIMENT? Milton's Artillery, later put under Capt. Abel known as Company B, or Field Artillery

NAME OF CAPTAIN AND COLONEL? J. Avriett - 2nd Lieut., Abel's Artillery

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 1865 - Greensboro, North Carolina

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

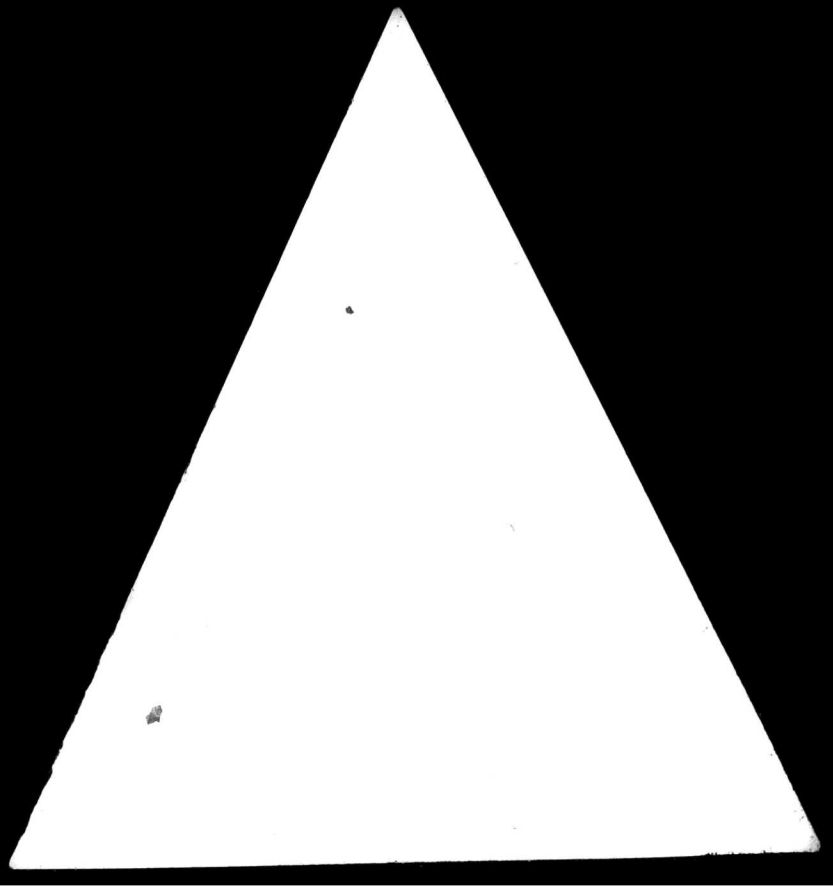
BURIED,

WITNESSES. J. Avriett , 2nd Lieut.; A. W. Miller - Abel's Artillery - No data.
lw

before me this May 16 1901

T B Markwell

Ordinary.



Ordinary's Certificate

STATE OF GEORGIA,

Decatur COUNTY.

I, T B Maxwell Ordinary of said County, do certify that I know Mrs L M Yeates 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 A W Miller 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 26 day of July 1922

(SEAL)

T B Maxwell Ordinary,

Decatur 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.

Yeates - L. M. (Miller)
Apr 24 - 23
Notes
R W Yates
FOLD NO. CLASS 1923
Decatur County

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Decatur

Name Mrs L M Yeates

Widow of J M Yeates

Company Abels Artillery

Regiment

Approved John W. Clark

Commissioner of Pensions
11-14-22

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

Ordinary's Certificate

STATE OF GEORGIA,
Decatur COUNTY.

I, T J Maxwell Ordinary of said County, do certify that I know Mrs L M Yeates 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 A W Miller 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 26 day of July 1922

(SEAL) T J Maxwell Ordinary,
Decatur 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 Decatur
Name Mrs L M Yeates
Widow of J M Yeates
Company Ala Artillery
Regiment
Approved John W. Black
Commissioner of Pensions
7-14-22

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

1922 July 24 Mrs L M Yeates Decatur Co Ga
Widow Pension Act 1910 as Amended by Act 1919
CLASS 1923
CODING

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

Questions for Applicant

STATE OF GEORGIA,
Decatur COUNTY.

Personally before me comes Mrs L M Yeates 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? Mrs L M Yeates Decatur Co.
2. How long and since when have you been a continuing resident of the State of Georgia? All my life 74 years
3. When, where and to whom were you married? W M Yeates Dec 21 1866 Decatur Co Ga
   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.) As a private in Dunbars Artillery 1862 Transfer to Abels artillery 1863
5. When and where did the commands of your husband surrender or discharge from the army? At Greensboro N C April 1865
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? Present
8. Where was his command when he left? Surrendered Greensboro N C
   a. For what cause did he leave his command? War closed
   b. By whose authority did he leave his command? —
   c. For how long was he granted leave of absence? War close
   c. What was his physical condition when he left his command? —
   f. What effort did he make to return to his command? —
   g. In what way was he prevented from going back to Command —
   h. Was he captured by the enemy at any time? 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? In Decatur County Dec 30th 1921
   k. Were you residing together when he died? Yes
   l If not, how long had you resided apart? —
   m. Are you now a widow? Yes
9. Have you or your husband heretofore been paid a pension by the State? Husband was on the Pension roll
   If so, when and for what cause were you or your husband placed on the roll? As an indigent Confederate Soldier husband is the Confederate Army.

Sworn to and subscribed before me this the 26 day of July 1922
T J Maxwell Ordinary
of Decatur County.
(SEAL)

Mrs L M Yeates
her mark

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,
Decatur COUNTY.

Personally before me comes A. W. Miller who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? A W Miller Iaon Ga
2. How long and since when have you known Mrs L M Yeates applicant? about 60 Years
3. How long and since when has she continuously resided in this State? (Give date.) Ever since I Knew her
4. When and to whom was she married? J M Yeates 1866 How do you know? Her Daughter
5. How long and since when did you know J M Yeates her husband? Some 70 years or more
6. When and where did J M Yeates the husband of applicant, die? In Decatur County Dec 30 th 1941
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death? —
Were they divorced? No
9. When, where and in what Company and Regiment did J M Yeates enlist? First Dunham Artillery at Bainbridge Ga 1862 Transferred to Abels Arty Spring 1863
10. Were you a member of the same Company? I was
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From enlistment 1862 to Close of War 1865
12. When and where did his Command surrender, and was discharged? At Greensboro N.C. April 1865
13. Were you personally present when it was surrendered? I was If not, where were you — and how came you there? —
14. Was the husband of applicant personally present at surrender? He was If not where was he? Present — When, where and for what cause did he leave Command? (Give date.) War closed, Honorably discharged By whose authority did he leave his Command? — And how long was he granted leave? How do you know all this? We were together when discharged at close of War April 1865
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? —
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? —

Sworn to and subscribed before me this the 26 day of January 1942
D C Davis Ordinary
of Decatur County.
(SEAL)

A W Miller

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,
Decatur COUNTY.

Personally before me comes A. W. Miller who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? A W Miller Iaon Ala Ga

2. How long and since when have you known Mrs L M Yeates applicant?
about 60 Years

3. How long and since when has she continuously resided in this State? (Give date.)
Ever since I Knew her

4. When and to whom was she married? J M Yeates 1866 How do you know? Family Tradition

5. How long and since when did you know J M Yeates her husband? Some 70 years or more

6. When and where did J M Yeates the husband of applicant, die? In Decatur County Dec 30 th 1941

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

8. If not, how long did they live apart before his death? —
Were they divorced? No

9. When, where and in what Company and Regiment did J M Yeates enlist?
First Dunham Artillery at Bainbridge Ga 1862 Transferred to Abels Arty Spring 1863

10. Were you a member of the same Company? I was

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From enlistment 1862 to Close of War 1865

12. When and where did his Command surrender, and was discharged?
At Greensboro N.C. April 1865

13. Were you personally present when it was surrendered? I was If not, where were you — and how came you there? —

14. Was the husband of applicant personally present at surrender? He was If not where was he? Present — When, where and for what cause did he leave Command? (Give date.) War closed, Honorably discharged By whose authority did he leave his Command? — And how long was he granted leave? How do you know all this?
We were together when discharged at Close of War April 1865

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

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

Sworn to and subscribed before me this the 26 day of January 1942
D C Davis Ordinary
of Decatur County.
(SEAL)

A W Miller

Sworn to and subscribed before me this the 26 day of July 1922

Decatur Ordinary

of Decatur County.

(SEAL)

A. W. Miller

FILED
JUN 15 1936
VETERAN SERVICE OFFICE
A. L. HENSON, Director

Yates, L. M. (Mrs.) 76.50

For DECATUR County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

Nell Maxwell, Ordinary

For: Mrs. L. M. Yates
(Name of Pensioner)

Date of Death: May 27, 1936

Amount: $[illegible]

PAID TO ORDINARY ON THIS CLAIM:

DATE 1935	FUND FROM WHICH PAID	$
8-31	Paid 05/15/36 Nell Maxwell Ordinary	76.50
X	76.50 TOTAL	

Approved, and ordered paid,

JUL 6 1936, 193

A. L. HENSON,
Director, Veterans Service Office.

Pd Dept

GORDON CHASON, M. D. R. F. WHEAT, M. D. W. L. WILKINSON, M. D.

BAINBRIDGE, GA. 6/13/36 193

Mrs. Missouri Yates

Bainbridge, Ga. R.F.D.

In Account With DRS. CHASON, WHEAT & WILKINSON

FOR PROFESSIONAL SERVICES RENDERED in May 1936

Balance due $ 8.50

The above and foregoing account is rendered for services in the last illness of Mrs. L. M. Yates who died without owning sufficient property to pay this bill.

TO BILL RENDERED

PAID ON ACCOUNT

STATEMENTS ITEMIZED UPON REQUEST ON R. F. Wheat

BALANCE DUE

Sworn to and subscribed before me this the 13th day of June 1936

Nell Maxwell
Ordinary of Decatur County

Application for
Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, DECATUR County:

Before me, the Ordinary of said County, comes Reid Player, of said County, who, after being duly sworn, on oath says that he knew Mrs. L. M. Yates late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of $ 108.50, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me, this the 13 day of June, 1936.
Nell Maxwell Ordinary.

Reid Player.

CERTIFICATE OF THE ORDINARY

GEORGIA, DECATUR County.

I certify that Reid Player who subscibed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew Mrs. L. M. Yates the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, WAS NOT survived by A WIDOW and left no estate of any kind sufficient to pay the expenses of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 13th day of June, 1936.

(Seal of Ordinary) Nell Maxwell, Ordinary.

INSTRUCTIONS:

1st. Certified copy of Burial Certificate must accompany this application.

2nd. 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.

3rd. Each account must be sworn to before the Ordinary, and in the following form:

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

4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.

5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.

6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.

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

BAINBRIDGE, GA., June 15, 1936.

Mrs. Della Wimberley

For: Mrs. M. L. Yates, deceased

IN ACCOUNT WITH

PLAYER FUNERAL HOME

AMBULANCE SERVICE

DAY OR NIGHT

TELEPHONE 144

LADY ATTENDANT

8.50
68.00
76.50

May 27- 1936.	Casket	75	00
	Hearse service	15	00
	Dress	10	00
		$ 100	00
	Credit for cash paid on this account June 15, 1936	32	00
	Balance due	$ 68	00

The above and foregoing account is rendered for funeral services of Mrs. L. M. Yates, who died without owning sufficient property to pay this bill.

Reid Player

Sworn to and subscribed before me this the 15th day of June 1936.

Nell Maxwell
Ordinary Decatur County

JUN 16 1936

A. E. THENSON, DIRECTOR

COUNTY DIRECTORY

COUNTY COMMISSIONERS
JOHN E. DRAKE, CHAIRMAN
BAINBRIDGE, GA.
H. R. GARRETT, VICE CHAIRMAN
FACEVILLE, GA.
T. C. FUNDERBURKE,
BAINBRIDGE, GA.
W. B. MILLER,
ATTAPULGUS, GA.
J. J. HOWELL,
CLIMAX, GA.
W. H. MILLER, ATTORNEY
BAINBRIDGE, GA.
C. E. HURST, CLERK
BAINBRIDGE, GA.
C. C. HARRELL, WARDEN
BAINBRIDGE, GA.
SUPERIOR COURT
B. C. GARDNER, JUDGE
CAMILLA, GA.
ROBT. S. SHORT, SOL.-GEN
NEWTON, GA.

Decatur County Georgia

REGULAR MEETINGS
OF
COUNTY COMMISSIONERS
FIRST TUESDAY EACH MONTH

Bainbridge, Ga.,

COUNTY DIRECTORY

BAINBRIDGE CITY COURT
P. D. RICH, JUDGE
M. E. O'NEAL, SOLICITOR
BAINBRIDGE, GA.
NELL MAXWELL, ORDINARY
BAINBRIDGE, GA.
W. J. CATLEDGE, SHERIFF
BAINBRIDGE, GA.
BEN KIRBO, CLERK
SUPERIOR AND CITY COURTS
BAINBRIDGE, GA.
P. H. BATTLE, TAX COMMISSIONER
BAINBRIDGE, GA.
H. P. TOWNSEND, CHAIRMAN
TAX ASSESSORS
BAINBRIDGE, GA.
LEE A. PARKER, TREASURER
BAINBRIDGE, GA.
ANDREW AVERY
COUNTY SCHOOL SUPT.
BAINBRIDGE, GA.
W. B. INGRAM, CORONER
BAINBRIDGE, GA.
DR M. A. PORT, HEALTH COM.
BAINBRIDGE, GA.

Received of Nell Maxwell, Ordinary Decatur County, Georgia, balance due on funeral claim for the funeral services of Mrs. L. M. Yates, deceased Pensioner of Decatur County, who died on date of May 27, 1936. This pays the funeral claim in full for the amount of $65.00

This the 5th day of September 1936.

Rich Player
Undertaker

Sworn to before me this
5th day of September 1936.

Nell Maxwell
Ordinary Decatur County

~~$30.00~~ 76.50 Pension for ~~the Month of~~ Funeral Claim 193 No. 3

This 5 Day of Sept 1936

Mrs. L. M. Yates - Deceased Pensioner

Received of NELL MAXWELL, Ordinary, Decatur County

Seventy Six ~~Thirty and No/100~~ 50/100 DOLLARS

IN FULL SETTLEMENT OF THE ABOVE NAMED AMOUNT FOR THE MONTH OF Funeral Claim
Mrs L. M. Yates Deceased Pensioner

Witness

Witness

Rich Player
Undertaker
Pensioner Sign Here

The Accompanying Check Will Not Be Paid Unless THIS RECEIPT Is Properly Signed, Witnessed and Remains Attached to Check

THE ART PRINTERS BAINBRIDGE

COUNTY DIRECTORY

COUNTY COMMISSIONERS
JOHN E. DRAKE, CHAIRMAN
BAINBRIDGE, GA.
H. R. GARRETT, VICE CHAIRMAN
FACEVILLE, GA.
T. C. FUNDERBURKE,
BAINBRIDGE, GA.
W. B. MILLER,
ATTAPULGUS, GA.
J. J. HOWELL,
CLIMAX, GA.
W. H. MILLER, ATTORNEY
BAINBRIDGE, GA.
C. E. HURST, CLERK
BAINBRIDGE, GA.
C. C. HARRELL, WARDEN
BAINBRIDGE, GA.
SUPERIOR COURT
B. C. GARDNER, JUDGE
CAMILLA, GA.
ROBT. S. SHORT, SOL.-GEN
NEWTON, GA.

Decatur County Georgia

REGULAR MEETINGS
OF
COUNTY COMMISSIONERS
FIRST TUESDAY EACH MONTH

Bainbridge, Ga.,

COUNTY DIRECTORY

BAINBRIDGE CITY COURT
P. D. RICH, JUDGE
M. E. O'NEAL, SOLICITOR
BAINBRIDGE, GA.
NELL MAXWELL, ORDINARY
BAINBRIDGE, GA.
W. J. CATLEDGE, SHERIFF
BAINBRIDGE, GA.
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SUPERIOR AND CITY COURTS
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H. P. TOWNSEND, CHAIRMAN
TAX ASSESSORS
BAINBRIDGE, GA.
LEE A. PARKER, TREASURER
BAINBRIDGE, GA.
ANDREW AVERY
COUNTY SCHOOL SUPT.
BAINBRIDGE, GA.
W. B. INGRAM, CORONER
BAINBRIDGE, GA.
DR M. A. PORT, HEALTH COM.
BAINBRIDGE, GA.

Received of Nell Maxwell, Ordinary Decatur County, Georgia, balance due for last illness of Mrs. L. M. Yates deceased Pensioner of Decatur County, who died on date of May 27, 1936. This pays the account in full. This amount was included on my check for $76.50. Doctor's account $8.50, and I gave Doctor Wheat, my personal check for this amount.

This the 5th day of September 1936.

Rich Player
Undertaker

Sworn to before me this
5th day of September 1936.

Nell Maxwell
Ordinary Decatur County

Witness

Witness

Mrs L. M. Yates deceased
Pensioner

Pensioner Sign Here

The Accompanying Check Will Not Be Paid Unless THIS RECEIPT Is Properly Signed, Witnessed and Remains Attached to Check

THE ART PRINTERS BAINBRIDGE

Copy of office copy of Certificate filed with Decatur Co. Bd of Health, June 1- 1936-

M. A. Fort, M. D.
Commissioner of Health,
Decatur County, Ga.

CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
Bureau of Vital Statistics

Registered No. _____

1. PLACE OF DEATH
County: Decatur — Militia District (Number and Name): 1361 — State of Georgia
City or Town: Climax — Length of residence in this city or town: Yrs. ___ Mos. ___ Ds. ___ NON-RESIDENT (Yes or No) ___
Street and Number (No.) ___ (Street) ___ Ward ___ (If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME: Louisiana Missouri Gates
Residence (City or Town): Climax — (Street and Number) ___ (State) ___

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, Divorced (write the word): Widowed
6. DATE OF BIRTH (month, day, year): Jan. 7-1850
7. AGE: Years 86 Months 3 Days 20 — If less than one day: Hours ___ Minutes ___
8. OCCUPATION
(a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.: ___
(c) Date deceased last worked at this occupation (month and year): ___
(d) Total years spent in this occupation: ___
9. BIRTHPLACE (P. O. Address): Mitchell Co. Ga
FATHER
10. NAME: Denise Barber
11. BIRTHPLACE (P. O. Address): S. K.
MOTHER
12. MAIDEN NAME: Annie Godwin
13. BIRTHPLACE (P. O. Address): Mitchell Co. Ga
14. INFORMANT (Signed): Della Kimberly
(Address): Longstown, Ga
19. BURIAL PLACE (Cemetery): Bethany Cemetery
(Postoffice): Bronson, Ga — Date: 5-28-1936
20. UNDERTAKER (Signed): Reid Player
(Address): Bainbridge, Ga

MEDICAL CERTIFICATE OF DEATH

10. DATE OF DEATH: 5-27-1936, at 8 A M (Month, Day, Year) (Hour)
11. I HEREBY CERTIFY, That I attended the deceased from May 24 1936 to May 27 1936
I last saw her alive on May 27 1936 — Death is said to have occurred on the date and hour stated above.
The principal cause of death and related causes of importance is the Struck from fall, which fractured hip - also bronchitis
Other contributory causes of importance: Senility
What test confirmed diagnosis: Clinical (Specify whether autopsy, operation, laboratory, or clinical)
If death was due to external causes (violence) he is also the following:
Was injury an accident, suicide, or homicide? Accident
Where did injury occur? Home - Climax, Ga (Specify city or town, if outside of limits, the county, and the state)
Did injury occur in a hotel, public place or industry? None
Manner of injury: Fall - fracture of hip
Nature of injury: ___
(Signed): R. F. Whear M.D.
(Address): Bainbridge, Ga
13. FILED: June 1 1936
(Signed): Mrs. M. A. Fort (Local Registrar)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. Was disease or injury caused by dangerous or insanitary conditions or occupation? ___ Where was disease contracted if not at place of death? ___

V.2—2

STATE OF GEORGIA

Marriage Certificate

Decatur COUNTY

This Certifies that James M Gales

and Louisiana M Barber

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By John M James J P

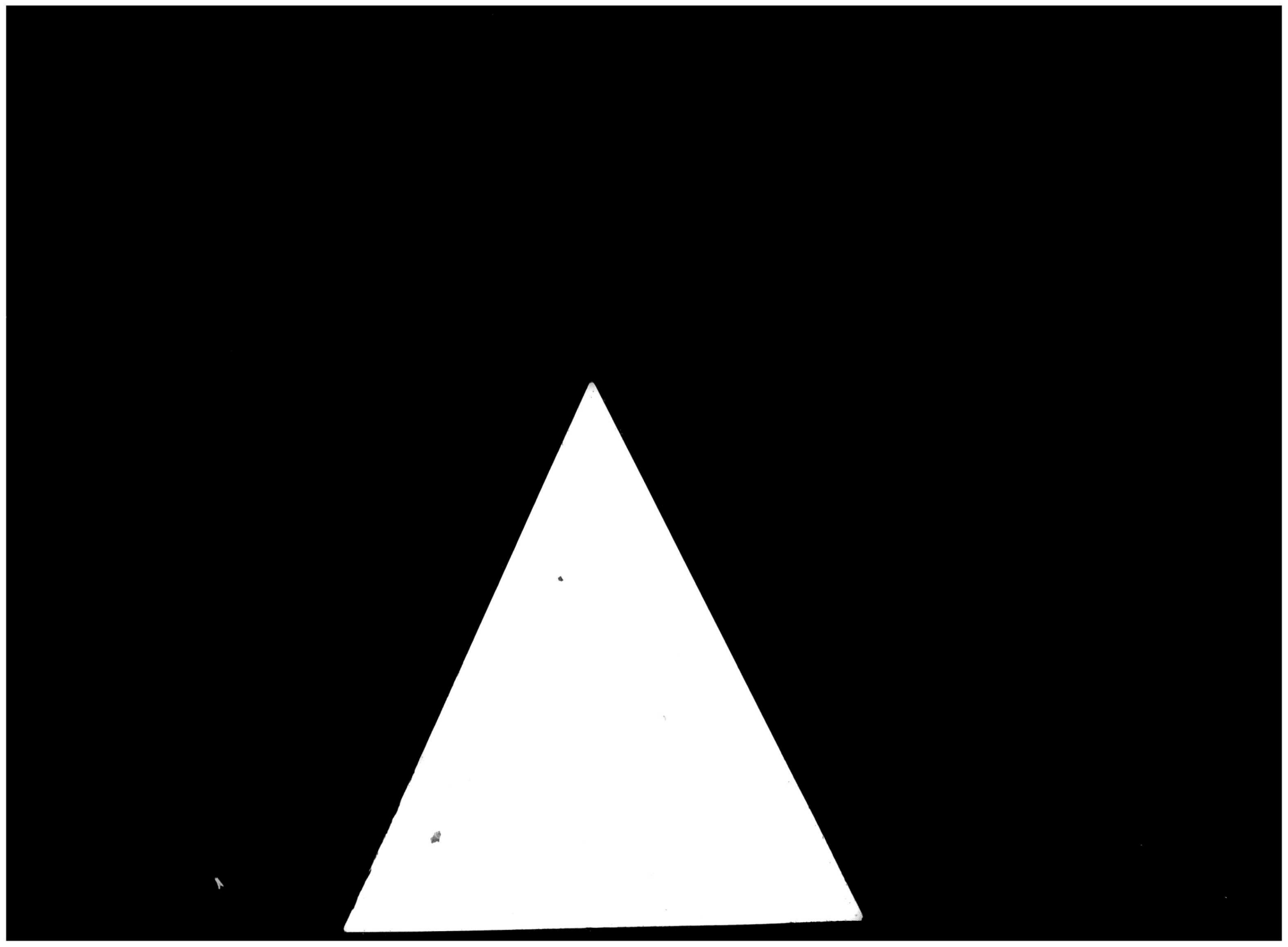
On the 14 day of Dec in the year of our Lord 1866

as appears of record in my office in Marriage Record, book A

page 322. This 26 day of June 1922

T B Maxwell

Ordinary.



Youngblood, T. K.
Decatur County

OK for 1911

No .....

Confederate Soldier's Application.

UNDER ACT 1910.

✓

County Decatur

Name T K Youngblood

Company Macon Light Arty

Regiment .....

Approved .....

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

9/30/10

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,
Liberty County.

D K Young Sr of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office) D K Young Sr Bevin bridge Ga

2. How long and since when have you been a continuous resident citizen of this State? Born on this State Lived in this State all my life 67 yrs

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Army of the Confederate States Ga Vol

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) At Macon Ga 2 Macon Light Artillery May 1862

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) From Enlistment May 1862 until the close April 9 1865

6. When and where was your Company and Regiment surrendered or discharged from the Service? At Appomattox Va April 9 1865

7. Were you actually present with your Command when it was surrendered or discharged? No

8. If you were not actually present, state specifically and clearly where you were. At first Lieut MD

a. Where was your Command when you left it? At Petersburg Va

b. When did you leave the Command? April 2 1865

c. For what cause did you leave? Captured

d. By whose authority did you leave? Captured by the Enemy

e. For how long was your leave granted? In what way? Not granted

f. Why did you not return to your Command after leave expired? —

g. In what way were you prevented? Prisoner

h. What effort did you make to return? —

i. Were you captured during the war? Yes

j. If so, when, and where? In what prison were you held and when were you released? At the Battle of Petersburg April 2 1865 Released after Surrender

9. What property of every discription was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) City Property House & Lot occupied by the City for 700.00 Personal property Consisting of Stock of Goods 600.00 Household 150.00

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? None

11. What property of any discription of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemised list). The same as above for 1908 and assessed at same value The 1150.00 I would be willing to take 1150.00 for it.

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? My Annual Earnings has been about 600.00 as a Confederate

13. Are you drawing a pension of any amount from this State or the United States? None

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the 23 day of Sept 1910

J R Maxwell Ordinary,
of Liberty County.

D K Young Sr Clerk

D K Young Sr Clerk Superior Court
Liberty County
Filed for 1911

No.

Confederate Soldier's Application.

UNDER ACT 1910.

County Liberty

Name D K Young Sr

Company Macon Ga Light Artillery

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

Pd 10

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Bibb County.

R A Johnston of said State and County is hereby presented as a witness in support of the application of J. K Youngblood for the pension provided by the Act of 1910, in said State, and after being sworn truly answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? Robert A Johnston Bibb County Ga
2. How long and since when have you known J.K. Youngblood the applicant? Since Feby 1862 (1862)
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? Sandersville Washington County Ga Since 1862. I have known ever since 1862
4. When, where and in what Company and Regiment did J. K. Youngblood enlist during war from 1861 to 1865? (Give date and place) Some time in Feby 1862 Swainsboro Ga
5. How did you obtain your information of this Service? I was a commander of same Company and Served with him from may 1862 until he was Captured
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) from may 1862 to 2d April 1865
7. When and where was his Command surrendered or discharged (give date and place) 9th April 1865 Appomattox Va
8. Were you personally present at the Surrender? Yes
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender? Yes or No
11. If not where was he and how came him there? He was a prisoner of War
12. When did he leave his Command? April 2d 1865 Where was his Command when he left it? Petersburg Va for what cause did he leave? Captured by the enemy By whose authority did he leave Captured and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I was in the same fight with him when he was captured
13. In what way was he prevented from returning to his Command? How do you know? Prisoner of War
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner? Yes If so, when and where? April 2d 1865 Petersburg Va In what prison was he held? I dont Know and when released? Only Know he was captured April 2d 1865 and released after the surrender

Sworn to and subscribed before me, this the 6th day of September 1910 } W A Johnston

Ordinary of Bibb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.
Decatur County.

Personally before me comes R K Hicks H C Allen who on oath says that they are free holders residing in said County and we know J K Youngblood 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.) House & Lot in the City of Bainbridge Cash Value 900.00 Funds of bonds and Insurance Cash Value 250.00 (J H C Allen Sees him the land 640 acres for 640) Not Value his Land possession

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) None to Knowledge of any person since 4 Nov 1908
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 26 day of Sept 1910. } R L Hicks H C Allen

J B Maxwell Ordinary. of Decatur County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Decatur County.

I, J B Maxwell Ordinary of said County, certify that I know the applicant J K Youngblood or Pension is the person he represents himself to be and resides in said County. That I also know Sam Bibb Co the witness swearing to the service and R R Hicks & H C Allen who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of Decatur Co Tax Digest shows that J K Youngblood and wife value for tax is in 1908 $1283.00 for 1909 $1105.00 for 1910 $1070.00

Sworn under my hand and official seal of office this 28 day of Sept 1910

J B Maxwell Ordinary. of Decatur 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 Free holders unnecessary.

Georgia Bibb County

I Erwin Ordinary of said County do hereby certify that Robert A Johnston who signs this application for pension as a Witness is a man of Trustworthy Character and his statements are entitled to full faith and credit

This 6th September 1910

Erwin Ordinary

NAME Youngblood, T. K. YEAR 1911 COUNTY Decatur

WHEN AND WHERE BORN? Born and lived in Georgia all my life, 67 years.

ENLISTED WHEN AND WHERE? May, 1862, Macon, Georgia.

RANK

COMPANY AND REGIMENT? Macon Light Artillery.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED? WHEN AND WHERE? April 2nd, 1865 at the battle of Petersburg. sent to Point Lookout, Md.

RELEASED After the surrender. Does not state when or where.

WHEN AND WHERE SURRENDERED? April 9th 1865, Appomattox, Va.

IF NOT PRESENT AT SURRENDER? WHERE WERE YOU? In prison at Point Lookout. Md.

DIED? WHEN AND WHERE?

BURIED?

WITNESSES? Robert A. Johnston- Same command- No data.

CB

