

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____, hereby authorize

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

at _____

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

day of _____ 1905.

[L. S.]

Executed in presence of _____

To Those Heretofore Paid.

1905.

No. 813

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs. M. C. Abbott

Widow of _____
County,
Co. B 8 Ga Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

112. 1905.

AND HANDED TO

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 DeKalb

PERSONALLY COMES Mrs.

M. A. Abbott

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since June 2nd 1834. That she is the Widow of Walter D. Abbott who was a soldier in Company B of the 8th Regiment of GA Volunteers, that he enlisted in said regiment on or about the month of August 1803, and served in the Army up to 180. That he died on the Nov day of 1873.

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 nor cohabited, and that she became his wife in the year 18

I have been allowed an Indigent pension as a resident of DeKalb 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 10 day of July 1905.
James R. George Ordinary.

Post-Office Lithonia Ga

State of Georgia,

County of DeKalb

I, James R. George

Ordinary of said County, certify that I am well acquainted with Mrs. M. A. Abbott, 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 10 day of July 1905.

Official Seal.

James R. George
Ordinary of DeKalb County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY.
I, *Mrs M. A. Abbott*, hereby authorize
N. A. Abbott of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
Mrs N. A. Abbott at _____
In Witness Whereof, I have hereunto set my hand and seal, this *9th*
day of *January* 1906. *M. A. Abbott* [L. S.]

Executed in presence of
James R. George
Ordinary

To Those Heretofore Paid.

1906.

No. *179*

**INDIGENT
WIDOW'S PENSION,**

For year ending Dec. 31, 1906.

PAID TO

Mrs. M. A. Abbott

De Kalb County,

Widow of _____
Co. *18th* Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/27 1906,

AND HANDLED TO

M. A. Abbott

SEE PENSION IN PRINTING AND PUBLISHING CO., ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKALB COUNTY.
I, *Mrs M. A. Abbott*, hereby authorize
N. A. Abbott of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
Mrs M. A. Abbott at *Richmond DeKalb Co*
In Witness Whereof, I have hereunto set my hand and seal, this *9th*
day of *January* 1907. *M. A. Abbott* [L. S.]

Executed in presence of
James R. George
Ordinary

To Those Heretofore Paid.

1907.

No. *243*

**INDIGENT
WIDOW'S PENSION,**

For year ending Dec. 31, 1907.

PAID TO

Mrs. M. A. Abbott

OF
DeKALB County,

Widow of *M. A. Abbott*

Co. *18th* Regt. Infantry

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/27 1907.

AND HANDLED TO

M. A. Abbott

SEE W. H. BARNES, STATE PRINTER, ATLANTA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of De Kalb

PERSONALLY COMES Mrs.

M. A. Abbott

who, being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since _____ That she is the Widow of _____

who was a soldier in Company B of the 5 Georgia Regiment of Volunteers, that he enlisted in said regiment on or about the month of Aug 1863, and served in the Army up to _____ 1866 That he died on the _____ day of _____ 1866

General De Kalb & Co.

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 1866

I have been allowed an Indigent pension as a resident of De Kalb 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 9th day of Jan 1906.

Ordinary.

Post Office Lithonia Ga

State of Georgia,

County of De Kalb

Ordinary of said County, certify that I am well

acquainted with Mrs. M. A. Abbott, 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 _____ 1866

Given under my official signature and seal this the 9th day of Jan 1906.

Official Seal

Ordinary of _____

County,

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of DeKALB.

PERSONALLY COMES Mrs.

M. A. Abbott

who, being sworn says on oath, that she is a bona fide resident of said County of DeKALB. State of Georgia, and that she has RESIDED in said State continuously ever since _____ That she is the Widow of _____

who was a soldier in Company N. D. Abbott of the 8th La Regiment of Volunteers, that he enlisted in said regiment on or about the month of _____ 1866, and served in the Army up to _____ 1866 That he died on the _____ day of _____ 1866

General De Kalb & Co.

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 1866

I have been allowed an Indigent pension as a resident of DeKALB. 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.

Ordinary.

Post Office Lithonia Ga

State of Georgia,

County of DeKALB.

Ordinary of said County, certify that I am well

acquainted with Mrs. M. A. Abbott, 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 _____ 1866

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

Official Seal

Ordinary of _____

County,

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

Ordinary's Certificate

STATE OF GEORGIA

DeKalb COUNTY

I, *James O. Perry*, Ordinary of said County, certify that I know the applicant *J. M. Abernethie* for pension is the person he represents himself to be and resides in said county. That I also know _____ the witness swearing to the

service; 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 *28* day of *Oct*, 19*18*

James O. Perry Ordinary
of *DeKalb* County

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall read 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. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by said Ordinary.

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1910.

County *DeKalb*
Name *J. M. Abernethie*
Company *Dukes*
Regiment *105th*
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

Pension Office.
4/9/1920

J. M. Abernethie. Applicant must amend and state the details of his company and the number of his regiment, and the name of his Col., Lieut., Col., and Major. Has command Infantry or Cavalry. What duties did 1st company, Capt., Date perform and where at. Then state the company, by letter and the regiment by number of last command and the Col., Lieut., Col., and Major, by name. Then prove all statements of service by someone that of his own knowledge knows they are true.

J. W. Lindsey.

Com. of Pensions.

No. *11/18-1920*
W. M. G. 1920

McCormick, J. M.
DeKalb Co.

67 RD 1937
10/25-1920
10-30-1919

Ordinary's Certificate

STATE OF GEORGIA

DeKalb COUNTY.

I, James P. George Ordinary of said County, certify that I know the applicant J. M. Abercrombie for pension is the person he represents himself to be and resides in said county. That I also know _____ the witness swearing to the service; 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 28 day of Oct 1918

James P. George Ordinary
of DeKalb 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.

Confederate

Soldier's Application
Under Act 1910 - As Amended by Act of 1919.

County DeKalb

Name J. M. Abercrombie

Company Duke's

Regiment 40th

Approved _____

6. 20. 1939

10. 25 - 1930

10. 20 - 1919

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co. State Printers, Atlanta.

Pension Office,
4/9/ 1920/

J.M. Abercrombie, DeKalb Co., Applicant must amend and state the letter of his company and the number of his regiment, and the name of his Col., Lieut., Col., and Major. Was command Infantry or Cavalry. What duties did last company, Capt., Duke perform and where at. Then state the company by letter and the regiment by number of last command and the Col., Lieut., Col., and Major by name. Then prove all statements of service by someone that of his own knowledge knows they are true.

J. W. Lindsey,
Com. of Pensions.

Duke Co. Scouts, in military
Application for Soldier's Pension Under Act 1910
trans. to Capt. Watkins Co. for 1918 in Reserve Co.

Questions For Applicants to Answer

STATE OF GEORGIA

DeKalb COUNTY.

J. M. Abercrombie 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) _____
2. How long and since when have you been a continuous resident citizen of this State? 74 years all my life
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? No
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) October 1, 1864, 1st Duke's Cavalry
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) from Oct. 1, 1864 to May 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? May 1865 Kingston Ga
7. Were you actually present with your command when it was surrendered or discharged? I was present
8. If you were not actually present, state specifically and clearly where you were. _____
- a. Where was your command when you left it? did not tell
- b. When did you leave the command? Surrendered
- 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? Surrendered
- g. In what way were you prevented? _____
- h. What effort did you make to return? _____
- i. Were you captured during the war? was not
- 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? Have not
10. Have you ever applied for the Georgia pension and had it refused? and for what cause it was not allowed? Have not

Sworn to and subscribed before me, this the

28 day of October 1918

James P. George Ordinary
of DeKalb County.

(SEAL)

Original to be kept in file of Pension Office

Questions for Witness as to Service

STATE OF GEORGIA,

DOUGLAS

COUNTY.

T.H. Selman of said State and County is hereby presented as a witness in support of the application of J.M. Abernethy 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? My name is T.H. Selman, I reside in Douglas County, Ga. my P.O. Address is Douglasville, Ga. R.F.D. No. 4.

2. How long and since when have you known J.M. Abernethy the applicant? Since 1854.

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? He now resides in DeKalb County, Ga. and he has been a bona fide continuing resident of this State since 1854.

4. When, where and in what Company and Regiment did J.M. Abernethy enlist during war from 1861 to 1865? (Give date and place.) Enlisted at Campbellton, Ga. Oct. 1st, 1864 in Capt. Duke's Home Scouts & about Dec. 31st 1864 was transferred.

5. How did you obtain your information of this Service? By knowing him and by being with him.

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date.) From Oct. 1st 1864 to May 12th 1865.

7. When and where was his command surrendered or discharged (give date and place) At Kingston, Ga.

8. Were you personally present at the time of the surrender? Yes.

9. If not, where were you and how came you there? I was present.

10. Was the applicant personally present with his command at surrender? He was.

11. If not where was he and how came him there? He was present.

12. When did he leave his command? Never left it.

Where was his command when he left it? Never left it.

For what cause did he leave? Never left it.

By whose authority did he leave? Never left it.

How do you know long was he granted leave? Never left it.

How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically.

My personal knowledge being well acquainted with him & being with him.

13. In what way was he prevented from returning to his command? Never left it.

How do you know? Because I was with him.

14. What effort did he make to return to his command? Never left it, have already stated how I know.

15. Was applicant captured as a prisoner? No.

If so, when and where? Never captured.

In what prison was he held? Never captured.

when released? Never captured.

Sworn to and subscribed before me, this the

27th day of October, 1919.

J.H.M. Selman Ordinary

of Douglas County.

at Atlanta, Ga. to the Reserves of General Hoffer.

AMENDED AFFIDAVIT.

Questions for Witness as to Service

STATE OF GEORGIA,

DOUGLAS

COUNTY }

T.H.Selman

of said State and County is hereby presented as a witness in support of the application of J.M.Abarcrombie 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? My name is T.H.Selman, I reside in Douglas Co., Ga., my P.O. Address is Douglasville, Ga.

2. How long and since when have you known J.M.Abarcrombie the applicant? Since 1854.

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? Now resides in Dekalb County, Georgia, he has been bona fide continuing resident of this State since 1854.

4. When, where and in what Company and Regiment did J.M.Abarcrombie enlist during war from 1861 to 1865? (Give date and place.) Enlisted at Campbellton, Ga. Oct. 1st 1864 in Capt. Duke's Home Scouts. His service consisted in scouting.

5. How did you obtain your information of this service? City of Capt. Duke's knowing him and being with him when serving under General Wofford.

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date.) Fall of 1864 after Jonesboro battle.

7. When and where was his command surrendered or discharged (give date and place) Kingston, Ga. May 12th 1865.

8. Were you personally present at the surrender? I was.

9. If not, where were you and how came you there? I was present.

10. Was the applicant personally present with his command at surrender? He was.

11. If not where was he and how came him there? He was present.

12. When did he leave his command? Never left it. Where was his command

when he left it? Never left it. For what cause did he leave? Never left it.

By whose authority did he leave? Never left it. and how

long was he granted leave? Never left it. How do you know

all that you have stated to be true? If of your own knowledge, tell clearly and specifically.

My personal knowledge being well acquainted with him & being with him

13. In what way was he prevented from returning to his command? Never left it.

How do you know? Because I was with him.

14. What effort did he make to return to his command and how do you know? Never left it, have already stated how I know.

15. Was applicant captured as a prisoner? No. If so, when and where?

Never captured. In what prison was he held? Never captured. and

when released? Never captured.

Sworn to and subscribed before me, this the

19th day of October, 1920.

J.H.McClary Ordinary

of Douglas County.

(SEAL)

Reserves Cavalry

(Dec. 31st 1864 transfered to 1st Regt. 1st Cavalry (Capt. Duke's Company)

Ordinary's Certificate

STATE OF GEORGIA.

DOUGLAS

COUNTY.

I, J. H. Moloney

Ordinary of said County, certify that I know

the applicant for pension is the person he represents himself to be and resides in said county. That I also know T. H. Salmon 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 12th day of October, 1920.

J. H. Moloney

Ordinary

of Douglas

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.

Confederate

Soldier's Application

Paid Act 1918 - as amended by Act of 1919

County

Name

Company

Regiment

Approved

J. W. LINDSEY

Commissioner of Pensions

First President Co. 1860-1861, 1862-1863

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, DeKalb County.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know Mrs. J. M. Abercrombie, the applicant, and that she is the lawful widow of J. M. Abercrombie, who was on the Pension Roll of said DeKalb County, and was paid a Pension from DeKalb County for 192 33, and at the time of his death on the 7 day of August 192 33, there was due to him and unpaid his Pension of _____ Dollars from the State of Georgia, and I know _____, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 14 of August, 192 33

(Seal of Ordinary)

V. S. Morgan, Ordinary
DeKalb County

*E. Abercrombie, J. M.
DeKalb Co.*

DeKalb County
192 33

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)
(To be paid to his Widow)

BY

Mrs. J. M. Abercrombie
Widow of J. M. Abercrombie
Date of Marriage Oct. 31, 1909
Date of Death Aug. 7 192 33

Approved and ordered paid.

192
JOHN W. CLARK,
Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Department for approval before you pay out the money, and then return it with your pay-rolls for permanent filing in the Pension Department.

FILED
AUG 16 1933
VETERAN SERVICE OFFICE
A. L. HENSON, DIST.

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow)

(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes Mrs. J. M. Abercrombie of said County, who after being duly sworn, on oath says that she is the widow of J. M. Abercrombie

and that said Pensioner was on the Pension Roll of DeKalb County and was paid a Pension of One Hundred Twenty (\$ 120.00) Dollars from said County for 1933 ~~Quarter 192~~, and that the said Pensioner died in DeKalb County on the 7 day of August, 1923.

Applicant further swears that she married the said J. M. Abercrombie on the 31 day of October, 1909, in DeKalb 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 ~~same~~ ^{same} ~~Gr. Pension, 1923~~ due and unpaid be paid to her.

Sworn to and subscribed before me this 14 day of August, 1923

V. S. Morgan
Ordinary
DeKalb County
(Seal of Ordinary)

Mrs. J. M. Abercrombie

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, _____ County.

Personally before me comes _____, who on oath says that he knew _____ while in life and that he knows Mrs. _____, the above applicant; and knows that the ~~same~~ ^{same} ~~same~~ ^{same} were in due form of law married in the County of _____ in the State of _____ on the _____ day of _____, 18____, and that they were residing together as husband and wife at the time of his death on the _____ day of _____, 19____, and that she is his dependent widow.

Sworn to and subscribed before me this _____ day of _____, 192____

_____, Ordinary
_____, County
(Seal of Ordinary)

INSTRUCTIONS:

- 1st. Proof of marriage must be made.
- 2nd. Do not use the enormously large form of marriage certificate in common vogue throughout the State, suitable only for framing. Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage license is the proper thing.
- 3rd. The Ordinary should examine the blank after it is filled in, and see that everything is fully and correctly completed, and the seals affixed, and that back of application, when folded, is filled in.
- 4th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make the payment.
- 5th. Forward this application with your final settlement to the Pension Department.
- 6th. The widow or person holding her proper power-of-attorney receipts for this pension by signing name, as widow, opposite the name of the pensioner on the soldier pay roll.
- 7th. The pension is covered by this application. Take another application, on the white blank, to admit widow to rolls in

APR 11 1953
VETERAN SERVICE OFFICE
A. L. HENSON, Director

A Certificate

STATE OF GEORGIA, County of De Kalb

IN RE: Expenses last illness and funeral *J. M. Abercrombie*

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 12 day of August, 1988.

(SEAL)

(Ordinary will please complete and return immediately to A. L. Henson, Director, Veterans Service Office, State Capitol, Atlanta, Ga.)

For DeKalb County

1933

**Application for Pension
Due Deceased Pensioner**
(UNEMPLOYED ACP 1504)

(To pay expenses of last illness and funeral)

U. A. Mayzen Ordinary

For J. M. Abernethy

Date of Death Aug. 7th 1933

Amount \$ 255.00

Approved and ordered paid

R. W. F. LAWRENCE,
Commissioner of Pensions.

Widow

[illegible]

Cert- 8-11-33

A. S. Turner
Funeral Director and Embalmer

Prompt Ambulance Service

Decatur, Georgia.

August 10th, 1933.

Mrs J M Abercrombie,
Tucker, Georgia.

Funeral Expenses of James Marion Abercrombie.

August 7th, 1933.

To Casket	\$140 00
Embalming	25 00
Suit of Clothes	12 50
Underwear and Socks	1 00
Funeral Notices	6 50
Service Rendered	15 00
Steel Vault	65 00
	<hr/>
	\$265 00

Georgia DeKalb County,

I do hereby certify that the foregoing account is rendered for the funeral expenses of James Marion Abercrombie, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me,

This August 10th, 1933.

Ruby Johnston

Notary Public, State at Large, Decatur, G.
My Commission Expires Nov. 3, 1933.

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, DeKalb County.

Personally before me, the Ordinary of said County, comes A. S. TURNER of said County, who, after being sworn, on oath says that he knew J. M. Abercrombie of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in DeKalb County, in this State, on the 7th day of August, 1933, 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 \$255.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

V. S. Morgan, Ordinary
DeKalb County

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know A. S. TURNER, 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 J. M. Abercrombie while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of Fifteen (\$15.00) Dollars in said County for 1933, 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 10th day of August, 1933.

(Seal of Ordinary)

V. S. Morgan, Ordinary
DeKalb 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.



VETERANS SERVICE OFFICE

SUCCEEDING TO THE DUTIES FORMERLY DEVOLVING UPON

THE PENSION COMMISSION
THE ROSTER COMMISSION
THE VETERANS SERVICE OFFICE

A. L. HENSON, DIRECTOR
C. ARTHUR CHEATHAM, ASST. DIRECTOR

LILLIAN HENDERSON, ASST. DIRECTOR
C. M. CLARK, LIAISON OFFICER

STATE CAPITOL
ATLANTA

IN RE: Application of Mrs. J. M. Abercrombie, widow of J. M. Abercrombie, for pension accrued to her husband for the years 1930 and 1933:

It appearing that the late husband of this applicant established his right to a pension as a Confederate veteran and was such a pensioner at the time of his death; that applicant was married to said pensioner and that she lived with her said husband to the date of his death and has not remarried, and that the pension payments which had accrued to the husband, but had not been received by him: \$127.00 balance for the year 1930, and the installments of his pension remaining unpaid to him for the year 1933, are due applicant, under the Act of 1891, this application is approved, and it is ordered that said payments be made to her, by the Ordinary of DeKalb County, Georgia, as and when they become payable.

This the 16th day of August, 1933.

SEAL

[Signature]
DIRECTOR

NAME Abercrombie, J. M. YEAR 1920 COUNTY DeKalb.

PLACE AND WHERE BORN? A resident of Georgia all my life,
72 years.

DATE OF BIRTH? October 1st, 1864, Campbellton, Ga.

RANK

COMPANY AND REGIMENT? Dukes Company, Scouts, Georgia militia
Transferred to Capt. Waters Co. Woffard's Georgia Reserves Cav.

NAME OF CAPTAIN AND REGIMENT

WOUNDED

CAPTURED WHEN AND WHERE ?

RELEASED

WHEN AND WHERE SURRENDERED ? May, 1865, Kingston, Georgia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED WHEN AND WHERE ?

BURIED

WITNESSES: T. H. Selman - served with applicant - - - - No data.

SB.

V. S. MORGAN
ORDINARY AND PROBATE JUDGE
DEKALB COUNTY
E. H. MASON, CLERK

DECATUR, GA., August 14, 1923

A. L. Henson, Director
Atlanta, Georgia

Dear Sir:

Enclosed please find application for pension due deceased soldier to be paid to his widow; also a marriage certificate in lieu of witnesses.

This, of course, will only be paid for the balance of this year. Trust it will be approved and she may continue to receive the pension, I am

Yours very truly,

V. S. Morgan

Ordinary

VSM/E

FILED

AUG 17 1923

VETERAN SERVICE OFFICE
A. L. HENSON, Director



This Certifies that J. M. Abercrombia

and Mrs. S. C. Burch

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

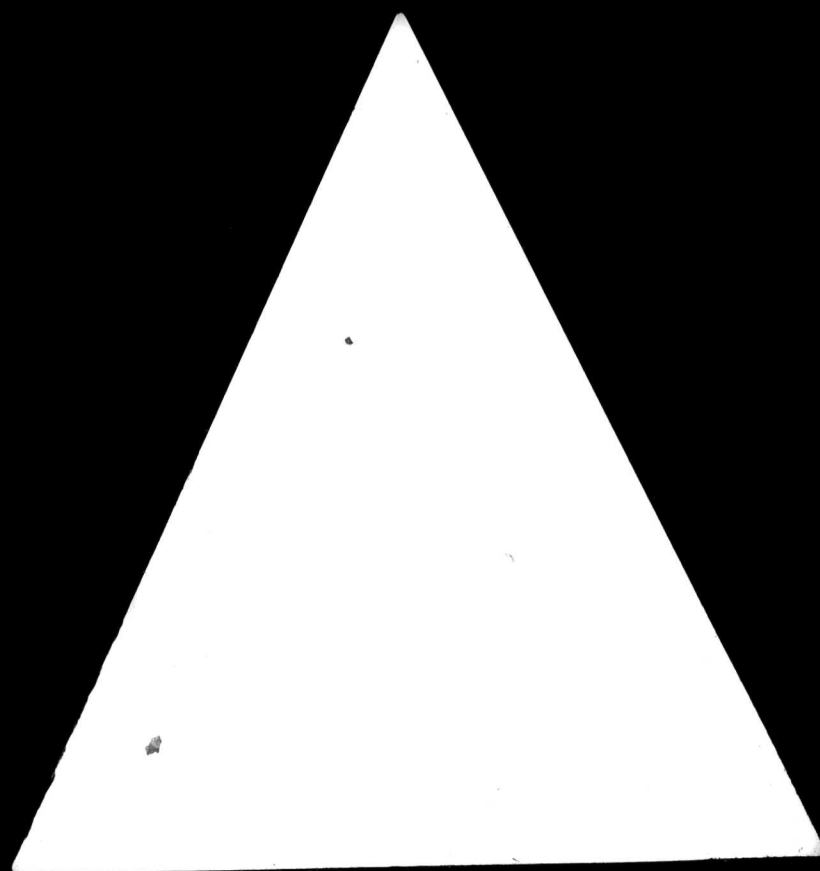
By J. A. Jordan, M. G.

On the 31 day of October in the year of our Lord 1920.

as appears of record in my office in Marriage Record, book I

page 234 . This 14 day of August 1923.

V. A. Morgan
Ordinary.



STATE OF GEORGIA.

DeKalb

COUNTY.

Ordinary's Certificate

I, V. S. Morgan Ordinary of said County, do certify that I know Mrs. J. M. Abercrombie 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 See Marriage Certificate 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 10 day of August 1937.

(SEAL OF ORDINARY)

of DeKalb County.

INSTRUCTIONS:

1. Before any questions are answered the (ordinary shall serve 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 true and correct.")
2. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by him to the State Department of Public Welfare.
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 him to the State Department of Public Welfare.
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. The State Department of Public Welfare will issue a Marriage Certificate in proper form 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.

Widow's Application

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.

County. DeKalb
Name. Mrs. J. M. Abercrombie
Widow of J. M. Abercrombie
Date of Marriage. Oct. 30 1908
Date of Husband's Death. Aug. 7 1935
Company.
Regiment.
Approved. 10/2/37 1937
V. S. Morgan Director.

CONFEDERATE DIVISION
STATE DEPARTMENT OF PUBLIC WELFARE

State Dept. Public Welfare,
Atlanta, Oct. 29, 1937.

J. M. Abercrombie was placed on the pension rolls of DeKalb County in 1920, on the following statement:

"I joined Duke's Company Wm. Scouts Oct. 1, 1864. Transferred to Capt. Waters' Company, Wofford's Brigade, Ga. Militia Dec. 31, 1864. This was Reserve Cavalry Militia. Paroled, Kingston, Ga., May 12, 1865."

The above organization cannot be identified. Evidently a local company of Militia, if any.

Director Confederate Records Div.

AUG 11 1937

State Dept. Public Welfare,
Atlanta, Oct. 29, 1937.

J. M. Abercrombie was placed on
the pension rolls of DeKalb County
in 1920, on the following
statement:

"I joined Duke's Company No. 1,
Scouts Oct. 1, 1864. Trans-
ferred to Capt. Waters' Com-
pany, Woodford's Brigade, Ga.
Militia Dec. 31, 1864. This was
the 1st Cavalry Militia. Paroled,
Kingston, Ga., May 12, 1865."

The above organization cannot be
identified. Evidently a local
company of Militia, if any.

Director of Public Welfare
Div.

7/14/19-20

Widow's Application

Under Act of 1910, As Amended by Act of
1919, and Constitutional Amendments
of 1920 and 1937.

County, DeKalb

Name, Mrs. J. M. Abercrombie

Widow of J. M. Abercrombie

Date of Marriage, Oct. 30, 1909

Date of Husband's Death, Aug. 7, 1933

Company

Regiment

Approved

10/30/1909

CONFEDERATE DIVISION
STATE DEPARTMENT OF PUBLIC WELFARE

AUG 11 1937

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. S. Morgan, Ordinary of said County, do certify
that I know Mrs. J. M. Abercrombie 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 Sae. Marriage Certificate
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 10 day of August, 1937.
(SEAL OF ORDINARY) V. S. Morgan, Ordinary.
of DeKalb 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,

DeKalb COUNTY.

Personally appears before me, Mrs. J. M. Abercrombie 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 follows, to wit:

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County)
Mrs. J. M. Abercrombie - Tucker, DeKalb County, Ga.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State
of Georgia? 40 years
Give date, or year, of your birth, May 21, 1862 Age, 75
3. (1) When, (2) where and (3) to whom were you married?
Married October 30, 1909 at Tucker, Ga. to J. M. Abercrombie
a. Have you married since the death of first and soldier husband? no
b. When and where did your first husband die? Died August 7, 1933 at Tucker, Ga.
c. Were you residing together when he died? yes
d. If not, how long had you resided apart? 1
e. Are you now a widow? yes
f. Have you or your husband heretofore been paid a pension by the State? Received pension from
g. If so, when and for what cause were you or your husband placed on the roll? DeKalb County
Service in Confederate Army

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 Infan-
try, 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?
6. What was his physical condition when he left his Command?
7. What effort did he make to return to his Command?
8. In what way was he prevented from going back to his Command?
9. Was he captured by the enemy at any time?
10. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

27 day of July, 1937.
V. S. Morgan, Ordinary
of DeKalb County.
(SEAL OF ORDINARY)

Mrs. J. M. Abercrombie
Applicant.

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Hon. V. S. Morgan, Ordinary,
DeKalb County,
Decatur, Georgia.

WHEREAS:

MRS. J. M. ABERCROMBIE, WIDOW OF J. M. ABERCROMBIE,

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, 1938, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 1937.

L. H. "Pat" Givens

Director, Confederate Division
State Department of Public
Welfare

Form No. 5.
**POWER OF ATTORNEY,
STATE OF GEORGIA.**

County,)

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

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

Executed in the presence of us:

[L. S.]

DIRECTIONS.

If allowed, send amount by
me at _____

and oblige,

to _____



Warrant

3100-10

Widows' Pension

PAID TO
Mary E. Adams
D. K. H. H.

AND HANDED

POWER OF ATTORNEY.
STATE OF GEORGIA,
County.

Form No. 6.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

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

Executed in the presence of us:

[L. S.]

DIRECTIONS.

If allowed, send amount by me at _____

, and oblige,



Affidavit to be Made by the Widow. Form No. 1.

STATE OF GEORGIA.

County of *De Kalb*

In person came before me, the undersigned Ordinary

in and for the County of *De Kalb*

Mrs. *Varney C. Adair*, who being sworn according to law, says under oath that she is the widow of *Benjamin J. Adair*, who was a soldier in the service of the Confederate States, and served as a member of Company *F*, of the

53rd Regiment of *Georgia* Volunteers; that he enlisted in said service on or about the *1st* day of *April* 1862, and was in the *Confederate* Army up to *Feb* 1863. That while in the Army, he was on the *23rd* day of *February* 1863, (See Note No. 1)

He had fever early in 1863, was sent from Fredericksburg to Richmond Virginia where he died in a hospital.

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 *24th* day of *January* 1856, and that she has resided in Georgia continuously since the *16th* day of *June* 1834; 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

3d day of *April* 1891.

M. M. Magdale
Ordinary.

Varney C. Adair
mark

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.

AND HANDED TO

Warrant is

2100.00

Adair

Adair's Pension

Adair

Adair

Adair

Adair

Adair

Adair

Adair

Adair

Adair

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of *Henry* } In person came before me, the undersigned Ordinary
N. Thomas Joseph Howell in and for said County, witnesses *J. W. Vandegriff*
 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. *Nancy E. Adair*, of the County of *Henry*, who was a soldier in
 State of Georgia, in the widow of *Benj. J. Adair*, Company "F" of the *53* Regiment of *Ca* Volunteers.
 That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or
 about the *1st* day of *April* 1862 That while in said service, or by
 reason of said service in the Army, he lost his life as follows:

*He contracted
 fever in 1863 & was sent to a hospital
 from Fredricksburg Va to Richmond
 where he died in said hospital
 from the effects of said disease*

We further swear that Mrs. *Nancy E. Adair* was the wife of said
 soldier during the service and that she has not intermarried since his death, and that she resides in
Henry County of the State of Georgia.

Sworn to and subscribed before me, this, the
1st day of *April* 1891.

Abraham Farrow
W. H. Harrison
J. W. Vandegriff
N. Thomas Joseph Howell
 Ordinary.

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

Form No. 3.

STATE OF GEORGIA,

County of *De Kalb*

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the
9th day of *April* 1891.

SEAL

W. M. Rogstad

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.

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

Form No. 2.

STATE OF GEORGIA, County of *De Kalb*
 I, *Wm. Ragsdale*, Ordinary in and for said County of
De Kalb State of Georgia, hereby certify that I am acquainted with Mrs.
Nancy E. Schair the applicant for a pension in this case, and
 know, from my own knowledge (or from positive proof presented to me by reputable wit-
 nesses), that she resides in this County, and that she resided in the State of Georgia on
 December 23, 1860, and has not lived out of the State since that date. That she is the
 widow of *B. J. Schair* 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 *2nd* day of *Jan*, 1894.

SEAL

Wm. Ragsdale

Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, *De Kalb* County.
 KNOW ALL MEN BY THESE PRESENTS, That I, *Mrs. Nancy E. Schair*,
 of *De Kalb*
 County in said State, do hereby appoint *B. J. Schair*,
 of *De Kalb* my true and lawful attorney in fact, for
 me, and in my name, to receive and receipt for whatever amount of money I may be en-
 titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the
 foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any
 Warrant that may be issued by the Governor, or for any sum of money which may be
 coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *2nd*
 day of *Jan*, 1894.

Nancy E. Schair [L. S.]
mark

Executed in the presence of us:

Wm. Ragsdale
Ordinary

DIRECTIONS.

Send amount by _____ to
 me at _____, and oblige

Nancy E. Schair
De Kalb County

1894.

FOR THOSE HERETOFORE PAID.

No. *1094*

WIDOWS' PENSION,

for year ending February 15th, 1894.

Nancy E. Schair
 OF
De Kalb COUNTY.

WARRANT ISSUED

2/1

AND PAID TO

B. J. Schair

1894.

GR. OF EXAMINER, NEW YORK, 1894.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

Personally comes Mrs.

County of *De Kalb*

Nancy E. Adair

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

De Kalb

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

continuously ever since

Jan

1874 That she is the Widow of

B. J. Adair

who was a Soldier in Company

F of the *58th*

Regiment of *Ga.*

Volunteers, that he enlisted in said Regiment on or about the month of *April*

1862 and served in the Army up to

Feb

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.) (

Had fever and died while in service at Richmond Va. on the 21st day of February 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, that she became his wife in the year *1866*; 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

29th day of *Jan*

1894.

Wm. H. Adair Ordinary.

Post-office *Super. Singer Ga.*

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

Form No. 2.

STATE OF GEORGIA, County of De Kalb
I, Wm. R. Rogers Ordinary in and for said County of
De Kalb State of Georgia, hereby certify that I am acquainted with Mrs.
Nancy E. Adair 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
Samuel E. Adair 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
17th day of Jan, 1893.

[SEAL]

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, De Kalb County.
KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. Nancy E. Adair
of De Kalb County, in said State, do hereby appoint
my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to
from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affi-
davit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be
issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of Jan, 1893. Nancy E. Adair [I. S.]

Executed in the presence of us:

J. H. Sawyer

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

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

Form No. 2.

STATE OF GEORGIA, County of De Kalb
I, Wm. R. Rogers Ordinary in and for said County of
De Kalb State of Georgia, hereby certify that I am acquainted with Mrs.
Nancy E. Adair the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable wit-
nesses), that she resides in this County, and that she resided in the State of Georgia on
December 23, 1890, and has not lived out of the State since that date. That she is the
widow of Samuel E. Adair 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 17th day of Jan, 1895.

[SEAL]

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, De Kalb County.
KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. Nancy E. Adair
of De Kalb County, in said State, do hereby appoint
my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be en-
titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the
foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any
Warrant that may be issued by the Governor, or for any sum of money which may be
coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17th
day of Jan, 1895. Nancy E. Adair [I. S.]

Executed in the presence of us:

Wm. R. Rogers

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

Geo. W. Harrison, State Printer, Atlanta.

AND HANDLED TO

1893

Warrant Issued

De Kalb COUNTY.

—OF—

Nancy E. Adair

—PAID TO—

for year ending February 15th, 1893.

Widow's Pension,

1893

1893.

FOR THOSE HERETOFORE PAID.

De Kalb County

Nancy E. Adair

Geo. W. Harrison, State Printer.

AND HANDLED TO

1895.

WARRANT ISSUED

widow of Samuel E. Adair

County.

De Kalb County.

Nancy E. Adair

—PAID TO—

for year ending February 15th, 1895.

WIDOW'S PENSION,

No. 937

1895.

FOR THOSE HERETOFORE PAID.

De Kalb County

Nancy E. Adair

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

Personally comes Mrs.

Nancy E. Adair

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

De Kalb

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

continuously ever since

*Jan*18*94*

That she is the Widow of

Bennjamin Adair

who was a Soldier in Company

F of the *53rd*

Regiment of

Georgia

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

*April*186*2* and served in the Army up to*Feb*186*3*

That he lost his

life on the

23rd

day of

*Feb*186*3* (State here

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

He died of fever and died in a hospital at Richmond Va. 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, that she became his wife in the year 18*96*; 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

17th

day of

1893.

Nancy E. Adair
mark
 Ordinary. Post-office *Snape, Jasper Ga.*

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

Nancy E. Adair

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

De Kalb

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

continuously ever since

*Jan 16th*18*94*

That she is the Widow of

B. J. Adair

who was a Soldier in Company

H of the *53rd*

Regiment of

Georgia

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

*April*186*2* and served in the Army up to*Feb*186*3*

That he lost his

life on the

21st

day of

*Feb*186*3* (State here

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

Had fever while in service and died in a hospital at Richmond Va on February 21st 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, that she became his wife in the year 18*96*, 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

17th

day of

1895.

Nancy E. Adair
mark
 Ordinary. Post-office *Snape, Jasper Ga.*

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

Form No. 2.

STATE OF GEORGIA, County of De Kalb

I, *Wm. Ragsdale* Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. *Nancy E. Blair* 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 *B. J. Blair* 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 *30th* day of *Jan* 1896.

[SEAL]

Wm. Ragsdale Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, *De Kalb* County.

I, *Nancy E. Blair* hereby authorize *J. R. Baughman* of *De Kalb Co* 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 *27th* day of *Jan* 1896.

Executed in the presence of

James Hunter
Wm. Ragsdale
Ordinary.

[L.S.]

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

Form No. 2.

STATE OF GEORGIA, County of De Kalb

I, *Wm. Ragsdale* Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. *Nancy E. Blair* 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 *B. J. Blair* 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 *25th* day of *Jan* 1897.

[SEAL]

Wm. Ragsdale Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

I, hereby authorize to receive and receipt for the pension paid hereon and request that he remit same to at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1897.

[L. S.]

Executed in the presence of

1897.

No. 2619

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

Nancy E. Blair

OF

De Kalb

widow of *B. J. Blair*

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

274 1897,

AND HANDED TO

add

Geo. W. Anderson, State Auditor, Atlanta.

1896.

No. 1723

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

Nancy E. Blair

OF

De Kalb County.

widow of *B. J. Blair*

WARRANT ISSUED

211 1896.

AND HANDED TO

add

Geo. W. Anderson, State Auditor, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs.

Nancy E. Adair

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has resided in said State continuously ever since across her life 1861 That she is the Widow of John Adair who was a Soldier in Company B of the 53rd Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of April 1862 and served in the Army up to Feb 1863 That he lost his life on the 21st day of February 1863, (State here full particulars of the husband's death, when, where and from what cause.)

Had fever and died in a hospital in Richmond Va on date above

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 De Kalb 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 25th day of Jan 1896,
Wm. G. Gadsden Ordinary.

Post-office

Nancy E. Adair
Mark
Shoupfinger Va.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs.

Nancy E. Adair

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has resided in said State continuously ever since Jan 1834 That she is the Widow of John Adair who was a Soldier in Company B of the 53d Regiment of Ga Volunteers, that enlisted in said regiment on or about the month of April 1862 and served in the Army up to Feb 1863 That he lost his life on the 21st day of Feb 1863 (State here full particulars of the husband's death, when, where and from what cause.)

Had fever while in service and died of the disease in Richmond Va on date above

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 1836, 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 De Kalb 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 25th day of Jan 1897,
Wm. G. Gadsden Ordinary.

Post-office

Nancy E. Adair
Mark
Shoupfinger Va.

POWER OF ATTORNEY.

State of Georgia, De Kalb County.
 I, Nancy E. Adair hereby authorize B. J. Adair
 of De Kalb 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 19th
 day of June 1898.

Executed in the presence of

Wm. B. Rogers
Wm. B. Rogers
Ordinary

[L. S.]

ADDAIR, NANCY E.
De Kalb Co.

For Those Heretofore Paid.

1898.

NO. 2576

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO
Mrs. Nancy E. Adair

or
De Kalb County,
 Widow of B. J. Adair

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT ISSUED

211 1898.

AND HANDED TO

B. J. Adair
 GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia, _____ }
 County, _____ }
 I, _____ hereby authorize _____
 of _____
 to receive and receipt for the pension paid hereon and request that he remit same to
 _____ at _____

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

day of _____ 1899.

[L. S.]

Executed in presence of

Adair, Nancy E.
De Kalb Co.

For Those Heretofore Paid.

1899.

NO. 2609

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mrs. Nancy E. Adair

or
De Kalb County
 Widow of B. J. Adair

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT ISSUED

212 1899.

AND HANDED TO

Adair

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.

Nancy E. Adair

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

De Kalb State of Georgia, and that she has resided in said State continuously ever since *Jan 16th* 18 *34* That she is the Widow of

B. J. Adair who was a Soldier in Company *F* of the *53d* Regiment of *Ga*

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

180 *2* and served in the Army up to *Feb* 180 *3* That he lost his

life on the *21st* day of *Feb* 18 *63* (State here

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

Died with fever while in service 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 18 *56*.

I have been allowed a pension as a resident of *De Kalb* 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 *Jan* 1898. *Nancy E. Adair* her *Post-Office Snappingers Ga.* Ordinary.

State of Georgia,

De Kalb County. *W. M. Ragsdale* Ordinary of said County, certify that I am well acquainted

with Mrs. *Nancy E. Adair* 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 *2* day of *Jan* 18 *34*

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

Official Seal.

Ordinary of *De Kalb* County.

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.

Nancy E. Adair

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

De Kalb State of Georgia, and that she has resided in said State continuously ever since *Jan 16th* 18 *34* That she is the Widow of

B. J. Adair who was a soldier in Company *F* of the *53d* Regiment of *Ga*

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

180 *2* and served in the Army up to *February* 180 *3* That he lost his

life on the *21st* day of *Feb* 18 *63* (State here

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

Had fever and died while in service in hospital 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 18 *56*.

I have been allowed a pension as a resident of *De Kalb* 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 *19th* day of *Jan* 1899. *Nancy E. Adair* her *Post-Office Snappingers Ga.* Ordinary.

State of Georgia,

De Kalb County. *W. M. Ragsdale* Ordinary of said County, certify that I am well acquainted

with Mrs. *Nancy E. Adair* 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 *16th* day of *Jan* 18 *34*

Given under my official signature and seal this the *19th* day of *Jan* 1899.

Official Seal.

Ordinary of *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, Nancy E. Adair hereby authorize Mrs. J. H. Adair
of Atlanta

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 2d
day of Feb 1900.

Nancy E. Adair [L. S.]

Executed in presence of

B. J. Adair
J. L. Reynolds
W. J. Adair

Adair, Nancy E.
De Kalb County
To Those Heretofore Paid

1900.

NO. 246

WIDOW'S PENSION,

For year ending February 16th, 1900.

PAID TO
Mrs. Nancy E. Adair

of De Kalb County,

Widow of B. J. Adair

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

Feb 12 1900,

AND HANDED TO

Mrs. Adair

JO. W. LINDSEY, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of De Kalb

Personally Comes Mrs.

Mary E. Miller

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

De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 1834 That she is the Widow ofJohn Miller who was a soldier in Company F of the 53rd Regiment of GeorgiaVolunteers, that he enlisted in said regiment on or about the month of April 1862 and served in the Army up to 1863 That he lost his life on the 15th day of June 1864 (State here

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

He died after while in service and died 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 1856I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1894, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this

15 day of June 1900.Wm. McRae Ordinary.

Post Office

State of Georgia,

De Kalb County.

Ordinary of said County, certify that I am well acquainted

with Mrs. Mary E. Miller, 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 16 day of June 1834Given under my official signature and seal, this the 15 day of June 1900.

Official Seal.

Ordinary of De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Stall COUNTY, 1

I, Mrs. E. Adams hereby authorize
J. H. Adams of Cherokee Co.
Mrs. E. Adams at Cherokee Co.
to receive and receipt for the pension paid hereon, and request that he remit same to

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

E. Adams [L. S.]

Executed in presence of
James T. Adams
Andrew

To Those Heretofore Paid.

1905.

No. 204

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs. E. Adams
OF
Decatur County,
Widow of Enos. Adams
Co. 7 38 82 Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

123 1905.

AND HANDED TO

R. H. Adams

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA.
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY.

I, Mrs. E. Adams, hereby authorize
P. H. Stepler of Chamblee Ga
to receive and receipt for the pension paid hereon and request that he remit same to
Mrs. E. Adams at Chamblee

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

E. Adams [L. S.]

Executed in presence of
James R. George
Ordinary

Adams & Elizabeth
DeKalb County

To Those Herebefore Paid.

1905.

No. 204

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs. E. Adams

OF
DeKalb County,
Widow of E. Adams
Co. K 38 Ga Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

123 1905.

AND HANDED TO

P. H. Stepler

The Atlantic Pension and Charitable Co., Agents,
Care of W. H. Harrison, Managers, New Street, New York.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

County of Dekalb

PERSONALLY COMES MRS.

E. Adams

who, being sworn says on oath, that she is a bona fide resident of said County of Dekalb State of Georgia, and that she has RESIDED in said State continuously ever since Enos Adams That she is the Widow of

7 who was a soldier in Company 7 of the 38th Regiment of La

Volunteers, that he enlisted in said regiment on or about the month of 186 and served in the Army up to 186 That he died on the 1 day of 18

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

I have been allowed an Indigent pension as a resident of Dekalb 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 January 1905. James R. George Ordinary.

Post-Office

State of Georgia,

Dekalb County.I, James R. George Ordinary of said County, certify that I am well

acquainted with Mrs. E. Allen, 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 18

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

{ Official
Seal }

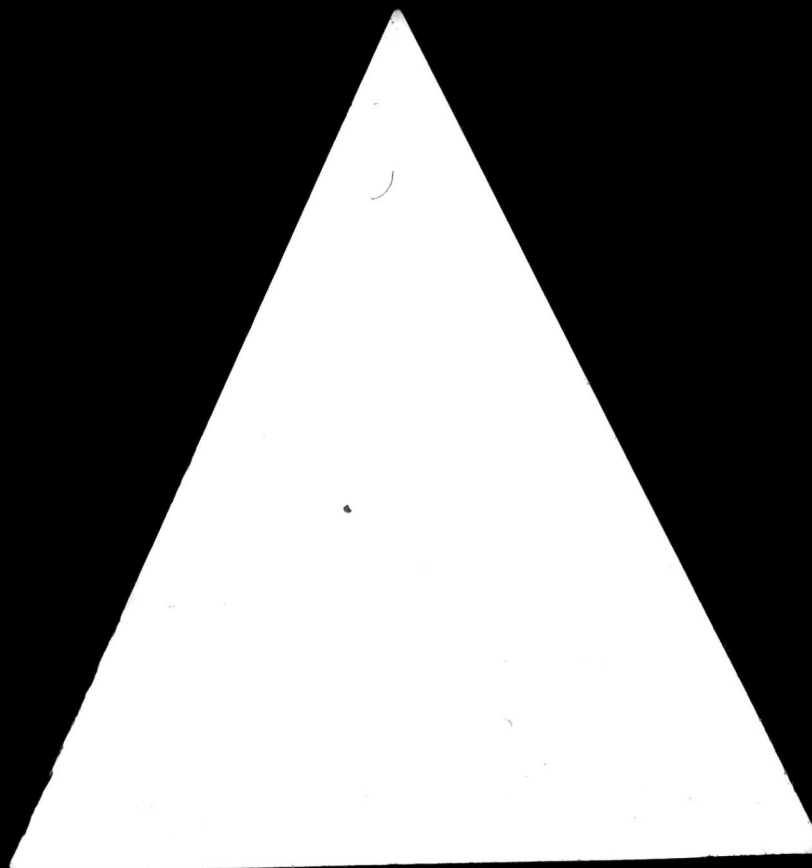
James R. George
Ordinary of Dekalb County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1905.

{ Seal. }

Ordinary of Durham County.

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



NOTES.

In order to avoid unnecessary delay 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 regulations are submitted:

1. If an applicant has been wounded, he must submit a plain statement 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 illness, he must submit a plain statement of facts showing the history of the disease should be given, tracing the disability to 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 an applicant's application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to require the injury to such as to render the limb constant use of crutch or stick.
5. If papers are submitted 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.

Adams, Enos
L. S. Kelt Co

No. 1764

APPLICATION FOR ALLOWANCE.

FOR

Disability from Disease

Applicant, Enos Adams

County De Kalb

Amount 50

Date of Warrant March 30

Entered on record

March 30 1889

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

Applicant

E. C. Phelps & Co
March 26 1889

The applicant must furnish full and explicit proof and make his claim and present condition known to the service.

What is a disability? A disability is a condition of the body which has been determined to be such by the service. The history of the disease he writes out and is sworn to by witnesses who know of his condition and disease after the war.

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.

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

DeKalb County.

PERSONALLY appears Enos Adams of DeKalb 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 25th day of December 1822; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K, of 55th Regiment of Georgia Volunteers, Lawrence's Brigade; that whilst engaged in such military service, at the battle of in the State of on the day of 186 , he was

wounded as follows: The applicant states that in the latter part of the year 1862 he contracted hemorrhoids before the Battle of Sharpsburg. At said Battle of Sharpsburg & from there applicant had to be helped on his way to Virginia & even the middle of June 1863 before applicant was able to be sent home & was sent to the Medical Camp at Richmond & remained so until the close of the war & continues to be unable to the present time.

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

31st day of February, 1889.

Wm. Wright, Capt.

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,

DeKalb County.

PERSONALLY came before me, Wm. Wright, Capt. of the county of DeKalb, State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company K, of 55th Regiment of Georgia Volunteers, and that deponent knows Enos Adams, 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 Enos Adams as stated by him in said affidavit. Deponent further states that said

Enos Adams is a bona fide citizen of this State and resides in DeKalb county.

Wm. Wright, Capt.

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

Enos Adams, Enos

APPLICATION FOR ALLOWANCE.

FOR
 Applicant, Enos Adams
 County DeKalb
 Amount 50
 Date of Warrant March 30
 Entered on record March 30, 1889
 M. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

Applicant

The applicant was furnished full and explicit proof and made his request and present condition has been made to the service. What is a addition in 1864, 1866, 1867, How long has he been disabled to the extent he now claims? physician who knew him as a soldier as the man made proof, show them what the history of his case he a soldier and was one by witnesses who knew him, brother, & friends during service & after the war, M. H. H.

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,

De Kalb

County.

PERSONALLY comes before me W. M. Ragsdale Ordinary of said county,

and J. H. Green and A. S. Mayson, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Enos Adams

and after such

examination say that the applicant has been injured as follows:

with Rheumatic Inflammatory Rheumatism which he says he contracted while in service, in the State of Virginia in the year 1862. Also partial paralysis of the left arm which has been existing since October last. The said paralysis we believe he caused by debility from Rheumatism. The said Enos Adams is now practically unable to perform the ordinary manual avocations of life and has been so since he was first attacked with Rheumatism in year 1862. Further state his present condition, and learn the other facts from his own certificate.

Sworn to and subscribed before me, this

25th day of

1887

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,

De Kalb County.

I,

W. M. Ragsdale,

Ordinary of said county,

do certify that I am well acquainted with Enos Adams 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 J. W. Kirkpatrick before whom the foregoing affidavits were made and power of attorney was signed, is a Justice of the Peace of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 25th day of March 1887

W. M. Ragsdale,

Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I, of county, in said State, do hereby appoint

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

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

Executed in the presence of us:

(L. S.)

STATE OF GEORGIA,

De Kalb County.

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

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

Given under my official signature and seal, this *10th* day of *Feb* 189*0*

Wm. Ragsdale

Ordinary

De Kalb

County.

1890.

No. 907

APPLICATION FOR ALLOWANCE.

FOR THIS OFFICE OCTOBER 25, 1890.

Dis. by Disease

Applicant, *Enos Adams*

County, *De Kalb*

Amount, *50*

Date of warrant, *Feb. 11,*

Entered on record

Feb. 11 189*0*

W. H. H.

RECEIVED EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Applicant

1891

Adams, Enos

PAID 1891.

No.

Application for Allowance

FOR THIS YEAR OCTOBER 25, 1891.

Dis. by Disease

Applicant, *Enos Adams*

County, *De Kalb*

Amount, *50*

Date of Warrant, *Feb 9*

Entered on record

Feb 9 189*1*

W. H. H.

RECEIVED EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Applicant

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

STATE OF GEORGIA,

De Kalb County.

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

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

Given under my official signature and seal, this *9th* day of *Feb* 189*1*

Wm. Ragsdale

Ordinary

De Kalb

County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears *Enos Adams* of *De Kalb* 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

1822 that he enlisted in the military service of the Confederate States (or of the State of *En*) during the war between the States, and served as a *Private* in Company *N*, of *38*th Regiment of *Georgia* Volunteers *Lawton*'s Brigade; that whilst engaged in such military service, at the battle of *Sharpsburg* in the State of *MD*, on the *17* day of *Sept*, 1862, he was wounded as follows: *contracted Rheumatism in Sept*

of 1862, resulting in chronic Rheumatism. He has taken suddenly in the hip at the battle of Sharpsburg and had to be carried from the field. This Rheumatism has permanently disabled the applicant from work, his means of making a living.

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

Sworn to and subscribed before me, this the *10* day of *Oct*, 1890, *Enos Adams*
Wm. H. Gaskale, 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

De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I,

county, in said State, do hereby appoint

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

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

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

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

day of *Dec*, 1819; that he enlisted in the military service of the Confederate States (or of the State of *En*) during the war between the States, and served as a *Private* in Company *N*, of *38*th Regiment of *Georgia* Volunteers *Lawton*'s Brigade; that whilst engaged in such military service at the battle of

of *MD*, on the day of 1862, he was wounded as follows: *contracted Rheumatism while in service from which he never recovered. Affecting left hip and shoulder.*

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

Sworn to and subscribed before me, this, the *10* day of *Oct*, 1891, *Enos Adams*
Wm. H. Gaskale, 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,

De Kalb County.

Know all Men by these Presents, That I,

of *Enos Adams* County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

STATE OF GEORGIA.

I, Wm. H. Harrison County, Ordinary of said county,

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

Given under my official signature and seal, this 24 day of March 1892.

Ordinary Wm. H. Harrison County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name James Adams
County De Kalb
Disability Discharge
Amount, \$ 50

Entered on record met n 1892
W. H. HARRISON,
Secretary of Executive Department.

AGENT.
Applicant James Adams
Geo. W. Harris & Son, Printers, Atlanta, Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County, }
Know all Men by these Presents, That I

of De Kalb County, State of Georgia, do hereby appoint James Adams 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 24 day of March 1892.

Executed in the presence of us, James Adams and James Adams, both of whom are hereby appointed as witnesses, and I know the said James Adams to be the person whose name is subscribed to the foregoing affidavit, and that he is the individual who is the subject of the same.

DIRECTION.
Send money to me as follows, by De Kalb to P. O. County, Georgia.

Sworn to and subscribed before me this 24 day of March 1892, at De Kalb County, Georgia.
I have received the sum of 50 dollars, being the amount of the pension to which the applicant is entitled, and I have paid the same to the applicant, who has acknowledged the receipt thereof to me.
No. 774
Application for Allowance
De Kalb County, Georgia.
Date of Warrant, 24
Entered on record, 24
Warrant Handed to James Adams
Applicant James Adams
Geo. W. Harris & Son, Printers, Atlanta, Ga.

STATE OF GEORGIA, }
County, }
Know all Men by these Presents, That I

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County, }
 PERSONALLY appears *Ernest Adams*
 of *De Kalb* 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 *23* day of *Dec* 1817; that he enlisted
 in the military service of the Confederate States (or of the State of *Georgia*)
 during the war between the States, and served as a *Private* in Company *K*
 of *38* th Regiment of *Georgia* Volunteers *Taylor*'s
 Brigade; that whilst engaged in such military service at the battle of *Sharpsburg*
 in the State of *MD*, on the *11* day of *March*
 1862, he was wounded as follows: *Wound
 in left hip and
 thigh so that he was carried
 to a hospital as a cripple
 so severe was the laceration
 that he was unable to perform
 manual 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, 1892. I have heretofore been allowed a pension of

Dollars for *Disability*

Sworn to and subscribed before me this the

day of *March* 1892.

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,

De Kalb County, }

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

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

Executed in the presence of us:

[L.S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

De Kalb County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County, }

PERSONALLY appears *Ernest Adams* of *De Kalb*

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 *Dec* 1817; that he enlisted in the military service of the Con-
 federate States (or of the State of *Georgia*) during the war between the
 States, and served as a *Private* in Company *K*, of *38* th Regiment
 of *Georgia* Volunteers *Taylor*'s Brigade; that whilst engaged in
 such military service at the battle of *Sharpsburg* in the State
 of *MD*, on the *11* day of *March* 1862, he was
 wounded as follows: *Wound in left hip and
 thigh so that he was carried
 to a hospital as a cripple
 so severe was the laceration
 that he was unable to perform
 manual labor*

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

11 day of *March* 1893.

Ernest Adams

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,

De Kalb County, }

I, *Wm. H. Hargrave*, Ordinary of said County,

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

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

Given under my official signature and seal, this *11* day of *March* 1893.

Wm. H. Hargrave

De Kalb County.

STATE OF GEORGIA,

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to County, Georgia.

P. O.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint

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

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

Executed in presence of us

[1. 8.]

DIRECTIONS.

Send money to me as follows, by

to County, Georgia.

P. O.

Soldier's Pension.

1894.

Name *Charles Adams*
County *De Kalb*
Disability *Dis ease*
Amount, \$ *50*

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

Apple's and

Geo. W. Harrison, State Printer, Atlanta.

(For Those Already Enrolled.)

No. *226*

SOLDIER'S PENSION.

1895.

Name *Enos Adams*
County *De Kalb*
Disability *Phumation*
Amount, \$ *50*

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

Apple

Geo. W. Harrison, State Printer, Atlanta.

Mo. Gator

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

De Kalb County. }

PERSONALLY appears Enos Adams of De Kalb 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 28th day of Dec 1819; 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 38th Regiment of Ga Volunteers Lawton's Brigade; that whilst engaged in such military service at the battle of Sharpsburg in the State of Md. on the day of Sept 1862, he was wounded as follows: while in service he was taken suddenly ill with rheumatism which disabled him and left him unable to do any kind of work.

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, 1894. I have heretofore been allowed a pension of

Fifty dollars, for the year 1894. Sworn to and subscribed before me, this, the 19th day of March 1894. } Enos X Adams mark
W. M. Rogsdale 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, }

De Kalb County. }

I, W. M. Rogsdale, Ordinary of said County, do certify that I am well acquainted with Enos Adams 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 March 1894.



Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

De Kalb County. }

PERSONALLY appears Enos Adams of De Kalb 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 28th day of Dec 1818; 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 38th Regiment of Ga Volunteers Gordon's Brigade; that whilst engaged in such military service at the battle of Sharpsburg in the State of Md on the day of Sept 1862, he was wounded as follows: At the battle he was taken with rheumatism from which he was transferred to Company as being disabled, he continued to be suffering and has grown no better but has been for several years disabled from work.

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 17th day of March 1895. } Enos X Adams mark
W. M. Rogsdale 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, }

De Kalb County. }

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

Given under my official signature and seal, this 7th day of March 1895.



Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1896.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1897.

[L. S.]

Executed in presence of _____

Adams, Enos
De Kalb Co

ACT OF 24 OCT., 1892.
(For Those Already Enrolled.)

No. 2356

SOLDIER'S PENSION.

1896.

Name *Enos Adams*

County *De Kalb*

Disability *Disease*

Amount, \$ *30.00*

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Adams

Geo. W. Harrison, State Printer, Atlanta.

Mo Lister

De Kalb Co
Adams, Enos

ACT OF 24 OCT., 1892.
(For Those Already Enrolled.)

No. 1784

INVALID

SOLDIER'S PENSION.

1897.

Name *Enos Adams*

County *De Kalb*

Disability *Disease*

Amount, \$ *50.00*

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Adams

Geo. W. Harrison, State Printer, Atlanta.

Mo Lister

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb

County.

Personally appears Enoch Adams of De Kalb 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 23d day of Dec 1819; 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 N, of 38th Regiment of La Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of , on the day of 186 , he was wounded, injured or diseased as follows:

While in service in 1862 contracted Rheumatism which disease is permanent and renders applicant unable to do any kind of work being now in an almost helpless condition

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 De Kalb county been allowed a pension of Twenty dollars, for the year 1895.

Sworn to and subscribed before me, this, the

29 day of Feb 1896.

Wm. Ragsdale, Ord. Mag.
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,

De Kalb

County.

I, Wm. Ragsdale, Ordinary of said County, do certify that I am well acquainted with Enoch Adams 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 29th day of Feb 1896.



Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb

County.

Personally appears Enoch Adams of De Kalb 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 23d day of Dec 1819; 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 N, of 38th Regiment of La Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Ind, on the day of Sept 1862, he was wounded, injured or diseased as follows:

While in service at the battle of Sharpsburg, Md. fell on the field and was taken off ever since that time has been afflicted with Rheumatism which now renders applicant almost helpless

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 De Kalb county been allowed an invalid pension of Twenty Dollars, for the year 1896.

Sworn to and subscribed before me, this, the

10th day of Feb 1897.

Wm. Ragsdale, Ord. Mag.
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,

De Kalb

County.

I, Wm. Ragsdale, Ordinary of said County, do certify that I am well acquainted with Enoch Adams 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 Feb 1897.



Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

[L. S.]

Executed in presence of _____

ACT OF 31 OCT. 1881.
(For These Already Enrolled.)

No. 2560

INVALID

SOLDIER'S PENSION.

1898.

Name Enos Adams

County De Kalb

Disability Rheumatism

Amount, \$ 50.00

219 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

aphek

Geo. W. Harrison, State Printer, Atlanta.

7160

(For These Already Enrolled.)

No. 2714

INVALID

SOLDIER'S PENSION.

1899.

Name Enos Adams

County De Kalb

Disability Rheumatism

Amount, \$ 50.00

220 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

aphek

Geo. W. Harrison, State Printer, Atlanta.

7160

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears Enos Adams of De Kalb 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 Dec 1869; 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 K, of 28th Regiment of Ga Volunteers, Payton's Brigade; that whilst engaged in such military service in the State of Ga, on the day of 1862, he was wounded, injured or diseased as follows:

Was taken with Rheumatism at the Sharpsburg fight and have been afflicted with same ever since so as to be unable to work for a support

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 De Kalb county been allowed an invalid pension of Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 7th day of Feb 1898, by Enos X Adams POST-OFFICE Mark

M. W. Ragsdale, 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,

De Kalb County.

I, M. W. Ragsdale, Ordinary of said County, do certify that I am well acquainted with Enos Adams 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 Feb 1898.



M. W. Ragsdale, Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears Enos Adams of De Kalb 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 Dec 1869; 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 Pri in Company K, of 28th Regiment of Ga Volunteers, Payton's Brigade; that whilst engaged in such military service in the State of Ga, on the day of 1862, he was wounded, injured or diseased as follows:

Contracted Rheumatism at Sharpsburg while in service affecting the whole body

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 De Kalb County been allowed an invalid pension of Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 31 day of Jan 1899, by Enos X Adams POST-OFFICE Mark

M. W. Ragsdale, 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,

De Kalb County.

I, M. W. Ragsdale, Ordinary of said County, do certify that I am well acquainted with Enos Adams 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 31 day of Jan 1899.



M. W. Ragsdale, Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County. }

I, _____ hereby authorize
_____ of _____
to receive and receipt for the pension paid hereon and request that he remit same to
by _____
at _____

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

Executed in presence of _____

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County. }

I Enos Adams hereby authorize W. M. Ragdale
of De Kalb County
to receive and receipt for the pension paid hereon and request that he remit same to
by _____
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 22d
day of Jan 1901.

Enos Adams [L. S.]
W. M. Ragdale

Executed in presence of _____

W. M. Ragdale
J. W. Wilson

CODE SECTION 126.
(For Those Already Enrolled.)

No. 2211

INVALID

SOLDIER'S PENSION.

1900.

Name Enos Adams

County De Kalb

Disability Disease

Amount, \$ 50

Warrant issued May 10 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. M. Ragdale
Geo. W. Harrison, State Printer, Atlanta.

W. M. Ragdale

CODE SECTION 126.
(For Those Already Enrolled.)

No. 185-

DISABLED

SOLDIER'S PENSION.

1901.

Name Enos Adams

County De Kalb

Disability Disease

Amount, \$ 50.

Jan 23rd 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. M. Ragdale
Geo. W. Harrison, State Printer, Atlanta.

W. M. Ragdale

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears Enos Adams of De Kalb 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 23 day of Dec 1874; 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 K, of 38th Regiment of Volunteers, Sawyer's Brigade; that whilst engaged in such military service in the State of Ga, on the 15 day of 1862, he was wounded, injured or diseased as follows:

contracted Rheumatism while in service
of which he is still suffering
as to render him unable
to perform 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 De Kalb County been allowed an invalid pension of 2.00 Dollars, for the year 1899.

Sworn to and subscribed before me, this the 15 day of Feb 1900. POST OFFICE De Kalb

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,

De Kalb County.

I, W. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with Enos Adams 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 Feb 1900.



Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears Enos Adams of De Kalb 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 Dec 1874; 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 K, of 38th Regiment of Volunteers, Sawyer's Brigade; that whilst engaged in such military service in the State of Ga, on the 15 day of 1862, he was wounded, injured or diseased as follows:

contracted Rheumatism and Sharpshoot
from which disease he is still
suffering

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 De Kalb County been allowed an invalid pension of 2.00 Dollars, for the year 1900.

Sworn to and subscribed before me, this the 12 day of Jan 1901. POST OFFICE De Kalb

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,

De Kalb County.

I, W. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with Enos Adams 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 Jan 1901.



Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____ 1902.

Executed in presence of _____

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____ 1903.

Executed in presence of _____

[L. S.]

Adams, Enos
De Kalb Co.
CODE SECTION 122A
(FOR THOSE ALREADY ENROLLED.)

No. 266

DISABLED

SOLDIER'S PENSION

1902.

Name Adams Enos

County De Kalb

Co. K Regiment 38th

Disability Rheumatism

Amount, \$ 50.

1802.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Marshall, State Printer, Atlanta.

Adams Enos
De Kalb Co.
CODE SECTION 122A
(FOR THOSE ALREADY ENROLLED.)

No. 311

DISABLED

SOLDIER'S PENSION

1903.

Name Adams Enos

County De Kalb

Co. K Regiment 38th

Disability Rheumatism

Amount, \$ 50.

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Marshall, State Printer, Atlanta.

No later

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *Enos Adams* of *De Kalb* 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 *23d* day of *Dec* 1814; 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 *K*, of *38*th Regiment of *Ga* Volunteers, *Lawton*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the _____ day of _____ 1862, he was wounded, injured or diseased as follows:
Contracted Rheumatism while in service at Sharpsburg, Md.

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 *De Kalb* County, been allowed an invalid pension of _____ Dollars, for the year 1901.

Sworn to and subscribed before me, this *Enos Adams* day of *Jan* 1902. Post-office *Wadley*
W. M. Ragsdale 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,

De Kalb County.

I, *W. M. Ragsdale* Ordinary of said County, do certify that I am well acquainted with *Enos Adams* 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* 1902.

W. M. Ragsdale Ordinary *De Kalb* 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,

De Kalb County.

Personally appears *Enos Adams* of *De Kalb* 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 *23d* day of *Dec* 1814; 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 *38*th Regiment of *Ga* Volunteers, *Lawton*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the _____ day of _____ 1862, he was wounded, injured or diseased as follows:

Contracted Rheumatism while in service at Sharpsburg now unable to do any kind of work.

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 *De Kalb* County, been allowed an invalid pension of *Fifty* Dollars, for the year 1902.

Sworn to and subscribed before me, this *Enos Adams* day of *Jan* 1903. Post-office *Wadley*
W. M. Ragsdale

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,

De Kalb County.

I, *W. M. Ragsdale* Ordinary of said County, do certify that I am well acquainted with *Enos Adams* 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* 1903.

W. M. Ragsdale Ordinary *De Kalb* 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,

Dickall COUNTY.

Enos Adams hereby authorize
J. P. Adams of *Atlanta*
 to receive and receipt for the pension paid hereon, and request that he remit same to
Enos Adams by *J. P. Adams*
 at *Chamblee Ga*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *11*
 day of *January* 1904.

Executed in presence of
James R. George
Ordinary

Enos Adams [L. S.]

Adams, Enos
Dickall County
Jan 11 1904

COUS SECTION 156A.
 (FOR THOSE ALREADY ENROLLED.)

No. *378*

DISABLED
 SOLDIER'S PENSION
 1904.

Name *Enos Adams*
 County *Dickall*
 Co. *H*
 Disability *Rheumatism*
 Amount, \$ *50.00*
1904

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO
J. P. Adams
 Jan 11 1904

no data

Office Telephone 618.

OFFICE OF

Residence Telephone 687.

E. M. ROBERTS,
 REAL ESTATE AGENT,
 No. 20 N. Broad St., Cor. Walton.

Atlanta, Ga., 3/30 1884

This certifies that I treated
Mr Enos Adams, during the
1875+1877 for Chronic rheumatism,
which he says he contracted during
the late war between the states, he
is in needy circumstances & I
think is a worthy object of Charity.
J. W. May Jr M.D.
Personally, come before me J. W.
May an M.D. who on oath says
the above is correct
Sworn to & Subscribed
Before me This 30th March 1884
E. M. Roberts
Not. Pub. Fulton Co. Ga

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

O'Kallb County.

Personally appears

Enos Adams

O'Kallb

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 23. Dec 1819; 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 Pri in Company H, of 38th Regiment of 1st Volunteers Hesters's Brigade; that whilst engaged in such military service in the State of , on the day of 1862, he was wounded, injured or diseased as follows:

Rheumatism cont. Hestersburg

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have before, under said law, as a resident of O'Kallb County, been allowed an invalid pension of Fifty Dollars, for the year 1903.

Sworn to and subscribed before me, this the 11th day of January, 1904.

James R. George Ordinary

Post-office Hestersburg 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,

O'Kallb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with Enos Adams 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 11th

day of January, 1904.

James R. George Ordinary

O'Kallb County.



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

State of Georgia
O'Kallb County

Personally came before me Justinian Erins a Justice of the peace in and for said county A W Stowers E C Mason and G S Adams who on oath says that they were close neighbors to Enos Adams Applicant before the late war and remain so up to the present time and we know that when he came home from the war in 1865 he was down with the Rheumatism and disabled so that he could do nothing scarcely in the way of work and remains so he never heard him complain of Rheumatism before the war we also know that in the years of 1864 and 1865 he was in the Disabled Co guarding the Barricade in Hestersburg

Sworn to and subscribed before me this 28th day of March 1889
Justinian Erins J D

A. W. Stowers
E. C. Mason
G. S. Adams

Audited

1889.

COMPTROLLER-GENERAL

De Kalb
Maimed Soldiers.

Voucher No. 1764

Amount, \$ 50

Paid to Elias Adams
For Disability from

Disease
March 30 1889

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK

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

Applicant
De Kalb

Audited

18

COMPTROLLER-GENERAL

De Kalb
Maimed Soldiers.

Voucher No. 907

Amount \$ 50

Paid to Elias Adams
For Disability by
Disease

Feb. 11 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

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

Applicant
De Kalb

No. 1764
STATE OF GEORGIA,)
EXECUTIVE DEPARTMENT.)

Atlanta, Ga. *Mar 30* 1889.

Mr. *Enos Adams* of the County
of *DeKalb* 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

Disability from Disease contracted in service
He is entitled to receive the sum of *Fifty & 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor,

W H Hamison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty & 00/100 Dollars,
per above voucher, this *30* of *March* 1889.
Enos Adams

No. 907
STATE OF GEORGIA, }
EXECUTIVE DEPARTMENT. }

Atlanta, Ga. *Feb 11* 1890

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

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

Disabled by Disease
He is entitled to receive the sum of *Fifty & 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 18 *90*

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

By the Governor,

W H Hamison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty & 00/100 Dollars,
per above voucher, this *11* of *Feb* 18 *90*
Enos Adams

NAME, Adams, Enos

YEAR 1889 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Private Co. K, 38th. Regt. Ga. Vols.
Lawton's Brigade.

NAME OF CAPTAIN AND COLONEL? Captain William Wright.

WOUNDS? Battle of Sharpsburg, 1862. Wounded?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE CAPTURED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. A.S. Stowers, M.C. Mason and G.S. Adams. No data.

Audited.....1891.

COMPTROLLER GENERAL.

Adams, Enos
De Kalb

1891.

Maimed Soldiers.

Voucher No. 317

Amount \$ 50

Paid to Enos Adams

For De. by DeKalb

July 1

1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

Application

1891.

No. *317*

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. }

Atlanta, Ga. July 9 1891.

Mr. *Elias Adams* of the County
of *DeKalb* 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
Dec 24 1891
He is entitled to receive the sum of _____ 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 _____ on this voucher and return same to
Executive Department for warrant.

W. J. Harrison
GOVERNOR.

By the Governor.

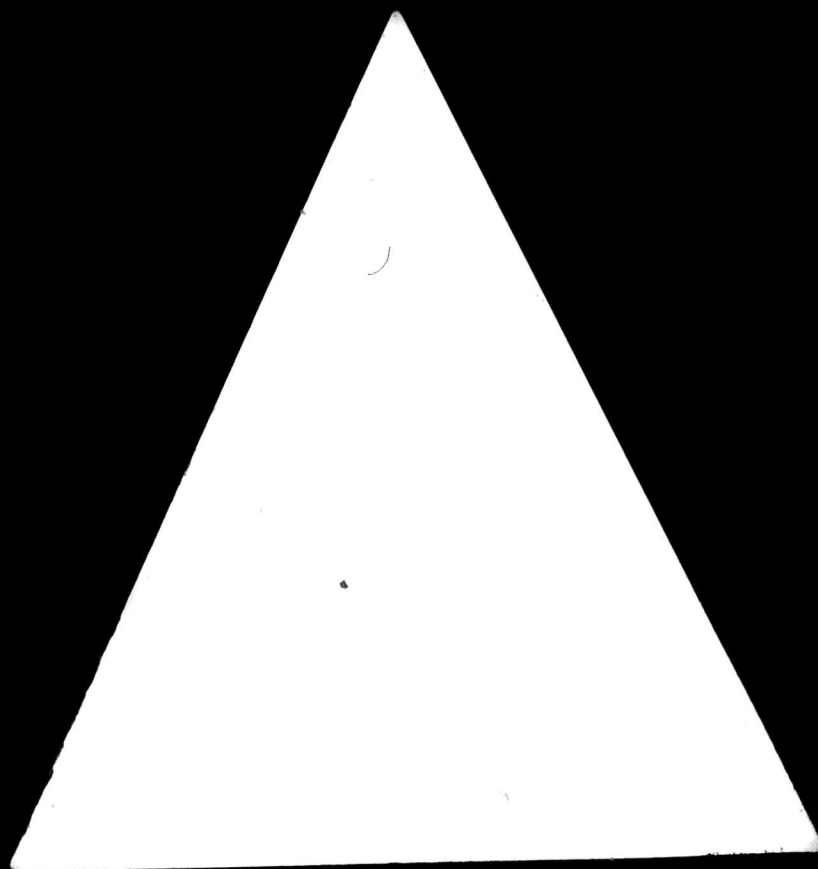
W. J. Harrison
SECY EXECUTIVE DEPARTMENT.

50

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

Fifty _____ Dollars,
per above voucher, this _____ of _____ 1891.

Elias Adams



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }

I, _____, hereby authorize

of _____

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

at _____ by _____

Witness my hand and seal, this _____ day of _____, 1901.

_____ [L.S.]

Executed in presence of _____

Adcock, J. A.
De Kalb Co
No. *1907*
INDIGENT PENSION.

1906/1907

Name *J. A. Adcock*

County *De Kalb*

Co. *D. 42 Ga* Regt.

Approved _____ 1901

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
1908

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

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of

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

at

by

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

[L. S.]

Executed in presence of

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY.

I, J. A. Adcock of said State and County, desiring to avail himself of the Pension Act (Section 1264, Code), hereby submit his proofs, 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? (Give State, County and Postoffice.)

J. A. Adcock Dekalb Co Decatur Ga

2. How long and since when have you been a resident of this State?

49 years April 27 1837

3. When and where were you born? April 27 1807 Dekalb County

4. When and where and in what company and regiment did you enlist or serve? March 24 1862 Company D 42 Ga Regiment

5. How long did you remain in such company and regiment? from March 24 1862 to 9th of April 1865 3 years

6. When and where was your company and regiment surrendered and discharged?

9 day of April 1865. Remained NC

7. Were you present with your company and regiment when it was surrendered? I was

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was present

9. How much can you earn (gross) per annum by your own exertions or labor? about \$25.00

10. What has been your occupation since 1865? Farming

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty"; second, "infirmity and poverty," or third, "blindness and poverty"? Age 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. My Physical Condition is very poor. I have a slight trouble in my head which makes me unable to make a living

13. What property, real and personal, or income, do you possess, and its gross value? nothing but a little personal property about \$75.00

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 75.00 worth of Personal Property

15. In what County did you reside during those years, and what property did you then return for taxation? Dekalb County a small amount of Personal Property

16. How were you supported during the years, 1901, 1902, 1903, 1904 and 1905? By what I could do & help of 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? About \$100.00 about \$25.00

18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year? Nothing. I am on Renter Land

19. Have you a family? If so, who composes such family? Give their mode of support. Have they a home, or other property? Their ages and how employed? I have a wife and three girls with me my wife is domestic

20. Are you receiving any pension? If so, what amount and for what disability? I am

21. Have you ever made an application for pension before? I have not

22. How many applications have you ever made and under what class? None

Sworn to and subscribed before me this the 29 day of August 1906 } J. A. Adcock Applicant.

of Dekalb County.

Every Question Must Be Answered.

about 90
Dekalb Co
1907
INDIGENT PENSION.
1906/1907
Name of J. A. Adcock
County Dekalb
Co D 42 Ga
Regt.
Approved
190
JOHN W. LINDSEY
Commissioner of Pensions
WARRANT HANDED TO
6/1/06
Delivery will be made to the Applicant, Company and Regiment on back as indicated above.
Public Printing and Binding
4/24/06

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Dekalb COUNTY.

H.C. Holcomb of said State and County, having been presented as a witness in support of the application of J.A. Adcox 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?
H.C. Holcomb, Dekalb County
2. Are you acquainted with J.A. Adcox, the applicant: if so how long have you known him?
45 years
3. Where does he reside, and how long and since when has he been a resident of this State?
Dekalb County all his life
4. When, where and in what company and regiment did he enlist, and how do you know?
March 24th 1862 Company D, = 42nd GA Regiment
5. Were you a member of the same company and regiment?
I was
6. How long did he perform regular military duty?
March 24th 1862 to April 9th 1865
7. When and where was his command surrendered?
9 days of April 1865
8. Were you present when it surrendered?
Yes
9. Was applicant present?
He was present
10. If he was not present, where was he?
He was present

When did he leave his command?
April 9th 1865 For what cause?
war closed
By what authority he left?
war closed How do you know all of this?
I was present know it by my own knowledge

11. What property, effects or income has the applicant? (Give your means of knowledge.)
nothing I am his neighbor
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same?
None sold goods made no disposition had none to dispose of
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
has not had nothing to convey

14. What is the applicant's occupation and physical condition?
on Rented land and his physical condition is very feeble not able to work
15. Is the applicant unable to support himself by labor of any sort; if so, why?
he is unable to support himself by any kind of labor
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?
what little he could do by his children
17. What portion of his support for these four years was derived from his own labor or income?
I think about 25 or 30 dollars

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code.
his physical condition is very feeble not able to work to support himself
19. Who compose family? What property have they? Children's ages and their earning capacity?
his wife by three daughters have no property I do not know their ages
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 August 1906
James R. George Ordinary. H.C. Holcomb Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Dekalb COUNTY.

Personally came before me J.H. Goss and W.J. Houston Jr., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

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

Disease of Mitral Valves of Heart; sufficient to prove dangerous to life as the result of any over exertion and he is unable to earn a living by any kind of work.

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

Sworn to and subscribed before me, this the 22 day of August 1906
James R. George Ordinary. J.H. Goss M.D. W.J. Houston M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Dekalb COUNTY.

I, James R. George Ordinary, in and for said County, hereby certify that the applicant, J.A. Adcox resides in said County, and has been a bona fide resident of this State since the all of his life and that the witnesses, viz: H.C. Holcomb

are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Dekalb 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 my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 22 day of August 1906
James R. George Ordinary.
of Dekalb 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,

DEKALB COUNTY.

I, J. A. Adcock, hereby authorize
Henry Adcock of DeKalb Co., Ga.
to receive and receipt for the pension allowed, and request that he remit same to
me at my home
by himself

WITNESS my hand and seal, this 21st day of Jan, 1907.

J. A. Adcock [L. S.]

Executed in presence of

Adcock J. A.
DeKalb Co.

Cons. Section 1254.
(FOR THOSE ALREADY ENROLLED)

No. 877-847

INDIGENT
SOLDIER'S PENSION
1907.

Name J. A. Adcock
County DeKalb
Co. D Regiment 1st

WARRANT ISSUED
21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Henry Adcock
Gen. W. H. Lindsey SECRETARY AT-LIST.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

County. }
Personally appears J. H. Adams of W. B.

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 2 day of April 1837; that he is 70 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company N, of 42d Regiment of _____; that his physical condition is as follows: Good

that his property consists of the following items: _____

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of _____ County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 12 day of June 1907. } J. A. Adcock
James R. George Ordinary.

State of Georgia,

County. }
I, James R. George Ordinary of said County,

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

Given under my official signature and seal this 12th day of January 1907.
James R. George
Ordinary _____ County.



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

NAME Adcock, J.A.

YEAR 1907 COUNTY DeKalb

WHEN AND WHERE BORN? April 2nd, 1857, DeKalb County, Ga.

ENLISTED WHEN AND WHERE? March 24th, 1862,

RANK.

COMPANY AND REGIMENT? Co.D. 42nd. Ga. Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 9, 1865, Greensboro, N.C.

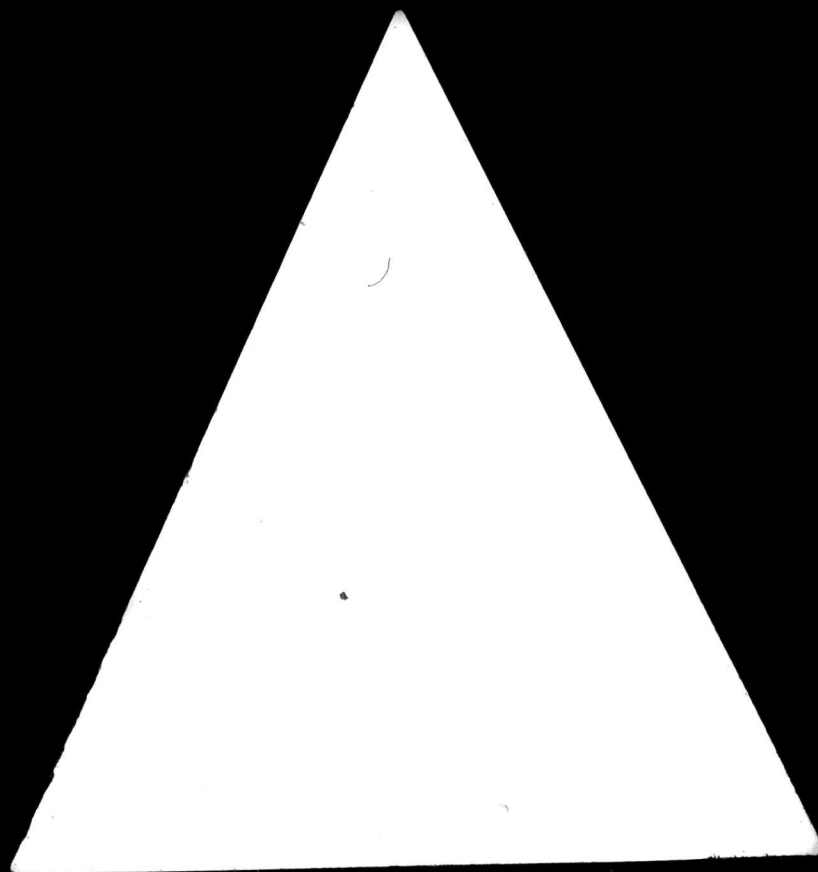
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. H.C. Holcomb,- Same Command- No data.

mh.



Ind. 071
1-19-19
No. _____
Widow's Application

To Be Put on Roll in Her Own Right When
Husband Was on the Indigent Roll or
Put on Under Act of July 11, 1910.

County *De Kalb*

Name *Mrs. P. Emma P. Adcock*

Widow of *J. H. Adcock*

Company *D*

Regiment *42 Co*

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Index Printing Co., State Printers, Atlanta.

10/29-1918

WIDOW'S AFFIDAVIT

STATE OF GEORGIA, DeKalb COUNTY

Personally before me comes Mrs. R. Emma P. Adcock of said County, who, after being duly sworn, on oath says, that she is the widow of J. H. Adcock to whom in the County of DeKalb State of Ga she was married on the 2nd day of Nov 1865, and that she remained his wife, and resided with him to the date of his death in Oct 14 1918 and that she has not since his death remarried. At the time of his death he was a resident of DeKalb County, in Indigent said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$ 20.00 in DeKalb County for 1918 per annum, on account of being a soldier in Company D = 42 Regiment Ga (Volunteers of State Militia)

At the death of J. H. Adcock he was in the use and possession of the following property 61 Acres of land of the cash value of \$ 1000.00

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State full and where situated.) I have a one tenth interest in the above and have children

Horses and Mules \$
Hogs, Cows, etc. \$
Total Cash value of all property 1000.00

That she is now a bona fide resident citizen of said County of DeKalb and she has so continuously resided since 27 day of Sept 1844 19

Sworn to and subscribed before me, this the 29 day of October 1918 at Ward R. Zuma James P. George Ordinary, DeKalb County.

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

STATE OF GEORGIA, DeKalb COUNTY

Personally before me come E. E. Ellis & J. M. Ellis 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. Emma P. Adcock who made the foregoing affidavit, is the lawful widow of J. H. Adcock who died in DeKalb County in said State of Georgia on 14 day of October 1918, and that she has not since remarried. That she became the wife of J. H. Adcock on the 2 day of November 1865, and that she and he had resided together as man and wife continuously since 2 day of Sept 1865, and that the J. H. Adcock was the same man who was on the pension roll of said State DeKalb County when he died.

Sworn to and subscribed before me, this the 29 day of October 1918 at James P. George Ordinary, DeKalb County.

Emma

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 DeKalb

Name Mrs. R. Emma P. Adcock

Widow of J. H. Adcock

Company D

Regiment 42 Ga

Approved

J. W. LINDSEY,
Commissioner of Pensions.
Index Printing Co., State Printing, Atlanta.

10/29-1918

AFFIDAVIT OF TWO FREEHOLDERS

STATE OF GEORGIA, DeKalb County

Personally before me comes C. E. Ellis & J. M. Ellis who after being sworn on oath says, that they are freeholders of said County, and that they know Mrs. Emma P. Adcock of said County and knew her said husband J. A. Adcock at his death on the 14 day of Oct 1918 that she and he were in the use, possession and control of the following erty to-wit: 61 acres of Land

of the value of \$ 1200.00 and her children That she is now in the use, possession and control of the following property at his death to-wit: 61 acres of Land

of the value of \$ 1200.00

Sworn to and subscribed before me, this the 29 day of October 1918 C. E. Ellis
J. M. Ellis
James R. George Ordinary
of DeKalb County.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA, DeKalb County

I, James R. George Ordinary of said County, do certify, that I know Mrs. Emma P. Adcock the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 191

That I also know C. E. Ellis & J. M. Ellis witness as to marriage and I also know who I know to be a resident freeholder 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 DeKalb County shows that she returned property to the amount of \$ — for 1908, \$ — for 1909, \$ — for 1910, \$ — for 1911, \$ — for 1912, \$ — for 1913, \$ — for 1914, \$ — for 1915, \$ — for 1916, \$ — for 1917, \$ — for 1918.

Sworn under my hand and official seal of office this 29 day of Oct 1918
(SEAL.) James R. George Ordinary.
DeKalb County.

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

State of Georgia,))
DeKalb County.) To Any Minister of the Gospel, Judge, Justice of the
Inferior Court or Justice of the Peace, or any person
authorized to celebrate:

These are to authorize and permit you to join in the Honor-
able State of Matrimony James Adcock and Miss R. Emma P. Rhodes, ac-
cording to the Constitution and Laws of this State; and this shall
be your authority for so doing.
Given under my hand as Ordinary for the County aforesaid, this 2nd
day of November 1885.

J. B. Wilson, Ordinary.

I hereby certify that James Adcock and Miss R. Emma P. Rhodes were
joined together in the Holy Bands of Matrimony by me on the 2nd day of
November, 1885.

John W. Stewart, J.P.

Georgia, DeKalb County.

I, James R. George, Ordinary and ex-officio Clerk of
the Court of Ordinary in and for said county, do hereby certify that the
above and foregoing copy of marriage license and certificate of marriage,
is a true, correct and complete copy of the Marriage License and certifi-
cate of Marriage of James Adcock and Miss R. Emma P. Rhodes, as it appears
of record, in Book "B", Record of Marriages, Page 169.

In Witness Whereof, I have hereunto set my hand and affixed the seal of
said Court of Ordinary at Decatur, Georgia this 28th day of October, 1918.

James R. George
Ordinary & ex-officio Clerk Court Ordinary.

AFFIDAVIT OF TWO FREEHOLDERS

STATE OF GEORGIA, DeKalb County

Personally before me comes G. E. Ellis & J. M. Ellis who after being sworn on
oath says, that they are freeholders of said County, and that they know Mrs. R. Emma P. Adcock
said County and knew her said husband J. A. Adcock at his death on the 14
day of Oct 1918 that she and he were in the use, possession and control of the following
erty to-wit: 61 acres of Land

of the value of 1200.00 and her children
That she is now in the use, possession and control of the following prop-
erty at his death to-wit: 61 acres of Land

of the value of \$ 1200.00

Sworn to and subscribed before me, this the

29 day of October 1918

James R. George Ordinary

of DeKalb County.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA, DeKalb County

I, James R. George Ordinary of said County, do certify, that, I
know Mrs. R. Emma P. Adcock the applicant for this pension and that she is the person
she represents herself to be, and that she is a bona fide continuing resident of said County and was on the
191

That I also know

G. E. Ellis & J. M. Ellis

who I know to be a resident freeholder 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 DeKalb County shows that she returned property to the
amount of \$ — for 1908, \$ — for 1909, \$ — for 1910, \$ — for 1911, \$ — for
1912, \$ — for 1913, \$ — for 1914, \$ — for 1915, \$ — for 1916, \$ — for 1917,
\$ — for 1918.

Sworn under my hand and official seal of office this 29 day of Oct 1918

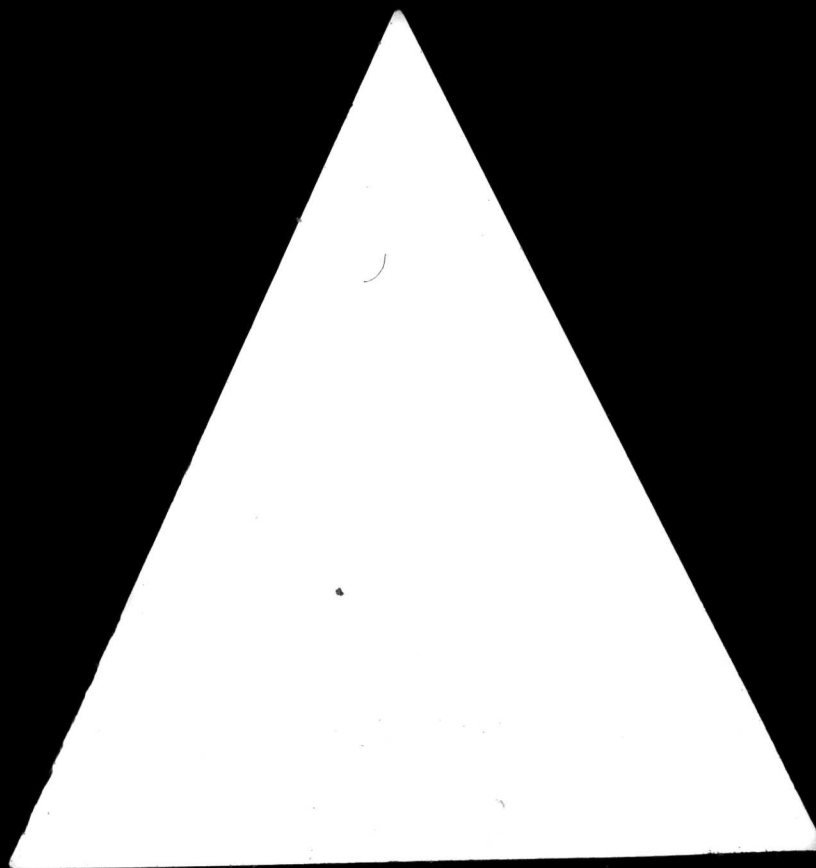
(SEAL.)

James R. George Ordinary.

DeKalb 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, 1910, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by
general reputation.

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



POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County. }

I _____ hereby authorize

of _____

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

by _____

at _____

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

day of _____ 1905.

Executed in the presence of _____

[L. S.]

Code Section 1905.
(FOR THOSE ALREADY ENROLLED.)

No. 265
De Kalb Co 1906

DISABLED
SOLDIER'S PENSION
1905. 1906

Name J. S. J. J.

County De Kalb

Co. A

Regiment 41st Ga

Disability Disease

Amount, \$ 50

1/21 1905

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

aff
THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA
Geo. W. HARRISON, MANAGER, FOR STATE PRINTER

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb COUNTY.

Personally appears J. S. Addy of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 4th, of 4th Regiment of Volunteers Stovall's 's Brigade; that whilst engaged in such military service in the State of Georgia, on the 18th day of 1864, he was wounded, injured or diseased as follows:

Disease - Chronic Diarrhea and Indigestion

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1907. I have heretofore, under said law, as a resident of De Kalb County, been allowed an invalid pension of 50 Dollars, for the year 1904.

Sworn to and subscribed before me, this the

18th day of January, 1907

J. S. Addy
James R. George Ordinary
Post-office Clarkston

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,

De Kalb COUNTY.

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

Given under my official signature and seal, this 18th day of January, 1907



James R. George
Ordinary De Kalb County.

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

OFFICE OF
J. McWHORTER,
ORDINARY,
GREENSBORO, GEORGIA.

GREENSBORO, GA. 1907

Georgia
Greene County } This is to certify that J. S. Addy is on the disabled pension roll of this County and draw a pension of 50 dollars in the year 1906. J. S. Addy now desires to be transferred to Greene County and give my official signature and seal of office in September 22nd 1906

James W. McWhorter Ordinary
of Greene County

am out of printed form
James W. McWhorter pray

STATE OF GEORGIA.

County

I, James C. Cleaver, Ordinary of said County, do certify that I personally know Mrs. Mary B. Baily, the applicant, and that she is the lawful widow of John Baily, and was on the Disability Pension Roll of said DeKalb County, and was paid a Pension from DeKalb County for 1921, and at the time of his death on the 6 day of January 1927, there was due to him and unpaid his Pension of \$21.00 Dollars from the State of Georgia, and I know Arthur L. Green, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 17 of May, 1922
(SEAL.) Samuel P. Jones

Ordinary
County

Ady, J. S.
DeTall Co

1922

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid his Widow or Dependent Children)

BY

Mrs. Mary J. Brady
Widow of
of

Old or New—

Date of Death *Dec 1907*

Approved and ordered paid.

1922

1922.

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.

NEW YORK PRICES ON

COA 47 ga

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, 1901.

STATE OF GEORGIA, DeKalb County

Personally before me comes Mrs. J. S. Addy, of said County, who after being duly sworn, on oath says that she is the widow of J. S. Addy who was duly enrolled as a Disabled Pensioner from the County of DeKalb and was paid a Pension of one hundred fifteen Dollars from DeKalb County for 1921, and that the said J. S. Addy died in DeKalb County on the 6 day of January, 1922 and at the time of his death a Pension of \$ 90.00 was due him from DeKalb County and unpaid for 1922. Applicant further swears that she married the said J. S. Addy on the 19 day of Dec, 1867, in Keweenaw 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 17 day of May, 1922.
James R. George Ordinary.
DeKalb County. Mrs. Mary J. Addy (L. S.)
(SEAL.)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, DeKalb County

Personally before me comes Howell Green, who on oath says that he knew J. S. Addy while in life and that he knows Mrs. Mary J. Addy, the above applicant; that he knows that the said J. S. Addy and Mrs. Mary J. Addy were in due form of law married in the County of DeKalb in the State of Georgia on the 19 day of Dec, 1867, and that they were residing together as husband and wife at the time of his death on the 6th day of January, 1922, and I know that she is his dependent widow.

Sworn to and subscribed before me this 17 day of May, 1922.
James R. George Ordinary.
DeKalb County. Howell Green
(SEAL.)

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 must examine the blank carefully and see that it is fully and correctly completed, and the seals affixed, and that the back, when folded, is filed 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, during 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 pensioner who was due 100 and 1/2 pension, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

(SEAL)

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 witnesses.
- 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 filled, 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 1890 and 1891 pensions, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

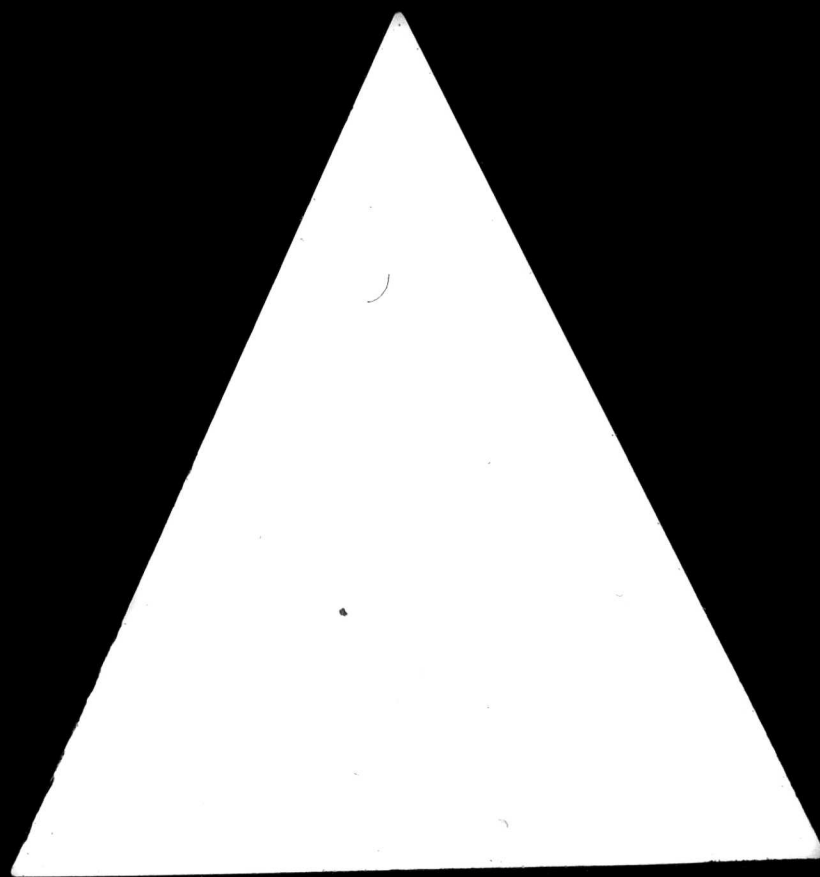
STATE OF GEORGIA

Marriage Certificate

County of *Chatham*

This Certifies that *John S. Adley*
and *Mary J. Couch*
WERE UNITED IN THE HOLY BONDS OF MATRIMONY
By *J. B. Deanebaugh M. A.*
On the *19* day of *dec* in the year of our Lord *1867*
as appears of record in my office in Marriage Record, book *D*
page *00*. This *15* day of *May* 192*2*
J. R. Jones
Ordinary.

WARRICK & BRUCE CO., NASHVILLE



Ordinary's Certificate

STATE OF GEORGIA,

County

COUNTY

I, James George J. Clark Ordinary of said County, do certify that I know Mary J. Addy 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 1906; that I also know B. B. Williams 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 14 day of June 1923 (SEAL) James George J. Clark Ordinary, County

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

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County De Kalb

Name Mary J. Addy

Widow of J. S. Addy

Company H

Regiment 41st

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,

Camden COUNTY.

I, James R. George Ordinary of said County, do certify that I know Mrs. Mary J. Addy 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 B. D. Thompson the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 21 day of July 1922.

(SEAL) James R. George Ordinary, Camden 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 DeKalb
Name Mary J. Addy
Widow of J. S. Addy
Company H
Regiment 41st
Approved John W. Clark
Commissioner of Pensions
1-14-22

J. W. LINDSEY,
Commissioner of Pensions,
Byrd Printing Co. State Printer, Atlanta.

Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me comes Mrs. Mary J. Addy 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? Mary J. Addy DeKalb Co
2. How long and since when have you been a continuing resident of the State of Georgia? 74 years all my life
3. When, where and to whom were you married? Dec 19th 1867 Camden County Georgia
4. Have you married since the death of first and soldier husband? have not
5. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) March 4th 1862 Cavalry Company A - 41st Ga. Regiment
6. When and where did the commands of your husband surrender or discharge from the army? Greensboro N.C.
7. Was your husband personally present at the time of the surrender or discharge of this command? I understand and was not
8. If he was not present state clearly where he was? at home sick near my home
9. Where was his command when he left? Sick on your faith
10. For what cause did he leave his command? One miss and killed
11. For how long was he granted leave of absence? Sick
12. What was his physical condition when he left his command? Sick
13. What effort did he make to return to his command? When able to return to Command
14. In what way was he prevented from going back to Command? he was on his way back to Command and condition was such that he was not
15. Was he captured by the enemy at any time? was not
16. If so, when and where captured and where held as a prisoner, and when and for what cause released? was not
17. When and where did your first husband die? Jan 6th 1922 DeKalb Co
18. Were you residing together when he died? we was
19. If not, how long had you resided apart? I am
20. Are you now a widow? I am
21. Have you or your husband heretofore been paid a pension by the State? husband was paid
22. If so, when and for what cause were you or your husband placed on the roll? husband was on Invalid Roll on account of wounds

Sworn to and subscribed before me this the

30 day of October 1922

James R. George Ordinary
of DeKalb County.

(SEAL)

on account of condition of health was not able to get out to Command in person

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA

County Camden COUNTY

Personally before me came J. D. Thompson who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? J. D. Thompson
Living in Camden Co. Ga
2. How long and since when have you known Jacob B. Cady applicant?
all his life
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? Jacob B. Cady How do you know? was together
5. How long and since when did you know Jacob B. Cady her husband?
all his life
6. When and where did Jacob B. Cady the husband of applicant, die?
near Camden Ga, Jan - 6th 1922
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?
No
9. When, where and in what Company and Regiment did Jacob B. Cady enlist?
March 4th 1862 Camden Co. Ga. 2nd Reg. Ky.
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?
He was with this Co & Reg until Jan 1864
12. When and where did his Command surrender, and was discharged?
Andersonville N.C.
13. Were you personally present when it was surrendered? No If not, where were you at Andersonville and how came you there? was ordered
14. Was the husband of applicant personally present at surrender? No If not where was he? at Andersonville When, where and for what cause did he leave Command? (Give date.) about Jan 1864 By whose authority did he leave his Command? was ordered to Andersonville And how long was he granted leave? 2 weeks How do you know all this?
from the time we were held near night
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? He was at home
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? was on a way to Camden

Sworn to and subscribed before me this the 4 day of July 1922 } J. D. Thompson
J. D. Thompson Ordinary
of Camden County.
(SEAL)

Swear to and subscribed before me this the
4 day of July 1922 } A. H. Thompson
of Cornelia } Ordinary
County. }
(SEAL)



This Certifies that Jacob S. Addy
and Mary J. Couch

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By L. Redenbaugh M. G.

On the 19 day of Dec in the year of our Lord 1867

as appears of record in my office in Marriage Record, book 8

page 100. This 4 day of July 1922

J. R. Gump
Ordinary.

Aiken, Elizabeth (ma)
DeKALB Co.
Disapproved

For DeKALB County

1931

**Application for Pension
 Due Deceased Pensioner**

(UNDER ACT 1904)

(To pay expenses of last illness and funeral)

V. S. Moggan Ordinary

For Mrs. Elizabeth Aiken

Date of Death May 11, 1929 19

Amount \$ 100.00

Approved and ordered paid

JOHN W. CLARK,
 Commissioner of Pensions.

Estate?
Left estate

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.

JOS. W. AWTRY, Pres. & Treas.
 FRANK S. LOWNDES, Vice-Pres. & Mgr.

PHONES: WALNUT 1066
 WALNUT 1067

**AWTRY & LOWNDES COMPANY
 FUNERAL DIRECTORS**

AMBULANCE SERVICE

31 Cain Street, N. W.

ATLANTA, GA. 3/12/31/

In Account With

Mr. S. P. Aiken,

McRae, Ga.

For Mrs. Elizabeth Aiken.

5/10/31/	
Casket.	350.00
Burial case.	10.00
Embalming.	25.00
Hearse.	10.00
Two Limousines.	18.00
Pallbearers Gloves.	2.00
Constitution.	2.55
Journal.	1.50
Georgian.	1.65
	<u>418.70</u>

The above and foregoing account is rendered, for funeral expenses of Mrs. Elizabeth Aiken, who died without owning sufficient property to pay this bill.
 Paid in Full March/31/1930/

Signed J. W. Awtry
 Pres. and Treas. Awtry and Lowndes Co.

Seal Bessie M. Hatcher N.P.
 My commission expires May/10/1934/

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, DeKalb County.

Personally before me, the Ordinary of said County, comes

Awtry & Lowndes of said County, who, after being sworn, on oath says that he knew Mrs. Elizabeth Aiken of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in DeKalb County, in this State, on the 11 day of May, 1929, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$....., per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

V. S. Morgan, Ordinary

DeKalb County

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know Awtry & Lowndes, 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. Elizabeth Aiken while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of Fifty and no/100 (\$50.00) Dollars in said County for 1929, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 11 day of March, 1931

(Seal of Ordinary)

V. S. Morgan, Ordinary
DeKalb County

INSTRUCTIONS:

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form:
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of....., who died without owning sufficient property to pay this bill.
- 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, properly receipted, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

March 30, 1931.

Mrs. V. S. Morgan
Ordinary of DeKalb County
Decatur, Ga.

My dear Judge:

The application of A. P. Aiken for allowance on funeral expenses of Mrs. E. K. Aiken has been received.

Your death report for the third quarter, 1929, states that this widow did not die until after the time when it will not be possible to approve this claim.

With kind regards,

Very truly yours,

Commissioner of Pensions

A

S. P. AIKEN

DEALER IN

FURNITURE, HOUSEHOLD FURNISHINGS
AND UNDERTAKING GOODS

McRae, Ga.

March 10-1931

Judge Of The Court Of ordinary,

DeKalb County,

Decatur, Ga.

Dear Sir:-

Mrs. E.K.Aiken, wife of E.K.Aiken, veteran of the Civil war died on May 10-1920 at Kirkwood, Ga. DeKalbe County. She had been receiving a pension from the state since my father's death. I paid the funeral expenses of my mother, Mrs. E.K.Aiken, and she is entitled to expense of \$100.00 from the state. This bill was purchased from Awtry & Lowndes of Atlanta, Ga and I have the paid bill also a certified copy of the death certificate from the state. I would have taken this matter up earlier, but did not learn until recently when what county she drew her pension from. Please mail the proper papers to me to fill out and I will forward same at once.

Yours truly,

S. P. Aiken

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

De Kalb

COUNTY }

I, *Jamuel C. Clark*

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: "I, _____, Ordinary of _____ County, do swear that you shall give will be the truth. So help you God." 2. Additional affidavits may be attached if blank space are insufficient. 3. Affidavits must be made before the Ordinary of the county of residence. 4. Only widows are entitled to this pension. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation. 6. 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.

Widow Elizabeth A. Clark
De Kalb County
Georgia
No. *5000*

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 *De Kalb*

Name *Mrs. Elizabeth A. Clark*

Widow of *Rev. E. N. Clark*

Company _____

Regiment _____

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

11-1-1920

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

DEKALB

COUNTY.

Personally before me comes Mrs. Elizabeth M. Akin of said County, who, after being duly sworn, says that she is the widow of E. K. Akin to whom, in the County of Coweta State of Georgia she was married on the 21 day of Nov. 1866, and that she remained his wife, and resided with him to the date of his death in Sep. 29th 1920 and that she has not since his death remarried. At the time of his death he was a resident of DeKalb County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$109. in Fayette County for 1920 per annum, on account of being a soldier in Company 44th Regiment Georgia (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of DeKalb and she has so continuously resided since 19th day of December 1905.

Sworn to and subscribed before me, this the

29th day of October 1920

James R. George Ordinary
of DeKalb County.
(SEAL)

Mrs. Elizabeth M. Akin

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

STATE OF GEORGIA,

DEKALB

COUNTY.

Personally before me comes Miss Lottie Akin 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. Elizabeth M. Akin who made the foregoing affidavit, is the lawful widow of E. K. Akin who died in DeKalb County in said State of Georgia on the 29th day of September 1920 and that she has not since remarried. That she became the wife of E. K. Akin on the 21st day of November 1866, and that she and he had resided together as man and wife continuously since 21st day of Nov. 1866, and that the said E. K. Akin was the same man who was on the pension roll of said State from Fayette County Georgia when he died.

Sworn to and subscribed before me, this the

30th day of October 1920

James R. George Ordinary
of DeKalb County.
(SEAL)

Lottie Akin

Georgia, Coweta County.,

You are hereby authorized and permitted to join in the Honorable State of Matrimony, Mr. Eldridge K. Aikin and Miss. Elizabeth M. Walker provided there be no lawful cause to obstruct the same, according to the Constitution and Laws of this State, and for so doing this shall be your sufficient License.

Given under my hand and seal, this 20th, day of November, A.D. 1866.,

B.H. Mitchell, Ordinary (SEAL)

To any Minister of the Gospel, Judge of the Inferior Court or Justice of the Peace.

I hereby certify Rev. E. K. Aikin and Miss. Elizabeth M. Walker were joined together in the Holy Bonds of Matrimony on the 21st, day of November, 1866.,

R. F. Jones, M. G.

Recorded Dec 13th, 1866.,
B.H. Mitchell, Ordinary.,

Georgia, Coweta County:-

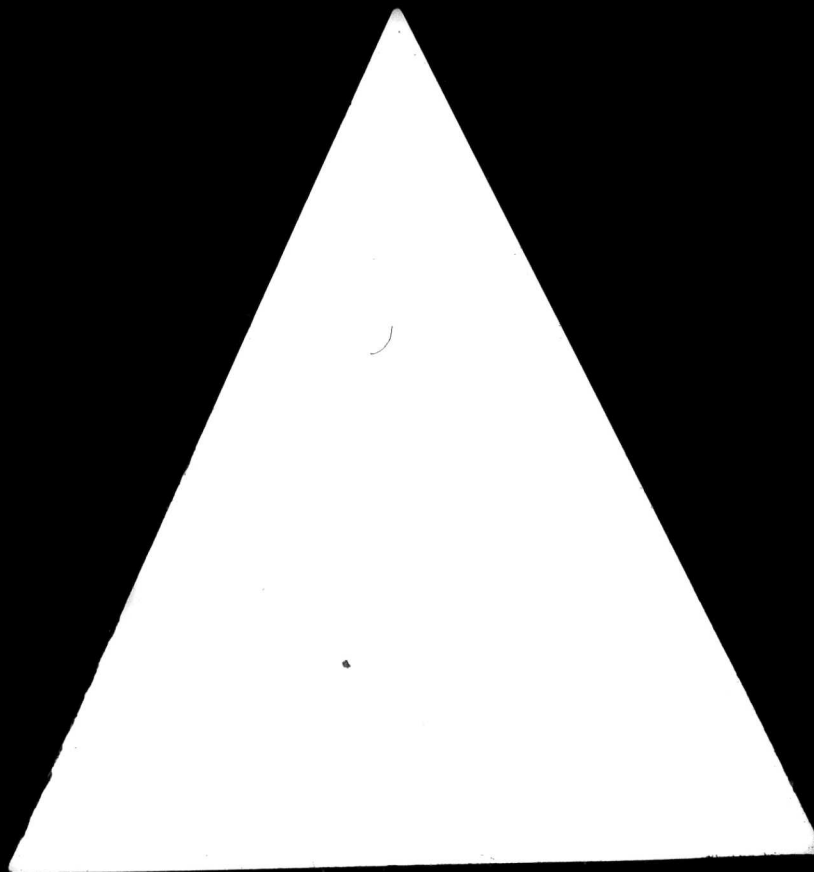
I, L. A. Perdue, Ordinary, do hereby certify that the above is a true copy of marriage license of Eldridge K. Aikin and Miss. Elizabeth M. Walker, as it appears of record in Marriage Records Book, "D", page 47, in my office.,
Witness my hand and seal of said Court, This October 29th, 1920.,

L. A. Perdue (SEAL)
Ordinary

James R. George Ordinary
of *DeKalb* County.

(SEAL)

Letitia W. Kim



Akins, Lem. H.
89 to 95
De Kalk Co

No. 506

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 30, 1889.

FOR

Dis. Acc.

Applicant *H. S. Akins*

County *De Kalb*

Amount *\$50.00*

Date of Warrant *July 14*

Entered on Record,

July 14 1889
W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

applicant

Witness, Wm. H. 89 1/2 95- De Kalk Co

No. 576
APPLICATION FOR ALLOWANCE
FOR YEAR ENDING OCT. 31, 1888

Is arm?
Applicant *Wm. H. Adams*
County *De Kalb*
Amount *\$50.00*
Date of Warrant *Feb 14/89*
Entered on Record *Feb 14/89*
Applicant *Wm. H. Adams*

STATE OF GEORGIA.

De Kalb County }
PERSONALLY appears *Wm. H. Adams* of *De Kalb* county, State of Georgia, who being duly sworn, says on oath that he is a *home file* citizen and resident of said State, and has been such continuously since the *14* day of *Feb* 1864; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *5* of *16* th Regiment of *Georgia* Volunteers *Sumner's* Brigade; that whilst engaged in such military service, at the battle of *Crater Creek* in the State of *Georgia*, on the *25* day of *Feb* 1864, he was wounded as follows: *Shot through the right arm above the elbow causing compound fracture, rendering said arm substantially and essentially useless.*

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

Sworn to and subscribed before me, this *14* day of *Feb* 188*9* } *Wm. G. Adams*
Wm. H. Adams
Notary State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
De Kalb Co.

STATE OF GEORGIA.

De Kalb County }
PERSONALLY comes before me *Wm. H. Adams* Ordinary of said county, *Wm. H. Adams* and *J. H. Green*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *Wm. H. Adams* and after such examination say that the applicant has been injured as follows: *Shot through right arm (Compound Fracture) rendering it substantially and essentially useless, thereby rendering him incompetent to perform the ordinary manual labor of life.*

Sworn to and subscribed before me, this *14* day of *Feb* 188*9* } *J. H. Green*
Wm. H. Adams
ORDINARY.
Notary The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

STATE OF GEORGIA,

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

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

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

Given under my official signature and seal, this *14* day of *Feb* 188*9*

Ordinary *Wm. Ragsdale* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

KNOW ALL MEN BY THESE PRESENTS, That I,

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

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

Executed in the presence of us:

(L. S.)

DIRECTION:

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

NOTES.

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

STATE OF GEORGIA,

De Kalb County.

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

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

Given under my official signature and seal, this *21* day of *February* 1890

M. M. Ragsdale

Ordinary

De Kalb

County.

1890.

No. 1840

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING SEPTEMBER 30, 1890.

Wm. E. Atkins

Applicant, *Wm. E. Atkins*

County, *De Kalb*

Amount, *50*

Date of warrant, *Dec 17*

Entire amount received *Dec 17*

Dec 17 1890

De Kalb

WARRANT RECEIVED BY DEPT.

WARRANT RETURNED TO

Applicant

1891.

Atkins, William E.

PAID 1891, No. 1573

Application for Allowance

FOR THE YEAR ENDING SEPTEMBER 30, 1891.

Wm. E. Atkins

Applicant, *Wm. E. Atkins*

County, *De Kalb*

Amount, *50*

Date of Warrant, *Dec 24*

Entered on record *Dec 24*

Dec 24 1891

WARRANT RECEIVED BY DEPT.

WARRANT RETURNED TO

Applicant

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County,

PERSONALLY appears Wm G Atkins of De Kalb 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 10 day of January 1879; 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 36th Regiment of Georgia Volunteers Cummins's Brigade; that whilst engaged in such military service, at the battle of Crow Creek in the State of Georgia, on the 25 day of February 1864, he was wounded as follows: Shot with a minnie ball in right arm above the elbow causing a loss of four inches of the bone which renders the arm essentially and substantially useless

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of 23 dollars, for

Sworn to and subscribed before me, this the 11 day of Feb 1890.

Wm G Atkins
M. W. Copdale, 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,

County,

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

my true and lawful attorney in fact, for me and in my name, to receive and receipt for 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 11 day of Feb 1890.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County,

PERSONALLY appears Wm G Atkins of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 20 day of Jan 1879; 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 36th Regiment of Ga Volunteers Cummins's Brigade; that whilst engaged in such military service at the battle of Crow Creek in the State of Ga, on the 25 day of Feb 1864, he was wounded as follows: Shot with minnie ball in right arm causing a loss of about 4 inches of bone from arm and rendering the arm essentially and substantially 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 23 dollars, for

Sworn to and subscribed before me, this the 11 day of Feb 1891.

Wm G Atkins
M. W. Copdale, 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,

County,

Know all Men by these Presents, That I,

of De Kalb County, State of Georgia, do hereby appoint

my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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 11 day of Feb 1891.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

Ac. Call Counted

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

Ordinary

County.

De Kalb Co
Arkness, W. S.

No. 679

SOLDIER'S PENSION.

North

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name *W. L. A. Kins*

County *Den Alb*

Disability Risk Assessment

Amount, \$

Entered on record

to you

W. H. HARRISON,

Secretary of Executive Department.

AGENT:

Applied

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

POWER OF ATTORNEY.
STATE OF GEORGIA.

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

my true and lawful attorney, in fact, or
from the State of Georgia by reason of the injury received by me in the military service of
the Confederate States (or of this State), as stated in the foregoing affidavit, hereby authorizing
my said attorney to accept in my name for any Warrents that may be issued by the Governor, or
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 May, 1961.

Executed in the presence of us:

Send money to me as follows, by _____
2141 E. OF GEORGIA to _____ P. O. _____
 Georgia, receiving from the office of _____ County, Georgia.

[illegible]

STATE OF GEORGIA
FOR ABUSING HERETICALLY INFORMED PERSONS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

of De Kalb 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 10 day of Jan 1824; 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 36th Regiment of La Volunteers' Brigade; that whilst engaged in such military service at the battle of Green Creek in the State of Ga on the 25 day of Feb 1864, he was wounded as follows:

Shot in the right arm, fracturing the bone, and rendering it useless. He is now permanently disabled, and is unable to perform any manual 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, 1892. I have heretofore been allowed a pension of

Eighty Dollars for the year ending Oct 26, 1892.

Sworn to and subscribed before me this the

10 day of March 1892.

W. B. Atkins 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,

County.

Know all Men by these Presents, That I, of

County, in said State, do hereby appoint

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

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

day of March 1892.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 10 day of Jan 1824; 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 36th Regiment of La Volunteers' Brigade; that whilst engaged in such military service at the battle of Green Creek in the State of Ga on the 25 day of Feb 1864, he was wounded as follows:

Shot in the right arm, fracturing the bone, and rendering it useless. He is now permanently disabled, and is unable to perform any manual 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, 1892. I have heretofore been allowed a pension of

Eighty dollars, for the year ending Oct 26, 1892.

Sworn to and subscribed before me, this, the

10 day of March 1892.

W. B. Atkins Ordinary.

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

STATE OF GEORGIA,

I, W. B. Atkins Ordinary of said County,

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

I further certify that before the foregoing affidavit was made, and power of attorney was signed, is a true and correct copy of the original affidavit, and the said affidavit and signatures thereto are genuine.

Given under my official signature and seal, this 10 day of March 1892.

W. B. Atkins Ordinary De Kalb County.

STATE OF GEORGIA,

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA, }

COUNTY. }

Know all Men by these Presents, That I, _____

of _____

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

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

[L. S.]

Executed in the presence of us _____

DIRECTIONS.

Send money to me as follows, by _____

to _____

P. O. _____

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA, }

County. }

KNOW ALL MEN BY THESE PRESENTS, That I, _____

of _____

County, State of Georgia, do hereby appoint _____

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

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

[L. S.]

Executed in presence of us _____

DIRECTIONS.

Send money to me as follows, by _____

to _____

P. O. _____

County, Georgia.

De Walth
Henry William G.
(For Those Already Enrolled.)

No. *1786*

Soldier's Pension.

1894.

Name *Aikin W. G.*

County *De Walth*

Disability *Arm wound*

Amount, \$ *30.00*

1894.

3/17

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

Appt.

Gen. W. Harrison, State Printer, Atlanta.

Aikin, William G.
De Walth Co

(For Those Already Enrolled.)

No. *227*

SOLDIER'S PENSION.

1895.

Name *Henry William G.*

County *De Walth*

Disability *Arm wound*

Amount, \$ *30.00*

1895.

3/4

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

Appt.

Gen. W. Harrison, State Printer, Atlanta.

No Data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

De Kalb County.

PERSONALLY appears *Wm. G. Atkins* of De Kalb 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* 1829; 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 36th Regiment of *Volunteers* *Cumming's* Brigade; that whilst engaged in such military service at the battle of *Crow Creek* in the State of *Ga*, on the 25th day of *Feb* 1864, he was wounded as follows: *Shot through the right arm fracturing the bone from which pieces of bone had worked out rendering the arm substantially and essentially 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 *Eight* dollars, for the year 1893.

Sworn to and subscribed before me, this, the *15th* day of *March* 1894. *Wm. G. Atkins*

Wm. G. Atkins 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.

De Kalb County.

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

Given under my official signature and seal, this *15th* day of *March* 1894.



Wm. G. Atkins
Ordinary De Kalb

County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *Wm. G. Atkins* of De Kalb

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* 1829; 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 36th Regiment of *Volunteers* *Cumming's* Brigade; that whilst engaged in such military service at the battle of *Crow Creek* in the State of *Ga*, on the 25th day of *Feb* 1864, he was wounded as follows: *Wounded with a minnie ball in right arm necessitating the taking out of four inches of the bone rendering the arm substantially and essentially 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 26th, 1895. I have heretofore been allowed a pension of *Eight* dollars, for the year 1894.

Sworn to and subscribed before me, this, the *25th* day of *Feb* 1895. *Wm. G. Atkins*

Wm. G. Atkins 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,

De Kalb County.

I, *Wm. G. Atkins* Ordinary of said County, do certify that I am well acquainted with *Wm. G. Atkins* 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 *Feb* 1895.



Wm. G. Atkins
Ordinary De Kalb

County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1896,

[L. S.]

Executed in presence of us _____)

_____)

ACT OF 30 OCT. 1892.

(For These Already Enrolled.)

No. 1899

SOLDIER'S PENSION.

1896.

Name *Wm. G. Akin*

County *De Kalb*

Disability *arm wound*

Amount, \$ *50.00*

Wm. G. Akin 1896

RICHARD JOHNSON,

Secretary, Executive Department.

WARRANT HANDLED TO

apptd

Gen. W. R. Johnson, State Printer, Atlanta.

No date

De Kalb Co.
Akin, William G.

ACT OF 30 OCT. 1892.

(For These Already Enrolled.)

No. 3160

INVALID

SOLDIER'S PENSION.

1897.

Name *Wm. G. Akin*

County *De Kalb*

Disability

Amount, \$ *50.00*

3/4 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

apptd

ACT OF 30 OCT. 1892.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears Wm G. Atkins of De Kalb 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 1829; 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 36th Regiment of Ga. Volunteers, Cummins's Brigade; that whilst engaged in such military service in the State of Ga, on the 24 day of Feb 1864, he was wounded, injured or diseased as follows:

Was wounded in the battle of Crow Creek through the right arm causing loss of a part of the bone rendering same substantially 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 pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of De Kalb county been allowed a pension of fifty dollars, for the year 1895.

Sworn to and subscribed before me, this, the 10th day of Feb 1896. Wm G. Atkins

W. M. Ragsdale, 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,

De Kalb County.

I, W. M. Ragsdale, Ordinary of said County, do certify that I am well acquainted with Wm G. Atkins 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 Feb 1896.



W. M. Ragsdale
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears William G. Atkins of De Kalb 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 January 1829; 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 36th Regiment of Georgia Volunteers, Cummins's Brigade; that whilst engaged in such military service in the State of Georgia, on the 24th day of Feb 1864, he was wounded, injured or diseased as follows:

Gun shot, 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 pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of De Kalb county been allowed an invalid pension of fifty (\$500) Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 25th day of Feb 1897. Wm G. Atkins

W. S. Power, Jr.
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,

De Kalb County.

I, W. M. Ragsdale, Ordinary of said County, do certify that I am well acquainted with Wm G. Atkins 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 certify that Wm G. Atkins is sick and unable to come before me and that Wm G. Atkins is an acting justice of the peace

Given under my official signature and seal, this 25th day of Feb 1897.



W. M. Ragsdale
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____ of _____ to receive and receipt for the pension paid hereon and request that he remit same to _____ by _____ at _____

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

[L. S.]

Executed in presence of _____

ACT OF 31 OCT., 1867

(For These Already Enrolled.)

No. 3282

INVALID

SOLDIER'S PENSION.

1898.

Name *Wm G Akin*

County *DeKalb*

Disability *Arm*

Amount, \$ *50* 3/4 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

affek

SEE W. HARRISON, STATE PRINTER, ATLANTA

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____ of _____ to receive and receipt for the pension paid hereon and request that he remit same to _____ by _____ at _____

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

[L. S.]

Executed in presence of _____

CODE SECTION 12A

(For These Already Enrolled.)

No. 3257

INVALID

SOLDIER'S PENSION.

1898.

Name *Wm G Akin*

County *DeKalb*

Disability *Arm Wound*

Amount, \$ *50* 3/4 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

affek

SEE W. HARRISON, STATE PRINTER, ATLANTA

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears

Wm G. Harris of *De Kalb* 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 *10th* day of *June* 1827; 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 *36th* Regiment of *Ga* Volunteers, *Summing*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *24* day of *Oct* 1864, he was wounded, injured or diseased as follows:

In the battle of Crow Creek was shot in right arm causing loss of bone and rendering said arm substantially and essentially 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 pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of *De Kalb* county been allowed an invalid pension of

Twenty Dollars, for the year 1897.

Sworn to and subscribed before me, this, the

9th day of *March* 1898. POST-OFFICE

Wm Ragsdale, 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,

De Kalb County.

I, *Wm Ragsdale* Ordinary of said County, do certify that I am well acquainted with *Wm G. Harris* 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 *March* 1898.



Wm Ragsdale
Ordinary *De Kalb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears

Wm G. Harris of *De Kalb* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *10* day of *Jan* 1827; 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 *36th* Regiment of *Ga* Volunteers, *Summing*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *24* day of *Oct* 1864, he was wounded, injured or diseased as follows:

In battle of Crow Creek was shot in right arm causing loss of bone and rendering said arm substantially and essentially useless.

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 *De Kalb* County been allowed an invalid pension of

Twenty Dollars, for the year 1898.

Sworn to and subscribed before me, this, the

31 day of *Jan* 1899. POST OFFICE

Wm Ragsdale, 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,

De Kalb County.

I, *Wm Ragsdale* Ordinary of said County, do certify that I am well acquainted with *Wm G. Harris* 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 *31* day of *Jan* 1899.



Wm Ragsdale
Ordinary *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1900.

[L. S.]

Executed in presence of _____

CODE SECTION 126.

(For Those Already Enrolled.)

No. 1057

INVALID

SOLDIER'S PENSION.

1900.

Name Wm G Akin

County DeKalb

Disability 100

Amount, \$ 50

Warrant issued July 8 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Wm G Akin

Geo. W. Harrison, State Printer, Atlanta.

Mo Lata

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1901.

[L. S.]

Executed in presence of _____

CODE SECTION 126.

(For Those Already Enrolled.)

No. 384

DISABLED

SOLDIER'S PENSION.

1901.

Name Wm G Akin

County DeKalb

Disability Arm

Amount, \$ 50

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Wm G Akin

Geo. W. Harrison, State Printer, Atlanta.

nr data

For Applicants Heretofore Allowed Pensions

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears Wm. G. Skinn of De Kalb

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State and County, and has resided therein continuously ever since the day of Jan 1829; 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 36th Regiment of GA Volunteers, Cummins's Brigade; that whilst engaged in such military service in the State of GA, on the 28th day of Feb 1864, he was wounded, injured or diseased as follows:

While the bullet penetrated was shot and
in the back in the 36th arm
and from the bone and rendering the
bone substantially and essentially
useless

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 De Kalb County been allowed an invalid pension of Twenty Dollars, for the year 1897.

Sworn to and subscribed before me, this the Thos. G. Skinn day of Feb 1900. POST OFFICE Dunwoody

Wm. G. Skinn 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,

De Kalb County.

I, Wm. G. Skinn Ordinary of said County, do certify that I am well acquainted with Wm. G. Skinn 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 Feb 1900.

Wm. G. Skinn Ordinary De Kalb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears Wm. Skinn of De Kalb

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 10th day of Jan 1829; 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 36th Regiment of GA Volunteers, Cummins's Brigade; that whilst engaged in such military service in the State of GA, on the 28th day of Feb 1864, he was wounded, injured or diseased as follows:

Was wounded in the lower back
fracturing bone of right arm
rendering same substantially
and essentially useless

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 De Kalb County been allowed an invalid pension of Twenty Dollars, for the year 1900.

Sworn to and subscribed before me, this the Thos. G. Skinn day of Jan 1901. Postoffice Dunwoody

Wm. G. Skinn 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,

De Kalb County.

I, Wm. G. Skinn Ordinary of said County, do certify that I am well acquainted with Wm. G. Skinn 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 Jan 1901.

Wm. G. Skinn Ordinary De Kalb County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1902.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1903.

[L. S.]

Executed in presence of _____

CODE SECTION 150.
(FOR THOSE ALREADY ENROLLED.)

No. 378

DISABLED

SOLDIER'S PENSION

1902.

Name *Aikin W. G.*

County *De Kalb*

Co. *F* Regiment *36th*

Disability *Arm Wound*

Amount, \$ *50.*

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

CODE SECTION 150.
(FOR THOSE ALREADY ENROLLED.)

No. 318

DISABLED

SOLDIER'S PENSION

1903.

Name *Aikin W. G.*

County *De Kalb*

Co. *F* Regiment *36th*

Disability *Arm*

Amount, \$ *50.*

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no later

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.)

Personally appears Wm G. Atkins of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 10 day of Jan 1829; 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 36th Regiment of Ga Volunteers, Gunning's Brigade; that whilst engaged in such military service in the State of Ga, on the 26 day of Feb 1864, he was wounded, injured or diseased as follows:

Was shot in right arm in battle of Crow Creek in fracturing bone rendering arm substantially useless.

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 De Kalb County, been allowed an invalid pension of Fifty Dollars, for the year 1901.

Sworn to and subscribed before me, this the 11th day of Jan 1902. } Wm G. Atkins
Post-office Dunwoody, Ga.

Wm G. Atkins 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,

De Kalb County.)

I, Wm M. Raggsdace Ordinary of said County, do certify that I am well acquainted with Wm G. Atkins 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 1902.

Affix your seal here

Wm M. Raggsdace
Ordinary De Kalb 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,

De Kalb County.)

Personally appears Wm G. Atkins of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 10 day of Jan 1829; 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 36th Regiment of Ga Volunteers, Gunning's Brigade; that whilst engaged in such military service in the State of Ga, on the 26 day of Feb 1864, he was wounded, injured or diseased as follows:

Was shot at the battle of Crow Creek in the right arm fracturing bone rendering arm substantially and essentially useless.

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 De Kalb County, been allowed an invalid pension of Fifty Dollars, for the year 1902.

Sworn to and subscribed before me, this the 5 day of Jan 1903. } Wm G. Atkins
Post-office Dunwoody, Ga.

Wm G. Atkins 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,

De Kalb County.)

I, Wm M. Raggsdace Ordinary of said County, do certify that I am well acquainted with Wm G. Atkins 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 1903.

Affix your seal here

Wm M. Raggsdace
Ordinary De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY. }

I, _____ hereby authorize

_____ of _____

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

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

_____[L. S.]

Executed in presence of _____

John Williams Jr.
DeKalb County

CODE SECTION 1280.
(FOR THOSE ALREADY ENROLLED.)

No. *389*

DISABLED

SOLDIER'S PENSION

1904.

Name *Wm G. Allen*

County *DeKalb*

Co. *36* Regiment *36*

Disability *Shot in right arm*

Amount, \$ *50.00*

1/30 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

off

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY. }

I, _____ hereby authorize

_____ of _____

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

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

_____[L. S.]

Executed in the presence of _____

John Williams Jr.
DeKalb County

CODE SECTION 1280.
(FOR THOSE ALREADY ENROLLED.)

No. *243*

DISABLED

SOLDIER'S PENSION

1905.

Name *Wm G. Allen*

County *DeKalb*

Co. *36* Regiment *36*

Disability

Amount *\$50.00*

January 30 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

off

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

DeKalb County,

Personally appears Wm. G. Akins of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 10 day of January 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 F, of 36th Regiment of Volunteers Cummins's Brigade; that whilst engaged in such military service in the State of _____, on the 25 day of July 1864, he was wounded, injured or diseased as follows: shot in right arm fracturing bone

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

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

James R. George Ordinary

Wm. G. Akins Post-office Lawwood 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,

DeKalb County,

I, James R. George Ordinary of said County, do certify that I am well acquainted with Wm. G. Akins 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.

James R. George Ordinary DeKalb 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,

DeKalb COUNTY.

Personally appears W. G. Akins of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the _____ day of _____ 18____; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a _____ in Company D, of 36th Regiment of Ga Volunteers Cummins's Brigade; that whilst engaged in such military service in the State of _____, on the 25 day of July 1864, he was wounded, injured or diseased as follows: Right Arm disable Crow Creek Ga

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

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

James R. George Ordinary

W. G. Akins Post-office Lawwood

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,

DeKalb COUNTY.

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

Given under my official signature and seal, this _____ day of January 1905.

James R. George Ordinary DeKalb 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,

DeKalb COUNTY. }
 I, W. G. Akin hereby authorize
J. H. Clark of Dunwoody
 to receive and receipt for the pension paid hereon, and request that he remit same to
W. G. Akin by
 at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th
 day of January 1906.
W. G. Akin [L. S.]

Executed in the presence of

James R. Spurgeon
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKALB COUNTY. }
 I, W. G. Akin hereby authorize
J. H. Clark of Dunwoody
 to receive and receipt for the pension paid hereon, and request that he remit same to
W. G. Akin by
 at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18th
 day of January 1907.
W. G. Akin [L. S.]

Executed in presence of

James R. Spurgeon
Ordinary

W. G. Akin
DeKalb Co.
 (FOR THOSE ALREADY ENROLLED) 4
 No. 289
 DISABLED
 SOLDIER'S PENSION
 1906.
 Name W. G. Akin
 County De Kalb
 Co. F Regiment 36th
 Disability Right Arm Disabled
 Amount, \$ 50.00
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
J. H. Clark
no date

Akin, William H.
DeKalb Co.

Class Section 1260.
 (FOR THOSE ALREADY ENROLLED)

No. 308
 DISABLED
 SOLDIER'S PENSION
 1907.
 Name W. G. Akin
 County DeKALB
 Co. F Regiment 36th
 Disability Right Arm Disabled
 Amount, \$ 50.00
1/21 1907
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
J. H. Clark
no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

De Kalb County.

Personally appears W. G. Atkins of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 10 day of January 1879; that he enlisted in the military service of the Confederate States, (or of the State of _____) during the war between the States, and served as a _____ in Company 4, of 36th Regiment of Georgia Volunteers _____'s Brigade; that whilst engaged in such military service in the State of Georgia, on the 25 day of February 1864, he was wounded, injured or diseased as follows: Right arm disabled at Crow Creek Georgia.

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 De Kalb County, been allowed an invalid pension of Fifty Dollars, for the year 1905.

Sworn to and subscribed before me, this the 15th day of January 1906.

James R. George Ordinary of said County, Post-Office De Kalb.
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,

De Kalb County.

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

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

James R. George Ordinary De Kalb County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

DeKALB. County.

Personally appears W. G. Atkins of DeKALB County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 10 day of January 1879; 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 Soldier in Company 4, of 36th Regiment of Georgia Volunteers _____'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: Right arm disabled at Crow Creek, Ga

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 DeKALB County, been allowed an invalid pension of Fifty Dollars, for the year 1906.

Sworn to and subscribed before me, this the 15th day of January 1907.

James R. George Ordinary of said County, 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,

DeKALB. County.

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

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

James R. George Ordinary DeKALB County.



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

GEORGIA, DeKalb County.

I, James R. George, Ordinary of said county, do certify that I personally know Mrs. Elizabeth F. Atkins, the applicant, and that she is the lawful widow of W. C. Atkins, and was on the Invalid Pension Roll of said DeKalb county, and was paid a Pension from DeKalb county for 1914, and at the time of his death on the 21 day of February, 1914 there was due to him and unpaid his Pension of \$50.00 Dollars from the State of Georgia, and I know J. H. Davidson, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 4 day of March, 1914

James R. George Ordinary,
DeKalb County.

Atkins, W. C.
DeKalb Co.

No. _____

1913

Application for Pension Due
Deceased Soldier

UNDER ACT 1891

To be paid the Widow or Dependent Children

BY

Mrs. Elizabeth F. Atkins

Widow of W. C. Atkins

of DeKalb County

Co. F Regt. 36-84 Vols.

Approved and paid

191

J. W. LINDSEY,
Commissioner of Pensions.

GEORGIA, DeKalb County.

I hereby authorize and constitute E. L. Harris of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1914, through my deceased husband, W. C. Atkins, who was on Invalid Pension Roll and paid from DeKalb for 1914

Witness my hand this 4 day of March, 1914

Attested before me:

W. R. Kuash } E. L. Harris
Elizabeth F. Atkins

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.
UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA, DeKalb County.

Personally before me comes Mrs. Elizabeth H. Atkins, of said county, after being duly sworn, on oath says that she is the widow of W. E. Atkins who was duly enrolled as a Invalid Pensioner from the county of DeKalb and was paid a Pension of Twenty (\$20.00) Dollars from DeKalb county for 1913, and that the said W. E. Atkins died in DeKalb county on the 21st day of September, 1914 and at the time of his death a Pension of \$20.00 was due him from DeKalb county and unpaid for 1914. Applicant further swears that she married the said W. E. Atkins on the 16th day of September, 1896, in Gwinnett 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 4th day of March, 1914.
James R. Goff, Ordinary. Mrs. E. H. Atkins (L. S.)
DeKalb County.

AFFIDAVIT OF WITNESS.

GEORGIA, DeKalb County.

Personally before me comes J. A. Donaldson, who on oath says that he knew W. E. Atkins while in life and that he knows Mrs. Elizabeth H. Atkins the above applicant; that he knows that the said W. E. Atkins and Elizabeth H. Atkins were in due form of law married in the county of Gwinnett in the State of Georgia on the 16th day of September, 1896, and that they resided together as husband and wife from date of marriage to the day of his death on the 21st day of September, 1914, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 4th day of March, 1914.
James R. Goff, Ordinary. J. A. Donaldson
DeKalb County.

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

Consolidated from *W. G. Skins* died in *DeKalb* county on the *21* day of *February*, 191*4*, and at the time of his death a Pension of *\$32.00* was due him from *DeKalb* county and unpaid for 191*4*.
Applicant further swears that she married the said *W. G. Skins* on the *16* day of *September*, 189*6*, in *Guinn* 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 *4* day of *March*, 191*4*.
James B. Goff Ordinary. } *Mrs. E. F. Skins* (L. S.)
DeKalb County. }

AFFIDAVIT OF WITNESS.

GEORGIA, *DeKalb* County.

Personally before me comes *J. A. Donaldson*, who on oath says that he knew *W. G. Skins* while in life and that he knows *Mrs. Elizabeth G. Skins* the above applicant; that he knows that the said *W. G. Skins* and *Elizabeth G. Skins* were in due form of law married in the county of *Guinn* in the State of *Georgia*, on the *16* day of *Sept*, 189*6*, and that they resided together as husband and wife from date of marriage to the day of his death on the *21* day of *Feb*, 191*4*, and I now know that she is his dependent widow.

Sworn to and subscribed before me this *4* day of *March*, 191*4*.
James B. Goff Ordinary. } *J. A. Donaldson*
DeKalb County. }

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

of *W. L. Aiken* 1914 and I now know that she is his dependent widow.
 Sworn to and subscribed before me this *4th* day of *March* 1914
James B. Smith Ordinary. } *J. A. Donaldson*
DeKalb County.

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

Copy

STATE OF GEORGIA.

COUNTY OF

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

W. L. Aiken and *Mrs. E. J. Huntzinger*
 are hereby authorized to join
 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.

Sept 16 1896 day of *Sept*
R. B. Whitworth Ordinary.

CERTIFICATE

I Certify that *W. L. Aiken* and *Mrs. E. J. Huntzinger*
 were joined in Matrimony by me this *16th* day of *Sept* *Eighteen*
hundred and *ninety* six.

Recorded *Jan 27 1897*
John J. Twitty Ordinary.

Copy

FRANK & DEWEY CO. N.Y.

..... Ordinary. }
DeKalb County. } J. H. Donaldson

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

Copy

Copy

VI

STATE OF GEORGIA

COUNTY OF

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

W. L. Aiken and Mrs. E. J. Huntzinger

I am hereby authorized to join 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.

Sept 16 1896

day of

Ordinary

I certify that W. L. Aiken and Mrs. E. J. Huntzinger were joined in Matrimony by me this 16th day of Sept 1896 and

Recorded Jan 27 1897

Ordinary

Rev. T. J. Twitty

PROT. & DAVIS CO. PRINTERS

Georgia, Guinnett County.
 J. G. Robinson, Ordinary for said
 County, do hereby certify that this copy
 of Marriage License of W. G. Dixon and
 Mrs. E. H. Hefntingel is a true and correct
 copy as appears on record in this office
 and recorded in Marriage record "8"
 Page 87
 Given under my hand and official
 signature, and seal of this Court.
 this February, 27th, 1914.

J. G. Robinson
 Ordinary,
 Guinnett County.

MARRIAGE LICENSE
 OF

AND

Issued

19

and Recorded on Page

Book

of Marriage Licenses.

Ordinary.

Audited Feb. 14 1889.
Wm Amglt
COMPTROLLER GENERAL

De Kalb.

Maimed Soldiers.

Voucher No. 506

Amount \$ 100

Paid to Wm G. Atkins

For Right Arm
Disabled

Feb'y 14

1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK

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

Applicant

De Kalb

Maimed Soldiers.

Voucher No. 1340

Amount \$ 50

Paid to Wm G. Atkins

For Arm disabled

Feb'y 17 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK

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

Applicant,

Atkins, William G.

De Kalb

1891.

Maimed Soldiers.

Voucher No. 1573

Amount \$ 50

Paid to Wm G. Atkins

For Arm dis

Feb'y 24 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

Applicant,

No. 506

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feby 14 1889

Mr. *Wm. G. Atkins* of the County
of *DeKalb* 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 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor,
Wm. G. Harrison
CLERK EXECUTIVE DEPARTMENT.

58.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100 Dollars,
per above voucher, this *14* of *Feby* 1889.

Wm. G. Atkins

No. 1340

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., Feby 17 1890

Mr. *Wm. G. Atkins* of the County
of *DeKalb* 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 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor,
Wm. G. Harrison
CLERK EXECUTIVE DEPARTMENT.

50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100 Dollars,
per above voucher, this *17* of *Feby* 1890.

Wm. G. Atkins

1891.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. }

No. 1593

Atlanta, Ga. Dec 24 1891.

Mr. *Wm G Atkins* of the County
of *DeKalb* 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

One dollar
He is entitled to receive the sum of *1.00* 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.

By the Governor,

W. J. Harrison
GOVERNOR.

W. H. Harrison
SECY EXECUTIVE DEPARTMENT.

150

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

DeKalb Dollars,
per above voucher, this *24* of *DeKalb* 1891.

Wm. G. Atkins

NAME, Akins, William G.

YEAR 1889 COUNTY Dekalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Private Co. F, 36th. Rgt. Ga. Vols.
Cumming's Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Battle of Crow Creek, Ga. February 25th. 1864. Shot in right
arm above elbow.

CAPTURED, WHEN AND WHERE?

RELEASED.

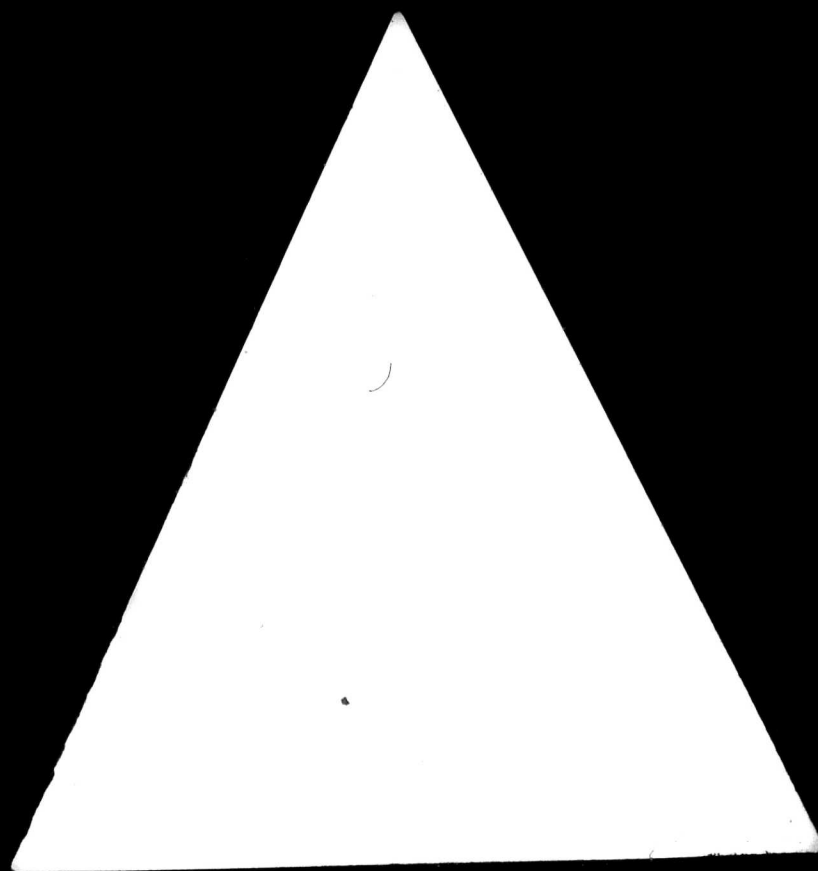
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. None



Pensions office
11/13-1919

It is approved
for the reason
that the record
of his service
showing that
that apt. entered
Sept 16-1861- and
was discharged Jan'y
10-1863- that mat
performed as much
as six months like
at Millington Texas
no other claim is
I called upon with
any other claim

W. H. Lindsey
Com. of Pensions

Sept 14 1919
No. *1919*

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County *Dickens*

Name *W. H. Albright*

Company *E*

Regiment *2 N. C. Battalion*

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

9/29

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words:
"You do solemnly swear that the answers you 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. Affidavits made by persons other than the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Sworn under my hand and official seal of office this *24* day of *Sept* 19*19*

of *James R. Lindsey* Ordinary
W. H. Lindsey }
County *Dickens*

(SEAL)

Ordinary's Certificate

STATE OF GEORGIA,
Dickens COUNTY.

I, *James R. Lindsey* Ordinary of said County, certify that I know
W. H. Albright for pension is the person he represents himself to be and
resides in said county. That I also know *W. H. Lindsey* the witness swearing to the
service; that they are both residents of said county and were duly sworn by me before signing the forego-
ing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and
credit.

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, James P. Gentry Ordinary of said County, certify that I know the applicant W. H. Albright for pension is the person he represents himself to be and resides in said county. That I also know W. H. Albright 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 24 day of Sept 1919.

James P. Gentry Ordinary

of DeKalb 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.

Confederate

Soldier's Application

Under Act 1910 - As Amended by Act of 1919.

County DeKalb

Name W. H. Albright

Company E

Regiment 2 N.C. Battalion

Approved

J. W. LINDSEY,

Commissioner of Pensions,

Byrd Printing Co., State Printing, Atlanta.

Application for Soldier's Pension Under Act 1910

Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA,

DeKalb

COUNTY.

W. H. Albright 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) W. H. Albright, 32 Springdale Road, DeKalb Co., Ga.
2. How long and since when have you been a continuous resident citizen of this State? Since 1858
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Yes
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) July 1, 1861, Meriwether Co., Ga., Co. "F", 2nd N.C. Bat.
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) From July 1, 1861 to Jan. 10, 1862, over six months
6. When and where was your Company and Regiment surrendered or discharged from the Service? Whole surviving company captured in Roanoke Island, Va. in Feb. 1862
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. I was discharged in Jan. 1862 on account of physical disabilities
 - a. Where was your command when you left it? Richmond, Va.
 - b. When did you leave the command? January 10, 1862
 - c. For what cause did you leave? Physical disability (Insipient tuberculosis)
 - d. By whose authority did you leave? Commanding officers
 - e. For how long was your leave granted? In what way? Discharged from all further service in Confederate Army
 - f. Why did you not return to your command after leave expired? Discharged
 - g. In what way were you prevented? Was at home until regained health and then in Aug. 1863 volunteered in Joe Brown's State troops and served six months and discharged.
 - h. What effort did you make to return? In Aug. 1864 joined regular State troops and served to end of war.
 - 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? Never applied

Sworn to and subscribed before me, this the

16 day of September 1919

James P. Gentry Ordinary

of DeKalb County.

(SEAL)

Pension offer
11/13-1919

Dis approved
for the reason
that the Pension
of his service in
Confederate Army
that app. stated
Sept 16-1861- and
was discharged Jan
10-1862- did not
perform as much
as he represented
at military service
in other than in
State Prison with
any other command
at Raleigh
Cain of Prison

Questions for Witness as to Service

STATE OF GEORGIA,

Fulton COUNTY.

W. P. Brook of said State and County is hereby presented as a witness in support of the application of W. H. Albright 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?
W. P. Brook, 75 Highland View, Atlanta, Ga.
2. How long and since when have you known W. H. Albright the applicant?
Since the year 1858
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?
Springdale Road, Atlanta, lived in Ga. since I have known him
4. When, where and in what Company and Regiment did W. P. Brooke enlist during war from 1861 to 1865? (Give date and place.) July 1, 1861, Mariwather Co., Ga.
5. How did you obtain your information of this Service? Co. "E", 2nd N. C. Bat. Inf.
I was member of same company
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date.) From July 1, 1861, to Jan. 10, 1862
7. When and where was his command surrendered or discharged (give date and place.)
Entire company captured in Roanoke Island, Va. in Feb. 1862
8. Were you personally present at the surrender? Was captured with other members of company
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? Discharged
12. When did he leave his command? Jan. 10, 1862 Where was his command when he left it? Richmond, Va. For what cause did he leave? Physical disabilities
By whose authority did he leave? Commanding officers and how long was he granted leave? Discharged from all further service How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically. I was member of same company and saw him constantly in service until his discharge
13. In what way was he prevented from returning to his command? Permanent discharge
How do you know?
14. What effort did he make to return to his command and how do you know? Command as a whole had been captured and applicant previously discharged
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

10 day of September, 1919

Charles H. Murrell Ordinary

of Fulton County.

(SEAL)

DISAPPROVED.

NAME Albright W. H.

YEAR 1919 COUNTY DeKalb

WHEN AND WHERE BORN? A resident of Georgia since 1858.

ENLISTED WHEN AND WHERE? July 1, 1861, Meriwether Co. Ga.
1863
1864

RANK:

COMPANY AND REGIMENT? Co. E. 2nd N. C. Battalion.
also later volunteered Joe Brown's State Troops.
also Regular State Troops.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? Entire command in Roanoke, Va. Feb. 1862.
Applicant was not present.

RELEASED: Does not state.

WHEN AND WHERE SURRENDERED? Applicant does not state where his last
command surrendered.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? With Regular State
Troops.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: W. P. Brock Co. E. 2nd N. C. Battalion, Inf. - No data.

APPROVED
FOR MAY 1933

Widow's Application

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendment of 1920.

County DeKalb
 Name Mrs. M. E. Aldredge
 Widow of Nathan E. Aldredge
 Date of Marriage Nov. 9th 18 69
 Company Co - 45th
 Regiment of Inf.
 Approved _____

FILED

JUN 1 1933

VETERAN SERVICE OFFICE
 A. L. HENSON, Director

JOHN W. CLARK,
 Commissioner of Pensions.

6/14/33

TO PAY-
 1930. \$
 Cig. & C. Tax. \$
 TOTAL

Ordinary's Certificate.

STATE OF GEORGIA
DeKalb

COUNTY.

I, V. A. Morgan Ordinary of said County, do certify that I know Mrs. M. E. Aldredge 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 X 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 are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 13 day of June 1933
 (SEAL OF ORDINARY)
V. A. Morgan Ordinary.
 of DeKalb 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. Only widows who married prior to January 1st, 1920, are eligible.
3. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be attested by such Ordinary.
4. At least two copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
5. Fill out the back of the application carefully.
6. Attach the entry form of marriage certificate in vogue throughout the State. A short, simple form is easier to handle.

TO PAY -
\$ 1.00
C. Tax \$
TOTAL

APPROVED
FOR MAY 1933

Widow's Application

Under Act of 1910 - As Amended by Act of 1919, and Constitutional Amendment of 1920.

County Dekalb
Name Mrs. M. E. Aldredge
Widow of Nathan E. Aldredge
Date of Marriage Nov. 9th 1869
Company D. - 45th
Regiment of Inf.
Approved

FILED

VETERAN SERVICE OFFICE
A. L. HENSON, Director

JOHN W. CLARK,
Commissioner of Pensions.

17/23

Ordinary's Certificate.

STATE OF GEORGIA.

Dekalb COUNTY.

I, V. A. Morgan Ordinary of said County, do certify that I know Mrs. M. E. Aldredge 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 X 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 are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 23 day of June 1933
(SEAL OF ORDINARY) V. A. Morgan Ordinary.
of Dekalb County

Instructions:

- 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."
- Additional affidavits may be attached if blank spaces are insufficient.
- Only widows who married prior to January 1st, 1861, are entitled.
- 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.
- Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
- Fill out the back of the application carefully.
- Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

APPLICATION FOR PENSION BY A WIDOW

Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendment of 1920

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

DEKALB COUNTY.

Personally appears before me, Mrs. M. E. Aldredge 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 Amendment of 1920, and submits testimony to support the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

- What is your name, and where do you reside? (Give Post Office and County) Mrs. M. E. Aldredge, Atlanta, Ga. 826 Springdale Road, Dekalb Co., Ga.
- How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All my life, nearly 64 years.
- When, where and to whom were you married? Nov. 9, 1869, Nathan E. Aldredge, LeGrange, Thomas Co., Ga.
 - Have you married since the death of first and soldier husband? No
- 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, and give name of Colonel and Captain.) I do not know, he enlisted before we were married.
- When and where did the commands of your husband surrender or discharge from the Service? I do not know
- Was your husband personally present with his command when it was surrendered or discharged? I do not know
- If he was not present, state specifically and clearly where he was? ---
- When did he leave the Command? ---
 - For what cause did he leave? I understand he was paroled.
 - By whose authority did he leave? I do not know
 - For how long was his leave of absence granted? --- In what way? ---
- What was his physical condition when he left his command? I CANNOT SAY
- What effort did he make to return to his Command? I don't know
- In what way was he prevented from going back to Command? ---
- Was he captured by the enemy at any time? Yes
- If so, when and where? In what prison was he held and when was he released? ---
- When and where did your first husband die? About the year 1890, at Seattle, Wash.
- Were you residing together when he died? Yes
- If not, how long had you resided apart? -----
- Are you now a widow? Yes
- Have you or your husband heretofore been paid a pension by the State? No

Sworn to and subscribed before me, this the

13th day of June 1933
V. A. Morgan Ordinary
of Dekalb County.
(SEAL OF ORDINARY)

Mrs. M. E. Aldredge Applicant.
For want of knowledge of the facts applicant cannot answer several of the questions asked

- be certified by such Ordinary.
5. Attach certified copies 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.

(SEAL OF ORDINARY)

applicant cannot answer several of the questions asked



B/ma

COPY

STATE OF ALABAMA
DEPARTMENT OF ARCHIVES AND HISTORY

FOUNDED BY THOMAS M. OWEN, LL. D., 1901

MONTGOMERY

IN REPLY REFER TO FILE NOA-911

April 21, 1933.

My dear Mrs. Aldredge:

Referring to your letter of April 15, addressed to the Commissioner of Pensions, an examination has been made of certain company rolls to see if we could help you to establish a record of your husband, Nathan George Aldredge.

The 37th Alabama Infantry, the 39th Alabama Infantry, the 45th Alabama Infantry had commands from that section of North Russell County in which Salem was then located. Suppose you get your Congressman to ask the Adjutant General at Washington to consult the rolls of those regiments and see if his name can be found. From that source you might be more successful than we are here. Those regiments belonged to the Western Army and were engaged in the Battle of Atlanta.

Very truly yours,

Marie B. Owen

Director.

Mrs. Martha E. Aldredge,
c/o Mr. John B. Wilson,
Atlanta, Ga.

ROBERT HANCOCK
501 North Georgia
401 North Georgia St. N.E.

THOMAS L. CAMP
P.O. Box 1110
ATLANTA, GEORGIA

Congress of the United States
House of Representatives
Washington, D. C.

THOMAS L. CAMP
P.O. Box 1110
ATLANTA, GEORGIA

June 2, 1933.

Judge V. S. Morgan,
DeKalb County Court House,
Decatur, Georgia.

My dear Judge:

Re: ALDREDGE, Nathan George.

I am handing you herewith a communication received today from the Adjutant General's office, which is in response to your communication of May 28th.

I am also returning the letter from the Department of Archives of Alabama to Mrs. Aldredge.

With highest personal regards, I am

Sincerely yours,

Thomas L. Camp

IN REPLY
REFER TO

A. G. 201
Aldredge, N. G.
(5-27-33) ORD

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON June 1, 1933.

MoK

Honorable Robert Ramspeck,
House of Representatives.

My dear Mr. Ramspeck:

I have your letter of May 27, 1933, with which you inclosed correspondence from V. S. Morgan, Decatur, Georgia, with reference to the military service of Nathan George Aldredge in the Confederate States Army.

The records show that one N. G. Aldredge, private, Company C, 45th Alabama Infantry, Confederate States Army was enlisted at Columbus, Georgia, February 5, 1864, giving the place of his birth as Alabama and age 16 years; he was 6 feet in height, had dark complexion, dark eyes and dark hair. On April 8, 1865 this organization became a part of the 3rd Company C, 1st Alabama Infantry, Consolidated, Confederate States Army. There are no rolls for this company on file. The name N. Aldredge, private, Company C, 45th Alabama appears on a report of prisoners captured by the 1st Brigade, 2nd Cavalry Division during the month of April, 1865. This report is dated April 30, 1865, at Macon, Georgia.

No record has been found of the service of any other man named Nathan George Aldredge or N. G. Aldredge, as a member of any Alabama organization, Confederate States Army.

It is proper to add that the collection of Confederate States Army records on file in this office is incomplete and the failure to find the complete record of any person thereon is by no means conclusive proof that such person did not serve at some time not covered by the records.

Very respectfully,

2 Inclosures:
Letters.

James F. McIntosh
Brigadier General,
Acting The Adjutant General.



VETERANS SERVICE OFFICE

SUCCESSOR TO THE DUTIES FORMERLY DEVOLVING UPON

THE PENSION COMMISSION
THE ROSTER COMMISSION
THE VETERANS SERVICE OFFICE

STATE CAPITOL
ATLANTA

A. L. HENSON, DIRECTOR
G. ARTHUR SHEATHAM,
ASST. DIRECTOR

LILLIAN HENDERSON,
ASST. DIRECTOR
G. M. CLARK,
LIAISON OFFICER

IN RE: Application for pension for
Mrs. M. E. Aldredge, widow of
Nathan G. Aldredge; DeKalb
County, Georgia;

It appearing that the husband of applicant, Nathan G. Aldredge, performed more than six months of actual military service as a Confederate soldier, and that he is honorably accounted for in such service until the close of the War; and it further appearing that applicant was married to said Confederate soldier prior to the year 1881, and that she lived with her said husband to the date of his death and has not re-married; this application is approved, and it is ordered that she be enrolled as a pensioner of DeKalb County, Georgia, for the month of May, 1933, and thereafter.

This the 20th day of July, 1933.

A. L. Henson
Director

S E A L

State of Georgia, Troup County

Ordinary's Office--ss:

I, J. Forest Johnson, Ordinary and ex-officio Clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of marriage license of Nathan G. Aldredge and M. E. Davidson with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and 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 18th day of June, 1933.


Ordinary and ex-officio C. C. O.

Waiver of Parent or Guardian for Marriage License

TO THE ORDINARY OF _____ COUNTY, GEORGIA:

We, the parent
(or) guardian

of _____

a female of the age of _____, hereby consent to issuance of marriage license to her and _____ and waive the posting of same as required by law.

Residence: _____

Parent.

Parent.

Marriage License
OF

Nathan G. Aldredge
AND

M. E. Davidson

Issued Nov. 2, 1933

and recorded on page 41

Book F of Marriage Licenses

H. H. Cary

Ordinary.

No. 606



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

You are hereby authorized to join

Nathan G. Aldredge

and

M. E. Davidson

*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.*

November 18 69

H. H. CARY

2d day of

(L.S.)
Ordinary.

STATE OF GEORGIA

CERTIFICATE

TROUP COUNTY

I Certify that Nathan G. Aldredge *and* M. E. Davidson
were joined in Matrimony by me this 9th *day of* November *Eighteen*
and Sixty Nine *Hundred*

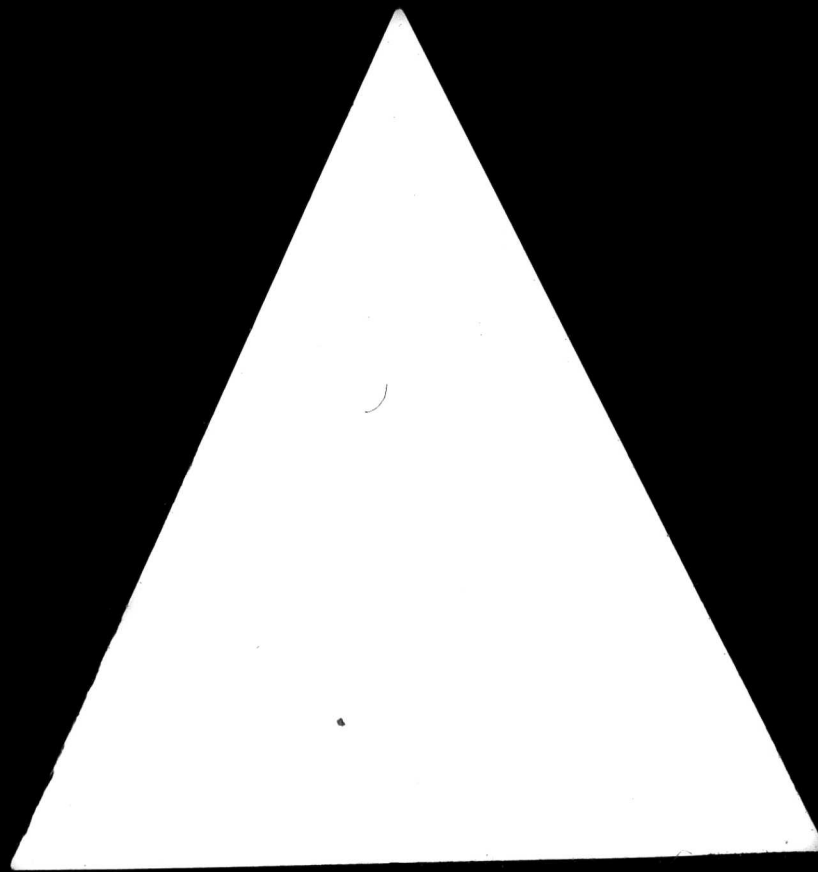
Recorded December 11, 1869

J. S. SAPPINGTON, M. G.

H. H. CARY

Ordinary.

PARTY PERFORMING CEREMONY MUST RETURN TO ORDINARY WITHIN 30 DAYS TO BE RECORDED



Callaway S. Alexander;
Private, Co. G? 2nd Regt.
South Carolina Rifles, C.S.A.
enlisted Jan. 11, 1862, at
Anderson, S. C.
Roll Jan.-Feb., 1865, last on
file, shows him absent with-
out leave since 14th. Feb.,
1865. No later record."

(Washington Record)

Approved
1939
Alexander, Callaway S.
DEKALB
CONFEDERATE
SOLDIER'S APPLICATION

Under Act of 1910—As Amended by Act of
1919, and Constitutional Amendment
of 1920.

County *DEKALB*
Name *Callaway S. Alexander*
Company *G.*
Regiment *2nd S.C. Rifles*
Approved *John W. Clark*
8-4-29

JOHN W. CLARK,
Commissioner of Pensions.

3-8-29

STATE OF GEORGIA.

Ordinary's Certificate

COUNTY.

DEKALB

V. D. Morgan
Callaway S. Alexander

Ordinary of said County, certify that I know
the applicant for pension; that he is the person
he represents himself to be, and that he has been, continuously, a bona fide resident citizen of said
State since January 1st, 1920; that I also know _____ the witness, who
swears to the service; that both of them are now residents of said County and were duly sworn by
me before signing the foregoing affidavits, and 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 *7* day of *March* 19*29*
V. D. Morgan Ordinary.
(SEAL OF ORDINARY) of *DEKALB* County

Instructions:

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 you and the evidence you give."
2. Additional affidavits made by witnesses are insufficient.
3. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be witnessed by such Ordinary.
4. Fill out the back of the application carefully.

Callaway S. Alexander,
Private, Co. G? 2nd Regt.
South Carolina Rifles, C.S.A.
enlisted Jan. 11, 1862, at
Anderson, S. C.
Roll Jan.-Feb., 1865, last on
file; shows him absent with-
out leave since 11th, Feb.,
1865. No later record."

(Washington Record)

CONFEDERATE SOLDIER'S APPLICATION

Under Act of 1910—As Amended by Act of
1919, and Constitutional Amendment
of 1920.

County DeKalb
Name Calvin S. Alexander
Company G.
Regiment 2nd S.C. Rifles.
Approved John W. Morgan
8-4-29

JOHN W. CLARK,
Commissioner of Pensions.

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. A. Morgan, Ordinary of said County, certify that I know
Calvin S. Alexander the applicant for pension; that he is the person
he represents himself to be, and that he has been, continuously, a bona fide resident citizen of said
State since January 1st, 1920; that I also know _____, the witness, who
swears to the service; that both of them are now residents of said County and were duly sworn by
me before signing the foregoing affidavits, and 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 7 day of March 1929

(SEAL OF ORDINARY.)

V. A. Morgan Ordinary.
DeKalb County

Instructions:

- 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 give shall be the whole truth. So help you God."
- Additional affidavits may be attached if blank spaces are insufficient.
- 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.
- Fill out the back of the application carefully.

APPLICATION FOR PENSION BY A SOLDIER

Under Act of 1910, as Amended by Act of 1919, and Constitutional
Amendment of 1920.

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

DeKalb COUNTY.

Personally appears before me, Calvin S. Alexander 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 Amendment of 1920, and submits testimony to support the same and
after being duly sworn true answers to make to the questions propounded, answers as follows, to-
wit:

- What is your name and where do you reside? (Give County and Post Office.) Calvin S. Alexander
Clarkston, DeKalb County, Ga.
- How long and since when have you been, continuously, a bona fide resident citizen of the State
of Georgia? Since 1867
- Did you enlist in the Army of the Confederate States, or in the organized militia, of this State
from 1861 to 1865? In the Army of the Confederate States
- When and where, and in what Company and Regiment did you enlist? (State the arm and
class of service, and give name of Colonel and Captain.) 1861, Anderson, S. C.
Col. John Moore and Captain Keyes Norris
- How long did you remain in the actual military service with said Company and Regiment?
(Give date of discharge.) At the surrender in 1865
- When and where was your Company and Regiment surrendered or discharged from the Service?
Appomattox C. H., 1865.
- Were you personally present with your Command when it was surrendered or discharged?
No.
- If you were not actually present, state specifically and clearly where you were. Home on
furlough.
 - Where was your Command when you left it? About 7 Miles from Richmond, Va.
 - When did you leave the Command? About 30 days before the surrender
 - For what cause did you leave? On 30 day furlough
 - By whose authority did you leave? The Commanding Officer
 - For how long was your leave of absence granted? In what way? 30 days
Furlough
 - Why did you not return to your Command after leave expired? Surrender took place
 - In what way were you prevented? The authorities wouldn't furnish transportation
 - What effort did you make to return? I was told to go to Greenville S. C and
there join another Company. I went but the surrender took place before I could
Go
 - Were you captured by the enemy at any time? No.
 - If so, when, and where? In what prison were you held and when were you released?
Was never captured
 - Are you drawing a pension of any amount from this State or the United States? No.
 - Have you ever applied for the Georgia Pension and had it refused? If so, for what cause was
it not allowed? Have never applied for any pension

Sworn to and subscribed before me, this the

7th day of March, 1929

V. A. Morgan Ordinary
of DeKalb County

(SEAL OF ORDINARY.)

Calvin S. Alexander
Applicant.

day of _____, 1927.
V. S. Morgan, Ordinary
 of DeKalb County
 (SEAL OF ORDINARY.)

FILED

DEC 13 1934

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

TO PAY-

1930.

Cig. & C. Tax, \$60

20:AL.

120

120

E ALEXANDER, CALVIN 120
DeKalb Co.

For DeKalb County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

V. S. Morgan, Ordinary

For: Calvin Alexander
(Name of prisoner)

Date of Death: November 30, 1984.

Amount: \$ ~~100.00~~ 60 + 60)

PAID TO ORDINARY ON THIS CLAIM: \$
DATE

DATE OF ORDINARY ON THIS CLAIM:					
1935		FUND FROM WHICH PAID		\$	
2-25	@ r @				
2-25		1930		60	
				60	
TOTAL			120	00	00

Approved, and ordered paid,

198.

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

Received 12 U. S. Marzani, body, check for
\$125.00 for Calvin's funeral exp.
3/1/30. Ais. Dinner

A. S. Turner
Funeral Director and Embalmer
Prompt Ambulance Service
Decatur, Georgia.
December 8th, 1934.

Funeral Expenses of Callaway Smith Alexander,
Clarkston, Georgia.

December 1, 1934.

To Casket and Burial Box

Embalming

Funeral Notices

Hearse Service and Service Rendered

\$120 00

Georgia, DeKalb County,

I do hereby certify that the above account is

rendered for the funeral expenses of Callaway Smith Alexander, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me.

This December 8th, 1934.

Notary Public State of Georgia, Decatur, Ga
My Comm. as Expires Nov. 1, 1937

Ad Turner

Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)
(To be disbursed by the Ordinary)

GEORGIA, DeKalb County:

Before me, the Ordinary of said County, comes
A. S. Turner, of said County, who, after being duly sworn, on oath says
that he knew Calvin S. Alexander 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 \$120.00, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,
this the 11 day of December 1934.
V. B. Morgan, Ordinary.

CERTIFICATE OF THE ORDINARY

GEORGIA, DeKalb County.

I certify that A. S. Turner who subscribed 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 Calvin S. Alexander 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 11 day of December, 1934
(Seal of Ordinary) V. B. Morgan, 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 _____, 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.



W. H. O'LY
Major General Commanding
GREENSVILLE, S. C.
J. B. LEWIS
Adj. General and Chief of Staff
ANDERSON, S. C.

HEADQUARTERS

South Carolina Division

United Confederate Veterans
ADJUTANT GENERAL'S OFFICE

Anderson, S. C.

March 20th 1929.

Mr A.A. Dean.
Starr S.C.
R F D # 1.

Dear Sir:-

On the Roll of Confederate Veterans as recorded in the Office of the Clerk of Court, I find the name of CALVIN S. ALEXANDER. Private in Co 'G' 2nd S.C. Rifles. Jenkins' Brigade of Infantry. Surrendered. This Veteran is applying for a Pension in the State of Georgia, but the Pension Commissioner of Georgia writes me that the Records in the WAR DEPARTMENT at Washington D C, do not compare with the records here. He is reported on duty up to Feby 14th 1865, but no later records are given.

As you were in command of the Company at the surrender, I am asking if you will sign a statement as to his being present at the surrender. This will clear his record and secure a Pension in Georgia for him. Please reply on this sheet, and re-mail to me in stamped envelope enclosed, and come up to the Hampton Dinner on 28th inst. Hope you are feeling well, and enjoying the change in the weather.

Yours sincerely,

J. B. Lewis

March 22 1929

*Mr J B Lewis Anderson & Co
I do not recollect whether Calvin S Alexander
was the surrender at Appomattox or not A H Dean*



W. H. CELY
Major General Commanding
GREENVILLE, S. C.
J. B. LEWIS
Adj. General and Chief of Staff
ANDERSON, S. C.

HEADQUARTERS
South Carolina Division

United Confederate Veterans
ADJUTANT GENERAL'S OFFICE

Anderson, S. C.

March 20th 1929.

General John W. Clark.
Commissioner of Pensions.
Atlanta Ga.

My Dear Sir and Comrade:-

Replying to your letter of 15th inst-
Absence of 'Official Business' at Columbia S.C. prevented an earlier
reply.

In the matter of Calvin S. Alexander referred to, I have written to
The Officer who surrendered the Co at Appomattox Va, stating the case
fully and asking him to confirm the Official Records as contained in
our County Records.

On hearing from him I will take the matter up in proper form if he is
in position to execute additional information regarding the seeming
discrepancy.

Hope to meet you at Charlotte in June, with kind regards to you and the
good wife, I am-

Sincerely yours.

J. B. Lewis



W. H. CELY
Major General Commanding
GREENVILLE, S. C.
J. B. LEWIS
Adj. General and Chief of Staff
ANDERSON, S. C.

HEADQUARTERS
South Carolina Division

United Confederate Veterans
ADJUTANT GENERAL'S OFFICE

Anderson, S. C.

April 3rd 1929.

General John W. Clark.
Commissioner of Pensions.
Atlanta Ga.

My Dear Comrade:-

With reference to your letter of March 15th, in the
matter of Calvin (or Calloway) S. Alexander, a Member of Co 'G' 2nd S.C.
Rifles.

I enclose a letter written to A.A. Dean of this county who was the last
Commissioned Officer of the Company, with a foot note in reply to me.
I also enclose another communication from Mr Dean written April 1st inst,
from which you will note that Mr Dean is uncertain as to the fact of C.S.
Alexander being present at the surrender at Appomattox Va April 9th 1865.

I also note that our Records of Confederate Veterans who enlisted from
Anderson District S.C 1861-1865 shows that Calvin S. Alexander was listed
as being a member of Co 'G' 2nd S.C. Rifles, and that he was at the sur-
render. This list was made by a Committee from the Township in which he
lived, and by men who knew him personally, and that the record is correct
as to the point of his having surrendered at Appomattox Va.

When we recall the excitement consequent upon the surrender, in connection
with the additional fact of the possibility that Alexander may have been
on duty which would have carried him away from the Company at the time,
it is reasonable to suppose that under such circumstances the Commanding
Officer, who was Lt A.A. Dean, could not be expected to remember who was, and
who was not present at that particular time.

I am still seeking additional information through the Office of Mr A.S.
Salley, Secretary of the Historical Commission of S.C. at Columbia S.C.
and will forward such matter as he supplies to me as soon as received.

Hoping to meet you at Charlotte N.C at the General Reunion in June 4-7th,
and with kind regards to you and yours, I am-

Sincerely yours.

J. B. Lewis
J. B. LEWIS, Adj. Genl.
S.C. Division U. C. V.

Box 401. Anderson S.C.

Stern 86
April 1 1929

J. B Lewis Anderson S C

'Sir since writing to you last week
 I have been thinking a great deal
 about the case of Calloway & Hagan-
 der and as I wrote you that I did
 not recollect whether he was at the
 surrender or not and I can not say
 yet that he was but I think he was
 and whether he was or not I am
 sure that he is entitled to a pension
 and surprised that he has not got
 it long ago
 And if we can aid him in getting
 one I will certainly be glad
 A H Dear

Given by L. M. Rogers
 to the Library of the
 University of California
 at Berkeley
 Dec. 11, 1925
 L. M. Rogers

Re. 4th - Feb. 1835, lost
in file, somewhere at
sent⁴ - don't leave
since 14th Feb. 1835.

Ms. A.9.2.6.2 (v)



W. H. CELY
Major General Commanding
GREENVILLE, S. C.

J. B. LEWIS
Adjt. General and Chief of Staff
ANDERSON, S. C.

South Carolina Division

United Confederate Veterans
ADJUTANT GENERAL'S OFFICE

Anderson, S. C. Feby 25th 1929.

Mrs W.C.McCord.
Clarkston Ga.

My Dear Madam:-

Replying to your letter of 22nd inst-

I find upon the Records of Confederate Veterans who enlisted from Anderson County, the name of Calvin.S.Alexander, Private in Co 'G' 2nd S.C.Rifles. Jenkins Brigade. of Infantry. Longstreets Corps. and that he surrendered at the close of the War.

I take a real pleasure in rendering any assistance in my power towards helping out a Comrade in securing a Pension.

I was with the same Company as a boy in 1861 when we first enlisted for service, and knew your father as Cal Alexander. There is one other man living who your father will remember, Augustus A. Dean, who went through the entire four years from Sergeant, to Lieutenant, and who was in command of the Company at the Surrender. Your father will readily recall Gus Dean, and Baylis Lewis.

I will take pleasure in signing any statement that may be necessary in this matter, and as I am personally known to Genl John W. Clark, the Pension Commissioner of your State, he will recognize my official rank as Adjt Genl of the S.C. Division U C V.

A.A. Dean will also sign the papers if it is necessary.
I trust that you may find no trouble in the successful prosecution of a
petition for your fathers Pension.
With kind regards to your father, I am- Sincerely yours.

Sincerely yours.

Sincerely yours,
J. B. Lewis
Adj. Genl. S. C. Div. U. S. A.


P O BOX 401. Anderson S.C.

Di Kallb.
C. S. Alexander
Co. G. 2nd I. C.
Regiment + Jenkins Brigade
Cent.
Anderson Co. S. C.
1861 Hayes Harris Capt
A. A. Deane Lt.
C. 11 2-13-29

J. R. Evans
J. R. Evans, Comm. of Health,
DeKalb County, Ga.

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 insular conditions or occupation? Where was disease contracted if not at place of death?

V.S.—2

 CERTIFICATE OF DEATH GEORGIA DEPARTMENT OF PUBLIC HEALTH Bureau of Vital Statistics		589 Registered No.
1. PLACE OF DEATH County <u>Dekalb</u> Militia District (Number and Name) <u>1327</u> State of <u>Georgia</u> City or Town <u>Clarkston, Ga.</u> Length of residence in this city or town: Yrs. <u> </u> Mos. <u> </u> Ds. <u> </u> NON-RESIDENT (Yes or No) Street and Number (No.) <u> </u> (Street) <u> </u> Ward <u> </u> (If death occurred in a hospital, give its name instead of street and number)		
2. FULL NAME <u>Caloway Smith Alexander</u> Residence (City or Town) <u>Clarkston, Ga.</u> (Street and Number) <u> </u> (State) <u> </u>		
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Widowed</u>
6. DATE OF BIRTH (month, day, year) <u>Sept. 28, 1945</u>		
7. AGE Years <u> </u> Months <u> </u> Days <u> </u> If less than one day Hours <u> </u> Minutes <u> </u>	8. OCCUPATION (a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u> (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. <u> </u> (c) Date deceased last worked at this occupation (month and year) <u> </u> (d) Total years spent in this occupation <u> </u>	
9. BIRTHPLACE <u>Georgia</u> (P. O. Address) <u> </u>		
10. NAME <u>Robert Burke Alexander</u>		
11. BIRTHPLACE <u>Unknown</u> (P. O. Address) <u> </u>		
12. MAIDEN NAME <u>Unknown</u>		
13. BIRTHPLACE <u>Unknown</u> (P. O. Address) <u> </u>		
14. INFORMANT <u>Mrs. W. C. McGord</u> (Signed) <u>Clarkston, Ga.</u> (Address) <u> </u>		
15. BURIAL PLACE <u>Sylvester Cemetery</u> (Cemetery) <u> </u> (Postoffice) <u> </u> Date <u>Dec. 1, 1954</u>		
20. UNDERTAKER <u>A. S. Turner</u> (Signed) <u>Dacula, Ga.</u> (Address) <u> </u>		
MEDICAL CERTIFICATE OF DEATH		
16. DATE OF DEATH <u>Nov. 30, 1954</u> at <u>5 P. M.</u> (Month, Day, Year) <u> </u> (Hour) <u> </u>		
17. I HEREBY CERTIFY, That I attended the deceased from <u>Nov. 28, 1954</u> to <u>Nov. 28, 1954</u> I last saw him alive on <u>Nov. 28, 1954</u> 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: <u>Bright's Disease</u>		
Other contributory causes of importance: <u> </u>		
What test confirmed diagnosis? (Specify whether autopsy, operation, laboratory, or clinical) <u> </u>		
If death was due to external causes (violence) fill in also the following: Was injury an accident, suicide, or homicide? <u> </u> 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? <u> </u> Manner of injury <u> </u> Nature of injury <u> </u> (Signed) <u>W. T. McGordy</u> M.D. (Address) <u>Stone Mountain, Ga.</u>		
18. FILED <u>Dec. 5, 1954</u> (Signed) <u>J. R. M. Dillon</u> (Local Registrar) <u> </u>		

March 15, 1929.

Gen. J. B. Lewis,
Adj. General S. C. Div. U. C. V.,
Anderson, S. C.

My dear Comrade:

Your letter of February 25, addressed to Mrs. W. C. McCord regarding the record of Mr. Calvin, or Callaway, Alexander, Co. O, 2nd. S. C. Rifles has reached this office attached to the application of Mr. Alexander for a pension. I note in your letter that Mr. A. A. Dean was in command of this Company at the surrender and earnestly request that you have Mr. Dean furnish affidavit as to the whereabouts of Mr. Cal Alexander at the end of the War.

This is very necessary in order that Mr. Alexander may be enrolled, as the official record of this soldier furnished by the War Department is as follows:

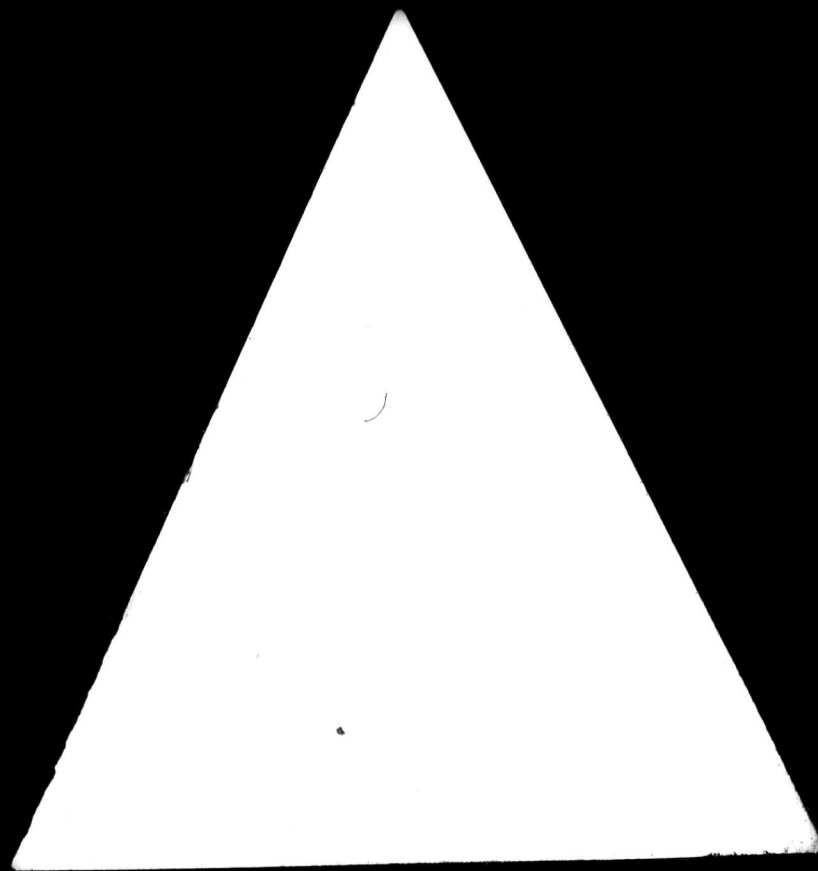
"Callaway S. Alexander, Private Co. O,
2nd Regiment South Carolina Rifles,
C. S. A.; enlisted January 11, 1862,
at Anderson, S. C.
Roll Jan.-Feb., 1865; last on file,
shows him absent without leave since
14th. Feb., 1865.
No later record."

I am sure that you will do what you can to clear up this adverse report from the War Department.

With kind regards,

Very truly yours,

Commissioner of Pensions



POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County. }

I, *James Allen* hereby authorize *W. B. Scott* of *De Kalb Co Ga*

at *Atlanta Ga* by *Wm. B. Scott*

to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *11th* day of *July* 1897. *James Allen* [L.S.]

Executed in presence of

J. B. Scott
Wm. B. Scott
Ordinary

De Kalb Co
Allen, James
1896

ACT OF 16 DEC., 1894.
(For Those Already Enrolled.)

No. *376*

INDIGENT
Soldier's Pension.
1897.

Name *James Allen*
County *De Kalb.*

July 11 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

att.

Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb County.

I, *James Allen* hereby authorize *2978*
of Fulton Co Ga
 to receive and receipt for the pension paid hereon and request that he remit same to

by *him*
 at *Atlanta Ga*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *14*
 day of *May* 1897.

James Allen [L. S.]

Executed in presence of
J. L. G. & Co
Attorneys

DeKalb Co
Blowing Rock
1896
 ACT OF 15 DEC. 1891
 (For Those Already Enrolled.)

No. *376*

INDIGENT
 Soldier's Pension.
1897.

Name *James Allen*
 County *DeKalb.*

July 11 1897.

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDED TO
Atty
W. H. Harrison, State Printer, Atlanta.
No data

James Allen
DeKalb Co
 (For Those Already Enrolled.)

NO. *942*

INDIGENT
 SOLDIER'S PENSION,
1898.

Name *James Allen*
 County *DeKalb.*

WARRANT ISSUED
11/13 1898.

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDED TO
Atty
W. H. Harrison, State Printer, Atlanta.
No data

POWER OF ATTORNEY.

State of Georgia,

County.

I, _____ hereby authorize _____
 of _____

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

at _____
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
 day of _____ 1898.

_____ [L. S.]

Executed in presence of _____

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *James Allen* of *De Kalb* 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 *31st* day of *May* 1829; that he is *67* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 1/2* years in Company *F*, of *35th* Regiment of *Volunteers*; that his physical condition is as follows: *Rheumatism in left foot & leg & arm and hand. And physically unable to perform manual labor of any kind*

that his property consists of the following items *I have no property of any kind personal or real.*

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. *That he is on pension*

Deponent desires to participate in the benefits of the Act, approved December 15th, 1804, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1807. I have heretofore as a resident of *Volunteers* county been allowed a pension for the year 1806

Sworn to and subscribed before me, this, the *13th* day of *June* 1807. *James H. Allen* Ordinary.

STATE OF GEORGIA,

De Kalb County.

I, *W. M. Ragsdale* Ordinary of said County, do certify that I am well acquainted with *James Allen* 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 *11th* day of *June* 1807.



W. M. Ragsdale Ordinary *De Kalb* County.

NOTE—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *James Allen* of *De Kalb* 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 *31* day of *May* 1829; that he is *68* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 Years* in Company *F*, of *35th* Regiment of *La Vol*; that his physical condition is as follows: *Old age account of Rheumatism and age unable to earn a living*

that his property consists of the following items *None*

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, 1804, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1808. I have heretofore as a resident of *De Kalb* county been allowed a pension for the year 1807

Sworn to and subscribed before me, this, the *13th* day of *June* 1808. *James H. Allen* Ordinary.

State of Georgia,

De Kalb County.

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

Given under my official signature and seal, this *13th* day of *June* 1808.



W. M. Ragsdale Ordinary *De Kalb* County.

NOTE—The blank spaces must be filled.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____, hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal this _____ day of _____ 1890.

Executed in presence of _____

(L. S.)

CODE SEC. 1284.

(For These Already Enrolled.)

No. 494

INDIGENT

SOLDIER'S PENSION,

1899.

Name James Allen

County De Kalb

WARRANT ISSUED

1899

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

CODE SEC. 1284.

(For These Already Enrolled.)

No. 211

INDIGENT

SOLDIER'S PENSION,

1900.

Name James Allen

County De Kalb

WARRANT ISSUED

1900.

JOHN W. LINTSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears James Allen of De Kalb 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 31 day of May 1879; 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 3 years in Company F, of 35th Regiment of Ga; that his physical condition is as follows: afflicted with Rheumatism and infirm from old age

that his property consists of the following items None

of the value of 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 1899. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1898,

Sworn to and subscribed before me, this, the 9 day of Jan 1899, } Wm. Ragsdale Ordinary.

State of Georgia, }
De Kalb County.

I, Wm. Ragsdale Ordinary of said County, do certify that I am well acquainted with James Allen 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 9 day of Jan 1899.



Wm. Ragsdale Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1899.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears James Allen of De Kalb 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 31 day of May 1879; 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 3 years in Company F, of 35th Regiment of Ga; that his physical condition is as follows: afflicted with Rheumatism and infirm from old age

that his property consists of the following items None

of the value of 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 1900. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1899,

Sworn to and subscribed before me, this, the 15 day of Jan 1900, } Wm. Ragsdale Ordinary.

State of Georgia, }
De Kalb County.

I, Wm. Ragsdale Ordinary of said County, do certify that I am well acquainted with James Allen 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 1900.



Wm. Ragsdale Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

Ordinary W. H. Hall County.

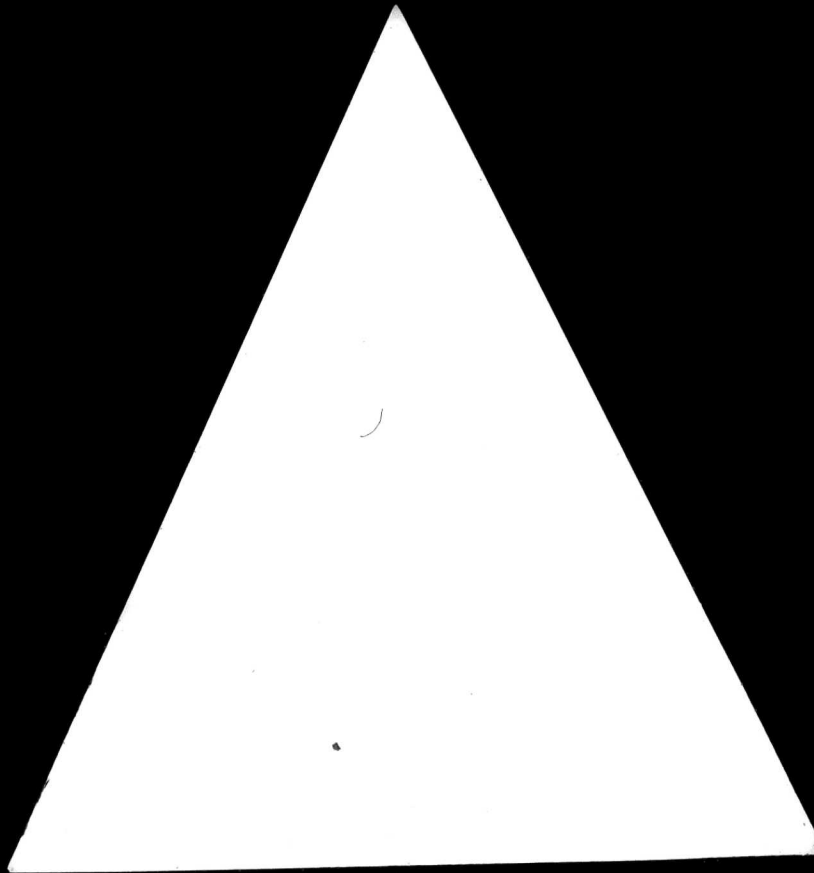
NOTE.—The blank spaces must be filled.

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

Ordinary W. H. Hall County.

NOTE.—The blank spaces must be filled.

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



POWER OF ATTORNEY.

STATE OF GEORGIA.

De Kalb County.

I, Rebecca Allen hereby authorize W. W. Lindsey

County, to receive and receipt for the pension allowed and that he remit the same to me at _____ by his check or registered mail.

Witness my hand this 1 day of March 1901

Executed in presence of

W. W. Lindsey County, _____

County, _____

Rebecca Allen L. S.

[SEAL]

Witness my hand this _____ day of _____ 1901

STATE OF GEORGIA

COMMISSIONER OF PENSIONS

Allen, Rebecca
14 De Kalb Co

No. _____

WIDOW'S Indigent Pension. 1901.

Name Rebecca Allen

County De Kalb

Widow of James Allen

25-9a

Approved _____ 1901

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

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

4/2/01

POWER OF ATTORNEY.

STATE OF GEORGIA.

DeKalb County.

I, Rebecca Allen hereby authorize W. W. Lindsey of _____ County, to receive and receipt for the pension allowed and that he remit the same to me at _____ by his check or registered mail.

Witness my hand this 1 day of March 1901

Executed in presence of

W. W. Lindsey Ordinary, _____ County.

Rebecca Allen L. S. DeKalb County.

(SEAL)

WIDOW'S
Indigent Pension.
1901.

Name Rebecca Allen

County DeKalb

Widow of James Allen

Age 44

Approved _____ 1901

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDS TO _____ 1901

4/2/01

Questions for Applicant

STATE OF GEORGIA,

DeKalb County.

I, Rebecca Allen 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 proof, and after being duly sworn, true answers to make to the following questions, signed and sworn, as follows:

1. What is your name and where do you reside? (Give State, County and Post Office)
Rebecca Allen at Stone Mountain DeKalb Co. Ga.
2. How long and since when have you been a resident of this State? since Oct. 15, 1888
3. When and where were you born? Oct. 15, 1838
Madison Co. Ga.
4. When and where was your husband born—state his full name, and when were you and he married?
James Allen, was born 31st May 1828 in Madison Co. Ga.
we was married 22nd Feb 1861
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? enlisted in May 1862 in Co. F
8th Ga. Regiment
6. How long did your husband serve in said Company and Regiment? until Dec 1st 1864
7. When and where did your husband's Company and Regiment surrender and was discharged?
at Appomattox April 9th 1865
8. Was your husband present at the time and place when his Company and Regiment surrendered? Yes
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? Went to California and was a
Prisoner of War at the time and was discharged
from Prison at Point Lookout June 8th 1865
10. When and where did your husband die? at Stone Mountain Ga.
11. Which of the following grounds do you base your application for Pension, viz: First—Age and Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty? on the first
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.
unable to perform years
13. What has been your occupation since your husband's death? Nothing
14. How much can you earn gross, by your own exertion or labor? Nothing
15. What property, real or personal, or income do you have or possess, and its gross value? 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?
in DeKalb Co.
18. How have you been supported since death of husband, and especially for 1899 and 1900?
by my own labor
19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? my own labor cost me \$1.00 per week
20. What was your employment during 1899 and 1900—how much did you receive for each year?
Nothing

21. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property? only one daughter and my son-in-law
22. Have you ever made an application for pension before? No
23. How many applications have you made for a Pension, and under what class? None

Sworn to and subscribed before me this

day of March 1901 } Rebecca Allen
W. W. Lindsey Ordinary,
of DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, *Rebecca Allen*, hereby authorize
J. N. Nash of *De Kalb* Co.,

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

In Witness Whereof, I have hereunto set my hand and seal, this *17*
day of *Jan* 1902.

B. R. Allen

[L. S.]

Executed in presence of

Wm. Rogersdace
Ordinary.

To Those Heretofore Paid.

1902.

No. *200*

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs. Allen Rebecca

OF
De Kalb

County,

Widow of *James Allen*

Co. *F 35th* Regiment

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

1902

120

AND HANDED TO

J. N. Nash

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, *Rebecca Allen*, hereby authorize
J. N. Nash of *De Kalb* Co.,

to receive and receipt for the pension paid hereon, and request that he remit same to
at *St. Louis Missouri*

In Witness Whereof, I have hereunto set my hand and seal, this *9th*
day of *Jan* 1903.

Rebecca Allen [L. S.]
mark

Executed in the presence of

W. C. Brown
Wm. Rogersdace
Ordinary.

To Those Heretofore Paid.

1903.

No. *177*

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. Rebecca Allen

OF

De Kalb County,

Widow of *James Allen*

Co. *F 35th* Regiment

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

1903

123

AND HANDED TO

J. N. Nash

[L. S.]

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1.

STATE OF GEORGIA,

County of De Kalb

PERSONALLY COMES MRS.

Rebecca Allen

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 15 1837

Rebecca Allen

F of the 35th

That she is the Widow of who was a soldier in Company Ja Regiment of Ja

Volunteers, that he enlisted in said regiment on or about the month of May 1862 1862, and served in the Army up to April 1865 1865. That he died on the 19th day of April 1900.

From age and poverty she is unable to make a support

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 an Indigent pension as a resident of De Kalb 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 15 day of Jan 1902

W M Ragsdale

Ordinary.

Post-Office Stone Mt

State of Georgia,

De Kalb

County.

W M Ragsdale

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

day of

18

Given under my official signature and seal, this the 15 day of Jan 1902.

Official Seal

W M Ragsdale

Ordinary of

De Kalb

County.

NOTE.- All blanks must be filled.

Vouchers and affidavits must bear date after January 1st, 1903.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1.

STATE OF GEORGIA,

County of De Kalb

PERSONALLY COMES MRS.

Rebecca Allen

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 15 1837

James Allen

F of the 35th

That she is the Widow of who was a soldier in Company Ja Regiment of Ja

Volunteers, that he enlisted in said regiment on or about the month of May 1862, and served in the Army up to April 1865. That he died on the 19th day of April 1900.

From age and poverty she is unable to make a support

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 an Indigent pension as a resident of De Kalb 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 15 day of Jan 1903.

W M Ragsdale

Ordinary.

Post-Office Stone Mt

State of Georgia,

De Kalb

County.

W M Ragsdale

Ordinary of said County, certify that I am well acquainted with Mrs. Rebecca Allen 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 15 day of Oct 1837

Given under my official signature and seal, this the 15 day of Jan 1903.

Official Seal

W M Ragsdale

Ordinary of

De Kalb

County.

NOTE.- All blanks must be filled.

Vouchers and affidavits must bear date after January 1st, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, Rebecca Allen hereby authorize
J. H. Kade of Ston Mountain
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Ston Mountain

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

Rebecca Allen [L. S.]
mark

Executed in presence of

James W. George
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, Rebecca Allen hereby authorize
J. H. Kade of Ston Mountain
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Ston Mountain

In Witness Whereof, I have hereunto set my hand and seal, this 11 day of Jan 1905.

Rebecca Allen [L. S.]
mark

Executed in presence of

James W. George
Ordinary

TO THOSE HERETOFORE PAID.

1904.

No. 170

INDIGENT
WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904

PAID TO
Mrs Rebecca Allen

L. E. Hall County,
Widow of James Allen
3d 3d Regiment.

JOHN W. LINDSEY,
Commissioner of Prisons.

WARRANT ISSUED

135 1904.

AND HANDED TO

for body

Geo. W. Harrison, State Printer, Atlanta.

To Those Heretofore Paid.

1905.

No. 203

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs Rebecca Allen

OF
L. E. Hall County,
Widow of James Allen
3d 3d Regiment.

JOHN W. LINDSEY,
Commissioner of Prisons.

WARRANT ISSUED

133 1905.

AND HANDED TO

for body

Geo. W. Harrison, State Printer, Atlanta.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of DeKalb

PERSONALLY COMES MRS.

Rebecca Allen

who, being sworn, says on oath that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 15, 1837. That she is the Widow of

James Allen who was a soldier in Company 7 of the 35th Regiment of

Volunteers, that he enlisted in said regiment on or about the month of May 1862, and served in the Army up to April 1865. That he died on the 19 day of April 181900.
Age and 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 1861.

I have been allowed an indigent pension as a resident of DeKalb 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 15 day of July 1904.

James R. George Ordinary.

Post-Office

State of Georgia,

County of DeKalbI, James R. George

Ordinary of said County, certify that I am well acquainted with Mrs. Rebecca Allen, 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 15 day of Oct 1837.

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

Official Seal

Ordinary of DeKalb County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of DeKalb

PERSONALLY COMES MRS.

Rebecca Allen

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

That she is the Widow of James Allen who was a soldier in Company 7 of the 35th Regiment of 9th

Volunteers, that he enlisted in said regiment on or about the month of May 1862, and served in the Army up to April 1865. That he died on the 19 day of April 181900.

Age & 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 1861.

I have been allowed an indigent pension as a resident of DeKalb County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me, this 11 day of July 1905.

James R. George Ordinary.

Post-Office

State of Georgia,

County of DeKalbI, James R. George

Ordinary of said County, certify that I am well acquainted with Mrs. Rebecca Allen, 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 15 day of Oct 1837.

Given under my official signature and seal, this the 11 day of July 1905.

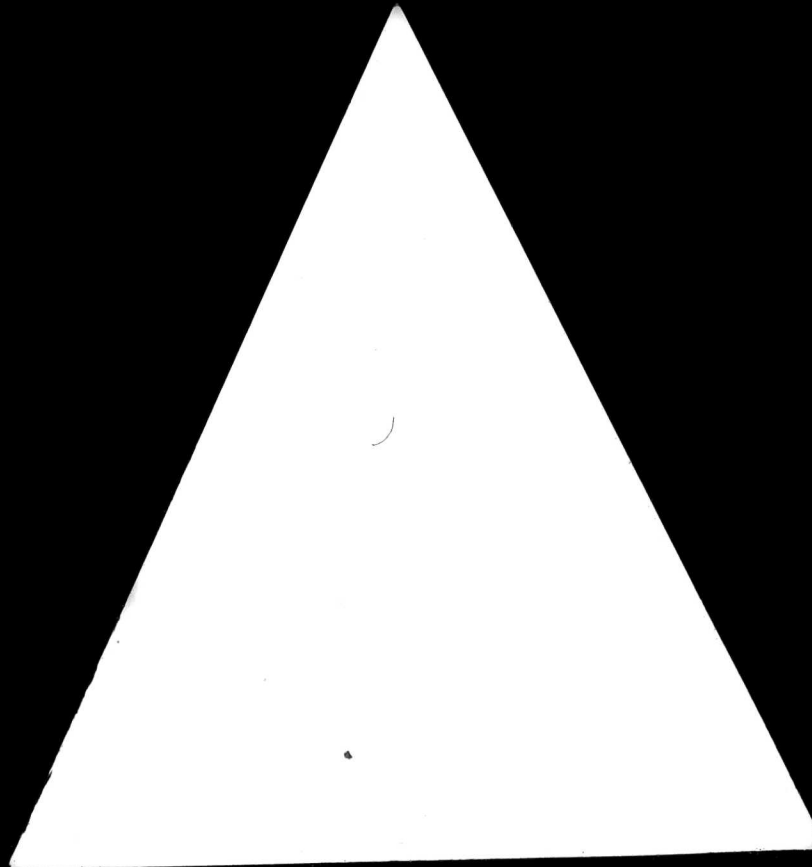
Official Seal

Ordinary of DeKalb County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1905.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1905.



1927 Shaddox
Almaund Inn, Arrg Shaddox
Approved
DeKalb County

WIDOW'S APPLICATION

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

County DeKalb
Name Mrs. Anna Shaddox
Widow of J. C. Shaddox
Company B.
Regiment 16th Bat. Ga. Cav.
Date of Husband's Death Dec 19 1902
Date of Marriage Dec 19 1887
Approved John W. Clark
JUN 16 1927

JOHN W. CLARK,
Commissioner of Pensions.

5-20-27

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

DeKalb

COUNTY.

I, V. S. KOTZEN Ordinary of said County, do certify that I know Mrs. Anna Shaddox (now Mrs. Anna Almond) 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 John F. Green 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 15th day of May, 1927.
(SEAL OF ORDINARY) V. S. Kotzen Ordinary.
DeKalb 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.

1927 Shaddox
Almand in Arra Shaddox
Applicant
DeKalb County

WIDOW'S APPLICATION

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

County, DeKalb
Name, Mrs. Arra Shaddox
Widow of J. C. Shaddox
Company B.
Regiment 16th Bat. Ga. Cav.
Date of Husband's Death Dec 19 1902
Date of Marriage Dec 19 1867
Approved John W. Clark
JUN 16 1927

JOHN W. CLARK,
Commissioner of Pensions.

5-20-27

J. C. Shaddox
Approved for 1903 and
died before receiving pension
Co. B. 16th Battery Ga. Cav.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. S. Morgan Ordinary of said County, do certify that I
know Mrs. Arra Shaddox (now Mrs. Arra Almand), 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 John F. Green, the witness as to
marriage, and that both the foregoing were duly sworn by me before signing the respective affi-
davits, and that they are truthful and trustworthy and their statements are entitled to full faith
and credit.

Given under my hand and official seal of office this 19th day of May, 1927.

(SEAL OF ORDINARY) V. S. Morgan Ordinary,
DeKalb 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.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, Judge
E. F. Cook, Ordinary of Rockdale County, Georgia, and being duly sworn, deposes
and says on oath: That he was personally acquainted with John W. Almand during
his lifetime; that said John W. Almand was the second husband of Mrs. Arra
Shaddox, the widow applying for pension, and that said John W. Almand died on the
3rd day of June, 1916.

Sworn to and subscribed before me,

this 19th day of May, 1927.

E. F. Cook
Ordinary, Rockdale Co., Ga.

E. F. Mason
Notary Public, State of Georgia at Large.

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia.

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me comes Mrs. Arra Almand (formerly Mrs. Shaddox) of said County, who, after having been duly sworn, says that she is the widow of J. C. Shaddox to whom, in the County of Walton State of Georgia she was married on the 19th day of Dec. 18.87, and that she remained his wife, and resided with him to the date of his death in December 1902 and that she has not since his death remarried; at the time of his death he was a resident of DeKalb County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$ in County for 19 (per annum), on account of being a soldier in Company B. 16th Regiment Ga. Cavalry (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 the day of her birth 19

Sworn to and subscribed before me, this the

19th day of May 7, 1927

V. B. Morgan Ordinary
of DeKalb County.

(SEAL OF THE ORDINARY.)

Arra Almand formerly Shaddox
(Applicant)

Affidavit of Witness to Prove Marriage and Date of Death of Husband.

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me comes John F. Green 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. Arra Almand (formerly Shaddox) who made the foregoing affidavit, is the lawful widow of J. C. Shaddox who died in DeKalb County in said State of Georgia on the 19th day of December, 19.02, and that she has not since remarried; that she became the wife of J. C. Shaddox on the 19th day of December, 18.87; that she and he had resided together as husband and wife, continuously, since 19th day of Dec. 1887 until his death he was the same man who was on the pension roll of said State from DeKalb County Georgia when he died.

Sworn to and subscribed before me, this the

19th day of May, 1927

V. B. Morgan Ordinary
of DeKalb County.

(SEAL OF ORDINARY)

John F. Green

V. B. Morgan, Ordinary } *John F. Kneen*
of DeKalb County.
(SEAL OF ORDINARY)

No. 946

Marriage License

State of Georgia Walton County

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

You are hereby authorized to join
James C. Shaddox and Ara Huff
in the Holy State of Matrimony according to the Constitution and
Laws of this State and for so doing this shall be your License.
And you are hereby required to return this License to me with your
Certificate hereon of the fact and date of the Marriage.
Given under my hand and seal this 14 day of
December 1867 *Jesse Mitchell* (L.S.)
Ordinary.

STATE OF GEORGIA CERTIFICATE WALTON COUNTY

I Certify that James C. Shaddox and Ara Huff
were joined in Matrimony by me this 19 day of December, 1867.
Witness my hand
19th Dec 1867
Jesse Mitchell Ordinary

LICENSE OBTAINED UNDER OATH BY

PARTY PERFORMING CEREMONY RETURN TO ORDINARY TO BE RECORDED.

No. 53.

MARSHALL & BRUCE, C. O., NASHVILLE

State of Georgia, *Walton*

County

ORDINARY'S OFFICE ss.

I, *G. G. Ganett*

, Ordinary and ex-officio Clerk of the Court

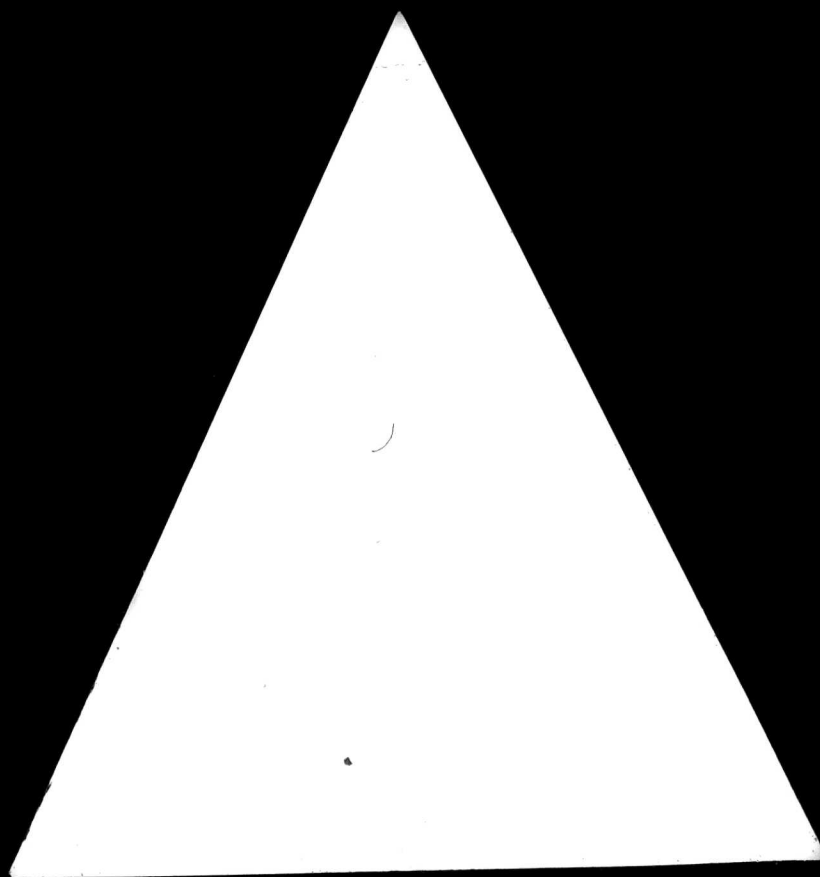
of said County, do hereby certify that I have compared the foregoing copy of

Maryland License of James C. Shaddox and Ara Huff, which is of record in C. page 254

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 *5* day of *Sept.* 192 *3*

G. G. Ganett
Ordinary and ex-officio C. C. O.



Almond, Cynthia
Detkaib Co. Cynthia
J. C. H. Fair
Margaret

1831
Widow's Pension

✓ UNDER ACT 1910.

County

Detkaib

Name

Cynthia A. Almond

Widow of

J. C. Almond

J-42-20

J. W. LINDEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

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

STATE OF GEORGIA,

DeKalb County.

Personally before me comes Synthia A. Almond of said State and County, and after being duly sworn, on oath she 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? Synthia A. Almond
2. How long and since when have you been a continuing resident in the State of Georgia? 82 years July 12 1828
3. When, where and to whom were you married? April 13 1841 - Newton 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.) May 12 1862 - 42nd Co
Walnut Ridge Tenn Chapman
5. When and where did the Command of your husband surrender or discharge from the army? April 1865 - Bentonville AR
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? Quincy
8. Where was his Command when he left? did not leave immediately
- a. For what cause did he leave his command? Summerson
- 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? Summerson
- g. In what way was he prevented from going back to Command?
- h. Was he captured by the enemy at any time? was not
- 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? May 26 1861 Lithuania we was
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? nothing
12. What are your annual earnings or income and their value? none
13. Have you heretofore been paid a pension by the State? I have not

Sworn to and subscribed before me this the 10 day of Sept 1910 at DeKalb County.

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

STATE OF GEORGIA,

DeKalb County.

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

Widow's Pension

UNDER ACT 1910.

County DeKalb

Name Synthia A. Almond

Widow of J. A. Almond

of DeKalb

J. W. LUGGERS,

Commissioner of Pensions.

State of Georgia, DeKalb County.

1. What is your name and where do you reside? *E. L. Piquen Rockdale*
 2. How long and since when have you known *Mrs Cynthia Almond* applicant?
 3. How long and since when has she continuously resided in this State? (Give date.) *Since from all her life*
 4. When did to whom was she married? How do you know? *John Almond*
 5. How long and since when did you know *John Almond* her husband? *all his life*
 6. When, where and in what Company and Regiment did *John Almond* enlist?
May 12 1862 2nd Wisconsin Ridge Infantry Company
 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? *I guess*
 9. When and where did his Command surrender, and was discharged?
April 1865 Bentonville AR
 10. Were you personally present when it was surrendered? *Yes* If not where were you *Prichard* and how came you there? *Prichard*
 11. Was the husband of applicant personally present at surrender? *He was* If not where was he? *Prichard* when, where and for what cause did he leave Command? (Give date.) *Surrendered* By whose authority did he leave his Command? *was not out* and how long was he granted leave? *Surrendered* 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 your own knowledge or how?
 Sworn to and subscribed before me this the *12* day of *Sept* 191*0* *E. L. Piquen*
 of *Rockdale* County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

DeKalb County.

Personally before me comes *John Norton* who on oath says that they are freeholders of said County and that they know *Mrs Cynthia Almond* 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 *Nothing*

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 interest

Sworn and subscribed before me this the *12* day of *Sept* 191*0* *John Norton*
John Norton
 of *DeKalb* County.

STATE OF GEORGIA,

DeKalb County.

I, *James R. George* Ordinary of said County do certify that, I know *Mrs Cynthia Almond* 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 *John Norton* the witness who swears to the service of husband, and *John Norton* 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 *DeKalb Co* Returned for Tax is for 1908 *None* for 1910 *None* Sworn under my hand and official seal of office this *12* day of *Sept* 191*0*

SEAL.

(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.

income and earnings.
 Total Value of all property and effects
 Sworn and subscribed before me this the 12 day of Sept 1910
James R. George Ordinary
 of DeKalb County.
J. B. Norton & Sam Howard

Almand, Cynthia (Mrs.)
DeKalb Co.

1915

**Application for Pension Due
 Deceased Pensioner
 Under Act 1904.**

James R. George Ordinary
 For Mrs. Cynthia Almand
 of DeKalb County
 of Co. _____ Regiment

Approved and ordered paid

1915.

J. W. LINDSEY,
 Commissioner of Pensions.

PROPRIETOR OF
 GRANITE CITY ROLLER MILLS

STATEMENT

Lithonia, Ga., Feb 9th 1916

TO **A. J. ALMAND** DR.
 DEALER IN

GROCERIES, HARDWARE, FARMING IMPLEMENTS, LUMBER, SHINGLES, LATHS,
 LIME, DOORS, SASH, UNDERTAKERS' GOODS, CARPETS AND COFFINS,
 AND STANDARD BRANDS OF FERTILIZERS.

1916

Jan 22nd cashlet
stuck Vault } 7800
Keene & Co.

State of Georgia
DeKalb County
came before me
on or the 22nd day of Jan
accused Mrs. for the burial
of Mrs. Cynthia Almand
who died on Jan 22
a. J. Almand

Sworn and Subscribed to
before me this 22nd day of Jan
1916

James R. George
Ordinary

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, Newton County.

Personally before me, the Ordinary of said County, comes H. J. Almond

H. J. Almond of said County, who, after being sworn, on oath says that he knew James T. Almond of said County, and that he was on the Newton Pension Roll Newton County at the time of his death, which occurred in Newton County, in this State, on the 22nd day of Jan 1916, and that a Pension of Sixty 4.60 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 Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me this 22nd day of Jan 1916 James R. George Ordinary Newton County

Georgia, Newton County.

I, James R. George Ordinary of said County, do certify that I personally know H. J. Almond 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 James T. Almond while in life; that he was the same person whose name appears on the Newton Pension Roll of Newton County, and was paid a Pension of Sixty 4.60 Dollars in said County for 1914, and I now believe him to be dead.

Given under my hand and official seal, this 22nd day of Jan 1916

James R. George Ordinary.
Newton County.

State of Georgia, Newton County;

To any Minister of the Gospel, Judge, Justice of the Inferior Court or Justice of the Peace;

You are hereby authorized to join James T. Almond and Cynthia A.E. Chafin in the Holy State of matrimony according to the constitution and laws of this State, and for so doing this shall be your sufficient license.

Given under my hand and seal this 8th day of April 1851.

Wm D. Luckie C.C.O. (L.S.)

Georgia, Newton County; I do certify that James T. Almond and Cynthia A.E. Chafin were duly joined by me in matrimony the 13th day of April 1851.

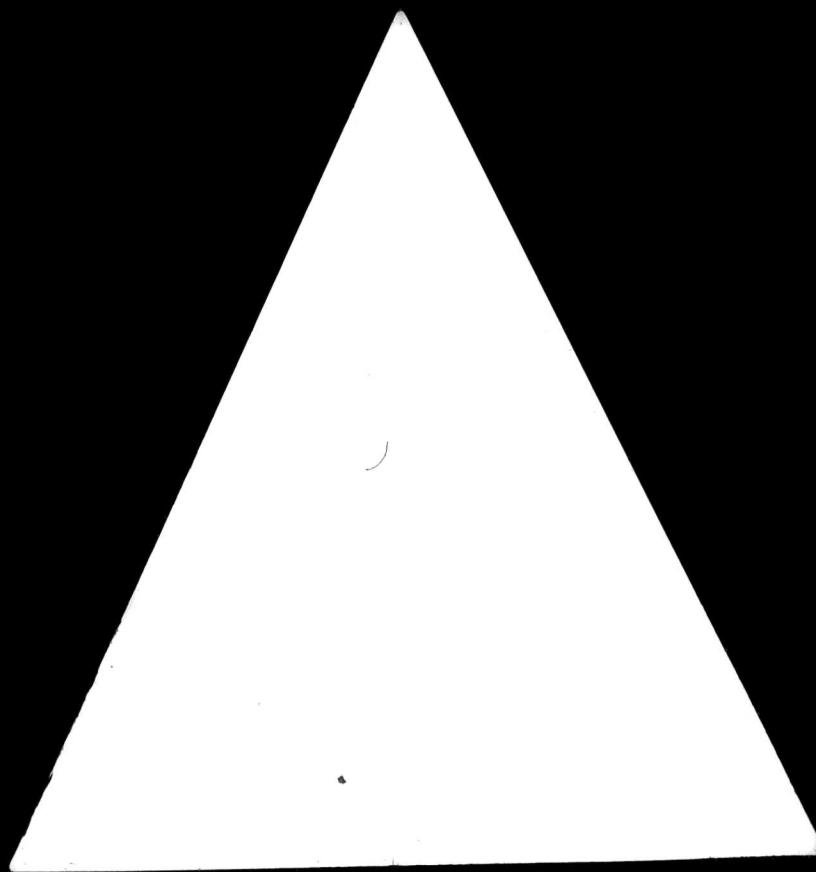
T. Phillips M.G.

Recorded June 5th, 1852. Wm D. Luckie Ord.

I, the undersigned Ordinary in and for said county do hereby certify the above and foregoing is a true and correct copy of the marriage license and certificate of marriage of the above named parties as appears of record in book 1845 to 1865 page 77.

Witness my hand and official seal of office this Sept 9, 1910.

A. J. Almond
Ordinary Newton County.



POWER OF ATTORNEY.

STATE OF GEORGIA.

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1897.

[L. S.]

Executed in presence of _____

Purchased 1896

ACT OF 24 OCT., 1897.

Warrant (For Those Already Enrolled.)

No. 1763

Almond, N. P.

INVALID

SOLDIER'S PENSION.

1897.

Name *H. P. Almond*

County *De Kalb*

Disability *Hand*

Amount, \$ *15.00*

2/23

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Almond

Geo. W. Harrison, State Printer, At. Anta.

No State

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *H.P. Almond* of *De Kalb*

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 *10th* day of *Jan* 1821; 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 *42nd* Regiment of *La* Volunteers, *Stovall*'s Brigade; that whilst engaged in such military service in the State of , on the day of 186 , he was wounded, injured or diseased of the following:

while in service had left hand masked in ears for 1864 from which he lost three fingers

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 *De Kalb* county been allowed an invalid pension of *ten* Dollars, for the year 1896.

Sworn to and subscribed before me, this, the *10th* day of *Feb* 1897, } *H.P. Almond Sr* POST OFFICE

W.M. Rogers, Ordinance

STATE OF GEORGIA,

De Kalb County.

I, *W.M. Rogers* Ordinary of said County, do certify that I am well acquainted with *H.P. Almond* 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 *Feb* 1897.

Amx
four
and
here.

Ordinary *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____ of _____

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

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

Executed in presence of _____

[L. S.]

Almond H. P. Sr.
De Kalb Co
ACT OF 31 OCT. 1887.
(For Those Already Enrolled.)

No. *2786*

INVALID

SOLDIER'S PENSION.

1898.

Name *H.P. Almond*

County *De Kalb*

Disability

Amount, \$ *13*

2 2/3

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appch

NOT. BY J. J. JOHNSON, STATE PRINTER, ATLANTA.

W. data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears H. P. Hammond of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 1st day of Jan 1821; 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 42th Regiment of Ga Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of Ga, on the day of Dec 1864, he was wounded, injured or diseased of follows:

While in service had left hand mangled in cave in for 104 days which he lost three fingers

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 20th, 1897. I have heretofore under said law as a resident of De Kalb county been allowed an invalid pension of Fifteen Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 18th day of Feb 1897,

H. P. Hammond Jr. POST OFFICE

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,

De Kalb County.

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

Given under my official signature and seal, this 18th day of Feb 1897.



Ordinary W. M. Capshaw De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears H. P. Hammond of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 1st day of Jan 1821; 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 42th Regiment of Ga Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of Ga, on the day of Dec 1864, he was wounded, injured or diseased as follows:

Has no ears while in service at Cherokee, Ga and had the left hand mangled causing loss of three fingers

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 20th, 1898. I have heretofore under said law as a resident of De Kalb county been allowed an invalid pension of Fifteen Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 18th day of Feb 1898,

H. P. Hammond Jr. POST OFFICE

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,

De Kalb County.

I, W. M. Capshaw Ordinary of said County, do certify that I am well acquainted with H. P. Hammond 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 Feb 1898.



Ordinary W. M. Capshaw De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____ of _____

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

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

[L. S.]

Executed in presence of _____

ORDER SECTION 12C.

(For Those Already Enrolled.)

No. 1854

INVALID

SOLDIER'S PENSION.

1899.

Name H. P. Almond
County De Kalb
Disability Fingers
Amount, \$ 15.00
240 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Alph

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, H. P. Almond hereby authorize H. P. Almond Jr. of De Kalb

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5th day of Feb 1900.

H. P. Almond Jr. [L. S.]

Executed in presence of

W. B. Warr
W. W. Ragsdale
Ordinary

ORDER SECTION 12C.

(For Those Already Enrolled.)

No. 3424

INVALID

SOLDIER'S PENSION.

1900.

Name H. P. Almond
County De Kalb
Disability Fingers
Amount, \$ 15.
Warrant issued July 24 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

H. P. Almond Jr.
GEO. W. HARRISON, STATE PRINTER, ATLANTA.
No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears H.P. Steward of De Kalb 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 7 1821; 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 10 of 42th Regiment of Ga Volunteers, Storrell's Brigade; that whilst engaged in such military service in the State of Ga, on the day of Dec 1894, he was wounded, injured or diseased as follows:

At Cherokee, Ga in a railroad collision while in service had left hand mashed causing loss of 3 fingers

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 De Kalb County been allowed an invalid pension of fifteen Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 31 day of Jan 1899. H.P. Steward, Jr POST OFFICE

W.M. Ragdale Ordinary

STATE OF GEORGIA,

De Kalb County.

I, W.M. Ragdale Ordinary of said County, do certify that I am well acquainted with H.P. Steward 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 31 day of Jan 1899.



Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears H.P. Steward of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the day of Jan 1821; 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 10 of 42th Regiment of Ga Volunteers, Storrell's Brigade; that whilst engaged in such military service in the State of Ga, on the day of Dec 1894, he was wounded, injured or diseased as follows:

Had left hand mashed in rail road collision while in service causing loss of three fingers

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 De Kalb County been allowed an invalid pension of fifteen Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 31 day of Jan 1899. H.P. Steward, Jr POST OFFICE

W.M. Ragdale Ordinary

STATE OF GEORGIA,

De Kalb County.

I, W.M. Ragdale Ordinary of said County, do certify that I am well acquainted with H.P. Steward 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 31 day of Jan 1899.



Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I

hereby authorize

of

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

by

at

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

day of 1901.

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, H. P. Almond Jr.

hereby authorize

of Eugene J. G.

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

by

at

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

day of January 1902.

[L. S.]

Executed in presence of

(For Those Already Enrolled.)

CODE SECTION 1200

No. 1434

DISABLED

SOLDIER'S PENSION.
1901.

Name H. P. Almond

County De Kalb

Disability 3 Fingers

Amount, \$ 10.

2/1 1901.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 1200

No. 3874

DISABLED

SOLDIER'S PENSION.
1902.

Name H. P. Almond

County De Kalb

Co. 42d Regiment

Disability 3 Fingers

Amount, \$ 15.00

2/24 1902.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears H. P. Almand of De Kalb 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 7th day of June 1821; 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 42th Regiment of Ga Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of Ga, on the 1864 day of Dec, he was wounded, injured or diseased as follows:

Had left hand mangled while on
battle causing loss of three fingers.

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 De Kalb County been allowed an invalid pension of Fifteen Dollars, for the year 1900.

Sworn to and subscribed before me, this the 17th day of Jan 1901, Postoffice Single side
W. M. Raggsdace 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,

De Kalb County.

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

Given under my official signature and seal, this 12th day of Jan 1901.

W. M. Raggsdace
Ordinary De Kalb County.



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears H. P. Almand of De Kalb 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 7th day of Jan 1821; 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 42th Regiment of Ga Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of Ga, on the 1864 day of Dec, he was wounded, injured or diseased as follows:

Had left hand mangled in rail road
collision while in service at
Cherokee Ga. Lost three fingers.

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 De Kalb County, been allowed an invalid pension of Fifteen Dollars, for the year 1901.

Sworn to and subscribed before me, this the 15th day of Jan 1902, Postoffice Single side
W. M. Raggsdace

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,

De Kalb County.

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

Given under my official signature and seal, this 15th day of Jan 1902.

W. M. Raggsdace
Ordinary De Kalb County.

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



day of Jan 1901.
T.M. Magdace
Ordinary DeKalb County.



your
seal
here

T.M. Magdace
Ordinary DeKalb County.
Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1902.

CLMS,
ORDINARY.

Office of . . .

Ordinary,
Rockdale County.

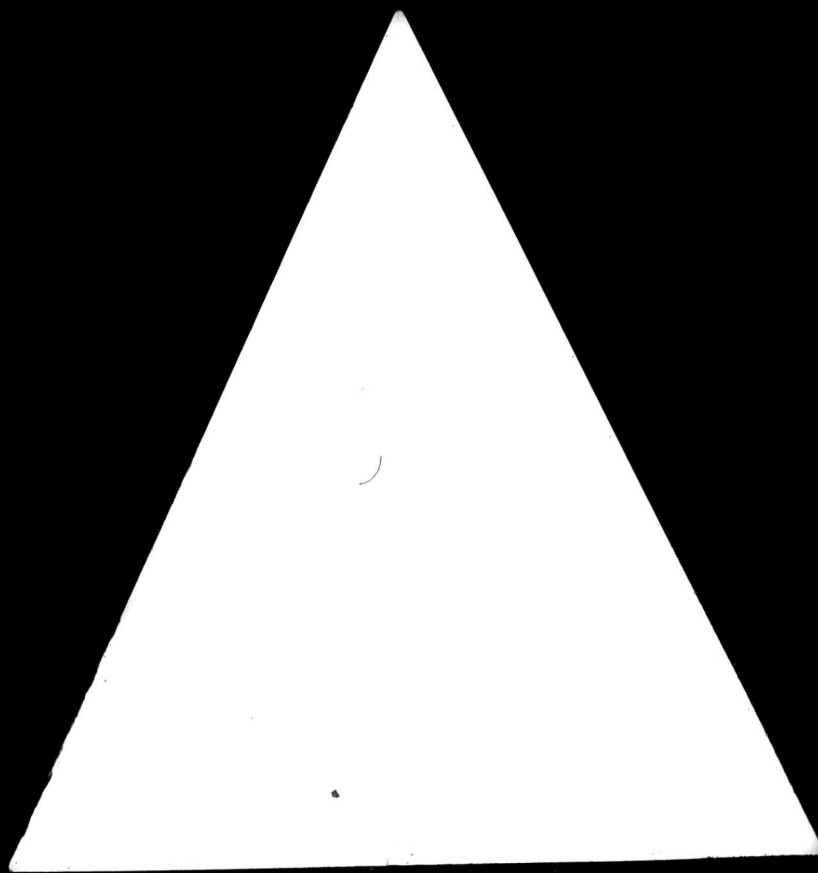
Conyers, Ga.,

189

Georgia
Rockdale County { I do hereby certify that
H.P. Hammond drew a
pension of fifteen dollars for the loss of
three fingers, as an ex-confederate soldier
for the year 1896, and as a resident of
Rockdale County.

Witness my hand and seal
this Feb 16 1897

A.M. Holmes
Ordinary



POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

of

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

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

day of _____ 1883.

Executed in presence of us

[L. S.]

DIRECTIONS.

Send money to me as follows, by _____

to

County, Georgia.

P. O.

(For Those Already Enrolled.)

Almondo J. H.
DeKalb Co.

No. *2051*
From Georgia 1894

SOLDIER'S PENSION. 1895.

Name *M. L. Brund*
County *DeKalb*
Disability *Sound Hand*
Amount, \$ *23.00*
3/4

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

app.

Geo. W. Harrison, State Printer, Atlanta.

No Data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears

J. W. Almond of *De Kalb* 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 *14* day of *Oct* 18*41*; 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 *18* th Regiment of *Ta* Volunteers, *Wofford*'s Brigade; that whilst engaged in such military service at the battle of *2d Manassas* in the State of *Va* on the *30* day of *Aug* 1862, he was wounded as follows: *Shot with a minnie ball in the left wrist fracturing the bone and rendering the hand useless and rendering 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 26th, 1895. I have heretofore been allowed a pension of *Twenty five* dollars, for the year 1894

Sworn to and subscribed before me, this, the

27th day of *Feb* 1895.

M. M. Rogers Ordinary

STATE OF GEORGIA,

De Kalb County.

I, *M. M. Rogers* Ordinary of said County, do certify that I am well acquainted with *J. W. Almond* 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 *Feb* 1895.



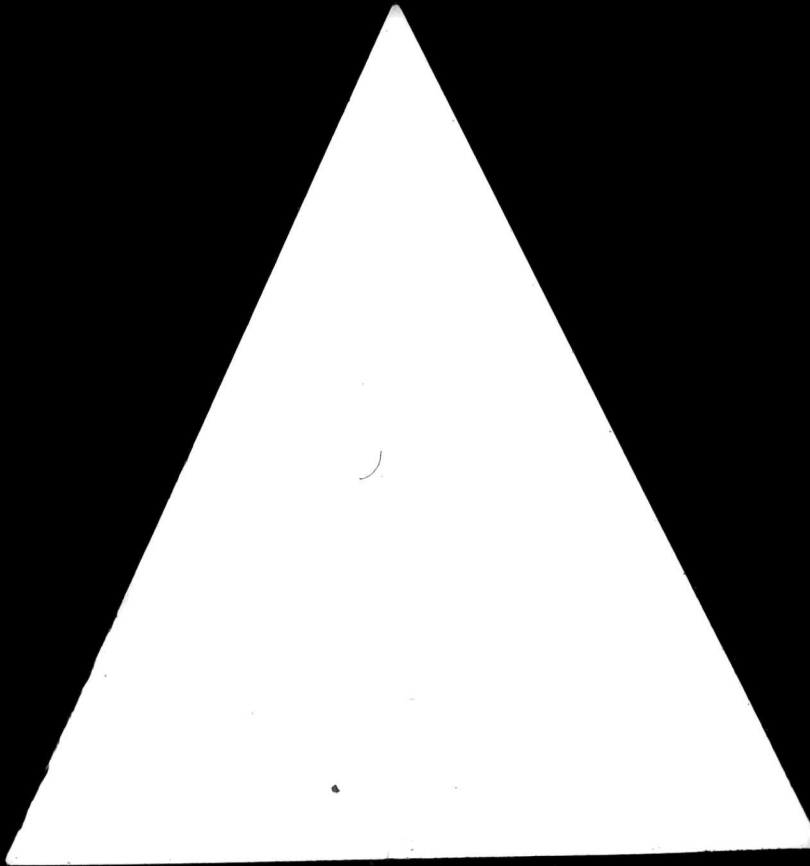
M. M. Rogers

Ordinary *De Kalb* County.

your
seal
here

W. M. Rogers

Ordinary *De Kalb* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, _____, hereby authorize

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

Witness my hand and seal, this _____ day of _____, 1902.

Executed in presence of _____ [L. S.]

Anderson, J. J.
De Kalb Co.

No. _____
Write for O. O. N.

INDIGENT PENSION,
1902.

Name, Anderson J. J.

County De Kalb

Co. B 5th Ga Reg'm't

Approved _____ 1902.

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.

8/15-1902

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

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

at _____ by _____
Witness my hand and seal, this _____ day of _____ 1902.

Executed in presence of _____

[L. 8.]

Questions for Applicant.

STATE OF GEORGIA,

County.

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

1. What is your name and where do you reside? (give State, County, and post office)
J. H. Anderson, De Kalb Co., Lithia Springs, Ga.
2. How long and since when have you been a resident of this State?
Since Oct 20th 1853.
3. When and where were you born?
Oct 20th 1833, in De Kalb Co., Ga.
4. When and where, and in what company and regiment did you enlist or serve?
At Atlanta, Co. B 5th Ga. Regiment, Aug 1862.
5. How long did you remain in such company and regiment?
Up to the surrender in April 1865.

6. When and where was your company and regiment surrendered and discharged?
April 1865 at Greensboro N.C.

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?
Not over \$100

10. What has been your occupation since 1865?
Farming

11. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty"

second, "infirmary and poverty," or third, "blindness and poverty"? *Age & Infirmary*

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 afflicted with Rheumatism, which has been for past four years unable to make a support.

13. What property, real or personal, or income, do you possess, and its gross value?
None

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, by sale or gift, have you made of same?
None

Have made no disposition of any property.

15. In what County did you reside during those years, and what property did you then return for taxation?
In De Kalb. None of my own.

16. How were you supported during the years 1899, 1900 and 1901?
By what I could do and help of my daughter who sews.

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?
Sixty to seventy dollars, not much more.

18. What was your employment during 1899, 1899 and 1901? What pay did you receive in each year?
Worked on farm some, made about 2500 corn.

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?
Have two daughters, they sew, have no homestead.

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?
once

22. How many applications have you ever made and under what date?
once

Sworn to and subscribed before me this the _____ day of _____ 1902.

J. H. Anderson
Applicant.

Wm. R. Anderson
Ordinary,
of De Kalb County.

Every Question MUST be Answered.

Anderson, J. H.
De Kalb Co.
Wm. R. Anderson
INDIGENT PENSION,
1902.

Name *Anderson J. H.*
County *De Kalb*
Co. *B 5th Ga. Reg't*
Approved _____ 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT FORWARDED TO

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

Gen. W. Harrison, State Printer, Atlanta.
9/10-1902

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

De Kalb COUNTY.

John R. George, of said State and County, having been presented as a witness in support of the application of J. J. Anderson 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 R. George, in Lithonia, De Kalb County, Ga.
2. Are you acquainted with J. J. Anderson, the applicant; if so, how long have you known him? Yes, for fifty years.
3. Where does he reside, and how long and since when has he been a resident of this State? In De Kalb County, since his birth.
- When, where and in what company and regiment did he enlist, and how do you know? In Aug 1862 In Atlanta Co. 13. 5th La Regt.
5. Were you a member of the same company and regiment? I was.
6. How long did he perform regular military duty? Until the surrender in April 1865.
7. When and where was his command surrendered? April 1865, at Gettysburg, Pa.
8. Were you present when it surrendered? I was not.
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? _____

11. What property, effects or income has the applicant? (Give your means of knowledge?) He has none.
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, did he make of same? None. make no disposition of any.
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? Has not.
14. What is the applicant's occupation and physical condition? Farmer. He is constantly suffering from Rheumatism in feet and legs.
15. Is the applicant unable to support himself by labor of any sort, if so, why? Yes, on account of his disease.
16. How was he supported during the years 1898, 1899, 1900 and 1901? Not.

17. What portion of his support for these four years was derived from his own labor or income? Not more than one third of a support.
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 afflicted with Rheumatism in feet and legs, and has been so for several years past.
19. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this the 23d day of July 1902. John R. George Witness.
W. M. Ragsdale Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

De Kalb COUNTY.

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

Muscular Rheumatism (Chronic) Bronchitis, Chronic Cystitis, Old Age General debility.

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

Sworn to and subscribed before me, this the 23d day of July 1902. W. J. Houston, M.D. Wesley S. Ansley, M.D.
W. M. Ragsdale Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

De Kalb COUNTY.

I, W. M. Ragsdale Ordinary in and for said County, hereby certify that the applicant J. J. Anderson resides in said County, and has been a bona fide resident of this State since the 20 day of Oct 1862, and that the witnesses, viz.: John R. George

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 De Kalb County show that applicant returned for taxation in his name in 1899 None Dollars of property, and in 1900 None 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 Aug 1902.
W. M. Ragsdale Ordinary,
of De Kalb 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,

De Kalb County.

I, J. J. Anderson hereby authorize
J. A. Norton of De Kalb County
to receive and receipt for the pension allowed and request that he remit same to
at _____

by _____
Witness my hand and seal, this 9 day of Jan 1903.

Executed in presence of

J. H. Young

Wm. Woodard
and many

Anderson, J. J.
De Kalb Co.

CODE SECTION 134.

(FOR THOSE ALREADY ENROLLED.)

No. 507

INDIGENT

**SOLDIER'S PENSION
1903.**

Name Anderson J. J.

County De Kalb

Co. B Regiment 5th

WARRANT ISSUED

123 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

J. A. Norton

Sec. Harrison, State Printer, Atlanta.

23 no later

Anderson, J. J.
De Kalb County

CODE SECTION 134.
(FOR THOSE ALREADY ENROLLED.)

No. 509

INDIGENT

**SOLDIER'S PENSION
1904.**

Name J. J. Anderson

County De Kalb

Co. 13 Regiment 4th

WARRANT ISSUED

125 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

J. A. Norton

Sec. W. Harrison, State Printer, Atlanta.

no later

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, J. J. Anderson hereby authorize
J. A. Norton of De Kalb County
to receive and receipt for the pension allowed and request that he remit same to
at _____

by _____
Witness my hand and seal, this 13 day of January 1904.

Executed in presence of

James R. George
Ordinary

J. J. Anderson
J. A. Norton

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *J. J. Anderson* of *De Kalb* 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 *20* day of *Oct* 18*83*; 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) during the war between the States, and served for the term of *3 Years* in Company *B*, of *5*th Regiment of *Pa. Vol*; that his physical condition is as follows: *Prominent Infirmary make to work for a living*

that his property consists of the following items: *None*

of the value of *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 1903. I have heretofore as a resident of *De Kalb* county been allowed a pension for the year 1 *1903*

Sworn to and subscribed before me, this the *9* day of *Jan* 1903. *J. J. Anderson* Ordinary *mark*

STATE OF GEORGIA,

De Kalb County.

I, *W. M. Ragsdale* Ordinary of said County, do certify that I am well acquainted with *J. J. Anderson* 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 *9* day of *Jan* 1903.



Ordinary *De Kalb* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *J. J. Anderson* of *De Kalb* 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 *20* day of *Oct* 18*83*; 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) during the war between the States, and served for the term of *3 years* in Company *B*, of *5*th Regiment of *Pa. Vol*; that his physical condition is as follows: *Age and Infirmary from disease cough*

that his property consists of the following items:

None

of the value of *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 1904. I have heretofore as a resident of *De Kalb* County been allowed a pension for the year 1 *1903*

Sworn to and subscribed before me, this the *13* day of *January* 1904. *J. J. Anderson* Ordinary *mark*

STATE OF GEORGIA,

De Kalb County.

I, *James R. George* Ordinary of said County, do certify that I am well acquainted with *J. J. Anderson* 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 *January* 1904.



Ordinary *De Kalb* County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1904.

NAME Anderson, J. J.

YEAR 1902 COUNTY DeKalb

WHEN AND WHERE BORN? October 20, 1833 - DeKalb County, Georgia

ENLISTED WHEN AND WHERE? August 1862 - Atlanta, Georgia

RANK.

COMPANY AND REGIMENT? Company B, 5th Ga Regiment

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

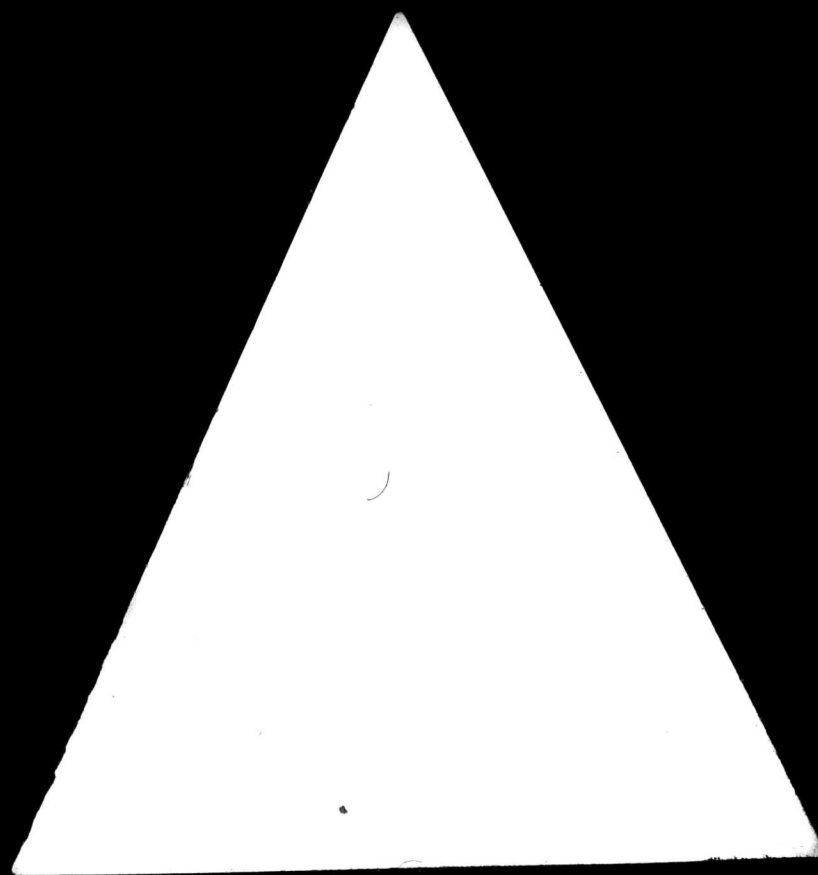
WHEN AND WHERE SURRENDERED? April 1865 - Greensboro, North Carolina

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. John R. George, same command -- No data.



POWER OF ATTORNEY,
STATE OF GEORGIA.

Form No. 5.

County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

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

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

DIRECTIONS.

If allowed, send amount by _____ me at _____

_____ to _____, and oblige,



Widows' Pension

PAID TO

one E. Anderson *County*
D. K. Hall OF
COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

Anderson, E. J.
Death Reports
as having occurred
736 1891.
May 7 1891
No. 1411

POWER OF ATTORNEY. STATE OF GEORGIA.

Form No. 5.

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

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

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

Executed in the presence of us:

[L. S.]

DIRECTIONS.

If allowed, send amount by
me at _____

and oblige,

to



Wm. H. Harrison, State Printer, Atlanta.

AND HANDED TO

1891

Warrant Issued

\$1000.00.

PAID TO _____
OF _____
COUNTY.

Widows' Pension

210.1411

736 1891.

Ordinary of _____
De Kalb County
the sum of _____
May 1891

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of _____

In person came before me, the undersigned Ordinary
in and for the County of _____

Mrs. _____, who being sworn according to law, says under
oath that she is the widow of _____, who was a soldier in
the service of the Confederate States, and served as a member of Company _____, of the
_____ Regiment of _____ Volunteers; that he enlisted in said
service on or about the _____ day of _____ 1862, and was in the
_____ Army up to _____ 1863. That while in the
Army, he was on the _____ day of _____ 1863, (See Note No. 1)
Killed in the Battle of _____
Mrs. _____

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 _____ 1850, and that she has resided in Georgia continuously since the
_____ day of _____ 1840; that Georgia is her home, and was such
on the 23d day of December, 1890, and since said date she has not lived in any other State or locality.
Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of
the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February
15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the _____
_____ day of _____ 1891.

_____ Ordinary.

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

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA.

County of *De Kalb*
E. M. Kitzedge and *J. O. P. Maddox* in and for said County, witnesses
M. J. Riddling
 each known to said Attending Officer as truthful, reliable and reputable citizens, who severally say under oath, that, from their own personal knowledge, Mrs. *S. J. Anderson* of the County of *De Kalb* State of Georgia, is the widow of *Wm. B. Anderson*, who was a soldier in Company *F* of the *36th* 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 *Aug* 186*2*. That while in said service, or by reason of said service in the Army, he lost his life as follows:

He was killed in the Battle of Bakers Creek, Miss. Died on the field. On the 16th day of May 1863.

We further swear that Mrs. *S. J. Anderson* was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in *De Kalb* County of the State of Georgia.

Sworn to and subscribed before me, this, the *20th* day of *April* 1891, by *E. M. Kitzedge* *M. J. Riddling* *John P. Maddox*
W. M. Rogersdale Ordinary.

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

Form No. 3.

STATE OF GEORGIA.

County of *De Kalb*

W. M. Rogersdale Ordinary

in and for said County, of *De Kalb*

State of Georgia, hereby certify that I am acquainted with Mrs. *S. J. Anderson* 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 *April* 1891.



W. M. Rogersdale

Ordinary.

Form No. 4.

NOTES.

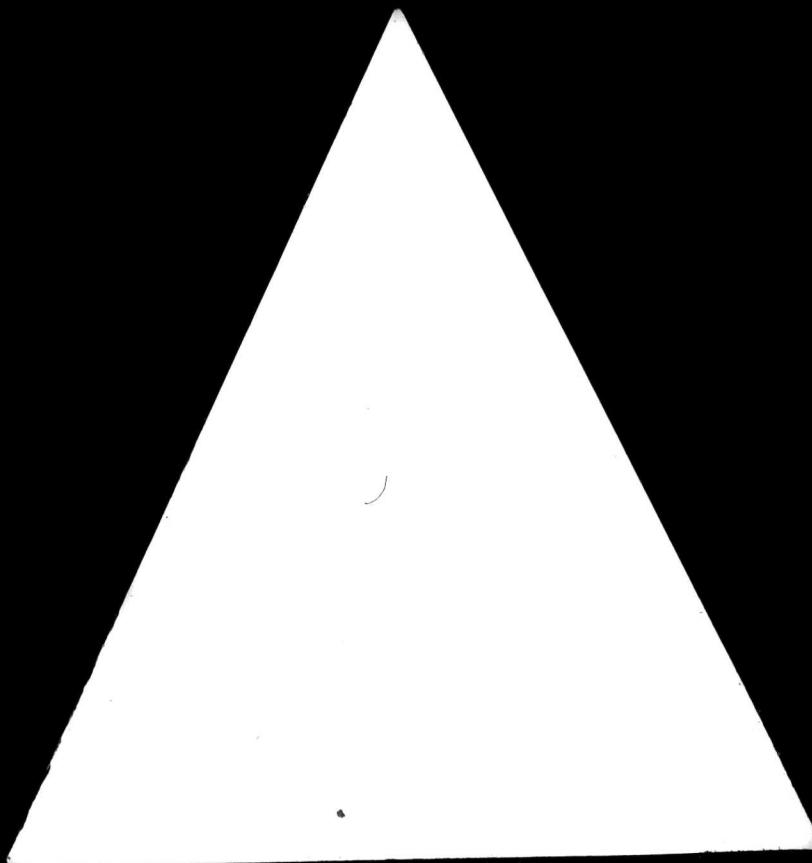
- The pension is only payable to certain classes of widows.
- Those whose husbands were killed in service.
- Those whose husbands died in the army of wounds or disease contracted in the service.
- Those whose husbands went to the army and have never been heard from since the war.
- Those whose husbands 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.

W. M. Cogswell,
Ordinary.

W. D. Ridling
John D. Chadwick

By order of the Governor.

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



ANDERSON, SUSAN (Mrs)
DeKalb CA

For DeKalb County

1929

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

V. D. Morgan Ordinary
For Mrs Susan Anderson

Date of Death Jan 4th 1929

Amount \$ 100.00

Approved and ordered paid of

John W. Clark
JOHN W. CLARK,
18 Feb 29 Commissioner of Pensions.

Received of V. D. Morgan Ord
One Hundred and no Dollars
Funeral expenses June 1929
X Russell Stone Bishop

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.

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, Roswell Cobb County.

Personally before me, the Ordinary of said County, comes A. L. Hackett

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

says that he knew Mr. Susan Anderson of said County, and that said Pensioner

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

County, in this State, on the 10th day of January, 1929

and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral

expenses, which amounted to the sum of \$ 103³⁰, per sworn statements fully and completely

ITEMIZED hereto attached.

Sworn to and subscribed before me,

V. L. Morgan, Ordinary

De Kalb County

(Seal of Ordinary)

A. L. Hackett
Witness
Barbara Evenson
M. P. State at Large

CERTIFICATE OF ORDINARY

GEORGIA, De Kalb County.

I, V. L. Morgan, Ordinary of said County, do certify

that I personally know A. L. Hackett, 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 Mr. Susan Anderson while in life and that this was

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

was paid a Pension of Two Hundred (\$200.) Dollars

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

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

tached hereto.

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

(Seal of Ordinary) V. L. Morgan, Ordinary

De Kalb 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.)

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.

STATEMENT

ROS WELL, GA. Jan 15th 1929

M. R. C. Anderson

Burial expenses of Mr. Susan Anderson

IN ACCOUNT WITH

ROS WELL STORE

ACCOUNT RENDERED

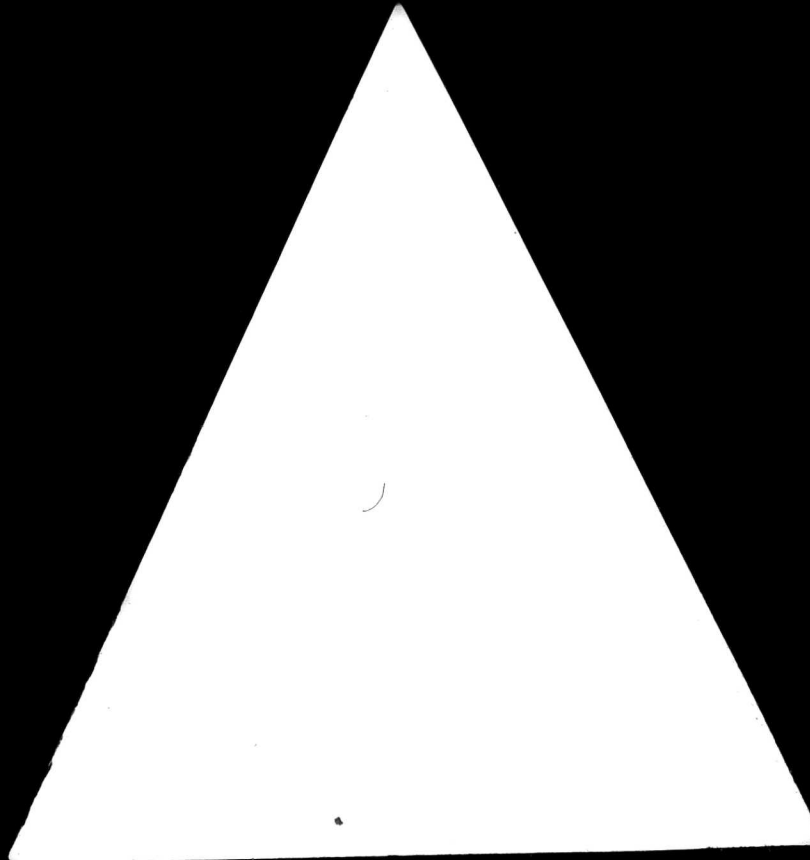
TO MERCHANTISE

Jan. 10	Casket & Box	85.00
	Embalming	15.00
	Flowers	5.00
	Funeral notice	2.80
		103.30

Personally Comes before me
A. L. Hackett undertaker for
Roswell Store & state the
following account is true
& paid for burial of Mr.
Susan Anderson who had no
estate.

Barbara Evenson A. L. Hackett
M. P. State at Large Undertaker

- 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.



Anderson, J. C.
De Kalb County

OK for 1911
2

**Confederate
Soldier's Application.**

✓ UNDER ACT 1910.

County

De Kalb

Name

J. C. Anderson

Company

I

Regiment

4th Ga. Reg.

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. E. BYRNE, Printer, Atlanta.

11/25/11

2716

UNDER ACT 1910.

Count

Name

Company

Regiment

Approved

J. W. LINDSEY.

Commissioner of Penology

CHAS. P. HYRD

Printer, Atlanta

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

D.E.K.A.L.B. County.

Z. T. Anderson 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). Z. T. Anderson Edgewood Avenue, Atlanta, DeKalb County, Georgia.
2. How long and since when have you been a continuous resident citizen of this State? All my life.
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Organized militia of this State.
4. When and where, and in what Company and Regiment did you enlist (Give date and class of Service) April 1864, Atlanta, Ga., Company I, 4th Ga. Regt.
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge). 12 months.
6. When and where was your Company and Regiment surrendered or discharged from the Service? Selma, Alabama, 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. Was present.

- a. Where was your Command when you left it? Selma, Alabama.
- b. When did you leave the Command? April 1865.
- c. For what cause did you leave? Command was surrendered.
- 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? Paroled at Selma.
- 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.) I have no property of any kind.

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? Have disposed of 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) Nothing.

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? I earn about \$50.00 per month by my own labor.

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? Have never applied before.

Sworn to and subscribed before me, this

30 day of August 1910

James R. George Ordinary, DeKalb County.

Confederate

Soldier's Application.

UNDER ACT 1910.

Company DeKalb

Name Z. T. Anderson

Company

Regiment

Approved

J. W. LINDSEY,

Commissioner of Pensions

JOHN L. BYRNE, PRINTER, ATLANTA.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

County.

A. H. Talley & J. C. Jarrell of said State and County is hereby presented as a witness in support of the application of J. P. Anderson 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? A. H. Talley, Marietta, Cobb County.

2. How long and since when have you known J. P. Anderson the applicant? 30 years ever since 1864 at Fort Wayne.

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? Atlanta Ga. All his life because I have known him since very long.

4. When, where and in what Company and Regiment did J. P. Anderson enlist during war from 1861 to 1865? (Give date and place) April 1864, Newbern, N. C., 4th Regiment, Co. B.

5. How did you obtain your information of this Service? I was in the same Regiment.

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) Twelve months, until about 12 of April 1865.

7. When and where was his Command surrendered or discharged (give date and place) About April 12, 1865, at Selma Ala.

8. Were you personally present at the Surrender? Yes.

9. If not, where were you and how came you there? I was present.

10. Was the applicant personally present with his Command at surrender? Yes.

11. If not where was he and how came him there? He was present.

12. When did he leave his Command? Surrendered April 12, 1865. What was his Command when he left it? Surrendered at Selma Ala. for what cause did he leave? Surrendered.

By whose authority did he leave? By the authority of the Command 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) He is present and in same Co. & Regiment.

13. In what way was he prevented from returning to his Command? How do you know?

14. What effort did he make to return to his Command and how do you know?

15. Was applicant captured as a prisoner? Yes. If so, when and where? In what prison was he held? and when released?

Sworn to and subscribed before me, this the 5 day of September 1910.

J. M. Gann Ordinary of Cobb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

County.

Personally before me comes who on oath says that they are free holders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)

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

1908? (State it fully by items.)

- When and to whom was it sold or given to?
- What was the price paid or stated to be paid?
- What relation is the party to applicant?
- What disposition was made of the proceeds of the sale?
- Was the disposition of this property made in good faith and full value? or was it made to obtain a pension?

Sworn to and subscribed before me, this the

day of 1910.

Ordinary.

of

County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

County.

I, J. M. Gann Ordinary of said County, certify that I know the applicant J. P. Anderson for Pension is the person he represents himself to be and resides in said County. That I also know A. H. Talley & J. C. Jarrell the witness swearing to the service and who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of shows that and wife value for tax is in 1908 \$ for 1909 \$ for 1910 \$.

Sworn under my hand and official seal of office this 5 day of September 1910.

J. M. Gann Ordinary of Cobb County.

- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words: "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary.

State of Georgia I James R. George ordinary of Dekalb County said County certify that I know the applicant J. P. Anderson & the Tax Digest of Dekalb County shows He returns no Property at all. OCT 18 1910 James R. George Ordinary

NAME Anderson, Z. T. YEAR 1911 COUNTY DeKalb

WHEN AND WHERE BORN? Resident of Georgia all my life.

ENLISTED WHEN AND WHERE? April 1864, Atlanta, Georgia.

RANK

COMPANY AND REGIMENT? Company I. 4th Georgia Regt. Reserves. (18 months)

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED? WHEN AND WHERE?

RELEASED

WHEN AND WHERE SURRENDERED? April 1865, Selma, Alabama.

IF NOT PRESENT AT SURRENDER? WHERE WERE YOU?

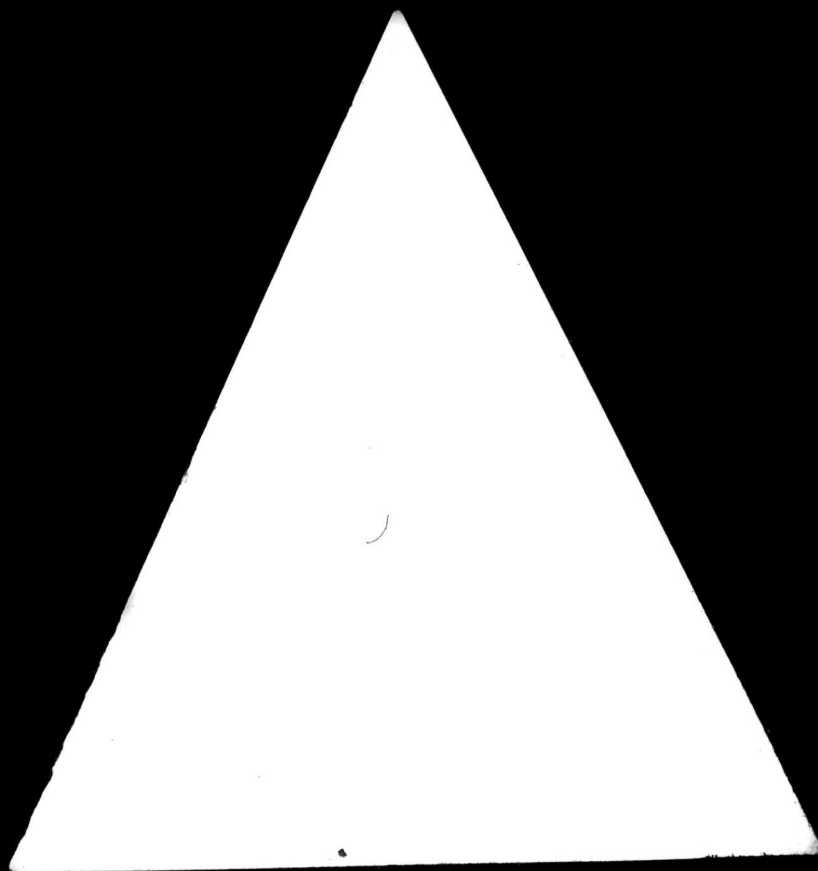
DIED? WHEN AND WHERE?

BURIED?

WITNESSES? A. H. Talley, Same command-
J. C. Jarrell,

No data.

CB



Ansel, R. H.
De Kalb Co

No. 224

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 30, 1889.

FOR

De Kalb Co

Applicant D. H. Ansel

County De Kalb

Amount \$0

Date of Warrant Feb 8/89

Entered on Record,

Feb 8 1889

SECRETARY EXECUTIVE DEPARTMENT.

applicant

Anglen, P. H.
De Kalb Co.

No. 224

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 31, 1888.

FOR
Sufferer Disabled

Applicant
D. H. Hensley

County
De Kalb

Amount
50

Date of Warrent
Feb 8 1889

Entered on Record
Feb 8 1889

Secretary Executive Department
D. H. H.

applicant

STATE OF GEORGIA.

De Kalb County.
PERSONALLY appears D. H. Hensley of De Kalb county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the day of 1868, 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 Major in Company of 5th Regiment of Georgia Volunteers in such military service, at the battle of Missionary Ridge in the State of Tennessee, on the 24 day of November, 1863, he was wounded as follows: Left thigh broken by a musket ball, causing shortening of limb, a stiff knee, a partially stiff hip joint, rendering said limb substantially & essentially useless.

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

Sworn to and subscribed before me, this 5th day of Feb 1889
M. H. Hensley
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.

De Kalb County.
PERSONALLY comes before me M. H. Hensley Ordinary of said county, J. N. Coas M.D. and J. H. Green M.D. both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined D. H. Hensley and after such examination say that the applicant has been injured as follows: By a ball that broke left thigh, causing shortening of limb, a stiff knee, a partially stiff hip joint, rendering said limb substantially & essentially useless.

Sworn to and subscribed before me, this 7th day of Feb 1889
J. N. Coas M.D.
J. H. Green M.D.
ORDINARY.

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

STATE OF GEORGIA,

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

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

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

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

Given under my official signature and seal, this *7* day of *Feb* 188*9*
Wm. Nagdale
Ordinary *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

KNOW ALL MEN BY THESE PRESENTS, That I, *De Kalb* County,

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

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

day of _____ 188*9*

Executed in the presence of us:

(L. S.)

DIRECTION:

Send money to me as follows, by

to
County, Georgia.

P. O.

NOTES.

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

STATE OF GEORGIA,

De Kalb County.

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

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

Given under my official signature and seal, this *14th* day of *Feb* 1890

W. M. Ragsdale

Ordinary *De Kalb* County.

1890.

No. 109

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

Left leg, \$10.00
Applicant, *D. H. Ansley*
County, *De Kalb*
Amount, *50*
Date of warrant, *Feb 4*

Entered on record

Feb 4 1890

W. H. H.

RECEIVED - EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

applicant

STATE OF GEORGIA,

De Kalb County.

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

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

Given under my official signature and seal, this *27th* day of *Feb* 1891.

W. M. Ragsdale

Ordinary *De Kalb* County.

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

FILE

Sec due
Applicant, *D. H. Ansley*
County, *De Kalb*
Amount, *50*

Date of Warrant, *Feb 27*

Entered on record *Feb 27* 1891

W. H. H.

RECEIVED - EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

applicant

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.
PERSONALLY appears *D. H. Ansley* of *De Kalb* 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 *4th* day of *January* 1828; 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 *Major* in Company of *5th* Regiment of *Georgia* Volunteers' Brigade; that whilst engaged in such military service, at the battle of *Missionary Ridge* in the State of *Tenn*, on the *25th* day of *Nov* 1863 he was

wounded as follows: *Shot with a minnie ball through the left thigh thereby rendering the same substantially and essentially useless, making the leg shorter and necessitating the use of a crutch*

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

Eight dollars,
Sworn to and subscribed before me, this the *4th* day of *Feb* 1890,

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of county, in said State, do hereby appoint

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

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

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears *D. H. Ansley* of *De Kalb* 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 *4th* day of *Jan* 1828; 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 *Major* in Company of *5th* Regiment of *Georgia* Volunteers' Brigade; that whilst engaged in such military service at the battle of *Missionary Ridge* in the State of *Tenn*, on the *25th* day of *Nov* 1863, he was

wounded as follows: *Hit a minnie ball in the left thigh, bone badly shattered. The left leg left in such shape that it was and still is useless and partially in left thigh by which the said leg is practically substantially and essentially useless.*

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

Eight dollars, for

Sworn to and subscribed before me, this, the

27th day of *Feb* 1891.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

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

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

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

STATE OF GEORGIA.

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

Given under my official signature and seal, this 11 day of March 1892.

Ordinary John H. Harrison County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County, }
Know all Men by these Presents, That I

of Chatham County, State of Georgia, do hereby appoint

of Chatham 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 11 day of March 1892.

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by:

County, Georgia.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name J. H. Harrison
County Chatham
Disability Dr. Co.
Amount, \$ 150

Entered on record

Met 8

1892.

W. H. HARRISON,

Secretary of Executive Department.

AGENT.

Applicant

Geo. W. Harrison, State Printer, Atlanta.

Ansley, S. H.

1893.

Application for Allowance

No. 1112

For the Year Ending October 31, 1893.

FOR

Applicant, J. H. Harrison
County, Chatham
Amount, 50
Date of Warrant, 31
Entered on record, 11

1893.

Secretary Executive Department.

WARRANT HANDED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA

FOR APPLICANTS HEREFORE ALLOWED FOR

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA, }

COUNTY. }

Know all Men by these Presents, That I,

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

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

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

DIRECTIONS.

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

(For Those Already Enrolled.)

Soldier's Pension.
1894.

Name Ansley, David H.
County De Kalb
Disability Leg Wound
Amount, \$ 31.33
1894.
W. H. HARRISON,
Secretary, Executive Department.

WARRANT ISSUED TO

Ansley, David H.
De Kalb Co.
W. H. HARRISON, Secretary, Executive Department.

POWER OF ATTORNEY.

STATE OF GEORGIA, }

County. }

KNOW ALL MEN BY THESE PRESENTS, That I,

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

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

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

DIRECTIONS.

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

(For Those Already Enrolled.)

Soldier's Pension.
1895.

Name Ansley, David H.
County De Kalb
Disability Leg Wound
Amount, \$ 31.33
1895.
RICHARD J. HENSON,
Secretary, Executive Department.

WARRANT ISSUED TO

Ansley, David H.
De Kalb Co.
RICHARD J. HENSON, Secretary, Executive Department.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

De Kalb County. }

PERSONALLY appears *D. H. Ausley* of *De Kalb* 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* 1828; 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 *Major* in Company , of *5th* Regiment of *La* Volunteers, *Jackson's* Brigade; that whilst engaged in such military service at the battle of *Mississippi* in the State of *La*, on the *25th* day of *Nov* 1863, he was wounded as follows: *with a musket ball in the left thigh breaking bone, causing the leg to become shorter and the knee joint stiff rendering the leg substantially 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 *50* dollars, for the year 1893.

Sworn to and subscribed before me, this, the *12th* day of *March* 1894. *D. H. Ausley*
M. M. Rogers 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, }

De Kalb County. }

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

Given under my official signature and seal, this *12th* day of *March* 1894.



M. M. Rogers
Ordinary *De Kalb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

De Kalb County. }

Personally appears *D. H. Ausley* of

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *January* 1828; 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 *Major* in Company , of *5th* Regiment of *Georgia* Volunteers, *Jackson's* Brigade; that whilst engaged in such military service at the battle of *Manassas* in the State of *Tennessee*, on the *25th* day of *November* 1863, he was wounded as follows: *by a musket ball in left thigh severely shattering the leg left in that stiff in left knee it is badly injured to the extent the leg is rendered practically useless & rendered necessary walking*

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 (50)* dollars, for the year 1894.

Sworn to and subscribed before me, this, the *12th* day of *March* 1895. *D. H. Ausley*
M. M. Rogers 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, }

De Kalb County. }

I, *M. M. Rogers* Ordinary of said County, do certify that I am well acquainted with *D. H. Ausley* 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 *11th* day of *March* 1895.



M. M. Rogers
Ordinary *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, *D.H. Ansley* hereby authorize *M.M. Rogers* of *De Kalb*

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

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *12th* day of *Feb* 1896.

Executed in presence of us

Wiley S. Smith
Frank H. Ansley

(For Those Already Enrolled.)

No. 682

SOLDIER'S PENSION.

1896.

Name *D.H. Ansley*
County *De Kalb*
Disability *Leg Wound*
Amount, \$ *2/26* 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

all
No date

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, *D.H. Ansley* hereby authorize *M.M. Rogers* of *De Kalb*

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

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *12th* day of *Feb* 1897.

Executed in presence of

Wiley S. Smith
Frank H. Ansley

(For Those Already Enrolled.)

No. 2870

INVALID

SOLDIER'S PENSION.

1897.

Name *D.H. Ansley*
County *De Kalb*
Disability *Leg Wound*
Amount, \$ *50.00* 1897.
3/2

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

all
No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears J. H. Insley of De Kalb 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 25th day of June 1825; 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 Maj in Company of 5th Regiment of Ga Volunteers, Robertson's Brigade; that whilst engaged in such military service in the State of Ga, on the 23rd day of Nov 1863, he was wounded, injured or diseased as follows:

At the battle of Missionary Ridge was
wounded in the left thigh shattering
the bone and rendering the leg
substantially and permanently useless
requiring now the constant use of a crutch
and stick

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 De Kalb county been allowed a pension of Eighty dollars, for the year 1895.

Sworn to and subscribed before me, this, the 12th day of Feb 1896. J. H. Insley
M. M. Ragsdale Ord. Secy.

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,

De Kalb County.

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

Given under my official signature and seal, this 20th day of Feb 1896.



M. M. Ragsdale

Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears J. H. Insley of De Kalb 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 25th day of June 1828; 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 Maj in Company of 5th Regiment of Ga Volunteers, Robertson's Brigade; that whilst engaged in such military service in the State of Ga, on the 23rd day of Nov 1863, he was wounded, injured or diseased as follows:

At the battle of Missionary Ridge
was wounded with a minie ball in
the left thigh not touching the bone and
causing the leg to be in great danger
of amputation. Requiring now the
constant use of a crutch and stick

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 De Kalb county been allowed an invalid pension of Eighty Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 12th day of Feb 1897. J. H. Insley
M. M. Ragsdale Ord. Secy.

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,

De Kalb County.

I, M. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with J. H. Insley 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 Feb 1897.



M. M. Ragsdale

Ordinary De Kalb County.

Audited Feb. 8th 1889.
Wm. H. M. G. H.
COMPTROLLER GENERAL

De Kalk.

Maimed Soldiers.

Voucher No. 229
Amount \$ 50.
Paid to D. H. Ausley
For Left Leg
disabled
July 8 1889.

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK

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

Applicant

H. Kalk

Maimed Soldiers.

Voucher No. 109
Amount \$ 50.
Paid to D. H. Ausley
For Left leg
disabled
July 4 1890.

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK

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

Applicant

Ausley, D. H.
H. Kalk

1891.

Maimed Soldiers.

Voucher No. 1902
Amount \$ 50.
Paid to D. H. Ausley
For Left leg
disabled
July 27 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

Applicant

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 229

Atlanta, Ga. Feby 8. 1889.

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

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

Left leg disabled.
He is entitled to receive the sum of *Fifty + 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor

W. H. Hammon

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty + 00/100

per above voucher, this

8

of

Feby.

Dollars,
1889.

R. N. Ausley

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 109

Atlanta, Ga. Feby 4 1890

Mr. *W. H. Ausley* of the County
of *DeKalb* 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

Left leg dis^d
He is entitled to receive the sum of *Fifty + 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

W. H. Hammon

CLERK EXECUTIVE DEPARTMENT.

\$ *50*

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty + 00/100

per above voucher, this

4

of

Feby.

Dollars,
1890

W. H. Ausley

NAME, Ansley, D.H.

YEAR 1889 COUNTY Kalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Major 5th. Regt. Georgia Vols. Jackson's Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Missionary Ridge, Tenn. November 25th. 1863. Shot in the left thigh.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE OBTAINED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. None

STATE OF GEORGIA.
EXECUTIVE DEPARTMENT.

1891.
No. 1902

Atlanta, Ga. July 27 1891.

Mr. *D. H. Ansley* of the County
of *Kalb* 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
Leg dis
He is entitled to receive the sum of *50* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

W. H. Harrison

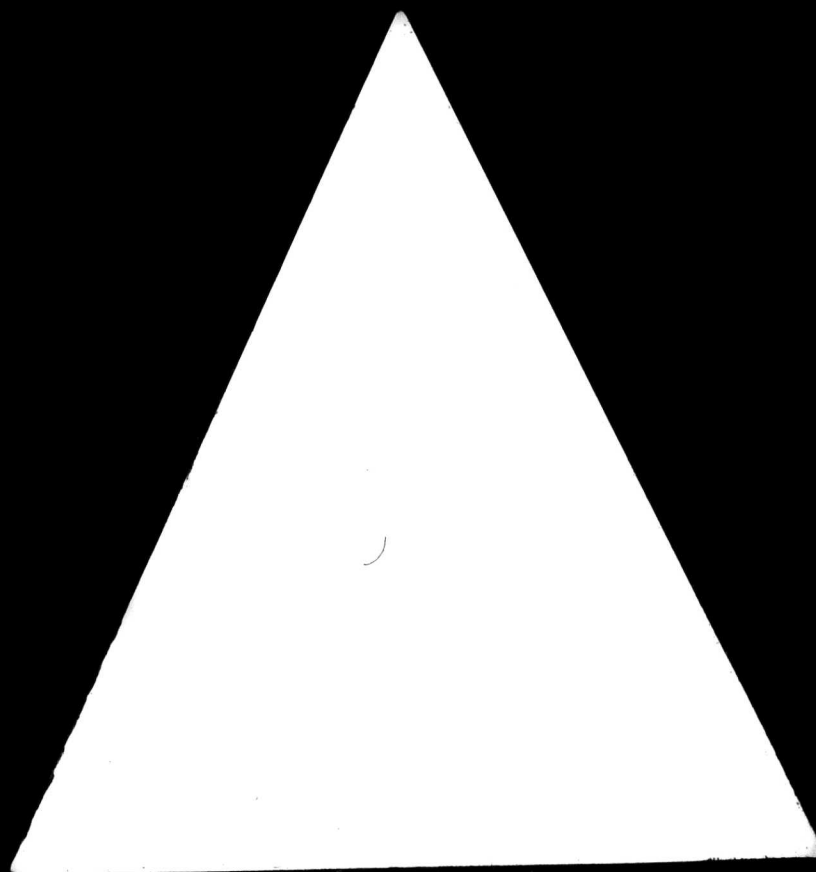
Sec'y EXECUTIVE DEPARTMENT.

H. J. Munter
GOVERNOR.

\$ *50*

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

50 Dollars,
per above voucher, this *27* of *July* 1891.
D. H. Ansley



POWER OF ATTORNEY.

STATE OF GEORGIA.

DeKalb County.

I, *Sarah Neal Ausley*,
Widow of *Henry D. Ausley*,
do hereby authorize

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

at *DeKalb* County, Ga.

Witness my hand and seal this *27th* day of *December*, 189*8*

Executed in presence of

[SEAL]

OK Ausley, Sarah Neal
DeKalb County

ACT DEC. 16, 1895.

No. *3735*

Widow's Pension,
189

Mrs. *Sarah Neal Ausley*

County of *DeKalb*

Widow of *May D. H. Ausley*

Warrant issued *3/9* 189*8*

and handed to

Henry D. Ausley

RICHARD JOHNSON,
Sec. Ex. Dept.

Geo. W. HARRISON STATE PRINTER

1/12.1898

POWER OF ATTORNEY.

STATE OF GEORGIA,

Dekalb County.

I, *Sarah Neal Ausley* of *Dekalb* County, hereby authorize
My Son Henry I. Ausley to receive and receipt for the pension allowed and request that he remit same to me
at *Dekalb* *Dekalb* Co. by

Witness my hand and seal this *20th* day of *December*, 189*8*
Executed in presence of *John W. Johnson*

[SEAL]

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA, Personally came Mrs. *Sarah Neal Ausley*
COUNTY OF *Dekalb* who says on oath she is the

widow of *Major David Henry Ausley* to whom, in the County of

Newton State of *Georgia*, she was married on the

16th day of *January* 1857, that she remained his wife up to the *14th*

day of *July* 1897, at which time he died, and that she has not since married.

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

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

\$ *50.00* per annum on account of (here state the grounds of his disability) *his wound*

received at battle of Mipimany Ridge

His wound was the breaking of his thigh bone known as the
trochanter from which he was permanently disabled for over 30 years.

that the cause of his death was as follows (here set out fully the facts connected with and causing death):

Paralysis resulting from his wound having had three
attacks each following immediately after the 5th attack
His wound was such as to prevent amputation but his leg was put
into plaster cast & remained so for nearly three months. When removed
his knee joint had taken on Ankylosis & so remained till death
He was steadily helpless requiring the attention of a nurse
daily during his life while wounded. He had three attacks
of Paralysis never recovering from the last one

Deponent further says that she is now a resident of *Dekalb* County and has con-

tinuously resided in the State of Georgia since the *19th* day of *January* 189*7*

She applies for the pension provided by Act of the General Assembly, approved December 16th, 1895.

Sworn to and subscribed before me this *14* day of *Dec* 189*7*

M. W. Reggsdale
Ordinary of *Dekalb* County.

NOTE—All blank spaces must be filled before signing.

OK Ausley, Sarah Neal
Dekalb County

ACT DEC 16, 1895.

No. *2735*

Widow's Pension,

189

Mrs. Sarah Neal Ausley

County of Dekalb

Widow of Maj. D. H. Ausley

Warrant issued 3/9 1898

and handed to

Henry I. Ausley

RICHARD JOHNSON,
Sec. Ex. Dept.

USED BY HARTSON STATE PRINTER

1/12. 1898

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, } Personally came *James H. Bond* *Thos M. Bond*
COUNTY OF *Fulton* } *Clark* and *Henry P. Richmond*

known to me to be reputable and truthful persons who severally say on oath that from their own personal knowledge Mrs. *Sarah Neal Ausby*, who made the foregoing affidavit is the widow of *Maj. David Henry Ausby*, who died in *DeKalb* County and State of *Georgia* on the *14th* day of *July* 1897, and that she has not since married, that she became his wife on the *15th* day of *December* 1857, and so remained up to the time of his death,

and that she has resided in this State continuously since the *19* day of *January* 1837. Deponents further say that the cause of his death was as follows (here set out fully the facts connected with and causing death, giving your opportunities for knowing such facts): *He personally knew Maj. David Henry Ausby*

who entered the service of Confederate States as first Lieutenant of Civil Rifes & Mounted Service at Macon Geo in Company A. 5th Georgia Regiment in which capacity he served until promoted to the rank of Major 5th Geo Reg. He was dangerously wounded at battle of Kennesaw Ridge 1863 from which he was incapacitated for work till day of his death. Died of Paralysis.

We have no personal interest in the pension asked for *Spencer B. Bond*
James H. Bond
Henry P. Richmond

Sworn to and subscribed before me this *16th* day of *Dec* 1897
Ordinary *Fulton* County, Georgia

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, } Personally came before me *Joseph H. Green*
COUNTY OF *DeKalb* } *M.D.* and *John H. Goss M.D.*

both of whom are known to me to be reputable physicians, who say on oath that they personally knew *Maj. David Henry Ausby* mentioned in the foregoing affidavit, that he died on the *14th* day of *July* 1897, and that the cause of his death was as follows: state disease, time of treatment, etc. *General Paralysis caused from wounds received during the late civil war*

He had been sick and crippled ever since receiving said wounds

Joseph H. Green M.D.
John H. Goss M.D.

Sworn to and subscribed before me this *13th* day of *Dec* 1897
Ordinary of *DeKalb* County.

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

STATE OF GEORGIA, } I, *Wm. Ragsdale* Ordinary
COUNTY OF *DeKalb* } in and for said County of

State of Georgia, hereby certify that I am acquainted with Mrs. *Sarah Neal Ausby* the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia continuously since the *19th* day of *January* 1837, and has not lived out of the State since that date. I also certify that the witnesses, to wit: *James H. Bond*

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the *27th* day of *Dec* 1897.

{ SEAL }

Wm. Ragsdale

Ordinary.

NOTES.

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

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

Affidavits must be made in presence of the Ordinary.

POWER OF ATTORNEY.

State of Georgia,

De Kalb County.

I, Joseph J. Lindsey hereby authorize Wm. L. Anselmy of De Kalb County to receive and receipt for the pension paid hereon and request that he remit same to at [illegible]

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 29th day of January 1899.

Executed in presence of

Chas. W. Harrison [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, Joe L. N. Anselmy hereby authorize W. M. Ragsdale of De Kalb County to receive and receipt for the pension paid hereon and request that he remit same to at [illegible]

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of January 1900.

Executed in presence of

Joe L. N. Anselmy
Wiley S. Anselmy [L. S.]

For Those Heretofore Paid.

1899.

NO. 2768

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Wm. L. Anselmy

OF

County

Widow of [illegible]

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

130
AND HANDLED TO

Wiley S. Anselmy

GEO. W. HARRISON, STATE PAINTER, ATLANTA

1900.

NO. 637

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO

Mrs. Sarah A. Anselmy

OF

County,

Widow of Joe L. N. Anselmy

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Feb 13

AND HANDLED TO

Ragsdale

Geo. W. Harrison, State Printer, Atlanta

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

who, being sworn, says on oath, that she is a bona fide resident of said county of
De Kalb State of Georgia, and that she has resided in said State
 continuously ever since *1834* That she is the Widow of

James H. Rogers 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
 1861 and served in the Army up to *1865* That he lost his
 life on the *14th* day of *July* 18*65* (State here

full particulars of the husband's death, when, where and from what cause.)
James H. Rogers was killed at the battle of Peach Creek, Georgia, on the 14th day of July, 1865, while serving in the 5th Regiment of Georgia Volunteers.
He was killed by a bullet in the chest.
He was 28 years of age at the time of his death.
He was married to Mrs. Sarah H. Rogers on the 12th day of March, 1858.

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*58*.

I have been allowed a pension as a resident of *De Kalb* 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
17th day of *June* 1899,
W. M. Rogers Ordinary.

State of Georgia,

County of *De Kalb*I *W. M. Rogers*

Ordinary of said County, certify that I am well acquainted
 with Mrs. *Sarah H. Rogers* who made the above affidavit and am satis-
 fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
 has continuously resided in this State since the *14th* day of *July* 18*65*.

Given under my official signature and seal this the *26th* day of *June* 1899.

Official
 Seal.

Ordinary of *De Kalb* County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

who, being sworn, says on oath, that she is a bona fide resident of said county of
De Kalb State of Georgia, and that she has resided in said State
 continuously ever since *1834* That she is the Widow of

James H. Rogers 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*
 1861 and served in the Army up to *1865* That he lost his
 life on the *14th* day of *July* 18*65* (State here

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

James H. Rogers was killed at the battle of Peach Creek, Georgia, on the 14th day of July, 1865, while serving in the 5th Regiment of Georgia Volunteers.
He was killed by a bullet in the chest.
He was 28 years of age at the time of his death.
He was married to Mrs. Sarah H. Rogers on the 12th day of March, 1858.

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*58*.

I have been allowed a pension as a resident of *De Kalb* 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
17th day of *June* 1900,
W. M. Rogers Ordinary.

State of Georgia,

County of *De Kalb*I *W. M. Rogers*

Ordinary of said County, certify that I am well acquainted
 with Mrs. *Sarah H. Rogers* who made the above affidavit and am satis-
 fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
 has continuously resided in this State since the *14th* day of *July* 18*65*.

Given under my official signature and seal, this the *17th* day of *June* 1900.

Official
 Seal.

Ordinary of *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, Sarah V. Ansley hereby authorize
John W. Lindsey of De Kalb County
 to receive and receipt for the pension paid hereon and request that he remit same to
me at Decatur

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7th
 day of January, 1901.

Executed in presence of

W. S. Lindsey
John W. Lindsey

Sarah V. Ansley [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, Sarah V. Ansley hereby authorize
John W. Lindsey of De Kalb County
 to receive and receipt for the pension paid hereon, and request that he remit same to
me at Decatur

In Witness Whereof, I have hereunto set my hand and seal, this
 day of January 14th, 1902.

Executed in presence of

W. S. Lindsey
J. E. Cunningham

Sarah V. Ansley [L. S.]

To Those Heretofore Paid.

1901.

No. 349

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. Sarah V. Ansley

of
De Kalb County.

Widow of S. H. Ansley

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1901,

AND HANDED TO

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

Raymond

To Those Heretofore Paid.

1902.

No. 634

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs. Ansley Sarah V.

of
De Kalb County,

Widow of S. H. Ansley

Co. A Regiment 5th

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDED TO

body

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

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

Sarah N. Ansley

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

De Kalb State of Georgia, and that she has resided in said State

continuously ever since *1837*

That she is the Widow of

Maj. D. H. Ansley

who was a soldier in Company

A

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

25th

November

1863 That he lost his

life on the

20th

14th

day of

January

1862 (State here

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

Was wounded in the left leg fracturing bone and died from the effects of the wound in Decatur, July 14th 1897

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 *De Kalb* 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

14

day of *Jan*

1901.

Sarah N. Ansley

Ordinary.

Post Office *Decatur*

State of Georgia,

De Kalb County.

W. M. Ragsdale

Ordinary of said County, certify that I am well acquainted

with Mrs. *Sarah N. Ansley*, 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 *19th* day of *January* 1837.

Given under my official signature and seal, this *11th* day of *Jan* 1901.

Official Seal.

W. M. Ragsdale

Ordinary of *De Kalb* County.

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of *De Kalb*

PERSONALLY COMES MRS.

Sarah N. Ansley

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

De Kalb

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

continuously ever since *Jan 14th 1837*

That she is the Widow of

D. H. Ansley

Maj

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

1861, and served in the Army up to

Nov 25th

1863 That he lost his

life on the *14th*

day of *July*

1897 (State here

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

Was suffering from fractured thigh result of wound received in battle of Missionary Ridge, 1863. Died of paralysis caused 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 the year 1857.

I have been paid a pension as a resident of *De Kalb* 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 *15* day of *Jan*

1902.

Sarah N. Ansley

W. M. Ragsdale Ordinary.

Post Office *Decatur*

State of Georgia,

De Kalb County.

W. M. Ragsdale

Ordinary of said County, certify that I am well

acquainted with Mrs. *Sarah N. Ansley*, 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 *14th* day of *July* 1837.

Given under my official signature and seal, this *15th* day of *Jan* 1902.

Official Seal.

W. M. Ragsdale

Ordinary of *De Kalb* County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, Sarah N. Ansley, hereby authorize
James W. Lindsey, Esq.
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Decatur

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

Sarah N. Ansley [L. S.]

Executed in presence of

James W. Lindsey

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, Sarah N. Ansley, hereby authorize
James W. Lindsey of DeKalb County
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Decatur

In Witness Whereof, I have hereunto set my hand and seal, this 8
day of January 1904.

Sarah N. Ansley [L. S.]

Executed in presence of

James W. Lindsey
Ordinary

Ansley, Sarah N.,
De Kalb County

To Those Heretofore Paid

1903.

No. 270

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs. Sarah N. Ansley

OF
De Kalb County,

Widow of D. H. Ansley

Co. A Regiment 5th

JOHN W. LINDSEY,

(Attorney at Law of Pensioners)

WARRANT ISSUED

1/23 1903

AND HANDED TO

Ansley

Geo. W. Harrison, State Printer, Atlanta.

Ansley, Sarah N.,
De Kalb County

TO THOSE HERETOFORE PAID.

1904.

No. 310

WIDOW'S PENSION

FOR
YEAR ENDING DECEMBER 31, 1904

PAID TO
Mrs. Sarah N. Ansley

OF
De Kalb County,

Widow of D. H. Ansley

Co. A Regiment 5th

JOHN W. LINDSEY,

(Attorney at Law of Pensioners)

WARRANT ISSUED

Jan 8 1904

AND HANDED TO

Sarah N. Ansley

Geo. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of De Kalb

PERSONALLY COMES MRS.

Sarah A. Ansley

who, being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Jan 19 1837

That she is the Widow of Maj D. H. Ansley who was a soldier in Company A of the 5th Regiment of Inf

Volunteers, that he enlisted in said regiment on or about the month of May 1861 and served in the Army up to Nov 25 1863 That he lost his life on the 14th day of June 1867 (State here

particulars of the husband's death, when, where and from what cause.) Died with
Paralysis caused from wound received
at Moccasin Ridge.

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 De Kalb 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 10 day of Aug 1903. Wm. Rogersdace Ordinary. Post-Office Decatur Ga

State of Georgia,

De Kalb County.I, Wm. Rogersdace

Ordinary of said County, certify that I am well acquainted with Mrs. Sarah A. Ansley 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 19th day of Jan 1837

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

Official Seal.

Wm. RogersdaceOrdinary of De Kalb County.

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of De Kalb

PERSONALLY COMES MRS.

Sarah A. Ansley

who, being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Jan 19 1837

That she is the Widow of D. H. Ansley who was a soldier in Company A of the 5 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 Nov 25 1863 That he lost his life on the 14 day of July 1867 (State here

particulars of the husband's death, when, where and from what cause.) Paralysis result of high 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, and that she became his wife in the year 1857

I have been paid a pension as a resident of De Kalb 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 8 day of Jan 1904. James R. George Ordinary. Post Office Decatur Ga

State of Georgia,

De Kalb County.I, James R. George

Ordinary of said County, certify that I am well acquainted with Mrs. Sarah A. Ansley 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 19th day of Jan 1837

Given under my official signature and seal, this the 8 day of Jan 1904.

Official Seal.

James R. GeorgeOrdinary of De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Dekalb COUNTY.

I, Mrs Sarah N. Ansley, hereby authorize
W. S. Ansley of Dickinson Ga

to receive and receipt for the pension paid hereon, and request that he remit same to
Mrs Sarah N. Ansley at Dickinson Ga

In Witness Whereof, I have hereunto set my hand and seal, this 13th
day of January 1905.

Mrs Sarah N. Ansley [L. S.]

Executed in presence of
James R. George
Ordinary

Ansley Sarah N.
Dekalb County

To Those Heretofore Paid.

1905.

No. 215

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs. Sarah N. Ansley

OF
Dekalb County,

Widow of S. N. Ansley
Co. A Regiment 5th Ia

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1905.

AND HANDED TO
W. S. Ansley

This Pension is Received and Paid to the Order of the
U. S. W. Henderson, Master of the Ship "H. S. Ansley"

POWER OF ATTORNEY.

STATE OF GEORGIA,

Dekalb COUNTY.

I, George M. Ansley, hereby authorize
W. S. Ansley of Dickinson Ga

to receive and receipt for the pension paid hereon, and request that he remit same to
Mrs Sarah N. Ansley at Dickinson Ga

In Witness Whereof, I have hereunto set my hand and seal, this 3rd
day of January 1906.

George M. Ansley [L. S.]

Executed in presence of
James R. George
Ordinary

Ansley Sarah N.
Dekalb County

To Those Heretofore Paid.

1906.

No. 215

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs Sarah N. Ansley

OF
Dekalb County,

Widow of W. S. Ansley
Co. A Regiment 5th Ia

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1906.

1123

AND HANDED TO

W. S. Ansley

This Pension is Received and Paid to the Order of the
U. S. W. Henderson, Master of the Ship "H. S. Ansley"

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Duval

PERSONALLY COMES MRS.

Sarah N. Ansley

Duval who, being sworn says on oath, that she is a bona fide resident of said County of Duval State of Georgia, and that she has RESIDED in said State continuously ever since 1897. That she is the Widow of Maj. D. H. Ansley who was a soldier in Company A of the 5 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 1861, and served in the Army up to Nov 25 1862. That he lost his life on the 14 day of July 1897. (State here particulars of the husband's death, when, where and from what cause.)

Maj. Ansley died in Decatur Ga on the 14th day of July 1897. From Bridge No 25th 1897

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 1897.

I have been paid a pension as a resident of Duval 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 13 day of January 1905.

James R. George Ordinary.

Mrs. Sarah N. Ansley
Post-Office Decatur Ga

State of Georgia,

Duval County.

I, James R. George Ordinary of said County, certify that I am well acquainted with Mrs. Sarah N. Ansley 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 19th day of January 1897.

Given under my official signature and seal, this the 13 day of January 1905.

Official
Seal.

James R. George
Ordinary of Duval County.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Duval

PERSONALLY COMES MRS.

Sarah N. Ansley

Duval who, being sworn, says on oath that she is a bona fide resident of said County of Duval State of Georgia, and that she has RESIDED in said State continuously ever since Jan 19, 1837. That she is the Widow of Maj. D. H. Ansley who was a soldier in Company A of the 5 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 Nov 25 1863. That he lost his life on the 14th day of July 1897. (State here particulars of the husband's death, when, where and from what cause.)

Wounded at Missionary Ridge Nov 25, 1863.
Died at Decatur Ga July 14, 1897 from Bridge No 25th 1897

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 1897.

I have been paid a pension as a resident of Duval 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 3 day of January 1906.

James R. George Ordinary.

Sarah N. Ansley
Post-Office Decatur Ga

State of Georgia,

Duval County.

I, James R. George Ordinary of said County, certify that I am well acquainted with Mrs. Sarah N. Ansley 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 19th day of January 1837.

Given under my official signature and seal, this the 3 day of January 1906.

Official
Seal.

James R. George
Ordinary of Duval County.

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

Official
Seal.

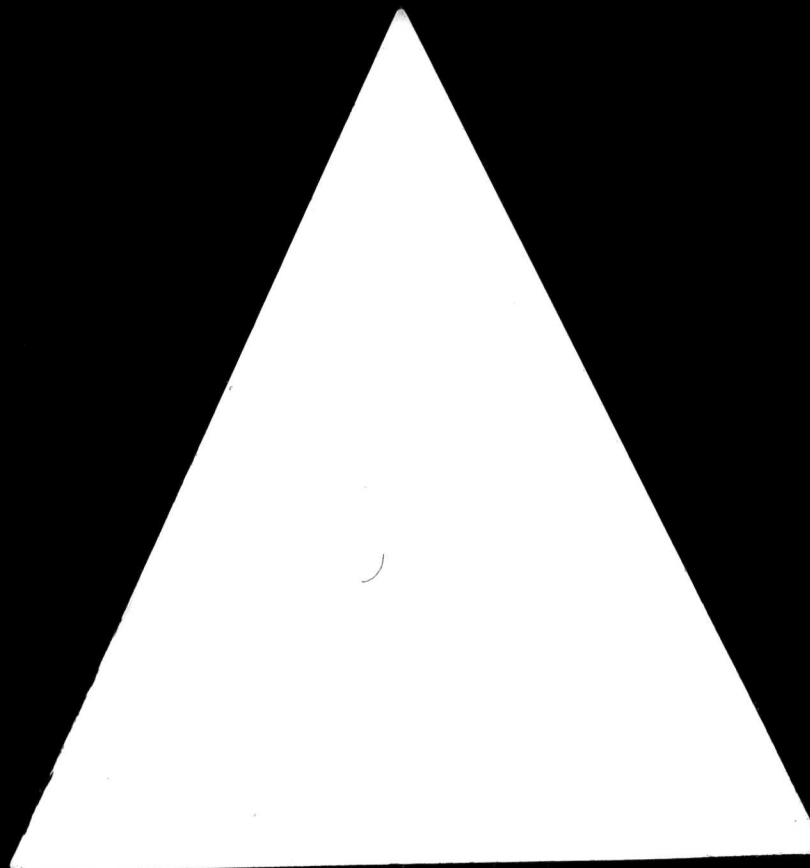
James R. George
Ordinary of De Kalb County.

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

Official
Seal.

James R. George
Ordinary of De Kalb County.

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



NAME Argo, J.L.

YEAR 1910 COUNTY DeKalb

WHEN AND WHERE BORN? March 12, 1838, DeKalb County, - Georgia.

WITNESS DEDUCTION? August 1st, 1861, - Decatur, Georgia.

NAME.

COMPANY AND REG'T? Co.C. Cobbs' Legion,

NAME OF CAPTAIN AND COLONEL?

LOCATION.

DATE, TIME AND WHERE?

ILLUSTR.

WHEN AND WHERE WERE CAPTURED? April 9, 1865, Appomattox Court House,
Virginia.

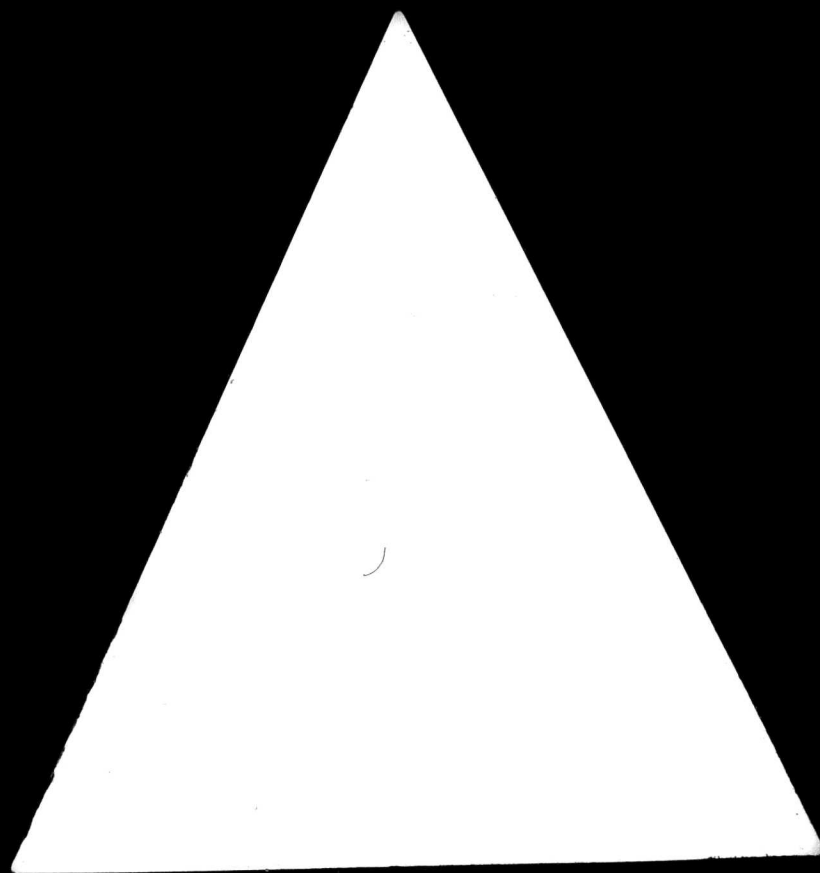
IF NOT PRESENT AT CAPTURE, WHERE WERE YOU?

DEED, WHEN AND WHERE?

DEATH,

WITNESSES. G.L. Robertson, J.I. Marbut, - Same Command - No data.

mh.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I,

of

hereby authorize

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

at

Witness my hand and seal this

day of

1895.

Executed in presence of

App. of Richard Johnson
Rich Johnson
489
Wm. Doggett
Jan. 17th 1896. Ordinary.
INDIGENT PENSION
Armedistad, Cassin M.
1895.
De Kalb Co.

Name *Geo M. Armistead*

County *De Kalb*

Ground *Infirmary property*

July 196 1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

6-15-95
Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, *Geo. W. Armstrong*

hereby authorize

of

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

at

by

Witness my hand and seal this

day of

1895.

Executed in presence of

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

DeKalb

County, }

George W. Armstrong

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) *George W. Armstrong DeKalb Co. Wellborn Ga.*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? *DeKalb Co. Wellborn Ga. 18 years*
3. When and where were you born? *Wellborn County 17 August 1833.*
4. Did you volunteer in the Confederate Army or in the Georgia Militia? *Confederate Army*
5. When and where did you enlist? *May 1862 Atlanta Ga.*
6. In what company and regiment did you enlist? *Co B 9th Batt Ga Art.*
7. How long did you remain in that company and regiment? *until the Surrender*
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?
9. For how long a period did you discharge regular military duty? *May 1862 to April 1865.*
10. When, where and under what circumstances were you discharged from service? *Surrendered at Appomattox Va*
11. What is your present occupation? *Carpenter*
12. How much can you earn per annum by your own exertions or labor? *Unable to sustain long enough to do labor*
13. What has been your occupation since 1865? *Carpenter*
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? *One hundred*
15. What is your present physical condition and how long have you been in such condition? *I have had ulcerated leg. for 22 years. The other since 1890. Heart trouble since 1891*
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? *Age Infirmity and Poverty*
18. What property, effects or income do you possess? *None at all*
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? *Not a dollar*

20. In what County did you reside during those years and what property did you then return for taxation? *in DeKalb Co. I had no property to return for tax*
21. How were you supported during the years 1893 and 1894? *By the help of my only son*
22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *I suppose \$100 I did but little of anything*
23. What was your employment during 1893 and 1894? What pay did you receive in each year? *I had very little employment - in account of my bad health*
24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support? *Yes and have family. My wife is still living but has been afflicted for 20 years from the effects of Measles. One child a Son*

App. Geo. W. Armstrong
1894
Geo. W. Armstrong
INDIGENT PENSION
Armstrong, George W.
1895.
De Kalb Co
Geo. W. Armstrong
De Kalb
Ground Infirmity & Poverty
July 196
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Armstrong, Wellborn, Adams

25. Are you receiving a pension under any law of this State, if so what amount and for what disability?

I am not receiving any pension from any source

Sworn to and subscribed before me this the

2 day of *April* 1895.

M. M. Cogswell Ordinary
of *De Kalb* County.

George W. Armistead
Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

De Kalb County.

Francis L. Guess

of said State and County, having been presented as a witness in support of the application of *George W. Armistead* 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? *My name is Francis L. Guess and reside in De Kalb County.*
2. Are you acquainted with *George W. Armistead*, the applicant, if so how long have you known him? *Yes for thirty seven years.*
3. Where does he reside, and how long has he been a resident of this State? *He resides in De Kalb County. Ga. and has for a long time.*
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *I know he was a member of Co. K 9th Battalion Ga. Artillery for three years. as I was a member of the same Company.*
5. When, where and in what company and regiment did he enlist? *He enlisted in 1862 in Atlanta Ga.*
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? *Three years was a good faithful soldier and was with us to the end surrendering at Appomattox Va.*

8. What property, effects or income has the applicant? (Give your means of knowledge.) *He has none, I am acquainted with all the Tax Payers in De Kalb Co. and have been for 20 years.*
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 none.*

10. What is the applicant's occupation and physical condition? *He is a Carhusier by trade. His Health is very bad.*

11. Is the applicant unable to support himself by labor of any sort, if so, why? *He is unable to support himself, on account of his age and an affliction.*

12. How was he supported during the years 1893 and 1894? *principally by the help of his only son.*

13. What portion of his support for these two years was derived from his own labor or income?

A very small amount

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? *His age being 62 years and he has a Heart trouble also ulcerated legs such an extent as he is unable to work.*

15. What interest have you in the recovery of a pension by this applicant? *None at all.*

Sworn to and subscribed before me, this

2 day of *April* 1895.

Francis L. Guess
Applicant.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

De Kalb County.

Personally came before me

A. S. Magnuson & J. H. Goss and

, both known to me as reputable physicians

of said county, who being severally sworn, say on oath that they have examined carefully *George W. Armistead*, applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:

Indolent ulcers & varicose veins on both legs, rendering him incompetent to perform the usual avocations of life.

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 *2d* day of *April* (1895.)

M. M. Cogswell Ordinary

J. H. Goss, M. D.
A. S. Magnuson M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

De Kalb County.

I, *M. M. Cogswell*, Ordinary in and for said County, hereby certify that the applicant *George W. Armistead*, 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:

F. L. Guess, J. H. Goss, M.D., & A. S. Magnuson, M.D. are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of *De Kalb* County show that applicant returned for taxation in his name in 1893, *Nothing* dollars

of property, and in 1894, *Nothing* dollars of property.

Witness my hand and seal of office, this *2d* day of *April* 1895.

M. M. Cogswell Ordinary
of *De Kalb* 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,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1897.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

State of Georgia,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

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

[L. S.]

Executed in presence of _____

ACT OF 11 DEC. 1894.

(For Those Already Enrolled.)

No. 613

INDIGENT

Soldier's Pension.

1897.

Name *Geo. M. Armistead*
County *De Kalb*

July 12 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

affet

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

W.D. Carter

ACT OF 11 DEC. 1894.

(For Those Already Enrolled.)

No. 970

INDIGENT

SOLDIER'S PENSION,

1898.

Name *Geo. M. Armistead*
County *De Kalb*

WARRANT ISSUED

1/13 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

affet

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

W.D. Carter

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears Geo M. Armistead of De Kalb 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 17 day of Aug 1833; 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 thirteen months in Company B, of 9th Regiment of Georgia Cavalry; that his physical condition is as follows: Booth legs, affected with swelling and eruption from which he is unable to labor for a support, also that his property consists of the following items
No property

of the value of No value 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 De Kalb county been allowed a pension for the year 1896.

Sworn to and subscribed before me, this, the 11th day of Jan 1897. G. W. Armistead Ordinary.

STATE OF GEORGIA,

De Kalb County.

I, A. M. Ragsdace, Ordinary of said County, do certify that I am well acquainted with Geo M. Armistead 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 11th day of Jan 1897.



A. M. Ragsdace
Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears Geo M. Armistead of De Kalb 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 17 day of Aug 1833; 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 thirteen months in Company B, of 9th Regiment of Georgia Cavalry; that his physical condition is as follows: Disease settled in legs renders him unable to make a support
No property

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the 11th day of Jan 1898. G. W. Armistead Ordinary.

State of Georgia,

De Kalb County.

I, A. M. Ragsdace, Ordinary of said County, do certify that I am well acquainted with Geo M. Armistead 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 11th day of Jan 1898.



A. M. Ragsdace
Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____, hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal this _____ day of _____ 1899.

Executed in presence of _____

(L. S.)

*Armistead, Geo. W.
De Kalb Co.*

CODE SEC. 1284.

(For Those Already Enrolled.)

No.

334

INDIGENT

**SOLDIER'S PENSION,
1899.**

Name *Geo. W. Armistead*

County

De Kalb

WARRANT ISSUED

1/9

1899

RICHARD JOHNSON,

(Commissioner of Pensions.)

WARRANT HANDED TO

Geo. W.

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears Geo W Armstrong De Kalb

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 17 day of Aug 1833; that he is 66 years old and by occupation a mechanic; 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 years in Company B, of 9th Regiment of Art.

Ga; that his physical condition is as follows:

Is diseased in legs, are constantly sore and running contracted in war

that his property consists of the following items None

of the value of 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 1899. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, the 9th day of Jan 1899. G W Armstrong

W M Ragsdale Ordinary.

State of Georgia,

De Kalb County.

I, W M Ragsdale Ordinary of said County,

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

Given under my official signature and seal, this 10th day of Jan 1899.



W M Ragsdale
Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1899.

All claims for deduction must be made in 8 days
after receipt of goods.
My responsibility ceases when goods are delivered
to R. R. in good order.

Atlanta, Ga.,

189

Gents' Furnishing Goods
and MILLINERY
A SPECIALTY
Sole Proprietor
OF THE CELEBRATED SWEET
HOME AND BRIGHT STAR
FLOUR

BOUGHT OF C. M. MORRIS,

WHOLESALE AND RETAIL DEALER IN

DRY * GOODS * AND * GROCERIES,

TELEPHONE 73

133-137 Decatur Street.

*This is to certify that
I know this to be Mr
G. W. Armistead -
C. M. Morris
Jan 13/97*

NAME Armistead, George W.

YEAR 1896 COUNTY DeKalb

WHEN AND WHERE BORN? Walton County August 17, 1833.

ENLISTED WHEN AND WHERE? May 1862 Atlanta, Ga.

RANK.

COMPANY AND REGIMENT? Co. E, 9th. Battalion of Artillery.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

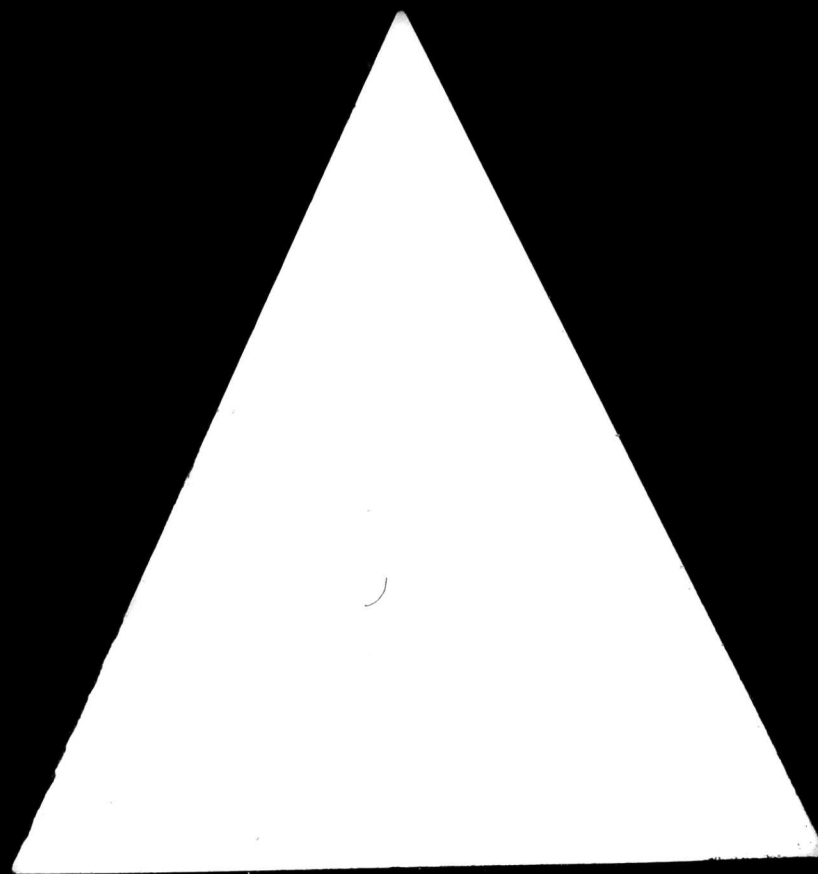
WHEN AND WHERE SURRENDERED? Appomattox, Va. 1865.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Francis L. Guess. No data.



Armistead J. M.
De Kalb Co

C. N. No. _____

**INDIGENT PENSION.
1903.**

Name *J. M. Armistead*

County *De Kalb*

Co. *E 1st Georgia* Regt.

Approved _____ 1903.

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.

9/15/03

**POWER OF ATTORNEY.
STATE OF GEORGIA.**

County, }

I, _____ hereby authorize

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

Witness my hand and seal, this _____ day of _____

by _____

1903.

Executed in the presence of _____

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of

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

at

by

Witness my hand and seal, this _____ day of _____ 1903.

[L. S.]

Executed in the presence of

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY.

I, J. M. Armstrong of said State and County, desiring to avail myself of the Pension Act (Section 1254, Code), hereby submit 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. Armstrong, De Kalb County, Georgia.

2. How long and since when have you been a resident of this State? Since 1827.

3. When and where were you born? Nov 16th 1827

4. When and where and in what company and regiment did you enlist or serve? In August 1864

In Atlanta, Co. F, 1st Ga Regiment.

Had been before that time in Amherst, Mass.

5. How long did you remain in such company and regiment? until the surrender

6. When and where was your company and regiment surrendered and discharged?

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? Left Company in January 1865

sick and was in hospital at time of surrender

9. How much can you earn (gross) per annum by your own exertions or labor? \$30.00

10. What has been your occupation since 1865? Farming

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty"

second, "infirmary and poverty," or third, "blindness and poverty"? Age & 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? Two years

ago had stroke of Paralysis

and have been unable to work

much since

13. What property, real and personal, or income, do you possess, and its gross value? No

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? None

Made no disposition of any

15. In what County did you reside during those years, and what property did you then return for taxation? In De Kalb. None

16. How were you supported during the years 1899, 1900, 1901 and 1902? By my work

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? Costs to my wife

18. What was your employment during 1899, 1900, 1901 and 1902? Farming

What I could make very little

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

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? True and

J. M. Armstrong

Sworn to and subscribed before me this the _____ day of _____ 1903.

_____ Ordinary,

of _____ County.

Every Question MUST be Answered.

Armistead, M.
De Kalb Co.

No. _____

INDIGENT PENSION.

1903.

Name J. M. Armstrong
County De Kalb
Ca E 1st Ga Regt.

Approved _____ 1903.

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.

9/15/03

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

DeKalb COUNTY, William Armistead

of said State and County, having been presented as a witness in support of the application of _____ for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside?
William Armistead
2. Are you acquainted with J. M. Armistead, the applicant; if so, how long have you known him?
I am - 66 years
3. Where does he reside, and how long and since when has he been a resident of this State?
DeKalb all his life Nov 16 1827
4. When, where and in what company and regiment did he enlist and how do you know?
1864. 4th Cavalry Co Company E 1st GA Regiment
5. Were you a member of the same company and regiment?
I was
6. How long did he perform regular military duty?
Aug 1864 to Surrender
7. When and where was his command surrendered?
Gumbors N.C. 1865
8. Were you present when it surrendered?
I was
9. Was applicant present?
he was not
10. If he was not present, where was he?
he was in hospital
When did he leave his command?
In Spring 1865 For what cause?
he was sick
By what authority he left?
By regimental surgeon How do you know all of this?
I was then known by my own knowledge
11. What property, effects or income has the applicant? (Give your means of knowledge.)
No Property, no income
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?
none made no disposition
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
had nothing to convey he expressed
14. What is the applicant's occupation and physical condition?
no occupation very poor and feeble
15. Is the applicant unable to support himself by labor of any sort, if so, why?
he is unable to support himself because he is too feeble
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
by what little he did and his children helped him
17. What portion of his support for these four years was derived from his own labor or income?
but 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 old and feeble not able to write
19. Who composes family? What property have they? Children's age and their earning capacity?
has no family children all married
20. What interest have you in the recovery of a pension by this applicant?
none

Sworn to and subscribed before me, this the _____ day of _____ 1903.

Jas R. George Ordinary.

William Armistead Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

DeKalb COUNTY.

Personally came before me

W. S. Ashley

of said County, who, being severally sworn, say on oath that they have examined carefully

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

Chronic Rheumatism, Paralysis, Red Leg and general debility. Totally incapable of labor from coming - living

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

Sworn to and subscribed before me, this the _____ day of _____ 1903.

14 day of Sept

Jas R. George Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb COUNTY.

I, Jas R. George Ordinary, in and for said County, hereby certify that the applicant, William Armistead resides in said County, and has been a bona fide resident of this State since the _____ day of Nov 1827 and that the witnesses, viz.: William Armistead

are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of DeKalb County show that applicant returned for taxation in his name in 1899 none Dollars of property, and in 1900 none Dollars of property, in 1901 none Dollars of property, in 1902 none Dollars of property.

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

Witness my hand and seal of office, this _____ day of Sept 1903.

Jas R. George Ordinary, of DeKalb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize _____

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1904.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize _____

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1905.

[L. S.]

Executed in the presence of _____

Armistead, J. M.
DeKalb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. *583*

INDIGENT

SOLDIER'S PENSION
1904.

Name *J. M. Armistead*
County *DeKalb*
Co. *C* Regiment *1st*

WARRANT ISSUED
1/20 1904

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

2/21
Geo. W. Harrison, State Printer, Atlanta.

no date

Armistead, J. M.
DeKalb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. *583*

INDIGENT

SOLDIER'S PENSION
1905.

Name *J. M. Armistead*
County *DeKalb*
Co. *C* Regiment *1st*

WARRANT ISSUED
1/23 1905

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

2/21
Geo. W. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1904.

[L. S.]

Executed in presence of _____

CODE SECTION 1234
(FOR THOSE ALREADY ENROLLED.)

No. 583

INDIGENT

SOLDIER'S PENSION

1904.

Name J. M. Armstrong
County DeKalb
Co. C Regiment 1st

WARRANT ISSUED

1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

CPH

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1905.

[L. S.]

Executed in the presence of _____

CODE SECTION 1234
(FOR THOSE ALREADY ENROLLED.)

No. 583

INDIGENT

SOLDIER'S PENSION

1905.

Name J. M. Armstrong
County DeKalb
Co. C Regiment 1st

WARRANT ISSUED

1/23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

CPH

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

DeKalb County.

Personally appears J. M. Armistead of DeKalb 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 16 day of November 1827; 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 Georgia) during the war between the States, and served for the term of 1 year in Company C, of 1th Regiment of Ga. Regulars; that his physical condition is as follows: Age and Poverty & Paralysis

that his property consists of the following items:

None

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 DeKalb County been allowed a pension for the year 1.

Sworn to and subscribed before me, this the

15 day of January 1904.

James R. George Ordinary.

STATE OF GEORGIA,

DeKalb County.

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

Given under my official signature and seal, this 15th day of January 1904.



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,

DeKalb County.

Personally appears J. M. Armistead of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company E, of 1th Regiment of Ga. Regulars; that his physical condition is as follows: Age & Poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the

18 day of January 1905.

James R. George Ordinary.

STATE OF GEORGIA,

DeKalb County.

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

Given under my official signature and seal, this 18th day of January 1905.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY. }

I, _____ hereby authorize

of _____

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

at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1900.

[L. S.]

Executed in the presence of _____

(FOR THOSE ALREADY ENROLLED.)

No. 207

INDIGENT SOLDIER'S PENSION 1906.

Name J. M. Armistead
County De Kalb
Co. 13 Regiment 42d Ga

WARRANT ISSUED

1/22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

off

The Pensioner's Name and Pensioning Co. Geo. W. HARRISON, Mgr.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb COUNTY. }

I, J. M. Armistead hereby authorize

James R. George of Decatur Ga

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

Decatur Ga by J. M. Armistead

WITNESS my hand and seal, this 9 day of January 1907.

[L. S.]

Executed in presence of

James R. George
Ordinary

(FOR THOSE ALREADY ENROLLED.)

No. 208

INDIGENT SOLDIER'S PENSION 1907.

Name J. M. Armistead
County De Kalb
Co. 13 Regiment 42d

WARRANT ISSUED

1/31 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

off

The Pensioner's Name and Pensioning Co. Geo. W. HARRISON, Mgr.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

DeKalb County.

Personally appears J. M. Armistead of DeKalb 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 16 day of Nov 1827; that he is 79 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 18 months, in Company 119, of 42th Regiment of Georgia; that his physical condition is as follows: Infirmity and poverty.

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 15 day of January 1906.

Ordinary.

State of Georgia,

DeKalb County.

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

Given under my official signature and seal, this 18th day of January 1906.

Ordinary DeKalb County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

DeKalb County.

Personally appears J. M. Armistead of DeKalb 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 16 day of Nov 1827; that he is years old and by occupation a , that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of in Company , of th Regiment of ; that his physical condition is as follows: Legs Paralyzed.

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of DeKalb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 9 day of January 1907.

Ordinary.

State of Georgia,

DeKalb County.

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

Given under my official signature and seal this 19th day of January 1907.

Ordinary DeKalb County.



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

not
here

Ordinary DeKalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

not
here

Ordinary DeKALB County.

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

Armistead, J. M.
DeKalb County
1908

**Application for Pension
Due Deceased Pen-
sioner Under Act 1904.**

James R. George Ordinary.
For J. M. Armistead
of DeKalb County.
Of Co. _____ Regiment.

Approved and Ordered Paid

190 _____

J. W. LINDSEY,

Commissioner of Pensions.

FRANK HILBURN

J. SID HOLLAND

Atlanta, Ga., 7-27 1908

Mr & E. Timmons for

J. M. Armistead

To HILBURN & HOLLAND, Ds.

UNDERTAKERS AND EMBALMERS.

BOTH PHONES 772.

THIS BILL IS DUE WHEN PRESENTED.

102 SOUTH FORSYTH ST.

<u>Tommy 24</u>	<u>To</u>	<u>Gravel & Box</u>	<u>30 00</u>
"	"	<u>Kate</u>	<u>5 00</u>
"	"	<u>By Cash</u>	<u>10 00</u>
		<u>Balance Due</u>	<u>25 00</u>

Personally appeared before me J. A. Hilburn
who upon oath say the above bill is true correct & unpaid.
C. A. Tush
Notary Public
Hullon Co. Ga.

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, DeKalb County.

Personally before me, the Ordinary of said County, comes Thomas J. Tims of said County, who, after being sworn on oath, says that he knew J. M. Armistead of said County, and that he was on the Indigent Pension Roll DeKalb County at the time of his death, which occurred in DeKalb County, in this State, on the 24 day of May 1908, and that a Pension of Thirty 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 35.00 Thirty five Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me, this 31 day of July 1908 F. J. Grimm
James R. George Ordinary,
DeKalb County.

Georgia, DeKalb County.

I, James R. George, Ordinary of said County, do certify that I personally know Thomas J. Tims, 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 J. M. Armistead while in life; that he was the same person whose name appears on the Indigent Pension Roll of DeKalb County, and was paid a Pension of Sixty 00.00 Dollars in said County for 1907 and I now believe him to be dead.

Given under my hand and official seal, this 31 day of July 1908
James R. George Ordinary,
DeKalb County.

NAME Armistead, J. M. YEAR 1903 COUNTY DeKalb

WHEN AND WHERE BORN? Nov. 16, 1827, Georgia

ENLISTED WHEN AND WHERE? Aug. 1864, Atlanta, Georgia

RANK

COMPANY AND REGIMENT? Co. E, 1st Georgia Regulars

NAME OF CAPTAIN AND REGIMENT?

WOUNDED?

DATE OF WOUND?

PLACE OF WOUND?

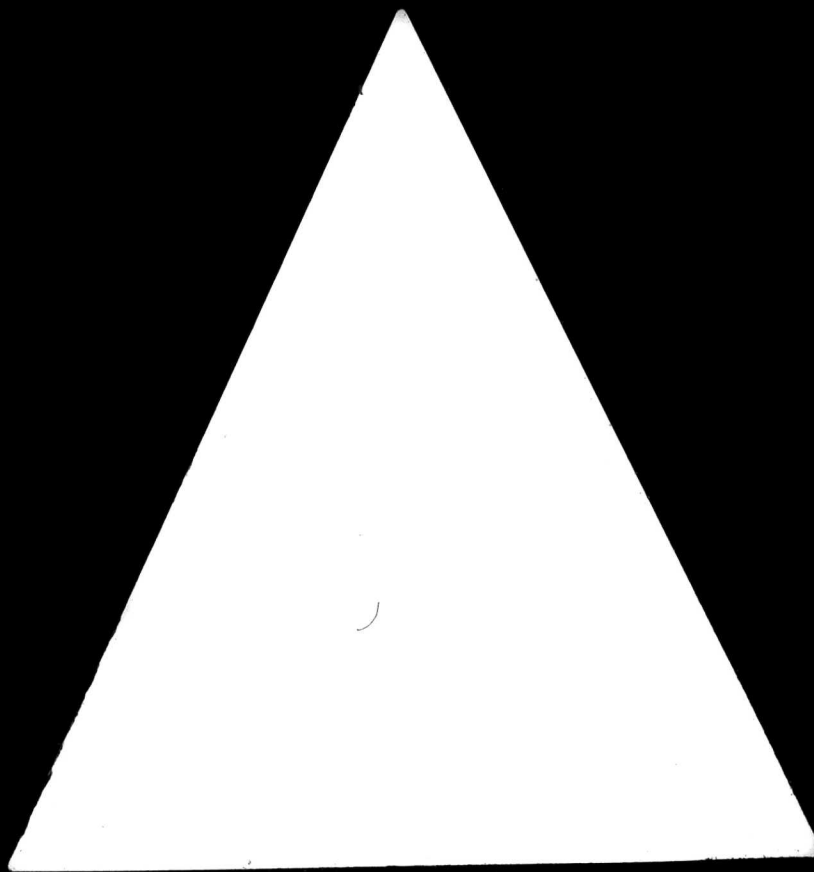
DATE OF WOUND?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In hospital - Left command Jan. 1865 on account of sickness.

DATE OF SURRENDER?

REMARKS.

WITNESSES. William Armistead - same command - No data



Form No. 5.
**POWER OF ATTORNEY,
STATE OF GEORGIA.**

Know all Men by these Presents, That I,
County, A

of
County, in said State, do hereby appoint

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

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

Executed in the presence of us:

[L. s.]

DIRECTIONS.

If allowed, send amount by
me at _____

_____ and oblige,
to _____



Armstrong, R. M.
DeKalb County

24 1891.

No. *2788*

Widows' Pension

— PAID TO —

M. M. Armstrong
OF
DeKalb COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

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

Executed in the presence of us:

[L. S.]

DIRECTIONS.

If allowed, send amount by
me at

and oblige,



W. W. Harrison, State Printer, Atlanta.

AND HANDED TO

1891

Warrant Issued

\$100.00.

OF De Kalb County.

Quadrant M. Armstrong

Widows' Pension

270.77.88

1891. De Kalb County.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of De Kalb

In person came before me, the undersigned Ordinary in and for the County of De Kalb

Mrs. R. M. Armstrong, who being sworn according to law, says under oath that she is the widow of Benjamin Armstrong, who was a soldier in the service of the Confederate States, and served as a member of Company D, of the 112th Regiment of Georgia Volunteers; that he enlisted in said service on or about the day of March 1862, and was in the Confederate Army up to Feb 1863. That while in the Army, he was on the 4th day of Feb 1863, (See Note No. 1)

Had small pox during the Siege of Vicksburg Miss and died about Feb 4th 1863.

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 22th day of May 1861, and that she has resided in Georgia continuously since the 24th day of May 1847; 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 4th day of April 1891.

R. M. Armstrong
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.

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary
County of *De Kalb* in and for said County, witnesses
E. H. Clark & *H. H. Burgess*
and *Cleveland Clay* (each known to said Attesting Officer as truthful,
reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,
Mrs. *R. M. Armstrong*, of the County of *De Kalb*
State of Georgia, is the widow of *Reynolds Armstrong* who was a soldier in
Company *D* of the *42nd* 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 *March* 1862 That while in said service, or by
reason of said service in the Army, he lost his life as follows:

*He had small-pox during
the Siege of Vicksburg, Miss.
was carried to hospital where
he died of the disease in February
1863. The wife members of
same Co and Regiment and
buried personally of death.*

*As to witnesses E. H. Clark and H. H. Burgess
do not know as to marriage since
death of husband.*

We further swear that Mrs. *R. M. Armstrong* was the wife of said
soldier during the service, and that she has not intermarried since his death, and that she resides in
De Kalb County of the State of Georgia.

Sworn to and subscribed before me, this, the

5th day of *May* 1891.

W. M. Ragsdale
Ordinary.

E. H. Clark
H. H. Burgess
Cleveland Clay
mark

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

Form No. 3.

STATE OF GEORGIA,

County of *De Kalb*

I, *W. M. Ragsdale* Ordinary

in and for said County of *De Kalb*

State of Georgia, hereby certify that I am acquainted with Mrs. *R. M. Armstrong*
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
18th day of *May* 1891.



W. M. Ragsdale
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.

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

Form No. 2.

STATE OF GEORGIA, County of De Kalb

I, M. M. Ragdale, Ordinary in and for said County of De Kalb, State of Georgia, hereby certify that I am acquainted with Mrs. R. M. Armstrong 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, 1860, and has not lived out of the State since that date. That she is the widow of R. M. Armstrong 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 23d day of Jan, 1894.

[SEAL]

M. M. Ragdale

Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA,

County.

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

County in said State, do hereby appoint _____ of _____

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

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

Executed in the presence of us: _____

[L. S.]

DIRECTIONS.

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

<p align="center">WIDOWS' PENSION,</p> <p align="center">for year ending February 15th, 1894.</p> <p align="center">—PAID TO—</p> <p align="center"><u>R. M. Armstrong</u></p> <p align="center">—OF—</p> <p align="center"><u>De Kalb</u> COUNTY.</p>		<p align="center">1894.</p> <p align="center">No. <u>1078</u></p>	<p align="center"><u>Armstrong, R. M. Mrs.</u></p> <p align="center"><u>De Kalb County</u></p> <p align="center">FOR THREE MONTHS PAID.</p>
<p align="center">WARRANT ISSUED</p> <p align="center"><u>2/2</u></p> <p align="center">AND PAID TO</p> <p align="center"><u>Applicant</u></p> <p align="center">1894.</p> <p align="center">Geo. W. Blandford, State Printer, Atlanta.</p>			

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *De Kalb*

Personally comes Mrs.

H. M. Armstrong

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

De Kalb

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

continuously ever since.

1897 That she is the Widow of

B. H. Armstrong

who was a Soldier in Company

D of the *42d*Regiment of *Georgia*Volunteers, that he enlisted in said Regiment on or about the month of *Feb*

1863 and served in the Army up to

June

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.) (

*Died with small pox during
Siege at Vicksburg Miss. on the
4th day 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 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

23d day of *Jan* 1894.*Wm. W. Rogers* Ordinary.

Post-office

H. M. Armstrong
Wickwood Ga

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

Form No. 2.

STATE OF GEORGIA, County of *De Kalb*

I, *M. M. Rogers*, Ordinary in and for said County of *De Kalb*, State of Georgia, hereby certify that I am acquainted with Mrs. *R. M. Armstrong* the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of *W. M. Armstrong* 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 *10th* day of *Feb*, 1893.

Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I, *E. H. Armstrong* of

County, in said State, do hereby appoint

of *E. H. Armstrong* 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 *January*, 1893.

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by *me* at *me*, and oblige

Widow's Pension,
for year ending February 15th, 1893.
PAID TO—
M. M. Rogers
Ordinary,
County.
Warrant Issued
AND HANDLED TO
1893

1893.

Armstrong, R. M.
De Kalb
FOR THOSE HERETOFORE PAID.

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

Form No. 2.

STATE OF GEORGIA, County of *De Kalb*

I, *M. M. Rogers*, Ordinary in and for said County of *De Kalb*, State of Georgia, hereby certify that I am acquainted with Mrs. *R. M. Armstrong* the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of *W. M. Armstrong* 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 *January*, 1895.

Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I, *E. H. Armstrong* of

County in said State, do hereby appoint *E. H. Armstrong* of *E. H. Armstrong* 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 *January*, 1895.

[L. S.]

Executed in the presence of us:

J. W. Rogers
M. M. Rogers
DIRECTIONS.

Send amount by *me* at *me*, and oblige

WIDOW'S PENSION,
for year ending February 15th, 1895.
PAID TO—
M. M. Rogers
Ordinary,
County.
WARRANT ISSUED
AND HANDLED TO
1895.
Applicant
FOR THOSE HERETOFORE PAID.
1895.
No. 938
Armstrong, R. M.
De Kalb

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of De Kalb

Personally comes Mrs.

K. M. Armstrong

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

De Kalb

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

continuously ever since March 1864 That she is the Widow ofBenjamin S. Armstrong who was a Soldier in CompanyD of the 42nd Regiment of GeorgiaVolunteers, that he enlisted in said Regiment on or about the month of March1863, and served in the Army up to June 1864 That he lost hislife on the 11th day of June 1864 (State here

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

He had small pox and died in
a hospital at Vicksburg Miss
on the 11th 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 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

3rd day of Feb 1893.M. M. Ross Ordinary.

Post-office

K. M. Armstrong

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of De Kalb

Personally Comes Mrs.

K. M. Armstrong

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

De Kalb

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

continuously ever since all her life 1864 That she is the Widow ofB. S. Armstrong who was a Soldier in CompanyD of the 42nd Regiment of GeorgiaVolunteers, that he enlisted in said Regiment on or about the month of Feb1863 and served in the Army up to June 1864 That he lost hislife on the 11th day of June 1864 (State here

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

Had small pox and died
while in Vicksburg Miss
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, 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 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

11th day of Jan 1895.M. M. Ross Ordinary.Post-office EdgewoodK. M. Armstrong

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

Form No. 2.

STATE OF GEORGIA, County of *De Kalb*

I, *M. M. Rogers*, Ordinary in and for said County of *De Kalb*, State of Georgia, hereby certify that I am acquainted with Mrs. *R. M. Armstrong* 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 *B. H. Armstrong* 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 *30th* day of *Jan*, 1896.

M. M. Rogers, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

I, hereby authorize to receive and receipt for the pension paid hereon and request that he remit same to at

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

[L. S.]

Executed in the presence of

Armstrong, R. M.
De Kalb County
FOR THESE HERETOFORE PAID

1896.

No. 1713

WIDOW'S PENSION,
for year ending February 15th, 1896.

PAID TO
R. M. Armstrong

OF
De Kalb County.

WARRANT ISSUED
2/1/1896.

AND HANDLED TO
Chick

1896.

Geo. W. Harrison, State Printer.

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

Form No. 2.

STATE OF GEORGIA, County of *De Kalb*

I, *M. M. Rogers*, Ordinary in and for said County of *De Kalb*, State of Georgia, hereby certify that I am acquainted with Mrs. *R. M. Armstrong* 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 *B. H. Armstrong* 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 *18th* day of *Jan*, 1897.

M. M. Rogers, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

I, hereby authorize to receive and receipt for the pension paid hereon and request that he remit same to at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1897.

[L. S.]

Executed in the presence of

Armstrong, R. M.
De Kalb County
FOR THESE HERETOFORE PAID

1897.

No. 2184

WIDOW'S PENSION,
for year ending February 15th, 1897.

PAID TO
R. M. Armstrong

OF
De Kalb County.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
2/1/1897.

AND HANDLED TO
Chick

1897.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.

L. M. Armstrong

who being sworn, says on oath, that she is a bona fide resident of said county of *De Kalb* State of Georgia, and that she has RESIDED in said State continuously ever since *all her life* 18 *That she is the Widow of* *B. B. Armstrong* who was a Soldier in Company *D* of the *42d* Regiment of *Inf* Volunteers, that he enlisted in said regiment on or about the month of *Feb* 1863 and served in the Army up to *June* 1864 That he lost his life on the *4th* day of *June* 1864 (State here

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

Had small pox while in the siege at
Vicksburg and died of the disease
on date given

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 *De Kalb* County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

27th day of *Jan* 1896.*W. M. Republic* Ordinary.

Sworn to and subscribed before me, this

*L. M. Armstrong**W. M. Republic* Ordinary.

Post-office

Kirkwood

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.

L. M. Armstrong

who being sworn, says on oath, that she is a bona fide resident of said county of *De Kalb* State of Georgia, and that she has RESIDED in said State continuously ever since *May 24th* 1837 That she is the Widow of *B. B. Armstrong* who was a Soldier in Company *D* of the *42d* Regiment of *Georgia* Volunteers, that enlisted in said regiment on or about the month of *Feb* 1863 and served in the Army up to *June* 1864 That he lost his life on the *4th* day of *June* 1864 (State here

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

He had small pox while in service
and died at Vicksburg, Miss.
on June 4th 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 *De Kalb* 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

10th day of *Jan* 1897.*W. M. Republic* Ordinary.

Post-office

Sworn to and subscribed before me, this

*L. M. Armstrong**W. M. Republic* Ordinary.

Post-office

Kirkwood

POWER OF ATTORNEY.

State of Georgia, DeKalb County.
 I, Mrs. N. M. Armstrong hereby authorize E. H. Armstrong
 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 17th
 day of Jan 1898. His
N. M. Armstrong [L. S.]

Executed in the presence of

Laurence A. Brooks
Wm. C. C. C.

Armstrong N. M. Mrs.
DeKalb County

For Those Heretofore Paid.

1898.

NO. 2571

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO
Mrs. N. M. Armstrong

OF
DeKalb

County,
 Widow of B. F. Armstrong

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

211

AND HANDED TO

E. H. Armstrong
 GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

State of Georgia, _____ County. }
 I, _____ hereby authorize _____
 of _____
 to receive and receipt for the pension paid hereon and request that he remit same to
 at _____
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
 day of _____ 1899.

[L. S.]

Executed in presence of

Armstrong N. M. Mrs.
DeKalb Co

For Those Heretofore Paid.

1899.

NO. 2564

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mrs. N. M. Armstrong

County
DeKalb

Widow of B. F. Armstrong

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

211

AND HANDED TO

at

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

R. M. Armstrong

De Kalb 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 *March 24* 18 *37* That she is the Widow of
B. M. Armstrong who was a Soldier in Company
D of the *42d* Regiment of *Ga*
 Volunteers, that he enlisted in said regiment on or about the month of *Feb*
1863 and served in the Army up to *June* 186 *4* That he lost his
 life on the *June* day of *June* 18 *64* (State here

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

Died at Vicksburg of Smallpox
on June 24th 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 1862.

I have been allowed a pension as a resident of *De Kalb* 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 *Jan* 1898. *R. M. Armstrong*
W. M. Ragsdale, Ordinary. Post-Office *mark*

State of Georgia,

County of *De Kalb*I *W. M. Ragsdale*

Ordinary of said County, certify that I am well acquainted
 with Mrs. *R. M. Armstrong* 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 *24* day of *May* 18 *37*.

Given under my official signature and seal this the *17th* day of *Jan* 1898.

Official Seal.

Ordinary of *De Kalb* County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

R. M. Armstrong

De Kalb 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 *May 24* 18 *37* That she is the Widow of
B. M. Armstrong who was a soldier in Company
D of the *42d* Regiment of *Ga*
 Volunteers, that he enlisted in said regiment on or about the month of *Feb*
1863 and served in the Army up to *June* 186 *4* That he lost his
 life on the *June* day of *June* 18 *64* (State here

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

Died of Smallpox while in the
Siege of Vicksburg Miss.

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 1862.

I have been allowed a pension as a resident of *De Kalb* 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 *17th* day of *Jan* 1899. *R. M. Armstrong*
W. M. Ragsdale, Ordinary. Post-Office *mark*

State of Georgia,

County of *De Kalb*I *W. M. Ragsdale*

Ordinary of said County, certify that I am well acquainted
 with Mrs. *R. M. Armstrong* 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 *24* day of *May* 18 *37*.

Given under my official signature and seal this the *17th* day of *Jan* 1899.

Official Seal.

Ordinary of *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____ of _____ to receive and receipt for the pension paid hereon and request that he remit same to _____ at _____

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

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, Mrs. K. M. Armstrong hereby authorize Dr. P. P. Nisher of De Kalb 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 19 day of Jan 1901.

Executed in presence of

M. M. Pagsdace
Ordinary,

her
K. M. Armstrong [L. S.]
mark

Armstrong, K. M. Mrs.
De Kalb County
To Those Heretofore Paid.

1900.

NO. 982

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. K. M. Armstrong
OF
De Kalb
County,
Widow of P. P. Nisher

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

24 14 1900,

AND HANDED TO

W. H.

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

Armstrong, K. M. Mrs.
De Kalb Co

To Those Heretofore Paid.

1901.

No. 345

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. K. M. Armstrong
OF
De Kalb
County,
Widow of P. P. Armstrong

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

27 21 1901,

AND HANDED TO

W. H.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of De Kalb

Personally Comes Mrs.

Mrs. B. C. Armstrong

who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since May 24th 1837. That she is the Widow of B. C. Armstrong who was a soldier in Company D of the 42d 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 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)

Had small pox while in service and died at Vicksburg

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 1862.

I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this 10th day of Jan 1900. T. M. Armstrong Post Office mark Ordinary.

State of Georgia,

County of De Kalb

Ordinary of said County, certify that I am well acquainted

with Mrs. B. C. Armstrong, 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 24 day of May 1837.

Given under my official signature and seal, this the 15 day of Dec 1900.

Official Seal.

Ordinary of De Kalb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of De Kalb

Personally Comes Mrs.

Mrs. B. C. Armstrong

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since May 24th 1837. That she is the Widow of B. C. Armstrong who was a soldier in Company D of the 42d 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 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)

Had small pox while in service and died at Vicksburg

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 1862.

I have been allowed a pension as a resident of De Kalb 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 10th day of Jan 1901. T. M. Armstrong Post Office mark Ordinary.

State of Georgia,

County of De Kalb

Ordinary of said County, certify that I am well acquainted

with Mrs. B. C. Armstrong, 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 24 day of May 1837.

Given under my official signature and seal, this the 11 day of Jan 1901.

Official Seal.

Ordinary of De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____, hereby authorize

of _____

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

at _____

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

day of _____ 1902.

[L. S.]

Executed in presence of _____

Armstrong, Mrs. H. M.
de Nath
To Those Heretofore Paid

1902.

No. 370

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. H. M. Armstrong

OF

de Nath County,

Widow of *H. M. Armstrong*

Co. D Regiment # 2

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDS TO

Only

JOHN W. LINDSEY, State Printer, Albany, Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

PERSONALLY COMES MRS.

R. M. Armstrong

who, being sworn, says on oath, that she is a bona fide resident of said County of *De Kalb* State of Georgia, and that she has resided in said State continuously ever since *May 24* 1837.

R. M. Armstrong

That she is the Widow of

D of the *42d*Regiment of *84*

Volunteers, that he enlisted in said regiment on or about the month of *June* 1863, and served in the Army up to *June* 1864. That he lost his life on the *June* day of 1864 (State here

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

Died while in Service with small pox at Vicksburg Miss

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 1862.

I have been paid a pension as a resident of *De Kalb* 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 *15* day of *Jan* 1902. *R. M. X. Armstrong* mark
W. W. Ragsdale Ordinary. Post-Office

State of Georgia,

De Kalb County,*W. W. Ragsdale*

Ordinary of said County, certify that I am well acquainted with Mrs. *R. M. Armstrong*, 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 *24*

day of *May* 18 *37*

Given under my official signature and seal, this the *15* day of *Jan* 1902.

Official Seal

Ordinary of *De Kalb* County.

NOTE.— All blank spaces must be filled.

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

[Seal]

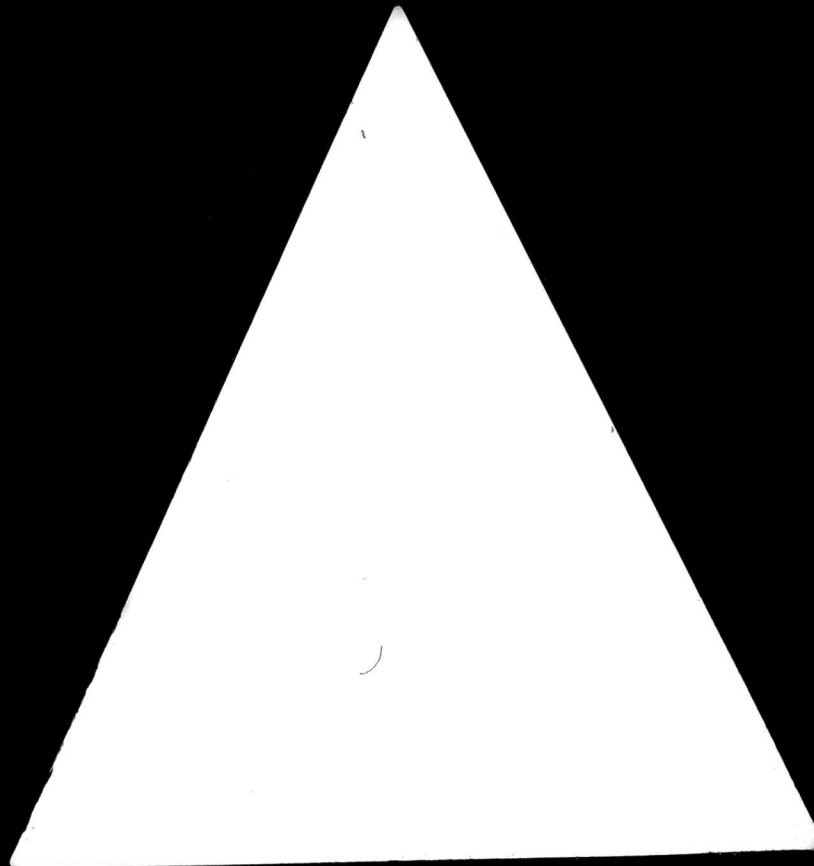
Ordinary of

De Rade

County.

NOTE.—All blank spaces must be filled.

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



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, _____, hereby authorize

_____ of _____

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

at _____ by _____ day of _____ 190 _____

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

Executed in presence of _____ [L. S.]

*Arnold, W. S.
DeKalb Co.*

No. _____

1908

INDIGENT PENSION.

1908

Name *W. S. Arnold*

County *DeKalb*

Co. *B 4 2 4* 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.

9/29/08

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of

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

at

by

Witness my hand and seal, this

day of

190

[L. S.]

Executed in presence of

No. 1929

INDIGENT PENSION.

1908

Name W. T. Arnold

County Dekalb

Co. B 4 2 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.

Printed and Published by Geo. W. Harrison, Jr.,

9/12/1908

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY.

Dekalb of said State and County, desiring to avail himself of the Pension Act (Section 1864, Code), hereby submits his proof, 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.)

W. T. Arnold, Dekalb Co. Ga Decatur Ga

2. How long and since when have you been a resident of this State?

70 years July 25 1840

3. When and where were you born?

July 25 1840 Guinnett

4. When and where and in what company and regiment did you enlist or serve?

March 1862 Company B - 42 Ga Regiment

5. How long did you remain in such company and regiment?

until close of war or 3 years

6. When and where was your company and regiment surrendered and discharged?

April 1865 Bentonville Ark

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?

it was present

9. How much can you earn (gross) per annum by your own exertions or labor?

about \$25.00

10. What has been your occupation since 1865?

Farming

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"?

Age & 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?

Compelled during the war & kidney trouble and Polio

13. What property, real and personal, or income, do you possess, and its gross value?

nothing

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?

Nothing had worn to dispose of

15. In what County did you reside during those years, and what property did you then return for taxation?

Dekalb nothing

16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905?

by what little I could do & 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?

about \$25.00

18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year?

trying to farm received no pay on half S. work

19. Have you a family? If so, who composes such family? Give their means of support. Have they a home-stand, or other property? Their ages and how employed?

I have a wife 66 years old

20. Are you receiving any pension? If so, what amount and for what disability?

I am not

21. Have you ever made an application for pension before?

I have

22. How many applications have you ever made and under what class?

one Indigent

Sworn to and subscribed before me this

day of August 1908

James R. George Ordinary

of Dekalb County.

W. T. Arnold Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Dekalb COUNTY.

W.S. Lanier of said State and County, having been presented as a witness in support of the application of W.D. Arnold for pension under section 1254, Code, and after being duly sworn true answers to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? W.S. Lanier
Dekalb County
2. Are you acquainted with W.D. Arnold, the applicant; if so how long have you known him? 60 years
3. Where does he reside, and how long and since when has he been a resident of this State?
Dekalb County, Ga 70 years
4. When, where and in what company and regiment did he enlist, and how do you know?
March 62 B. 42 La Regiment
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? 3 years
7. When and where was he rendered? April 1865
Bentonville, NC
8. Were you present when it surrendered? I was
9. Was applicant present? He was
10. If he was not present, where was he? He was present

When did he leave his command? April 1865 For what cause? war closed
By what authority he left? War was over How do you know all of this?
I was present. I know it of my own knowledge

11. What property, effects or income has the applicant? (Give your means of knowledge)
None I am his neighbor of my own knowledge
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? Nothing
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
he has not had none to convey

14. What is the applicant's occupation and physical condition?
he has no occupation his physical condition is very feeble not able to make a living
15. Is he unable to support himself by labor of any sort? If so, why?
he is on account of his physical condition
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905 by what title?
he could do mostly by his children
17. What portion of his support for these four years was derived from his own labor or income?
about \$20.00

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code.
his physical condition is very feeble he is not able to make a living at any
19. Who compose family? What property have they? Children's ages and their earning capacity?
he has a wife

20. What interest have you in the recovery of a pension by this applicant? None
Sworn to and subscribed before me, this the 11 day of August 1908
James R. George Ordinary. W.S. Lanier Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Dekalb COUNTY.

Personally came before me W.D. Houston Jr and James 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.D. Arnold

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

Paralytic & chronic rheumatism contraction during war. In severe maximum condition of whole system held age 70 yrs. All of which renders him unable to make a living at any time of labor.

and that we have no interest in said pension being allowed.
Sworn to and subscribed before me, this the 11 day of August 1908
James R. George Ordinary. W.D. Houston M.D. James M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Dekalb COUNTY.

I, James R. George Ordinary, in and for said County, hereby certify that the applicant W.D. Arnold resides in said County, and has been a bona fide resident of this State since the all his life and that the witnesses, viz: W.S. Lanier

are of trustworthy character, and that their statements are entitled to full faith and credit.

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

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

In my opinion the foregoing claim is _____ made in good faith.
Witness my hand and seal of office, this 11 day of Sept 1908
James R. George Ordinary.
of Dekalb 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.

I know W.S. Lanier to be a man of good character and his statements are worthy of full faith & credit

James R. George

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

INDIGENT PENSION.

1909

Name J. L. Hays
County Dickens
in the Legislature

190

Approved

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., Sec. W. Harrison, Mgr.

730-09

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY.

I, J. L. Hays 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.)
J. L. Hays, Lithonia Ga, Dick. Co.
2. How long and since when have you been a resident of this State?
11 yrs. 12 March 1898
3. When and where were you born?
March 17, 1838, Dick. Co.
4. When and where and in what company and regiment did you enlist or serve?
August 1861, 1st Regt. Ga. Inf., 1st Div., 1st Corps, U.S. Army
5. How long did you remain in such company and regiment?
from August 1861 to April 1865
6. When and where was your company and regiment surrendered and discharged?
April 9, 1865, Appomattox, Va.
7. Were you present with your company and regiment when it was surrendered?
I was
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
I was present
9. How much can you earn (gross) per annum by your own exertions or labor?
nothing
10. What has been your occupation since 1865?
nothing
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"?
Infirmary and poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
State that I am blind and that I lost my sight in 1865
13. What property, real and personal, or income, do you possess, and its gross value?
nothing
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?
nothing
15. In what County did you reside during those years, and what property did you then return for taxation?
Dick. Co. nothing
16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905?
nothing
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?
nothing
18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year?
nothing
19. Have you a family? If so, who composes such family? Give their means of support. Have they a home, or other property? Their ages and how employed?
I have a wife, 67 yrs. old, and a daughter, 20 yrs. old, both of whom are small, and I have a small farm of 8 acres of land.
20. Are you receiving any pension? If so, what amount and for what disability?
I am not
21. Have you ever made an application for pension before?
Have not
22. How many applications have you ever made and under what class?
none

Sworn to and subscribed before me this _____

_____ day of _____ 190 _____

Ordinary.

County.

Applicant.

Every Question MUST Be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

DeKalb COUNTY.

J. L. Robertson of said State and County, having been presented as a witness in support of the application of J. L. Argo for pension under section 1254, Code, and after being duly sworn true answers to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J. L. Robertson, DeKalb Co Ga

2. Are you acquainted with J. L. Argo the applicant? If so how long have you known him? I have known him his life

3. Where does he reside, and how long and since when has he been a resident of this State? DeKalb Co Ga

4. When, where and in what company and regiment did he enlist, and how do you know? August 1861. Captain G. Company 8 - 10th Regt

5. Were you a member of the same company and regiment? I was

6. How long did he perform regular military duty? till close of war or 4 years

7. When and where was his command surrendered? April 1865. Appomattox, Va

8. Were you present when it surrendered? I was

9. Was applicant present? No

10. If he was not present, where was he? Present

When did he leave his command? April 1865 For what cause? War over

By what authority he left? See above How do you know all of this? I also present and know it from

11. What property, effects or income has the applicant? (Give your means of knowledge.) nothing

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? nothing

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Had none to convey

14. What is the applicant's occupation and physical condition? that none he tries to procure

15. Is the applicant unable to support himself by labor of any sort; if so, why? Yes in an

account of his physical condition his physical condition is such

16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? what little he could do & by his son

17. What portion of his support for those four years was derived from his own labor or income? nothing

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. has Rheumatism his physical condition is such

19. Who composes family? What property have they? Children's ages and their earning capacity? nothing

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 Sept 1907 J. L. Robertson Witness.

James R. George Ordinary. J. L. Robertson

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

DeKalb COUNTY.

Personally came before me M. Noble M.D. and

Joe A. Farmer M.D., both known to me as reputable physicians

of said County, who, being severally sworn, say on oath that they have examined carefully

Joseph Smith, applicant for pension under Section 1254, Code, and after

such personal examination say that his precise physical condition is as follows:

He is a confirmed suffer from Rheumatism

that has for several years, also he has

a weakness in his spine on a sort of

accident in a runaway which rendered

him unable to walk a long way and he is

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

Sworn to and subscribed before me, this the 25 day of Sept 1907 Joe A. Farmer M.D. Ordinary.

James R. George Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb COUNTY.

I, James R. George Ordinary, in and for said County, hereby certify

that the applicant J. L. Argo resides in said County, and has

been a bona fide resident of this State since the all his life 189

and that the witnesses, viz: J. L. Robertson and Joe A. Farmer

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 DeKalb County shows that applicant

returned for taxation in his name in 1901 475.00 Dollars of

property, and in 1902 475.00 Dollars of property; in 1903

600 Dollars of property; in 1904

875 Dollars of property; in 1905

1225.00 Dollars of property.

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

Witness my hand and seal of office this 25 day of Sept 1907

James R. George Ordinary.

of DeKalb 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.

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 *Sept* 190*7*

Ordinary.

G. L. Robertson
J. I. Nathan

Witness.

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.

CLERK OF THE COURT
D. P. PHILIPS,
LITHONIA, GA.

Georgia
DeKalb County

LITHONIA, GA.

Personally appeared before me J. L. Argo
who on oath says that he is not the owner of
any real estate wherever situated and that the land
returned in the real estate tax has been re-
turned to him for taxation as his property
but that the real estate which he owns and
returns for taxation, is in his name,

James R. George
before me, Sept 25th 1907

J. L. Argo

D. P. Philips
Ordinary
James R. George

Georgia
DeKalb Co } *Personally appeared*
before me J. L. Argo
who on oath

Says that they know J. L. Argo
and know of their own knowledge
that he does not own any Real
Estate nor never did and
the taxes he has been returning
in his name is his wife's
Property and not the Property
of J. L. Argo as the Deeds
are in her name

Sworn to and Subscribed
before me Sept 25th 1907

James R. George } *J. L. Argo*
Ordinary } *A. F. George*

NAME Arnold, W. T.

YEAR 1909 COUNTY Dekalb

WHEN AND WHERE BORN? July 9th 1840, Gwinnett County, Georgia.

ENLISTED WHEN AND WHERE? March 1862, does not state where.

RANK.

COMPANY AND REGIMENT? Co. B, 42nd Georgia Regiment.

NAMES OF CAPTAIN AND COLONEL?

WOUNDS? Rheumatism contracted during the war, also palsy.

CAPTAIN, WHEN AND WHERE?

RECEIVED.

WHEN AND WHERE LEAVE? Command: April, 1865, Bentonville, N.C.

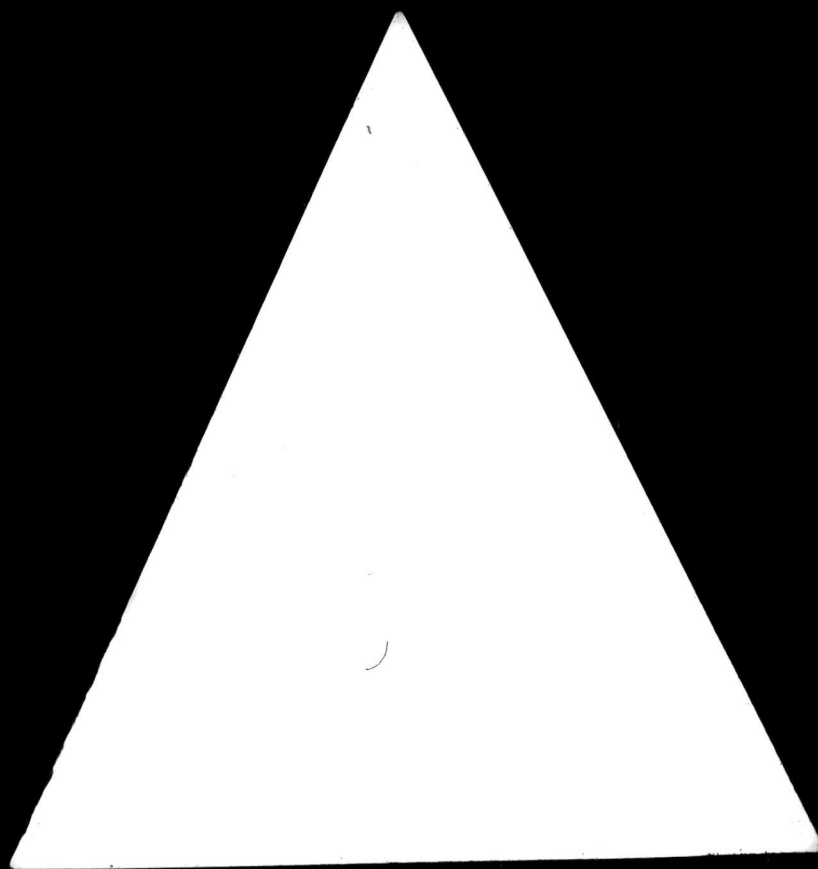
IF NOT FORBIDDEN BY CHIEF, WHERE WOULD YOU?

DEED, WHEN AND WHERE?

REPLIED,

WITH MEET. W. S. Lanier - Same Command.

No data.



Ordinary's Certificate

STATE OF GEORGIA

De Kalb COUNTY

I, James B. George Ordinary of said County, certify that I know the applicant, Robert J. Ashford, for pension is the person he represents himself to be and resides in said county. That I also know Wm. A. Williams, the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavits 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 29 day of Oct 1917
of De Kalb County, Ordinary
(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses to the following words: "You do solemnly swear that you will give true and correct answers to all 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. If affidavits are attached, the Ordinary of the county in which the applicant or witness resides and must be certified by each Ordinary.

Ashford, Robert J.
De Kalb Co. Ga

No. 614 Jan 1920

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County De Kalb
Name Robert J. Ashford
Company 4th Cavalry Battalion
Regiment Cobb's Battalion

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919

Ordinary's Certificate

STATE OF GEORGIA

DeKalb COUNTY.

I, James R. George Ordinary of said County, certify that I know the applicant Robert J. Ashford for pension is the person he represents himself to be and resides in said county. That I also know Wm. R. Ashford 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 29 day of Oct 1919

James R. George Ordinary
of DeKalb 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.

Application for Soldier's Pension Under Act 1910 Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA,

DeKalb COUNTY.

Robert J. Ashford 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) R. J. Ashford, Chambliss, DeKalb County, Georgia (R.F.D.)
2. How long and since when have you been a continuous resident citizen of this State? All my life except 24 years in Tennessee, returned to Georgia 18 years since.
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Yes
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Frezier's Battery, Cabell's Battalion, Artillery, in 1864.
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) About one year, Discharged in April, 1865.
6. When and where was your Company and Regiment surrendered or discharged from the Service? Near Petersburg, Virginia, in 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? Near Petersburg, Virginia
- b. When did you leave the command? April, 1865
- c. For what cause did you leave? Lee's surrender
- d. By whose authority did you leave? Captain Morgan Callaway
- e. For how long was your leave granted? In what way?
- f. Why did you not return to your command after leave expired? War was ended
- 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

Sworn to and subscribed before me, this the

29 day of October 1919

James R. George Ordinary
of DeKalb County.
(SEAL)

Ashford, Robert J.
DeKalb Co. Ga

No. Jan 1920

Confederate

Soldier's Application

Under Act 1910 - As Amended by Act of 1919.

DeKalb County

Name Robert J. Ashford

Company Frezier's Battery

Regiment Cabell's Battalion

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Ward Printing Co. State Printer, Atlanta.

10-30-1919

Questions for Witness as to Service

STATE OF GEORGIA,

DeKalb COUNTY,

W. T. Ashford of said State and County is hereby presented as a witness in support of the application of Robert J. Ashford 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? W. T. Ashford, Chambliss, DeKalb, Ga. County, Georgia (U.S. House), address 403 Grant Building, Atlanta Ga.
2. How long and since when have you known Robert J. Ashford the applicant? All his life
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? Chambliss, DeKalb County, Georgia since 1901. He is my brother.
4. When, where and in what Company and Regiment did Robert J. Ashford enlist during war from 1861 to 1865? (Give date and place.) In 1864, in Atlanta, Georgia, Trazier's Battery, Abell's Battalion of Artillery
How did you obtain your information of this Service? He served in the same Battalion with me in Virginia
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) About one year 1864 to 1865
7. When and where was his command surrendered or discharged (give date and place) In April, 1865 near Petersburg, Virginia
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? In April, 1865 Where was his command when he left it? Near Petersburg For what cause did he leave? By whose authority did he leave? Of his Captain 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. Was present and surrendered with him
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

29th day of October, 1919.

James R. Clark Ordinary
DeKalb County.

(SEAL)

NAME Ashford, Robert J.

YEAR 1920 COUNTY DeKalb.

WHERE AND WHEN BORN?

A resident of Georgia all my life except
24 years spent in Tennessee. Returned to
Georgia 18 years since.
1864, Atlanta, Ga.

ENLISTED WHEN AND WHERE?

NAME

COMPANY AND REGIMENT?

Frazier's Battery, Cabell's Battn. Art.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED WHEN AND WHERE?

RELEASED

WHEN AND WHERE SURRENDERED? Near Petersburg, Virginia in April, 1865.

IF NOT PRESENT AT SURRENDER, STATE WHERE YOU?

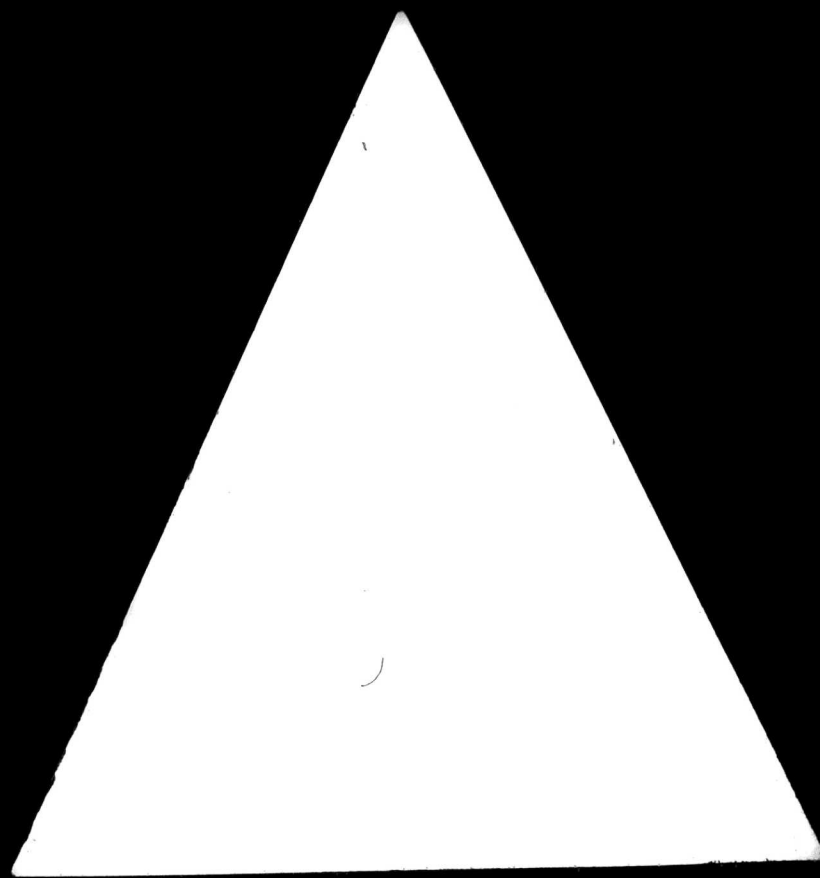
DIED WHEN AND WHERE?

BURIED,

WITNESSES:

W. T. Ashford - same battalion - - - No data.

SE.



Ordinary's Certificate

STATE OF GEORGIA

DeKalb COUNTY

I, *James D. Stewart* Ordinary of said County, certify that I know the applicant *William T. Ashford* for pension is the person he represents himself to be and resides in said county. That I also know *William T. Ashford* 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.

Spun under my hand and official seal of office this *29* day of *Oct* 19*15*
James D. Stewart Ordinary
of *DeKalb* 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 are the person named in the foregoing questions and that the answers you give shall be the whole truth. So help you God."
2. All affidavits made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Ashford, William T.
DeKalb Co

No. *Jan 1920*

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1910.

County *DeKalb*
Name *William T. Ashford*
Company *9th Artillery*
Regiment *Artillery*
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.
Byrd Printing Co., State Printers, Atlanta.

20-419

Ordinary's Certificate

STATE OF GEORGIA.

DeKalb COUNTY.

I, James R. George Ordinary of said County, certify that I know the applicant Wm. T. Ashford for pension in the person he represents himself to be and resides in said county. That I also know Robert J. Ashford 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 29 day of Oct 1919

James R. George Ordinary
of DeKalb 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.

Application for Soldier's Pension Under Act 1910 Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA.

DeKalb COUNTY.

William T. Ashford 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)
W. T. Ashford, Chamblase, DeKalb County, Georgia, R.F.D.
(Usually get my mail at 802 Grant Building Atlanta, Ga.)
2. How long and since when have you been a continuous resident citizen of this State?
All my life
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865?
Yes
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
Tamp. Artillery, Athens, Georgia. Artillery Service
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge)
1 1/2 years. Discharged April, 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service?
Near Petersburg, Virginia
7. Were you actually present with your command when it was surrendered or discharged?
Yes
8. If you were not actually present, state specifically and clearly where you were.
- a. Where was your command when you left it?
Near Petersburg, Virginia
- b. When did you leave the command?
April, 1865
- c. For what cause did you leave?
Lee's surrender
- d. By whose authority did you leave?
Captain H. H. Carlton
- e. For how long was your leave granted? In what way?
- f. Why did you not return to your command after leave expired?
War was ended
- 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

Sworn to and subscribed before me, this the

29 day of October 1919

James R. George Ordinary
DeKalb County.

(SEAL)

Confederate

Soldier's Application

Under Act 1910—As Amended by Act of 1919.

DeKalb County

Name William T. Ashford

Company Tamp. Artillery

Regiment Artillery

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Bird Printing Co., State Printing, Atlanta.

1-20-1919

Questions for Witness as to Service

STATE OF GEORGIA,

DeKalb COUNTY.

.....R. J. Ashford..... of said State and County is hereby presented as a witness in support of the application of.....William T. Ashford..... 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. J. Ashford, Chamblee, DeKalb County Georgia (B.F.D.).....

2. How long and since when have you knownSince 1848..... the applicant?

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know?All his life. He is my brother. He resides near Chamblee, DeKalb County, Georgia.....

4. When, where and in what Company and Regiment didW. T. Ashford..... enlist during war from 1861 to 1865? (Give date and place.)In 1861, at Athens Georgia, in Troup Artillery.....

5. How did you obtain your information of this Service?Was with or near him in the Army, in same Battalion, Schell's.....

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date)From 1863 to 1865.....

7. When and where was his command surrendered or discharged (give date and place)Near Petersburg, Virginia in 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?In April, 1865..... Where was his command when he left it?in Virginia..... For what cause did he leave?

.....By whose authority did he leave?that of his Captain..... 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.Was present in the same command and surrendered with him.....

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 24th day of October, 1919, of James R. George, Ordinary of DeKalb County.

(SEAL)

NAME Ashford, William T. YEAR 1920 COUNTY DeKalb.

WHERE AND WHERE BORN? A resident of Georgia all my life.

ENLISTED WHEN AND WHERE? 1863, Athens, Georgia

RANK.

COMPANY AND REGIMENT? Troup's Artillery, Cabell's Battalion

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED?

WHEN AND WHERE SURRENDERED? Near Petersburg, Virginia, April, 1865.

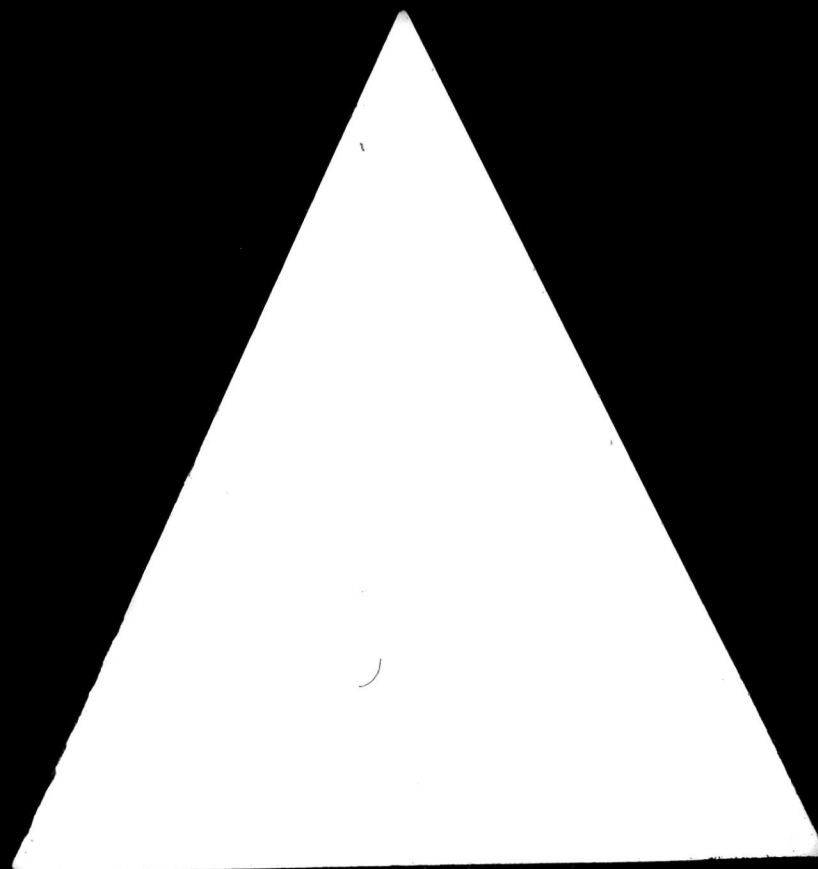
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. R. J. Ashford - same battalion - - - -No data.

SE.



Ordinary's Certificate

STATE OF GEORGIA,

De Kalb

COUNTY

I, James F. George Ordinary of said County, do certify that I know Mrs. Ida L. Asker 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 the 23rd day of Decr 1912.
(SEAL) James F. George Ordinary,
De Kalb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You shall give all the facts and circumstances in your power 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 residence of the person to be sworn and certified by such Ordinary.
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 De Kalb
Name Mrs. Ida L. Asker
Widow of John Asker
Company H
Regiment 16 Ga
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

116 Records

Asker, Ida L. 1920
De Kalb
County No. 116-100

116-100

Ordinary's Certificate

STATE OF GEORGIA,

De Kalb COUNTY.

I, James R. George, Ordinary of said County, do certify that I know Mrs. Ida L. Askew, 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 23rd day of October, 1919.

(SEAL)

James R. George, Ordinary,
De Kalb 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 De Kalb
Name Mrs. Ida L. Askew
Widow of John Askew
Company 16 Ga Regt
Regiment 16 Ga Regt
Approved 11/1/1919

J. W. LINDSEY,
Commissioner of Pensions,
Byrd Printing Co. State Printer, Atlanta.

Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,

De Kalb COUNTY.

Personally before me comes Mrs. Ida L. Askew 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:

- What is your name, and where do you reside? Mrs. Ida L. Askew
- How long and since when have you been a continuing resident of the State of Georgia? 67 years all my life
- When, where and to whom were you married? Nov 4th 1895 - Herman G. Askew
- Have you married since the death of first and soldier husband? None
- 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.) 16 Ga Regiment
- When and where did the commands of your husband surrender or discharge from the army? 1865 - Appomattox Va
- Was your husband personally present at the time of the surrender or discharge of this command? I understand he was
- If he was not present state clearly where he was? Present
- Where was his command when he left? Surrender
- For what cause did he leave his command?
- By whose authority did he leave his command?
- For how long was he granted leave of absence?
- What was his physical condition when he left his command?
- What effort did he make to return to his command?
- In what way was he prevented from going back to Command? Surrender
- Was he captured by the enemy at any time? Was not
- If so, when and where captured and where held as a prisoner, and when and for what cause released?
- When and where did your first husband die? Sept 9th 1907 Atlanta
- Were you residing together when he died? We was
- If not, how long had you resided apart?
- Are you now a widow? I am
- Have you or your husband heretofore been paid a pension by the State? None

If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me this the 23 day of October, 1919.
James R. George, Ordinary,
De Kalb County.

(SEAL)

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

Coweta

COUNTY.

Personally before me comes A. H. Arnold, 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?
My name is A. H. Arnold, residing at Newnan, Coweta County, Georgia.
2. How long and since when have you known Mrs. Ida L. Askew applicant?
I have known the applicant, Mrs. Ida L. Askew for more than forty years.
3. How long and since when has she continuously resided in this State? (Give date.)
She has lived in Georgia since I knew her, continuously.
4. When and to whom was she married? Nov. 1874, John Askew. How do you know? Know both well
5. How long and since when did you know John Askew her husband?
I have known him all his life up to his death.
6. When and where did John Askew the husband of applicant, die?
John Askew died in Atlanta, Ga. in Sept. 1907.
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?
No
9. When, where and in what Company and Regiment did John Askew enlist?
He enlisted in June 1864, at Newnan, Ga., in Co. "F" 10th Ga. Inf. Cav. Partisan
10. Were you a member of the same Company?
I was a member of the same Co. and Reg. Rangers
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment?
For 9 months or more, and until the surrender. Our command was at Christiansburg
12. When and where did his Command surrender, and was discharged?
April 9th, 1865, at Appomattox C.H. Va. Surrendered.
13. Were you personally present when it was surrendered?
I was present. If not, where were you
and how came you there?
14. Was the husband of applicant personally present at surrender?
He was present. If not where was he?
Was present. 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?
Enlisted at the same time with him in the same Co. and Reg. served with him to the close surrendered with him.
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the

21st day of October, 1919. 1919

A. H. Arnold Ordinary

of Coweta County

(SEAL)

I certify that A. H. Arnold is a citizen of Coweta County, Georgia, and his statements are worthy of belief.
Given under my hand & seal, this Oct. 31st, 1919.
A. H. Arnold, Ordinary

Sworn to and subscribed before me this the

31st day of October, 1919. 1919

L.A. Perdus Ordinary

of Coweta County

(SEAL)

I certify that *A. H. Arnold* is a citizen of Coweta County, Georgia, and his statements are worthy of belief. This Oct 31 - 1919
L.A. Perdus, Ordinary

State of Georgia, Coweta County. To any Minister of the Gospel, Judge or Justice of the Peace, You are hereby authorized and permitted to join in the Honorable State of Matrimony Jno. Askew and Ida C. Lundie provided there be no lawful cause to obstruct the same, according to the Constitution and Laws of this State, and for so doing this shall be your sufficient License.

Given under my hand and seal This 4th day of Nov. 1875.

J.P. Brewster, Ordinary, (L.S)

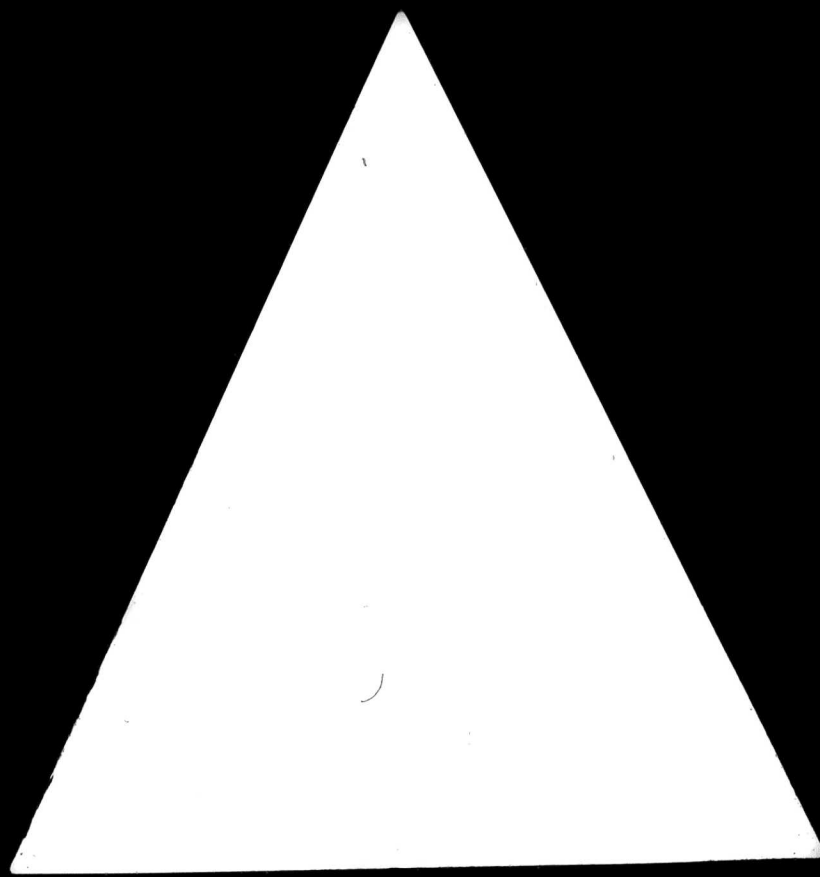
I hereby Certify that Jno. Askew and Ida C. Lundie were joined together in the Holy Bonds of Matrimony on the 4th day of Novr. 1875, by me.

James Stacy, M.G.

Georgia, Coweta County, I, L.A. Perdus, Ordinary in and for said County, do hereby Certify that the above and foregoing is a true, full and complete Copy of the Marriage License of Jno. Askew and Ida C. Lundie, as the same appears of record in the office of the Ordinary of said County.

Given under my hand and seal This October 31st, 1919.

L.A. Perdus
Ordinary and Ex. Off. Clk. C.O.C.C.Ga.,



Ordinary's Certificate

STATE OF GEORGIA

DeKalb

COUNTY

I, *James R. George*, Ordinary of said County, do certify that I know *Mrs. Mary A. DeKalb* 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 *William A. DeKalb* the witnesses 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, honest, worthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this *13* day of *Oct* 19*09*
(SEAL) *James R. George* Ordinary, *DeKalb* 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 give to each of the questions asked you and the evidence you shall give will be the truth. So help you God." 2. Only witnesses who are married persons may be attached if blank spaces are insufficient. 3. Only widows who are married persons may be attached if blank spaces are insufficient. 4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him. 5. Attached copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.

No. *10-17-1919*

Widow's Pension

Under Act 1910 as amended by Act of 1919.

County *DeKalb*

Name *Mrs. Mary A. DeKalb*

Widow of *E. DeKalb*

Company *A*

Regiment *12 Ga*

Approved _____

J. W. LINDSEY,
Commissioner of Pensions

Byrd Printing Co., State Printers, Atlanta.

Ordinary's Certificate

STATE OF GEORGIA

DeKalb COUNTY }

I, James R. George Ordinary of said County, do certify that I know Mrs. Mary A. Asken 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 Arthur A. Asken 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 13 day of Oct 1919
(SEAL) James R. George Ordinary,
DeKalb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Affidavits and affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1861, 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 1910-34 Amended by Act of 1919.

No.

County DeKalb
Name Mrs. Mary A. Asken
Widow of E. Asken
Company A
Regiment 12 Ga
Approved _____

J. W. LINDSEY,
Commissioner of Pensions

Burd 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,

DeKalb COUNTY }

Personally before me comes Mrs. Mary A. Asken 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. Mary A. Asken
2. How long and since when have you been a continuing resident of the State of Georgia? 70 years all my life
3. When, where and to whom were you married? October 27, 1872, Jackson, Ga
4. Have you married since the death of first and soldier husband? Have not
5. 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) 1863 = 12 Ga Infantry - A at Athens, Clarke County Ga
6. When and where did the commands of your husband surrender or discharge from the army? April 1865 Atlanta Ga - Surrendered
7. Was your husband personally present at the time of the surrender or discharge of this command? I understand he was
8. If he was not present state clearly where he was? Present
9. Where was his command when he left? Surrendered to the enemy
10. For what cause did he leave his command? _____
11. By whose authority did he leave his command? _____
12. For how long was he granted leave of absence? _____
13. What was his physical condition when he left his command? _____
14. What effort did he make to return to his command? _____
15. In what way was he prevented from going back to Command? Surrendered
16. Was he captured by the enemy at any time? _____
17. If so, when and where captured and where held as a prisoner, and when and for what cause released? Was not
18. When and where did your first husband die? August 23, 1917, Clarkston Ga
19. Were you residing together when he died? Were not
20. If not, how long had you resided apart? _____
21. Are you now a widow? I am
22. Have you or your husband heretofore been paid a pension by the State? Have not

If so, when and for what cause were you or your husband placed on the roll? _____

Sworn to and subscribed before me this the

2 day of Sept 1919
James R. George Ordinary,
DeKalb County.

(SEAL)

STATE OF GEORGIA

CLARK COUNTY,

I, R. C. Orr, Ordinary of said County, certify that I know R. H. Culp the witness swearing to the service of E. Askew deceased husband of Mrs. Mary A Askew who is an applicant for pension herewith. That witness is a resident of said County of Clarke and was duly sworn by me, before making answers that he is truthful and trustworthy and his statements are entitled to full faith and credit.

Sworn under my hand and official seal this 22nd day of September, 1919.

R. C. Orr
Ordinary, Clarke County, Ga.

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

Clarke COUNTY.

Personally before me come *R. H. Culp* 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? *R. H. Culp, Athens, Ga. B2 8 #3*
2. How long and since when have you known *E. Askew* applicant? *for over 20 years. Since 1889.*
3. How long and since when has he continuously resided in this State? (Give date.) *Since 1889, I have known of her living in Jackson County, Ga.*
4. When and to whom was she married? *E. Askew* How do you know? *all his life for over sixty years.*
5. How long and since when did you know *E. Askew* her husband? *all his life for over sixty years.*
6. When and where did *E. Askew* the husband of applicant, die? *Don't know.*
7. Were the applicant and her husband living together as husband and wife at the date of his death? *Don't know.*
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 *E. Askew* enlist? *In 1863, at Athens, Clarke County, Ga. in 12th Regiment, Georgia Infantry, Co. A.*
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? *About 18 months.*
12. When and where did his Command surrender, and was discharged? *Shortly after surrender of April 9th 1865. At Athens, 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?

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^d day of *September* 19*19*.

R. C. Orr Ordinary }
of *Clarke* County. }

(SEAL)

No. 102

Marriage License

State of Georgia Jackson County

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

Elbert Askew You are hereby authorized to join
and Miss Mollie A. Mason
 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 at
October 2, 1873 Given under my hand and seal this *2nd* day of
October *1873* *M. C. Howard* (L.S.)
 Ordinary.

STATE OF GEORGIA CERTIFICATE JACKSON COUNTY

I Certify that *Elbert Askew* and *Miss Mollie A. Mason*
 were joined in Matrimony by me this *2nd* day of *October* *1873* *Richard Boggs J. D.*
Recorded *19* Ordinary.

PARTY PERFORMING CEREMONY RETURN TO ORDINARY TO BE RECORDED.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, O. C. Anderson,
 who being duly sworn, says on oath; That Elbert Askew died on the 23rd day
 of August, 1919. *in Clarkston DeKalb County Ga*
 Sworn to and subscribed before me, } *O. C. Anderson*
 this the 27th day of Sept., 1919.)

James P. George
 Ordinary.

of August, 1919. *In Clarkston District Court*
Sworn to and subscribed before me, } *O. J. Anderson*
this the 27th day of Sept., 1919. }
James P. George
Ordinary.

No. 123

State of Georgia. Jackson County.

ORDINARY'S OFFICE,—ss

I, J. A. Wills, Ordinary and ex-officio Clerk of the Court
of Ordinary of said County, do hereby certify that I have compared the foregoing copy of
The marriage license of Mr. Elbert Askew and Miss. Mollie A. Mason.

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 2th day of Sept., 1919

J. A. Wills
Ordinary and ex-officio C. C. O.

State of Georgia.

Jackson

County.

ORDINARY'S OFFICE,—ss

I, J.A. Wills, Ordinary and ex-officio Clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of The marriage license of Mr. Elbert Askew and Miss. Mollie A. Mason.

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 27th. day of Sept., 1919

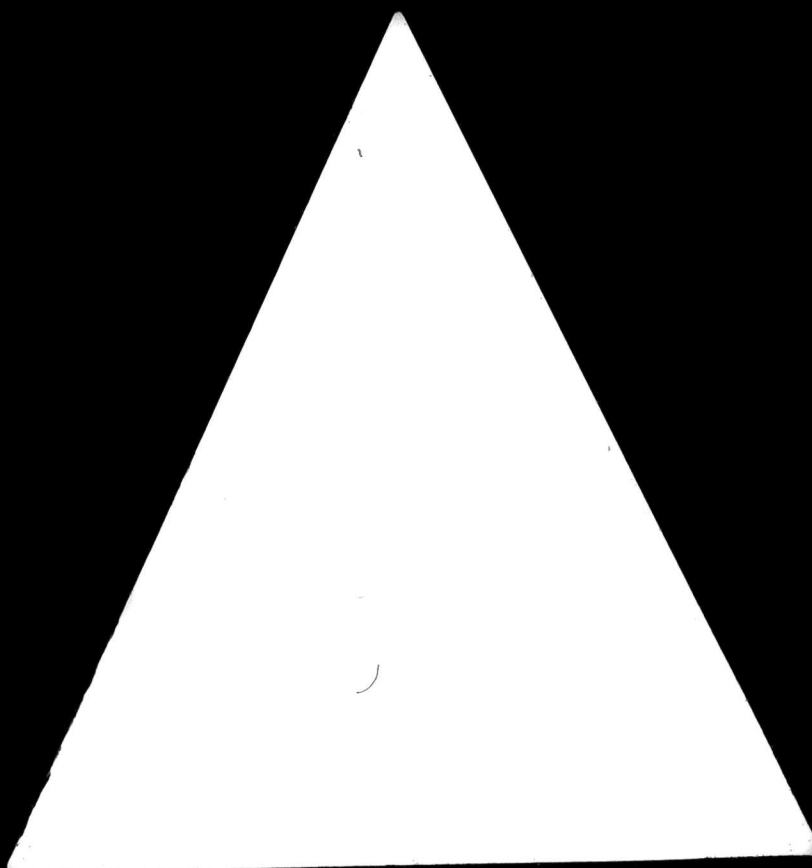
J. A. Wills
Ordinary and ex-officio C. C. O.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, O. G. Anderson, who being duly sworn, says on oath; That Elbert Askew died on the 23rd day of August, 1919. *In Clarkston DeKalb County Ga*

Sworn to and subscribed before me,)
this the 27th day of Sept., 1919.)

James P. George
Ordinary.



RECEIVED
MAR 22 1938
L. THOS. GILLEN,
DIRECTOR

ATKINSON, CAROLINE (Ind.)
DeKalb Co.

For DeKalb County

**Application for
Expenses of Last
Illness and Funeral**

(UNDER ACT OF 1919)

V. S. Morgan Ordinary
For: Mrs. Caroline Atkisson
(Name of Pensioner)

Date of Death: Feb. 28, 1938

Amount: \$16.50

TO THE ORDINARY: Fill out above, in full, and send this voucher to Confederate Division State Department of Public Welfare, for approval. Do not pay out the money until the approved voucher is in your hands giving you authority to do so. After this voucher has been sent back to you, with check, get a receipt from each person having a bill, and return this voucher and the receipts to Confederate Division State Department of Public Welfare.

Approved, and ordered paid,

March 8, 1938

L. Thos. Gillen
Director.

Confederate Division
State Department of Public Welfare

ATLANTA, GA. February 28th 1938

Miss Eva Atkisson,

239 Moreland Ave., N.E., Atlanta, Ga.,

IN ACCOUNT WITH

HENRY M. BLANCHARD

FUNERAL HOME

1088 PEACHTREE STREET, N. E.

HE 1888 Funeral Expense Mrs. Caroline Atkisson

Feb. 28th, 1938 - Silver Grey Casket with Polished Burial Case Preparing and Embalming remains
Gray Silk Dress,
Hearse services for Interment in Oconee Hill Cemetery, near Athens, Ga.
Funeral Notices and all services completing Funeral arrangements

\$ 165 00

Atlanta, Fulton County, Georgia

The above and foregoing account is rendered for Funeral Services rendered Mrs. Caroline Atkisson, who died without owning sufficient property to pay this bill.

Henry M. Blanchard Funeral Home,
By Henry M. Blanchard
President.

Sworn to and signed before me,
this 4th day of Mar. 1938

W. J. P.
Public Officer, State of Georgia, Atlanta, Ga.
My Commission Expires Sept. 1, 1940

Received of V. S. Morgan, Ordinary, the sum of Thirty & no/100 (\$30.00) dollars to apply on funeral expenses of Mrs. Caroline Atkisson, deceased.

This 17th day of March, 1938.

Henry M. Blanchard Funeral Home
By H. M. Blanchard,
Secy. - Treas.

**Application for
Payment of Expenses of Last Illness and Funeral**

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, DeKalb County:

Before me, the Ordinary of said County, comes Henry M. Blanchard, of said County, who, after being duly sworn, on oath says that he knew Mrs. Caroline Atkisson 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 \$ 160.00, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,

this the March 4, 1938

My Commission Expires Sept. 4, 1939

CERTIFICATE OF THE ORDINARY

GEORGIA, DeKalb County.

I certify that Henry M. Blanchard who subscribed 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. Caroline Atkisson 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 7 day of March, 1938.

(Seal of Ordinary)

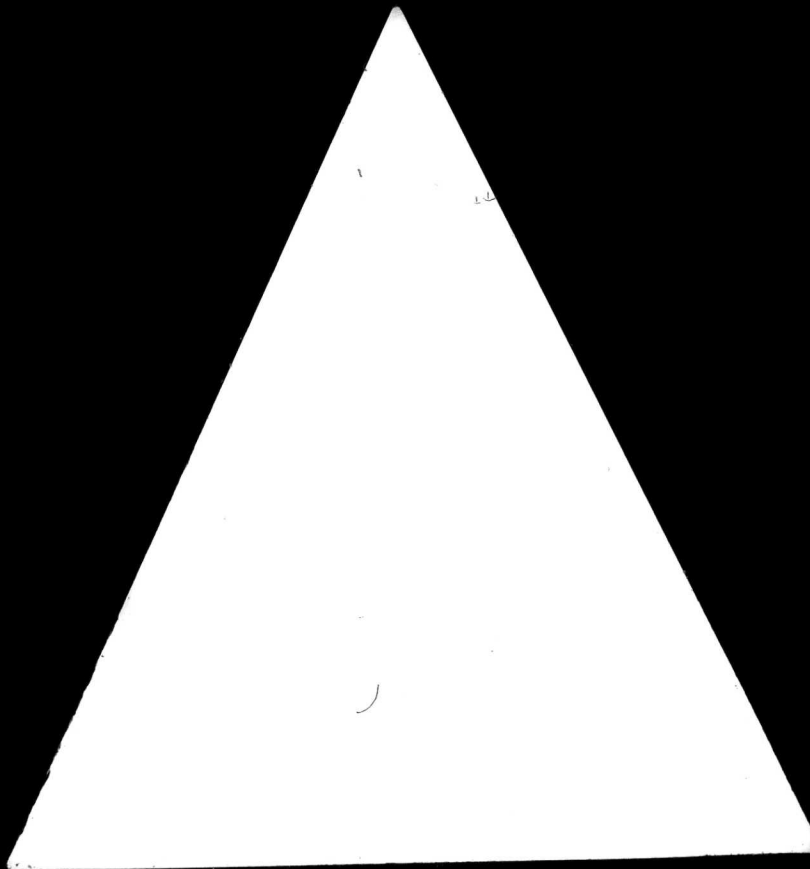
T. O. Morgan, Ordinary.

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 _____, 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 Confederate Division State Department of Public Welfare 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 Confederate Division State Department of Public Welfare.
- 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 Confederate Division State Department of Public Welfare.
- 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.

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 Confederate Division State Department of Public Welfare.

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.



Form 5

Conny.)

of 2400 in 1880

My true and lawf

my true and lawful attorney in fact, for

1891

[L. 5]

DIRECTION

and oblique

10

Form 6.

DEPARTMENT OF THE ARMY

proofs to the service

substantially and essentially useless.

10

that the defendants have been duly sworn to.

-**ure applica**

ure physical

Clerk Ex. Department.

No.

Note

Applicant, *Dease*

County, *DeKalb*

Amount,

Entered on Record

1891.

SECRETARY EXECUTIVE DEPARTMENT

WARRANT HANDED TO

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

5/30-1907

POWER OF ATTORNEY. STATE OF GEORGIA,

Form 5.

Gwinnett County.
KNOW ALL MEN BY THESE PRESENTS, That I, *John S. Atkinson*
Duluth P.O.
County of said State, do hereby appoint
of *Gwinnett* County, my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to
from the State of Georgia by reason of the injury received as aforesaid in the military service of
the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing
my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or
for any sum of money which may be coming to me for the reason aforesaid.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *19th*
day of *March* 1891.

Executed in the presence of us:

It allowed, send amount by *DIRECTION* to
me at _____, and oblige,

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 law 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.
7. No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Department.

For Use of Applicants Who Have Not Heretofore Drawn.

Form 1.

STATE OF GEORGIA,

Gwinnett County.
Personally appears *John S. Atkinson* of *Gwinnett*
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 *9th* day of
July 1838 that he enlisted in the military service of the Con-
federate States (or of the State of _____) during the war between the
States, and served as a *Private* in Company *"H"* of the *16th* Regiment
of *Georgia* Volunteers *Howell Cobb* Brigade; that whilst engaged
in such military service, at the battle of _____ in the State
of *Virginia*, on the or about _____ day of *October* 1861, he was
disabled as follows: *He became afflicted with Rheumatism,*
and afterwards, to wit: about the 20th of November, 1861,
he was granted a discharge, and afterwards,
when he had partially recovered from said
attack, to wit, about the first day of May,
1862, he re-enlisted in the service in Capt.
Johnson's Company, 12th Ga. Battalion, in
which service he remained during the war, that
he has continued to suffer from said first attack, and
has never recovered entirely, and of late years he has
become unable to do manual labor, or to earn a
living by his labor; continually suffering with
Rheumatism, continually treating and being treated
for said disease, so as to be able to go about.

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 *18th*
day of *March* 1891.

James J. Harrison
Ordinary.

NOTE.—State fully nature of wound or character of disease which caused 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.

APPLICATION FOR ALLOWANCE

No.

John S. Atkinson

Applicant, *Duluth*

County, *Duluth*

Amount, *Co H - 16 - 50*

Entered on Record

1891.

EXECUTIVE DEPARTMENT

WARRANT HANDED TO

530-1907

1891.

ATKINSON, John S.
Applicant for Allowance
9-23-1907
Duluth
County

AFFIDAVIT FOR WITNESSES.

Form 3.

STATE OF GEORGIA,

County of *DeKalb*

PERSONALLY appears before me, the undersigned Ordinary in and for said County,
S. J. Syer and *Asa Wright*
E. M. McDaniel each of whom, being duly sworn according to law,
 severally say, under oath, that they are personally well acquainted with *John S. Atkinson*
 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.) *From a severe*
attack of Rheumatism and was afterwards
discharged from the service, and can only
state, that since the War they have often
heard him complaining of his old Rheumatism,
as they do not live in his immediate neighborhood
they cannot state as to what amount of work he is
able to perform

Our opportunities for knowing that his condition results from the service are as follows:

Says McDaniel and Wright state that they were
in the Company with applicant, and said Syer states
he was in the same Regiment, and all state that they
have been acquainted with applicant from boyhood and believe his
statements to be true.
 Applicant is permanently disabled, 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

18th day of *March* 1891.

James T. Lammie
 ORDINARY.

S. J. Syer
Asa Wright
E. M. McDaniel

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.

PHYSICIANS' AFFIDAVIT.

Form 6.

STATE OF GEORGIA,

County of *DeKalb*

County.

PERSONALLY comes before me *James T. Lammie* Ordinary of said County,
W. A. Bone and *A. M. Wain*, both known to
 me as reputable physicians of said County, who, being severally sworn, say on oath that they
 have carefully examined *John S. Atkinson* and after such examination,
 say that the applicant has been injured as follows:

Suffering from Chronic Rheumatism

We have treated applicant professionally for _____ years.

Sworn to and subscribed before me, this

19th day of *March* 1891.

James T. Lammie
 ORDINARY.

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

STATE OF GEORGIA,

Form 4

County of *DeKalb*

I, *James T. Lammie* Ordinary of said County,

do certify that I am well acquainted with *John S. Atkinson* 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 _____ before

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

_____ of said County, and the said affidavits

and signatures thereto are genuine.

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

James T. Lammie
 Ordinary *DeKalb* County.

Gwinnett County, Georgia.

Personally appeared before the undersigned Ordinary in and for said County, William Hyman, John Leopard and James Dunn, each of whom being duly sworn according to law, severally say, under oath, that they are personally well acquainted with John S. Atkinson, whose application is herewith presented for a Pension, and that they served with him in the Army, from about May, 1862 up to the Surrender of the Army in 1865, and from our personal knowledge, having served in the same Company with the applicant, we know he was afflicted with Rheumatism, and suffered more or less all during said service, and that he has been suffering more or less ever since the war with the same trouble and of late years he has been so afflicted with this trouble that he became unable to do manual labor for a living, and our opportunities for knowing his condition now and ever since the war, is, that we have all lived in the same neighborhood with and near neighbors to the applicant, and

We have no interest in the recovery of
a Pension by him.

Sworn to and subscribed
before me this the 19th day of
March, 1891.

James H. Larkin

Ordinary

W. D. P. 10 pm
John H. Lathrop
+ D. 10 pm
10 pm

DISAPPROVED

NAME Atkinson, John T.

YEAR 1901 COUNTY Gwinnett, now
DeKalb

WHEN AND WHERE BORN? Resided continuously since July 9, 1838, in Georgia.

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Company H, 16th Regiment Ga Volunteers
on account of disability. (Howell Cobb's afterwards Wofford's Brigade) discharged
May 1, 1862 re-enlisted in Capt. Johnson's Company, 12th Ga Battalion.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? On or about October 1861 while in service contracted rheumatism
and about November 20, 1861 was granted a discharge - when partially ~~recovered~~
recovered re-enlisted in the service. Never entirely recovered.

CAPTURED, WHEN AND WHERE?

RELEASED.

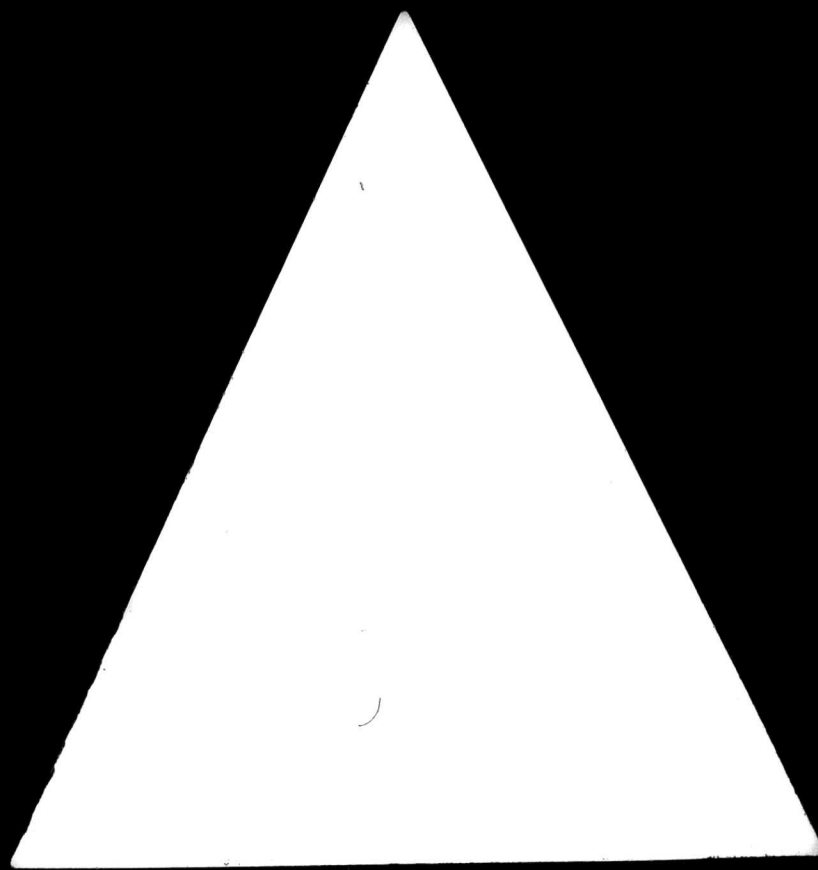
WHEN AND WHERE SURRENDERED? In service until close of war.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Asa Wright, Same Co.
E. M. McDaniel, Asa Wright state they were in the Company
1w with applicant. -- No data.
S. Z. Dyer - same Regiment -- No data.
William Wynn, John Leopard, James Dunn state they served in
the army with applicant from May 1862 until close of war.
No data.



Pension of Gen
 1243-1907
 Feb 1908 and
 is applied to as
 made in the Com
 of the Gen. Sec. in
 Mrs. Austin
 Attorney by his applica
 tion. Therefore she has
 been made a husband
 in the Army for
 six months before
 Army Department
 J. W. Lindsey
 Secy of War

Clerk of Court
 De Kalb County
 Disappeared 10/23/907
 Act Dec 1907

No. _____
WIDOW'S PENSION,
 1907
 Mrs. Clary Austin
 County of De Kalb
 Widow of W. M. Austin

Warrant issued _____ 190____
 and handed to _____

J. W. LINDSEY,
 Commissioner of Pensions.
 Geo. W. Harrison, State Printer, Atlanta, Ga.
 9/28/07

POWER OF ATTORNEY.
 STATE OF GEORGIA,
 COUNTY: }
 I, _____
 of _____
 hereby authorize
 to receive and receipt for the pension allowed and request that he remit same to _____
 at _____ day of _____ 190____
 by _____
 Witness my hand and seal, this _____ day of _____ 190____
 Executed in presence of _____
 [Seal]

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of _____

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

at _____

by _____

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

(SEAL)

Executed in presence of _____

WIDOW'S PENSION,

1907

Mrs. Clary Austin

County of De Kalb

Widow of W. M. Austin

Warrant issued _____ 190 _____

and handed to _____

J. W. LINDSEY,
Commissioner of Pensions.

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

9/28/07

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

COUNTY OF De Kalb

Personally came Mrs. Clary Austin

who says on oath she is the

widow of W. M. Austin

to whom, in the County of

Gwinnette

State of Georgia

, she was married on the

10th day of January

1865

, that she remained his wife up to the 10th

day of August

1907

, at which time he died, and that she has not since married.

At the time of his death he was a resident of De Kalb

County, in said State of

Georgia, and was on the Indigent

pension roll of the State of Georgia, having been allowed

a pension of \$ 60.00

per annum on account of being a soldier in Company B

112nd Regiment, Inf

Volunteers or State _____

What affliction have you and how does it affect you? Kidney trouble

What have you been doing to earn a support since 1st of January, 1900?

Supported by my children

What property or effects had you on 1st January, 1900? None

What have you acquired since, and what income have you now? None

What disposition have you made of any property since 1st January, 1900, and at what price and or what purpose? Had none to dispose of

Deponent further says that she is now a resident of De Kalb County, and has continuously resided in the State of Georgia since the 27th day of December 18 44

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

Sworn to and subscribed before me, this _____ day of _____, 190 _____

James R. George Clary Austin
Ordinary of De Kalb County.

NOTE.—All blank spaces must be filled before signing.

Person of Gen
10/23/07
The laws and
of applied to us
written in the Com
and the laws in
with many 1860
written by his appie
tion - Through the
time back a hundred
in the 60's for
six months before
they commenced
Cousins of Mrs.

Clary Austin
De Kalb County

10/23/07

No.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, } Personally came G. B. M. Linnis,
COUNTY OF De Kalb } B. F. Burgess and
M. D. Googers, known to me to be reputable and truthful person, who says
on oath that from his own personal knowledge Mrs. Clary Austin
who made the foregoing affidavit, is the widow of W. M. Austin
who died in Wilcox County and State of Georgia on the
10th day of August 1907, and that she has not since married; that she became his
wife on the 10th day of January 1865, and so remained up to the time of his death,
and that she has resided in this State continuously since the 27th day of Dec. 1844
With what affliction does she suffer? I do not know, she complains
of her kidneys
What property or income had she on 1st January, 1900? None

What has she in her possession and control now? Nothing
How was she supported in 1900 and 1901? By her children

I have no personal interest in the pension asked for

Sworn to and subscribed before me, this 20th day of Sept 1907
James R. George
Ordinary De Kalb County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, } Personally came before me
COUNTY OF De Kalb } A. A. Bagwell
and W. L. Linnis, both of whom are known to me to be reputable
physicians, who say on oath that they personally know Mrs. Clary Austin
mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her
earning a support) Chronic Kidney disease. General
debility - old Age Protrusion uteri.

Sworn to and subscribed before me, this 18 day of Sept 1907
James R. George
Ordinary of De Kalb County.

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

STATE OF GEORGIA, } I, James R. George Ordinary,
COUNTY OF De Kalb } in and for said County of De Kalb
State of Georgia, hereby certify that I am acquainted with Mrs. Clary Austin
the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to
me by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia con-
tinuously since the 10th day of January 1865 and has not lived out
of the State since that date. I also certify that the witnesses, to-wit: G. B. M. Linnis,
B. F. Burgess and M. D. Googers
whose testimony she presents to sustain her claim, are known to me to be truthful witnesses, entitled to full faith
and credit as such, and that the full text of the affidavit was read to and understood by them before same was
signed. I am fully satisfied that this claim is made in good faith, and I have caused the applicant and the
witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 20th
day of Sept 1907
James R. George
Ordinary.

SEAL

NOTES.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of _____

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

at _____

by _____

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

[SEAL]

Executed in presence of _____

No. _____

WIDOW'S PENSION,

1908

Mrs. *Clary Austin*

County of *Dekalb*

Widow of *W. M. Austin*

Warrent issued

and handed to _____

190

J. W. LINDSEY,

Commissioner of Pensions.

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

9/24/08

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Personally came Mrs. *Clary Austin*

COUNTY OF *Dekalb*

who says on oath she is the

widow of *W. M. Austin*

to whom, in the County of

Dekalb

State of *Georgia*

, she was married on the

10 day of *January*

18 *65*

, that she remained his wife up to the *10*

day of *August*

190 *7*

, at which time he died, and that she has not since married.

At the time of his death he was a resident of *Dekalb*

County, in said State of

Georgia, and was on the *Indigent*

pension roll of the State of Georgia, having been allowed

a pension of *\$60.00* per annum on account of being a soldier in Company *B*

42

Regiment, *5th*

Volunteers or State

5th

What affliction have you and how does it affect you? *I have a Kidney*

Trouble & Rheumatism I am

not able to do any work

What have you been doing to earn a support since 1st of January, 1900? *not been*

able to work

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

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

nothing no income whatever

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

purpose? *made no disposition had none to*

dispose of

Deponent further says that she is now a resident of *Dekalb*

County, and has contin-

uously resided in the State of Georgia since the *27* day of *Dec*

18 *94*

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

Sworn to and subscribed before me, this *2* day of *September* 190 *8*

James R. George *Clary Austin*
Ordinary of *Dekalb* County.

NOTE.—All blank spaces must be filled before signing.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,

COUNTY OF

M.D. Googen

Personally came

B.H. Burgess
E.A. Morris

and

known to me to be reputable and truth person, who says on oath that from his own personal knowledge Mrs.

Clay Austin

who made the foregoing affidavit, is the widow of

W.M. Austin

who died in *Dekalb* County and State of *Georgia* on the

10 day of *August* *1887*, and that she has not since married; that she became his

wife on the *10* day of *January* *1865*, and so remained up to the time of his death,

and that she has resided in this State continuously since the *27* day of *Dec* *1844*

With what affliction does she suffer? *Kidney trouble and*

Rheumatism

What property or income had she on 1st January, 1900? *nothing*

What has she in her possession and control now? *nothing*

How was she supported in 1900 and 1901? *Husband & children*

I have no personal interest in the pension asked for

B.H. Burgess
E.A. Morris
M.D. Googen

Sworn to and subscribed before me, this

27 day of *Sept* *1908*
James R. George
Ordinary *Dekalb* County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,

COUNTY OF

J.H. Goss Jr. M.D.

Personally came before me

W.J. Houston M.D.

and *both of whom are known to me to be reputable*

physicians, who say on oath that they personally know *Mrs. Clay Austin*

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

earning a support) *Chronic kidney and bladder trouble for*

three yrs. Cystitis and Prostatitis. Very infirm

and unable to make a support at any

kind of work.

Sworn to and subscribed before me, this

27 day of *September* *1908*
James R. George
Ordinary of *Dekalb* County.

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

STATE OF GEORGIA,

COUNTY OF

Dekalb

I,

James R. George Ordinary,

in and for said County of *Dekalb*

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

the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to

me by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia con-

tinuously since the *27* day of *Dec* *1844*, and has not lived out

of the State since that date. I also certify that the witnesses, to-wit: *B.H. Burgess*

E.A. Morris and *M.D. Googen*

whose testimony she presents to sustain her claim, are known to me to be truthful witnesses, entitled to full faith

and credit as such, and that the full text of the affidavit was read to and understood by them before same was

signed. I am fully satisfied that this claim is made in good faith, and I have caused the applicant and the

witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the *2*

day of *September* *1908*

James R. George
Ordinary.

NOTES.

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

Affidavits must be made in presence of the Ordinary.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, } Personally came B. F. Burgess
COUNTY OF Dekalb } E. A. Morris and
M. D. Googer known to me to be reputable and truthful person, who says
on oath that from his own personal knowledge Mrs. Clary Austin
W. M. Austin
who made the foregoing affidavit, is the widow of
Dekalb County and State of Georgia on the
10 day of August 1897, and that she has not since married; that she became his
wife on the 10 day of January 1865, and so remained up to the time of his death,
and that she has resided in this State continuously since the 27 day of Dec 1844
With what affliction does she suffer? Kidney trouble and
Rheumatism
What property or income had she on 1st January, 1900? nothing
What has she in her possession and control now? nothing
How was she supported in 1900 and 1901? Husband & children
I have no personal interest in the pension asked for { B. F. Burgess
E. A. Morris
M. D. Googer
Sworn to and subscribed before me, this 2 day of Sept 1908
James R. George
Ordinary Dekalb County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, } Personally came before me
COUNTY OF Dekalb } W. J. Houston and
J. N. Goss Jr. M.D. both of whom are known to me to be reputable
physicians, who say on oath that they personally know Mrs. Clary Austin
mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her
earning a support) Chronic kidney and bladder trouble for
three yrs. Cystitis and Prostatitis. Very infirmed
and unable to make a support at any
kind of work.
Sworn to and subscribed before me, this 2 day of September 1908
James R. George
Ordinary of Dekalb County.

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

STATE OF GEORGIA, } I, James R. George Ordinary.
COUNTY OF Dekalb } in and for said County of Dekalb
State of Georgia, hereby certify that I am acquainted with Mrs. Clary Austin
the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to
me by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia con-
tinuously since the 27 day of Dec 1844, and has not lived out
of the State since that date. I also certify that the witnesses, to-wit: B. F. Burgess
E. A. Morris and M. D. Googer
whose testimony she presents to sustain her claim, are known to me to be truthful witnesses, entitled to full faith
and credit as such, and that the full text of the affidavit was read to and understood by them before same was
signed. I am fully satisfied that this claim is made in good faith, and I have caused the applicant and the
witnesses to read or hear read the proofs they sign.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 2
day of September 1908
James R. George
Ordinary.

{ SEAL }

NOTES.

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

Sworn to and subscribed before me, this.....

2. *Sept 11th 1908*
James B. George
Ordinary of *Dekalb* County.

THE EVIDENCE IS ONLY PAYABLE TO THOSE WIDOWS WHOSE HUSBANDS WERE ON PENSION ROLL AT THE TIME OF DEATH. THE MARRIAGE MUST HAVE EXISTED AT THE TIME HUSBAND WAS A SOLDIER, AND THE WIDOW MUST HAVE REMAINED UNMARRIED SINCE THE DEATH OF SUCH HUSBAND. DATE OF MARRIAGE IS ESSENTIAL AND MUST BE SUBMITTED.
Proofs by one witness and two physicians will be accepted when it is shown that the same cannot be furnished, but in all cases the best proof accessible will be required, and it is incumbent on the applicant to make out a clear case covering the above points.
Affidavits must be made in presence of the Ordinary.

Austin, Clara (Mrs.)
Dekalb Co.

1922 (1928)

**Application for Pension Due
Deceased Pensioner**

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

V. D. Morgan Ordinary
For *Mrs. Clara Austin*
of *Dekalb* County
Old or New Class? _____
Died *Dec. 3rd* 192*8*
Amount \$ *100.00*

Approved and ordered paid. *H*

Dec. 20, 1928

John H. Clark, J. W. LINDSEY,
Commissioner of Pensions.

Received of V. D. Morgan
Ordinary of Dekalb Co. Georgia
funeral expenses of Mrs. Clara Austin
Jan 1929 *Bond & Greene*

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.

DECATUR, G. *Dec 1st* 192*8*

Charles W. and G. C. Austin
for burial expenses of Mother Mrs. M. C. Austin

IN ACCOUNT WITH
BOND & GREENE, INC.
FUNERAL DIRECTORS

PHONE DEARBORN 3215

AMBULANCE SERVICE

TO PROFESSIONAL SERVICES RENDERED	
<i>Nov 23rd</i> <i>To Casket</i>	200 00
<i>Embalming</i>	25 00
<i>Hearse & Burial Chapel</i>	15 00
<i>3 Newspaper Notices</i>	14 58
<i>Flower Cart & Extra Help</i>	10 00
	<i>264 58</i>

Georgia, Dekalb County.

The above and foregoing is rendered as funeral expense for Mrs. Clara Austin, who died without sufficient property to pay this bill.

Sworn to and subscribed before me
this 3rd day of November, 1928.

V. D. Morgan *Emmett W. Bond*
Ordinary

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, DeKalb County.

Personally before me, the Ordinary of said County, comes Emmett H. Bond of said County, who, after being sworn, on oath says that he knew Mrs. Clara Austin of said County, and that said pensioner was on the widows Pension Roll of DeKalb County at the time of death, which occurred in DeKalb County, in this State, on the 23 day of November 1928, and that a Pension of Fifty & no/100 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 \$ 264.¹⁸ per sworn statement fully and completely itemised, hereto attached.

Sworn to and subscribed before me
this 3 day of Dec 1928
V. S. Morgan Ordinary.
DeKalb County.) Emmett H. Bond

AFFIDAVIT OF ORDINARY

GEORGIA, DeKalb County.

I, V. S. Morgan Ordinary of said County, do certify that I personally know Emmett H. Bond, 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 know Mrs. Clara Austin while in life and that this was the same person whose name appears on the widows Pension Roll of DeKalb County, and was paid a Pension of Two Hundred Dollars in said County for 1928, and I now believe said pensioner to be dead.

Given under my hand and official seal, this 3 day of Dec. 1928
(SEAL) V. S. Morgan Ordinary.
DeKalb 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 itemised 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 Emmett H. Bond 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 bill, 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.
9th. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.
10th. Return this application, and attached bills, with your final settlement to the Pension Office.
11th. Ordinary should see that the back of this blank, when folded, is filed out.
12th. Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bill—one set to be filed in the Pension Office with the pension papers of each year.

attached neatly to this blank after this blank has been properly completed as indicated.
6th. The completed voucher, this blank and the bill, 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. Pensioners' 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.

Austin, J. P.
De Kalb Co

No. 1048.

Application for Allowance

FILE

Loss of Brk Eyes

Applicant J. P. Austin

County De Kalb

Amount 150.

Date of Warrant Nov. 11

Entered on Record.

Nov 11 1889

J. P. H.

Secretary, Executive Department

Applicant

STATE OF GEORGIA, }
De Kalb County. }

PERSONALLY appears *John Austin* of *De Kalb* 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 *11* day of *Aug* 1840; 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 *Steadman's*, of *the* *1st* *Regiment* of *Volunteer* *Infantry*; that whilst engaged in such military service, on the *1st* day of *Sept* 1864, he was wounded in the State of *Georgia*, on the *1st* day of *Sept* 1864, he was wounded as follows (or whilst in said service in the year 1864, he contracted disease as follows) (State fully nature of wound or character of disease which causes disability):

While on picket duty, he contracted cold which settled in his eye causing total loss of sight

Which wound (or disease) permanently disables deponent and renders him practically incompetent to perform manual labor, and his arm or leg, or *eye* *entirely* 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 *2nd* day of *March* 1889

Wm. Lagrange
Notary Public

John Austin
may

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA, }
County. }

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

Sworn to and subscribed before me, this _____ day of _____ 188

For foregoing affidavit changed to suit the facts, should be made by a commissioned officer of the Company or Regiment. If no such officer is not obtainable, the following affidavit of three responsible citizens should be furnished.

Application for Allowance

No. 1844

John Austin
Applicant
County, *De Kalb*

Amount *150.*

Date of Warrant *March 1st*

Entered on Record.

March 11 1889

111114

Secretary Executive Department

affidavit

STATE OF GEORGIA,

De Kalb County.

Personally came *W. M. Pruitt, J. M. Dobb, and Nelson Dobb* citizens of *De Kalb* County, in said State, who, being duly sworn, say that they are acquainted with *J. P. Austin* 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 *De Kalb* County, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this *28* day of *March* 1889
W. M. Ragsdale
Ordinary,
De Kalb Co.

W. M. Pruitt
J. M. Dobb
Nelson Dobb

STATE OF GEORGIA,

De Kalb County.

PERSONALLY comes before me *W. M. Ragsdale* Ordinary of said county, *C. J. May* and *J. H. Green*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *J. P. Austin* 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~~ *and total blindness* (or disease), and that, in our opinion, applicant is entitled to the benefits allowed under the Act, approved October 24, 1887, for the relief of the disabled.

Sworn to and subscribed before me, this *2nd* day of *March* 1888
W. M. Ragsdale
ORDINARY.

J. H. Green M.D.
C. J. May M.D.

STATE OF GEORGIA,

De Kalb County.

I, *W. M. Ragsdale* Ordinary of said county, do certify that I am well acquainted with *J. P. Austin* 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 *before whom the foregoing* affidavits were made and power of attorney was signed, is a
of said county, and that the signatures thereto are genuine.

Given under my official signature and seal, this *28* day of *March* 1889
W. M. Ragsdale
Ordinary *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

Know all men by these presents, That I

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

In witness whereof I have hereunto set my hand and seal this
day of
188

Executed in the presence of us:

[L. S.]

STATE OF GEORGIA,

De Kalb County.

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

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

Given under my official signature and seal, this *5th* day of *Feb* 189*1*

W. M. Rogers

Ordinary *De Kalb* County.

1890.

No. *498*
APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING DECEMBER 31, 1890.

Loss of both Eyes
Applicant, *J. P. Austin*
County, *De Kalb*

Amount, *150.00*

Date of warrant, *Feb 7*

Entered on record *Feb 7*

1890

W. H. H.

RECEIVED IN THE DEPARTMENT OF THE AGRICULTURE

WARRANT HANDED TO

Applicant

1891

Austin, J. P.

PAID (See County Co.) 1891

Application for Allowance

FOR THE YEAR ENDING DECEMBER 31, 1891.

Loss of both Eyes
Applicant, *J. P. Austin*
County, *De Kalb*

Amount, *150.00*

Date of Warrant, *Feb 7*

Entered on record *Feb 7*

1891

W. H. H.

RECEIVED IN THE DEPARTMENT OF THE AGRICULTURE

WARRANT HANDED TO

Applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County, PERSONALLY appears *J. P. Austin* of *De Kalb* 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 *Aug* 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* *Headman* *Home Guard* in Company of *Georgia* Volunteers' Brigade; that whilst engaged in such military service, at the battle of _____ in the State of _____, on the _____ day of _____ 1864, he was wounded as follows: *While on picket duty in Newton County, Ga. he contracted cold which settled in his eye causing a total loss of sight.*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of *One Hundred & Fifty* dollars, for _____ Sworn to and subscribed before me, this the _____ day of _____ 1891. *J. P. Austin*

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,

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

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

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

DIRECTION.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County, PERSONALLY appears *J. P. Austin* of *De Kalb* 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 *11th* day of *Aug* 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* *Headman* *Home Guard* in Company of *Georgia* Volunteers' Brigade; that whilst engaged in such military service at the battle of _____ in the State of _____, on the _____ day of _____ 1864, he was wounded as follows: *Had fever and cold which settled in both eyes causing total loss of sight.*

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

One Hundred & Fifty dollars, for _____ Sworn to and subscribed before me, this the _____ day of _____ 1891. *J. P. Austin*

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,

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

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

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

DIRECTION.

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

Audited

McK 4

1889.

Wm Amigley
COMPTROLLER GENERAL

De Kall

Maimed Soldiers.

Voucher No. 1045.

Amount. \$ 150.

Paid to J. P. Austin
For Loss of both
Eyes

McK 11 1889.

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK

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

Applicant

De Kall

Maimed Soldiers.

Voucher No. 2498

Amount \$ 150.

Paid to J. P. Austin
For Loss of
both Eyes

Feb 7 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK

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

Applicant

Austin, J. P.
De Kall

1891.

Maimed Soldiers.

Voucher No. 137

Amount \$ 150.

Paid to J. P. Austin
For Loss of both
Eyes

Feb 6 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

Applicant

No. 1045

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. March 4 1889

Mr. J. P. Austin of the County
of DeKalb 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

Total Loss of sight

He is entitled to receive the sum of One Hundred & fifty 000 Dollars
for such disability, the same being due for the year ending October 24, 1889.

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

By the Governor

W H Harrison

CLERK EXECUTIVE DEPARTMENT.

\$ 150.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & fifty 000 Dollars.

per above voucher, this 4 of March 1889,

J P Austin

No. 498

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. February 7 1890

Mr. J. P. Austin of the County
of DeKalb 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 both Eyes

He is entitled to receive the sum of One Hundred & fifty 000 Dollars
for such disability, the same being due for the year ending October 24, 1890.

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

By the Governor,

W H Harrison

CLERK EXECUTIVE DEPARTMENT.

\$ 150

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & fifty 000 Dollars,

per above voucher, this 7 of February 1890,

W H Harrison
J P Austin

NAME, Austin, J.P.

YEAR 1889 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Private Steadman's Home Guard Georgia.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Georgia 1864. Cold settled in eyes, causing loss of sight.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE EXAMINED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. W.M. Pruitt, F.W. Dobbs and Nelson Dobbs. No data.

1891.

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

No. 157

Atlanta, Ga. July 6, 1891.

Mr. J. P. Austin of the County of DeKalb 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 both eyes. He is entitled to receive the sum of Twenty Dollars Dollars for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

W. H. Harrison

Sec'y EXECUTIVE DEPARTMENT.

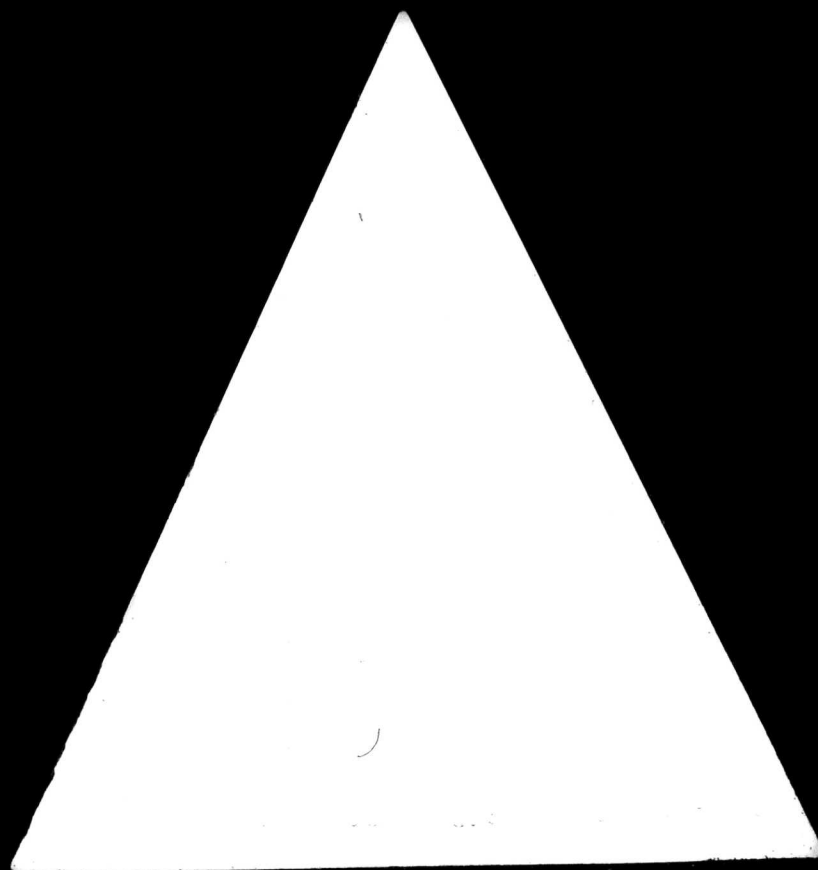
W. J. Northrup
GOVERNOR.

\$100

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

Twenty Dollars Dollars,
per above voucher, this 6 of July 1891.

J. P. Austin



ORDINARY'S CERTIFICATE

STATE OF GEORGIA

DeKalb COUNTY

I, Margaret E. Austin Ordinary of said County, do certify that I know Mrs. Margaret E. Austin 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 12th day of February, 1921.

That I also know Edw. Johnson witnesses as to marriage, and I also know Edw. Johnson 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 28th day of Oct, 1920

(SEAL)

James O. Smith Ordinary,
DeKalb 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 you and the witnesses you shall give will be the truth, so help you God."
2. All affidavits must be made before the Ordinary of the County.
3. All affidavits must be made before the Ordinary of the County.
4. Only widows who married prior to first January, 1881, are entitled.
5. All affidavits must be made before the Ordinary of the County.
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.

Austin, Margaret E.
DeKalb
County
No. 12 Feb 1921

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 DeKalb
Name Margaret E. Austin
Widow of W. C. Austin
Company E
Regiment 7 Ga
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

11-1-1920

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

DeKalb COUNTY.

I, James R. George, Ordinary of said County, do certify that I know Mrs. Margaret E. Austin 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 W. G. Johnson witness as to marriage, and I also know W. G. Johnson; 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 28 day of Oct 1920.

(SEAL)

James R. George Ordinary.
DeKalb 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. Affidavit 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. Attached certified copies of marriage license 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.

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 DeKalb
Name Margaret E. Austin
Widow of W. G. Johnson
Company E
Regiment 7
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

Austin, M. E. (Mrs.)
DeKalb Co.

1921

Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

James R. George Ordinary
For Mrs. M. E. Austin

of DeKalb County

Old or New Class? New

Died January 9th 1921

Amount \$125.00

Approved and ordered paid.

Dec 29 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.

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me comes Margaret E. Austin of said County, who, after being duly sworn, says that she is the widow of W. C. Austin to whom, in the County of DeKalb State of Georgia she was married on the 17 day of July 1867, and that she remained his wife, and resided with him to the date of his death in 1920 and that she has not since his death remarried. At the time of his death he was a resident of DeKalb County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$ 10.00 in DeKalb County for 1920 per annum, on account of being a soldier in Company E = 7 Ga Regiment 7 Ga (Volunteers or State Militia)

That she is now a bona fide resident citizen of DeKalb County of DeKalb and she has so continuously resided since 1920 day of 19.

Sworn to and subscribed before me, this the 28 day of Oct 1920
James R. George Ordinary
DeKalb County.

(SEAL)

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

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me comes G. L. Johnson known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mr. Margaret E. Austin, who made the foregoing affidavit, is the lawful widow of W. C. Austin who died in DeKalb County in said State of Ga on 17 day of March 1920 and that she has not since remarried. That she became the wife of W. C. Austin on the 17 day of July 1867, and that she and he had resided together as man and wife continuously since that time 1867 and that the W. C. Austin was the same man who was on the pension roll of said State from DeKalb County DeKalb when he died.

Sworn to and subscribed before me, this the 28 day of October 1920
James R. George Ordinary
DeKalb County.

(SEAL)

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, DeKalb County.

Personally before me, the Ordinary of said County, comes Steve A. Wells of said County, who, after being sworn, on oath says that he knew Mrs. M. E. Austin of said County, and that said pensioner was on the 1921 Pension Roll of DeKalb County at the time of death, which occurred in DeKalb County, in this State, on the 9th day of January 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 \$ 125.00 per sworn statement fully and completely itemized, hereto attached.

Sworn to and subscribed before me this 28th day of December 1921
James R. George Ordinary
DeKalb County.

AFFIDAVIT OF ORDINARY

GEORGIA, DeKalb County.

I, James R. George Ordinary of said County, do certify that I personally know Steve A. Wells, 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 know Mrs. M. E. Austin while in life and that this was the same person whose name appears on the 1921 Pension Roll of DeKalb County, and was paid a Pension of 125 Dollars in said County for 1921, and I now believe said pensioner to be dead.

Given under my hand and official seal, this 28th day of December 1921
James R. George Ordinary.
DeKalb 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 owing sufficient property to pay such expenses. The widow, 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 Steve A. Wells who died without owing 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 bill, 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. Accept no bills for nursing until you write the Pension Office, stating the circumstances in very great detail, mandating them.
 8th. Return this application, and attached bill, with your final settlement to the Pension Office.
 9th. 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.

JAMES R. GEORGE
ORDINARY AND PROBATE JUDGE
DEKALB COUNTY
DECATUR, GA.

DECATUR, GA. 19

State of Georgia, DeKalb County.
To any Minister of the Gospel, Judge of Superior Court,
Justice of Inferior Court or Justice of the Peace to Celebrate.
You are hereby authorized and permitted to join in
the Honorable State of Matrimony, William C. Austin
and Margaret E. Farris, according to the Rites of your
Church, provided there be no lawful cause to obstruct
the same according to the Constitution and Laws of
the State and for so doing this shall be your sufficient
License. Given under my hand and seal this
15th day of February 1867 J. B. Wilson. §

I hereby certify that William C. Austin and Margaret
E. Farris were joined together in the Holy Bond of
Matrimony on the 17th day of February 1867 by me.
Joseph M. Hugley, J. P.

State of Georgia, DeKalb County

ORDINARY'S OFFICE—88.

I, JAS. R. GEORGE, Ordinary and ex-officio Clerk of the Court of Ordinary of said County,
do hereby certify that I have compared the foregoing copy of

Marriage License of William C. Austin and
Margaret E. Farris

Recorded in Book B - Page 208

with the original record thereof, now remaining in this office, and the same is a correct trans-
cript therefrom, and of the whole of such original record.

IN WITNESS WHEREOF, I have hereunto set my hand and
affixed the seal of the Court of Ordinary, this the 2nd
day of October 1920

James R. George
Ordinary and ex-officio C. C. O.

Georgia, DeKalb County.

In person appeared before me, the undersigned,
Steve A. Wells, who being duly sworn, says on oath
That the within and foregoing account for the
Burial expenses of Mrs. M. E. Austin is just, and
true; and unpaid.

Sworn to and subscribed I
before me, Dec. 28th, 1921. I

James R. George
Ordinary.

Stone Mountain, Ga., 12/28/1921

Mrs. Margaret E. Austin

Stone Mountain Ga

In Account With

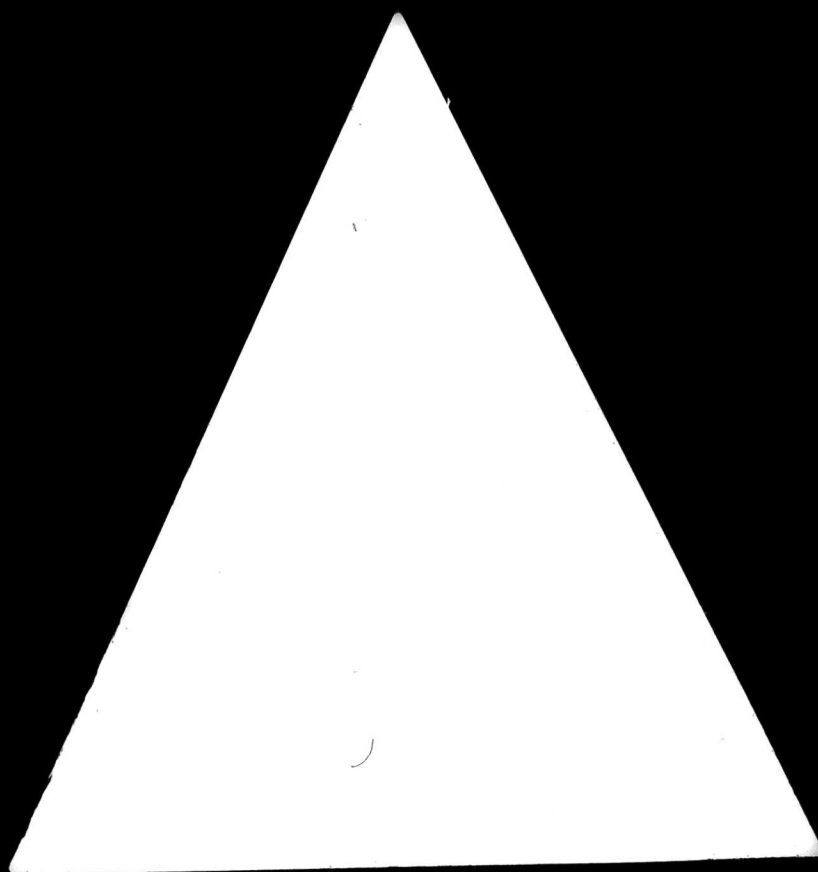
STEVE A. WELLS

FUNERAL DIRECTOR AND EMBALMER

All Bills Due After Work Is Completed and Must Be Settled
With Cash or Note Within Ten Days.

Casket or Coffin (Kind)		115.00
Burial Vault (Kind)		
Burial Robe or Suit		
Burial Robe or Dress		
Hose and Underwear		
Embalming		
Washing and Dressing		
Shaving		
Hearse		5.00
Lowering Device		
Grave Lining		
Grave Vault		
Opening and Closing Grave		
Automobiles to Cemetery @		5.00
Flowers		
Shipping Charges—Prepaid		
Removal Charges		
Folding Chairs		
Dirt Cover		
Flower Stands		
Door Crepe		
Canopy		
Cemetery Tent		
Engraving Name Plate		
Disinfecting Rooms		
Personal Services		12.50

Items Checked Furnished With No Charges. Over



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, _____ hereby authorize

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

at _____ day of _____ 1903.

Witness my hand and seal, this _____ day of _____ 1903.

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

Austin, W. C.
DeKalb Co.

C. H. No. _____

INDIGENT PENSION.
1903.

Name *W. C. Austin*

County *DeKalb*

Co. *E. 7. Georgia* Regt.

Approved _____ 1903.

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.

9/15/03.

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

_____ of _____

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

at _____ by _____

Witness my hand and seal, this _____ day of _____, 1903.

Executed in the presence of _____

[L. S.]

INDIGENT PENSION.

1903.

Name W.C. Austin

County DeKalb

Co. E. 7 Georgia Regt.

Approved _____ 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Ordinary, State Printer, Albany

9/15/03.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY.

I, W.C. Austin of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submit his proof, 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.C. Austin DeKalb

2. How long and since when have you been a resident of this State?

65 years August 14 1838

3. When and where were you born?

May 1861 Greater Company E 7 Georgia Regiment

4. When and where did you enlist or serve?

1861 Greater Company E 7 Georgia Regiment

5. How long did you remain in such company and regiment?

4 years

6. When and where was your company and regiment surrendered and discharged?

1865 Appomattox Court House

7. Were you present with your company and regiment when it was surrendered?

I was Prisoner

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 as near yard by Kingsdrew

9. How much can you earn (gross) per annum by your own exertions or labor?

about \$5.00

10. What has been your occupation since 1865?

Painter

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty,"

second, "infirmary and poverty," or third, "blindness and poverty"?

Age and Poverty

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?

Core and captured the day before the surrender

13. What property, real and personal, or income, do you possess, and its gross value?

None

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same?

None

15. In what County did you reside during those years, and what property did you then return for taxation?

DeKalb County None

16. How were you supported during the years 1899, 1900, 1901 and 1902?

by what I could do and my wife helped to support me

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

about \$70.00

18. What was your employment during 1899, 1900, 1901 and 1902? What pay did you receive in each year?

Painting about \$22.50

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 have a wife name is Bernadette

20. Are you receiving any pension? If so, what amount and for what disability?

No Pension

21. Have you ever made an application for pension before?

Never did

22. How many applications have you ever made and under what class?

None

Sworn to and subscribed before me this the _____ day of _____, 1903.

12 of Sept

W.C. Austin Applicant.

Jas R. George Ordinary,

of DeKalb County.

Every Question MUST be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

DeKalb COUNTY, Irwin L. Diet witness
of said State and County, having been presented

as a witness in support of the application of W.C. Austin 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?
Irwin L. Diet DeKalb County
 2. Are you acquainted with I am the applicant; if so, how long have you known him?
50 years
 3. Where does he reside, and how long and since when has he been a resident of this State?
DeKalb County, 65 years old his wife
 4. When, where and in what company and regiment did he enlist, and how do you know?
May 1861. Veteran Co Company 8-7 Georgia Regiment
 5. Were you a member of the same company and regiment?
I was
 6. How long did he perform regular military duty?
The entire war
 7. When and where was his command surrendered?
Appomattox
 8. Were you present when it surrendered?
I was
 9. Was applicant present?
He was captured the day before surrender
 10. If he was not present, where was he?
He was a prisoner
- When did he leave his command?
1 day before surrender For what cause?
Taken Prisoner
By what authority he left?
I was their

11. What property, effects or income has the applicant? (Give your means of knowledge.)
He has none. I am his neighbor - I 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?
had none made no disposition of any
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
he has not
14. What is the applicant's occupation and physical condition?
Painter - his physical condition from his age and his infirmity is poor
15. Is the applicant unable to support himself by labor of any sort, and why?
from his physical condition he is not
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
but he died and what his wife did
17. What portion of his support for these four years was derived from his own labor or income?
could not say
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
Physical Condition is poor
19. Who composes family? What property have they? Children's age and their earning capacity?
his wife

20. What interest have you in the recovery of a pension by this applicant?
none whatever
Sworn to and subscribed before me, this the
14th day of Sept 1903.
Jas R. George Ordinary.

Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

DeKalb COUNTY, W.C. Austin and
Personally came before me.

W.C. Austin both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully W.C. Austin applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

body and right mind (old frailty)
old age General debility
infirmity him to run a
support

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

Sworn to and subscribed before me, this the
14th day of Sept 1903. W.C. Austin m.d.
Jas R. George Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb COUNTY, Jas R. George Ordinary, in and for said County, hereby certify that the applicant W.C. Austin resides in said County, and has been a bona fide resident of this State since the 14th day of Sept 1903 and that the witnesses, viz.: Irwin L. Diet

are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of none County show that applicant returned for taxation in his name in 1899 none Dollars of property, and in 1900 none Dollars of property, in 1901 none Dollars of property, in 1902 none Dollars of property.

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

Witness my hand and seal of office, this 14th day of Sept 1903.
Jas R. George Ordinary.
of DeKalb 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 witnesses, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Dekalb COUNTY.

I, W. C. Austin hereby authorize
J. F. Nash of Dekalb County, Ga.
to receive and receipt for the pension allowed and request that he remit same to
at St. Mountain Ga.

by _____
Witness my hand and seal, this 18 day of January 1904.
W. C. Austin [L. S.]

Executed in presence of
James R. George
Ordinary

Austin, W. C.
Dekalb County

CODE SECTION 1354.

(FOR THOSE ALREADY ENROLLED.)

No. 574

INDIGENT

SOLDIER'S PENSION

1904.

Name W. C. Austin
County Dekalb
Co. C Regiment 7th

WARRANT ISSUED

1/30 1904.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

M. G. G. G.

Geo. W. Harrison, State Printer, Atlanta.

no date

Austin, W. C.
Dekalb County

CODE SECTION 1354.

(FOR THOSE ALREADY ENROLLED.)

No. 67

INDIGENT

SOLDIER'S PENSION

1905.

Name W. C. Austin
County Dekalb
Co. C Regiment 7th Ga.

WARRANT ISSUED

1/23 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. C. G. G.

Geo. W. Harrison, Manager, FOR STATE PRINTER, ATLANTA.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Dekalb COUNTY.

I, W. C. Austin hereby authorize
J. F. Nash of St. Mountain
to receive and receipt for the pension allowed, and request that he remit same to
W. C. Austin at St. Mountain Ga.

by _____
Witness my hand and seal, this 14 day of January 1905.
W. C. Austin [L. S.]

Executed in the presence of
James R. George
Ordinary

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

DeKalb County.

Personally appears W. C. Austin of DeKalb 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 21 day of August 1832; that he is 64 years old and by occupation a Painter, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 years in Company C, of 7th Regiment of GA; that his physical condition is as follows: Age and Poverty

that his property consists of the following items:

None

of the value of None 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 DeKalb County been allowed a pension for the year 1 _____

Sworn to and subscribed before me, this the 13 day of January 1904. James R. George Ordinary.

STATE OF GEORGIA,

DeKalb County.

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

Given under my official signature and seal, this 18 day of January 1904. James R. George Ordinary DeKalb 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,

DeKalb County.

Personally appears W. C. Austin of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company E, of 7th Regiment of GA; that his physical condition is as follows: Age & Poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 11th day of January 1905. W. C. Austin Ordinary.

STATE OF GEORGIA,

DeKalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with W. C. Austin 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 11th day of January 1905. James R. George Ordinary DeKalb County.



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

STATE OF GEORGIA,

Dukali COUNTY.

I. W. C. Austin

 hereby authorize

I, Innah of Stone Mountain
to receive and receipt for the pension allowed, and request that he remit same to

to receive and receipt for the pension allowed, and request that he remit same to
W. L. Austin at Stone Mountain Ga
 by _____

WITNESS my hand and seal, this 10 day of January, 1900.
W. C. Senter [L. S.]

Executed in the presence of

James R. George
Orainan

Cobas Section 1254.

(FOR THOSE ALREADY ENROLLED.)

125

INDIGENT

SOLDIER'S PENSION 1906.

Name William

County Albany

Co. B Regiment 2nd

WARRANT ISSUED

1906.

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

La-Vie

[illegible]

Austin, W. C.
DeKalb Co.

STATE OF GEORGIA.

COUNTY

I.

_____, hereby authorize

01

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

a'

b7C

WITNESS my hand and seal, this _____ day of _____, 1907

$$[1., S.]$$

(FOR THOSE ALREADY ENROLLED)

No. 788

INDICENT

SOLDIER'S PENSION 1907.

Name Allyl

County _____

Co. _____ Regiment _____

WARRANT ISSUED

1/20 1907.

JOHN W. INDSKY

Commissioner of Pensions

WARRANT HANDED TO

Don W. Edwards & Co. Printers - 1111 1/2 St.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

De Kalb County.

Personally appears W. C. Austin of De Kalb 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 21 day of August 1839; that he is 66 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company E, of 7th Regiment of Georgia; that his physical condition is as follows: Age & poverty.

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 10 day of January 1906, James R. George Ordinary.

State of Georgia,

De Kalb County.

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

Given under my official signature and seal, this 10th day of January 1906.



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,

De Kalb County.

Personally appears W. C. Austin of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company C, of 28th Regiment of _____; that his physical condition is as follows: Age & poverty.

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of De Kalb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 11 day of _____ 1907, James R. George Ordinary.

State of Georgia,

De Kalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with W. C. Austin 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 11th day of January 1907.



Ordinary De Kalb County.

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

NAME Austin, W. C. YEAR 1903 COUNTY DeKalb

WHEN AND WHERE BORN? Aug. 21, 1868, DeKalb County, Georgia

ENLISTED WHEN AND WHERE? May 1861, Decatur, Georgia

RANK.

COMPANY AND REGIMENT? Co. E, 7th Regt. Georgia

NAME OF CAPTAIN AND ORIGINAL?

WOUNDED?

CAPTURED WHEN AND WHERE? Captured one day before surrender

RELEASED? Does not say when or where released.

WHERE WERE YOU CAPTURED?

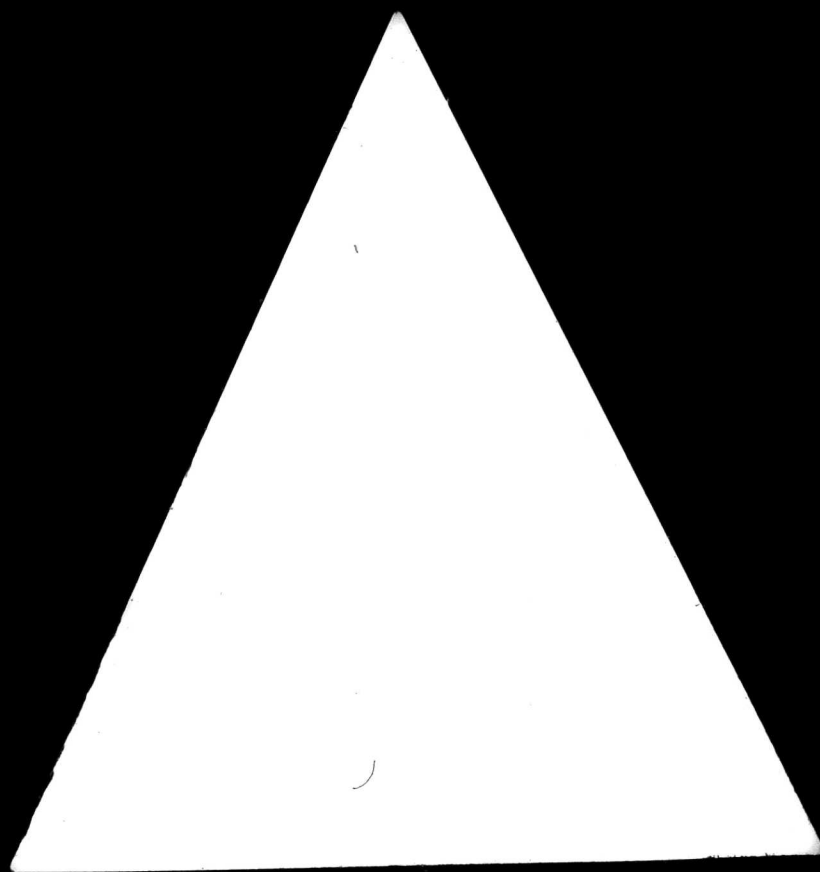
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? A prisoner --

DEATH AND WHERE?

REMARKS.

WITNESSES. Irwin L. Teat same command -

No data



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I,

of

herby authorize

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

at

by

Witness my hand and seal, this

day of

190

Executed in presence of

[L. S.]

Austin, M. M.
DeKalb County
No. 1906

INDIGENT PENSION.

1906

Name W. M. Austin

County DeKalb

Co. B. 42nd Regt. Regt.

Approved _____ 190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

6/14/58
Ordinary will give name of Applicant, Company and Regiment on back as indicated above.

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

9/8/06

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Dickall County

County

W. M. Austin 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. M. Austin Dickall Co Dickall Ga

2. How long and since when have you been a resident of this State?

61 yrs June 9 1844

3. When and where were you born?

June 9 1844 Guinnett Co Ga

4. When and where and in what company and regiment did you enlist or serve?

March 1863 In Company B 42 Ga Regiment

5. How long did you remain in such company and regiment?

about one year and 2 months

6. When and where was your company and regiment surrendered and discharged?

1865 at High Point N.C. near Greensboro N.C.

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 was wounded at Powder Springs Ga sent to Hospital in Atlanta Ga by surgeon in charge

9. How much can you earn (gross) per annum by your own exertions or labor?

about \$25.00 per year

10. What has been your occupation since 1865?

Farming

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty,"

second, "infirmary and poverty," or third, "blindness and poverty?"

Infirmary & Poverty

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?

unable from general debility about four years to make a support suffering from Rheumatism

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 1864, 1865, 1866, 1867, 1868, 1869, 1870, 1871, 1872, and 1873, and what disposition, if any, by sale or gift, have you made of same?

none except a little personal

15. In what County did you reside during those years, and what property did you then return for taxation?

Dickall Co small amount of Personal Property

16. How were you supported during the years 1869, 1870, 1871 and 1872? by what?

little I could do & 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?

about \$100.00 about \$25.00

18. What was your employment during 1868, 1869, 1870 and 1871? What pay did you receive in each year?

Farming could do but little at that

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 have a wife 60 years old No Homestead

20. Are you receiving any pension? If so, what amount and for what disability?

I am not

21. Have you ever made an application for pension before?

one

22. How many applications have you ever made and under what class?

one Indigent

Sworn to and subscribed before me this the _____ day of _____, 190 _____

James R. George

Ordinary,

Dickall County.

Applicant.

Every Question MUST Be Answered.

Austin, M. M.
Dickall County
Ga June 1906

INDIGENT PENSION.

1906

Name W. M. Austin
County Dickall
Co. B. 42 Ga Regt
Regt.
Approved _____ 1906

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Original will file name of Applicant, Company and Regiment on back as indicated above.
Geo. W. Barlow, State Printer, ATLANTA, GA.
9/18/06

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

DeKalb COUNTY.

W.D. Arnold of said State and County, having been presented as a witness in support of the application of *W.M. Austin* 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. Arnold*
In DeKalb County
2. Are you acquainted with *W.M. Austin*, the applicant; if so, how long have you known him? *60 years all his life*
3. Where does he reside, and how long and since when has he been a resident of this State?
DeKalb 60 years all his life
4. When, where and in what company and regiment did he enlist, and how do you know?
March 1863 Company B 42-Ga Regiment
5. Were you a member of the same company and regiment? *I was*
6. How long did he perform regular military duty? *About one year & 4 months*
7. When and where was his command surrendered? *1865 High Point, N.C.*
8. Were you present when it surrendered? *I was*
9. Was applicant present? *He was not*
10. If he was not present, where was he? *he was wounded*
When did he leave his command? *June 1864* For what cause? *Wounded*
By what authority he left? *by Surgeon of Regiment* How do you know all of this?
I was with him
11. What property, effects or income has the applicant? (Give your means of knowledge.)
Nothing. I live mean him & know it
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?
Nothing
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
has conveyed nothing has nothing to convey
14. What is the applicant's occupation and physical condition?
Occupation at present he tries to do but he is not for his physical condition
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 physical condition
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
by what he and his wife could do & what his married children
17. What portion of his support for these four years was derived from his own labor or income?
About \$75
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
his physical is very feeble
19. Who composes family? What property have they? Children's age and their earning capacity?
his wife she is 60 years old they have no property
20. What interest have you in the recovery of a pension by this applicant?
I have no interest

Sworn to and subscribed before me, this

11 day of *June* 1905
James R. George Ordinary.

W.D. Arnold
Made Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

DeKalb COUNTY.

Personally came before me *W.D. Arnold* and *W.J. Houston*

both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully *W.M. Austin*

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

He has had four malignant tumors removed from abdomen and he is totally unable to do any manual labor sufficient to earn a living. Old age and a general breaking down of system & bad eye sight.

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

Sworn to and subscribed before me, this, the

5 day of *Sept* 1905

James R. George Ordinary.

W.J. Houston M.D.
J.H. Ross M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb COUNTY.

I, *James R. George* Ordinary, in and for said County, hereby certify that the applicant *W.M. Austin* resides in said County, and has

been a bona fide resident of this State since the *9th* day of *June* 1865

and that the witnesses, viz.: *W.D. Arnold* *Milton Browder*

are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of *DeKalb* County shows that applicant returned for taxation in his name in 1899

property, and in 1900

Dollars of property; in 1901

Dollars of property; in 1902

Dollars of property.

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

Witness my hand and seal of office, this *5* day of *Sept* 1905

James R. George Ordinary,
of *DeKalb* 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,

Gwinnett COUNTY.

Milton Brownlee of said State and County, having been presented as a witness in support of the application of W. M. Austin 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? Milton Brownlee I reside at Foster P.O. in Gwinnett Co Ga
 2. Are you acquainted with W. M. Austin, the applicant; if so, how long have you known him? I am. have known him for 20 years
 3. Where does he reside, and how long and since when has he been a resident of this State? he resides at Redbank DeKalb County
 4. When, where and in what company and regiment did he enlist, and how do you know? in march 1862 at Dalton Ga in Co B 42nd Regt
 5. Were you a member of the same company and regiment? I was
 6. How long did he perform regular military duty? I was wounded in the following May
 7. When and where was his command surrendered? I don't know & was wounded the 15 day of May and came home
 8. Were you present when it surrendered? no
 9. Was applicant present? he was not
 10. If he was not present, where was he? he was at home
- When did he leave his command? I don't know For what cause? How do you know all of this?
- he came home wounded in June 1864. he was sent to the Army any more I was also at home

11. What property, effects or income has the applicant? (Give your means of knowledge.)
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition?
15. Is the applicant unable to support himself by labor of any sort; if so, why?
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
17. What portion of his support for these four years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
19. Who composes family? What property have they? Children's age and their earning capacity?

20. What interest have you in the recovery of a pension by this applicant? nothing

Sworn to and subscribed before me, this the 22 day of Aug 1901.

John P. Webb Ordinary.

Milton Brownlee Witness.

I certify that Milton Brownlee is a resident of Gwinnett Co Ga. He is a man of good character and that his word is true to fact and right. John P. Webb Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of _____

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

at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1906.

[L. S.]

Executed in the presence of _____

No. 579

INDIGENT

SOLDIER'S PENSION

1906.

Name *W. M. Austin*

County *De Kalb*

Co. *13* Regiment *42nd*

WARRANT ISSUED

1/22 1906

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. M. Austin

The Pensioner must be a Soldier of the Confederate Army or Navy who was discharged from service on or after the 1st day of January, 1865, and who was entitled to a pension under the Act of March 3, 1877, as amended.

W. M. Austin

*Austin, W. M.
De Kalb Co. 4*

COPIES SENT TO 154.
(FOR THOSE ALREADY ENROLLED)

No. 541

INDIGENT

SOLDIER'S PENSION

1907.

Name *W. M. Austin*

County *De Kalb*

Co. *13* Regiment *42nd*

WARRANT ISSUED

1/31 1907

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. M. Austin

The Pensioner must be a Soldier of the Confederate Army or Navy who was discharged from service on or after the 1st day of January, 1865, and who was entitled to a pension under the Act of March 3, 1877, as amended.

W. M. Austin

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of _____

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

at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1907.

[L. S.]

Executed in presence of _____

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

De Kalb County.

Personally appears W. M. Austin of De Kalb 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 9 day of June 1845; 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 Georgia) during the war between the States, and served for the term of 13 in Company 13, of 42th Regiment of Georgia; that his physical condition is as follows: Infirmitly of Poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 12 day of January 1906.

James R. George Ordinary.

State of Georgia,

De Kalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with W. M. Austin 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 1906.



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,

De Kalb County.

Personally appears W. M. Austin of De Kalb 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 9 day of June 1845; 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 Georgia) during the war between the States, and served for the term of 13 in Company 13, of 42th Regiment of Georgia; that his physical condition is as follows: Infirmitly of Poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of De Kalb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 3 day of June 1907.

James R. George Ordinary.

State of Georgia,

De Kalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with W. M. Austin 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 June 1907.



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

NAME Austin, W.M.

YEAR 1906 COUNTY DeKalb

WHEN AND WHERE BORN? June 9, 1844, Gwinett County, Georgia

ENLISTED WHEN AND WHERE? March 1863, Dalton, Ga.

RANK.

COMPANY AND REGIMENT? Co. B. 42nd. Ga. Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Powder Springs, Ga., Sent to Hospital, Atlanta, Ga.,
by Surgeon in charge of Regiment. June 1864.

CAPTURED, WHEN AND WHERE?

RELEASED.

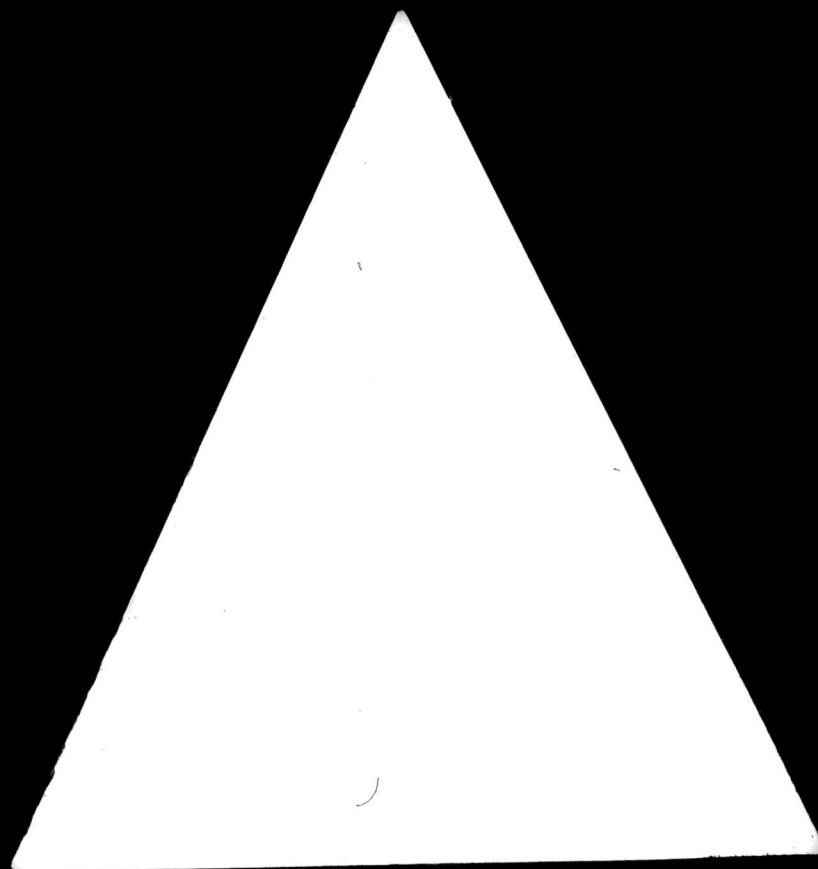
WHEN AND WHERE SURRENDERED? Command surrendered 1865, High Point,
N.C. Near Greensboro, N.C.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Wounded at Powder
Springs, Ga., Sent to Hospital in Atlanta, Ga., by Surgeon in
charge of Regiment. June 1864.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. W.T. Arnold, Milton Brownlee, -Same Command- No data
mh.



AWTRY, E.M.
DeKALB Co.

For DeKalb County

1929

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

V. J. Morgan Ordinary

For E. M. Awtry

Date of Death Jan 14 1929

Amount \$ 100.

Approved and ordered paid K.

John W. Clark
JOHN W. CLARK,
Commissioner of Pensions.

Received of V. J. Morgan and
one hundred and no dollars
January Expense Fund - 1929
John W. Clark

Ordinary: Fill out this blank and send
this blank to Pension Department for ap-
proval. 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.

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, Spalding County.

Personally before me, the Ordinary of said County, comes J. G. Hester of said County, who, after being sworn, on oath says that he knew Mr. Elijah Newton Awtry of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Spalding County, in this State, on the 14th day of January, 1929, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 225.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,
A. B. Wallace, Ordinary
Spalding County
(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. L. Morgan, Ordinary of said County, do certify that I personally know J. G. Hester, 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 E. N. Awtry while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of Two Hundred (\$ 200) Dollars in said County for 1928, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 2nd day of March, 1929.
(Seal of Ordinary) V. L. Morgan, Ordinary
DeKalb 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.

I. E. HAISTEN
M. H. HAISTEN
J. GUYE HAISTEN

Haisten Brothers Funeral Directors

127 East Solomon Street

Griffin, Georgia

1/25/29

PRIVATE
AMBULANCE
SERVICE

Funeral expenses of:

Mr. Elijah Newton Awtry.

1929

1/14 Casket, Embalming & Services

\$ 225.00

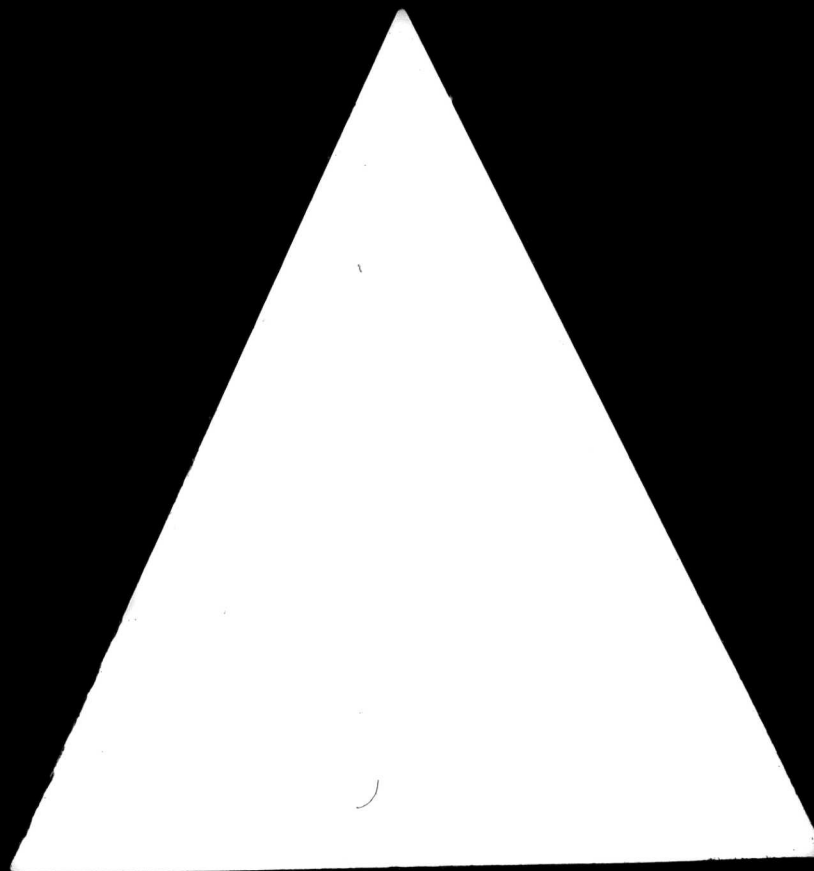
The above account is rendered for the funeral expenses of Mr. Elijah Newton Awtry who died without owning sufficient property to pay this bill.

Subscribed and sworn to before me

this the 25th day of January 1929.

A. B. Wallace
ORDINARY, Spalding Co. Ga.

- 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.



on Invalid Roll
Payers \$ 7.00
10th Regt
Ct. No. 1912

No.

Confederate

Soldier's Application.

UNDER ACT 1910.

County *Dekalb*
Name *C. M. Rogers*
Company *A*
Regiment *25th Regt*
Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

10/25/1912

ENTERED ROSTER OFFICE

of Invalid Roll APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

DeKalb County.

A. M. Myers 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).....A. M. Myers
2. How long and since when have you been a continuous resident citizen of this State?
48 years since the year 1863 wound at Battle Chickamauga
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?
Confederate
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service).
July 21st 1861. Sparta Rifles Company A-25. 1st Div. 1st Regt.
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge).
March 1861 - July 1861
6. When and where was your Company and Regiment surrendered or discharged from the Service?
April 1865 in N.C.
7. Were you actually present with your Command when it was surrendered or discharged?
was not
8. If you were not actually present, state specifically and clearly where you were
was wounded in Augusta Ga. Hospital for 4 months
- a. Where was your Command when you left it?
Battle Chickamauga
- b. When did you leave the Command?
Sept. 1861
- c. For what cause did you leave?
wounded
- d. By whose authority did you leave?
Doctors in Command
- e. For how long was your leave granted? In what way?
no limit
- f. Why did you not return to your Command after leave expired?
not able
- g. In what way were you prevented?
wounded
- h. What effort did you make to return?
not able to make effort
- i. Were you captured during the war?
was not
- 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.)
Nothing

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?
Nothing

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).
Nothing

12. What annual or monthly income or earnings of yourself and wife and the source derived have you?
None

13. Are you drawing a pension of any amount from this State or the United States?
I am

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
Have not. I am paid Pension of \$5.00

Sworn to and subscribed before me, this the

7th day of October 1912.
James H. Groger Ordinary
DeKalb County.

Confederate

Soldier's Application.

UNDER ACT 1910.

County DeKalb
Name A. M. Myers
Company A
Regiment 25th Div. 1st Regt.
Approved _____
J. W. LINDSEY,
Comptroller of Pensions

CHAS. P. HARRIS, State Printer, Atlanta.
725 1912
ENTERED ROSTER OFFICE

on Invalid Roll
Copy to W. 808
Oct. 1912

STATE OF GEORGIA.

County, *No Property*

Personally before me, *No Property*, 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?

Sworn to and subscribed before me, this the

day of

Ordinary,

County,

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

County, *No Property*

1. *James B. George* Ordinary of said County, certify that I know the applicant

for pension is the person he represents himself to be and resides in said County. That I also know

the witness swearing to the service and *No Property* 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 *No Property* shows that

and wife value for tax is in 1908 \$ *No Property* for 1910 \$

Sworn under my hand and official seal of office this day of

Ordinary,

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.

County *White*

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF *Georgia*

White

County,

P. A. Morrisroe

of said State and County is hereby presented as a witness in support of the application of *H. M. Ayres* 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? *P. A. Morrisroe*

Reside at Spots Tavern,

2. How long and since when have you known *H. M. Ayres* the applicant?

I knew him before the war between the States, and during the war

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? *I don't know where he resides*

4. When, where and in what Company and Regiment did *H. M. Ayres* enlist during war from 1861 to 1865? (Give date and place) *He was in the 25th Tennessee Regt*

5. How did you obtain your information of this Service? *By being in the same 25th Tennessee Regt with him,*

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) *I don't remember*

7. When and where was his Command surrendered or discharged (give date and place) *I don't remember, I was in the Cavalry at time of surrender*

8. Were you personally present at the Surrender? *Not with my own eyes*

9. If not, where were you and how came you there? *I was in the Cavalry and surrendered at Appomattox Court House at close of the war,*

10. Was the applicant personally present with his Command at surrender? *Just say,*

11. If not where was he and how came him there? *I don't know*

12. When did he leave his Command *Don't know the day* Where was his Command when he left it? *Don't know* 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 a member of the same Regt and know the place*

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? *Don't know* If so, when and where?

In what prison was he held? and when released

Sworn to and subscribed before me, this the

16 day of *Oct* 1912 *P. A. Morrisroe*

W. P. Hall Ordinary,

of *White* County,

He never

10 day of Nov 1912
W. R. Dobbins County Chapman
Ordinary,
of White County.
G. H. Hester

Ayers, F. M.
De Facto

No. _____
1913

Application for Pension Due
Deceased Soldier

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY

Mrs. _____
Widow of F. M. Ayers
of Dobbins County
Co. A Regt. 25 Vols. May = 1861

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: _____

GEORGIA, Mc Kall County.

I, _____ Ordinary of said county, do certify
that I personally know _____ the applicant, and that she
is the lawful widow of _____ and was on
the _____ Pension Roll of said _____ county, and was paid
a Pension from _____ county for 19____, and at the time
of his death on the _____ day of _____ 1913, there was due to
him and unpaid his Pension of _____ Dollars from the State
of Georgia, and I know _____ the within
witness, and he is of a truthful and trustworthy character and entitled to full credit.
Given under my hand and seal this _____ day of _____ 1913.
_____ Ordinary,
_____ County.

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA.....*DeKalb*.....County.

Personally before me comes Mrs. *P. M. Ayers*..... of said county,
after being duly sworn, on oath says that she is the widow of *F. M. Ayers*.....
who was duly enrolled as a *DeKalb*..... Pensioner from the county
of *DeKalb*..... and was paid a Pension of *Fifty Dollars*.....
Dollars from *DeKalb*..... county for 18*12*, and that the said
F. M. Ayers..... died in *DeKalb*..... county on
the *7*..... day of *Nov*..... 18*12*, and at the time of his death a Pension of *50*.....
was due him from *DeKalb*..... county and unpaid for 1913.
Applicant further swears that she married the said *F. M. Ayers*..... on
the *2nd* day of *Dec*..... 18*88* in *Rockdale*..... 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 *3*..... day of *April*..... 1913.
James R. Genge..... Ordinary. } *Mrs. R. T. Ayers*..... (L. S.)
DeKalb..... County.

AFFIDAVIT OF WITNESS.

GEORGIA.....*DeKalb*.....County.

Personally before me comes *E. F. Cook*..... who
on oath says that he knew *F. M. Ayers*..... while in life
and that he knows..... Mrs. *P. M. Ayers*.....
the above applicant; that he knows that the said *F. M. Ayers*.....
and *P. M. Ayers*..... were in due form of law married in the county
of *Rockdale*..... in the State of *Georgia*..... on
the *2nd* day of *Dec*..... 18*88*, and that they resided together
as husband and wife from date of marriage to the day of his death on the *7th* day
of *November*..... 191*2*, and I now know that she is his dependent widow.

Sworn to and subscribed before me this *2*..... day of *April*..... 1913.
James R. Genge..... Ordinary. } *E. F. Cook*.....
DeKalb..... County.

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

State of Tennessee, White County
 W. L. Bishop makes oath in free
 form of law that he was a ~~gent~~
 in the 25th Tennessee Infantry
 Regiment in the Confederate Army
 and that H. M. Ayers was a member
 of his Company and while I remained
 with the 25th Regiment H. M. Ayers
 made a good Soldier. I left the 25th
 Tennessee Regiment was transferred
 to the 6th Tennessee Cavalry Regt.
 I did not know anything after I left
 the Infantry and went to the Cavalry
 Service and W. L. Bishop
 Subscribed before me
 17th Oct 1912

B. A. G. S.
 General of U.S.A.

Marriage License
 State of Georgia Rockdale County
 To any Minister of the Gospel Judge or Justice of The Peace
 To Celebrate

You are hereby Authorized to join in the
 Honorable State of matrimony
 Frances M. Ayers and Rachael P. Hailey
 According to the Rites of Your Church Provided
 there be no Lawful Cause to Obstruct the
 same. According to the Constitution and Laws
 of this State. and for so doing this shall
 be Your Sufficient License
 Given under my hand and seal This 2nd day
 of December 1888

J. Seaman Ordinary (S)

I hereby Certify That Frances M. Ayers
 and Rachael P. Hailey were joined together
 in the Holy Bonds of matrimony on
 the 2nd day of December 1888 by me.
 H. F. Buchanan M. G.

I E. F. Cook Ordinary of Rockdale County and
 at Officer Clerk of Court of Ordinary of said County
 do certify that the foregoing writing contains
 a true copy of the Marriage License of
 Frances M. Ayers and Rachael P. Hailey
 and Recorded in Record Book B Page 328
 Rockdale Court of Ordinary
 Given under my hand and Official Signature
 This March 29th 1913.

E. F. Cook Ordinary
 and Officer Clerk of the Court of
 Ordinary of Rockdale County

NAME Ayers, F. M.

YEAR 1912

COUNTY DeKalb

WHEN AND WHERE BORN? Resident of Georgia since 1863.

ENLISTED WHEN AND WHERE? July 21, 1861 - Sparta, Tenn.

RANK

COMPANY AND REGIMENT? Company A, 25th Tenn. Regt.

NAME OF CAPTAIN AND COLONEL? W. L. Dilsell - Lieutenant, same regt.

WOUNDED? September 19, 1863 wounded at the battle of Chickamauga, and in hospital at Augusta, Ga. for 13 months, and was never able to return to command.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Command surrendered in North Carolina, April 1865.

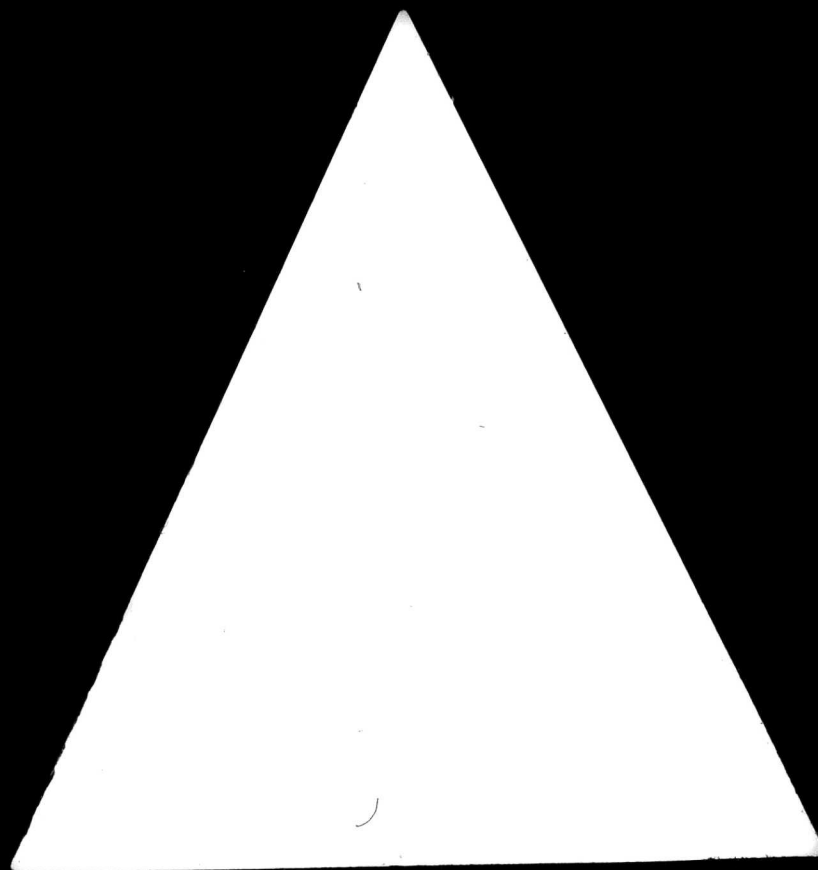
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In hospital at Augusta, Ga.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. F. A. Hennessee - same Regiment -- No data.

W. L. Dilsell, Lieutenant - same Regiment -- No data.



Bagwell, J. M.
OK for 1925
(in Co. Co. Kees.)

DeKalb COUNTY.

Application to be Allowed Pension for
Total Blindness Under Act of General
Assembly of August 19, 1912.

NAME J. M. Bagwell

COMPANY K.

REGIMENT 36 Ga.

Feb. 6, 1925

N. E. Harris
Commissioner of Pensions

Chas. P. Byrd, State Printer, Atlanta

Application for Pension for Total Blindness

Under Act August 19, 1912

STATE OF GEORGIA,

Dekalb COUNTY.

Personally before me, the undersigned Ordinary of said County, comes J. M. Bagwell who after being duly sworn on oath says, That he is on the Pension of the State of Georgia as a member of Company 15 Regiment 36 Ga. C. S. A. Vols., or Georgia Militia, and has been paid a pension of one dollar Dollars annually, and was so paid in 1924. That he has become totally blind by reason of I do not know (State cause that produced blindness.)

And that he makes this application that he may be allowed an increase in his pension for total blindness.

Sworn to and subscribed before me

this 24 day of Jan, 1925.

V. S. Morgan Ordinary.

Dekalb County.

J. M. Bagwell
man

STATE OF GEORGIA,

Dekalb COUNTY.

Personally before me, the undersigned Ordinary of said County, comes W. W. Andrews who, after being duly sworn, on oath says: That he is a resident of

Dekalb County, and that he is a practicing physician, and has been for 24 years, and that he knows J. M. Bagwell of said County. That he is NOW and has been for the past one year totally blind; which blindness was the result of atrophy of the optic nerve.

Sworn to and subscribed before me

this 22 day of Jan, 1925.

V. S. Morgan Ordinary.

Dekalb County.

W. W. Andrews

STATE OF GEORGIA,

Dekalb COUNTY.

ORDINARY'S OFFICE,

Jan 22 1925

I, V. S. Morgan, being the Ordinary of said County, do certify that J. M. Bagwell is on the Deafness Pension Roll of Dekalb County, and has been paid a pension of \$ 1.25 for 24 years, and that he is a bona fide resident of said County, and that he has become totally blind. That he knows Dr. W. W. Andrews who is a resident practicing physician of said County, and is a truthful man and physician of high standing, and what he says is worthy of belief and credit.

Given under my hand and official seal, and signed this the day and year above stated.

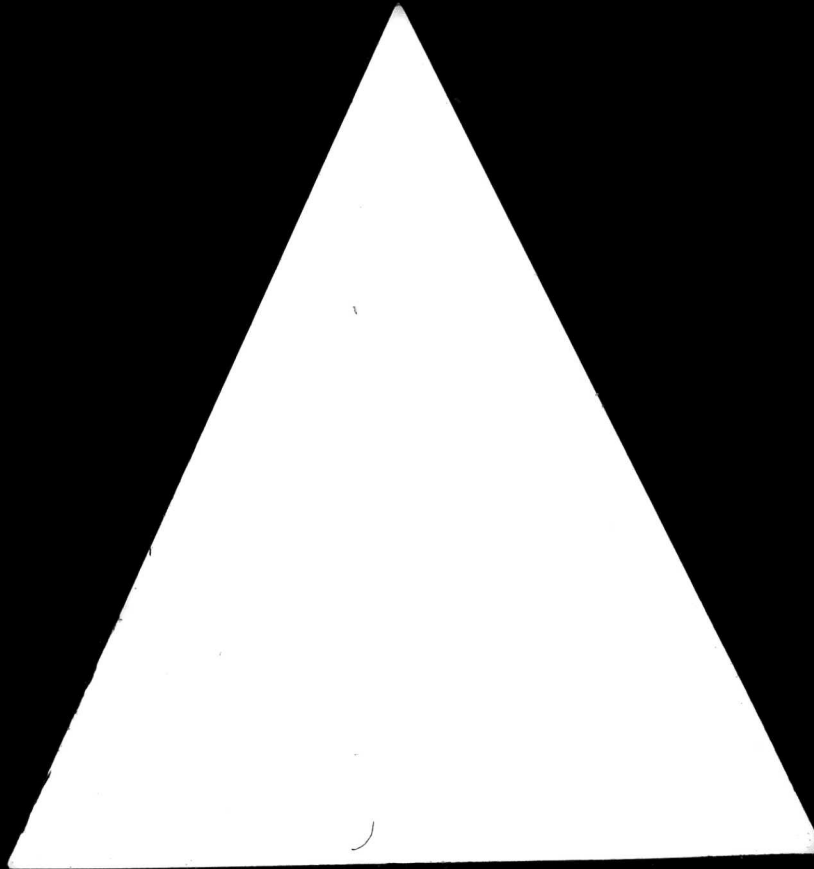
(SEAL)

V. S. Morgan B. S.
Ordinary Dekalb County.

Given under my hand and official
seal, and signed this the day and year
above stated.

(SEAL)

V. S. Morgan.....B. S.
Ordinary.....*Dekalb*.....County.



STATE OF GEORGIA,

Ordinary's Certificate

COUNTY

I,

that I know

Ordinary of said County, do certify

the applicant for pension. She

is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know

the witness who swears to the service of husband, that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit

Sworn under my hand and official seal of office 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."
2. Additional questions may be asked if blank spaces are insufficient.
3. Only witnesses who married prior to the 4th November 1908 are admissible.
4. All affidavits must be made before the Ordinary or the witnesses of the person to be sworn and certified by him.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person or by general reputation.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County

Name

Widow of

Company

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

Ordinary's Certificate

STATE OF GEORGIA,

COUNTY.

I, _____ Ordinary of said County, do certify that I know _____ the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know _____ 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 _____ 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. Only widows who married prior to January 1st, 1881, are entitled. 4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County

Name

Widow of

Company

Regiment

Approved

J. W. LINDSEY,

Commissioner of Pensions.

Bred Printing Co. State Printer, Atlanta.

Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA

COUNTY.

Personally before me comes Mrs Elizabeth Bailey 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 Elizabeth Bailey
2. How long and since when have you been a continuing resident of the State of Georgia? 50 years
3. When, where and to whom were you married? October 5, 1880 Savannah, Ga Henry C. Bailey
- a. Have you married since the death of first and soldier husband? Have Not
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.) August 26, 1864 Providence Battery
5. When and where did the command of your husband surrender or discharge from the army? Millington, Ga
6. Was your husband personally present at the time of the surrender or discharge of the command? was Not as I understood At Home Sick
7. If he was not present state clearly where he was? At Home Sick
8. Where was his command when he left?
- a. For what cause did he leave his command? Sick leave
- b. By whose authority did he leave his command? Officer in Command
- c. For how long was he granted leave of absence? do not know
- e. What was his physical condition when he left his command? Sick I understand
- f. What effort did he make to return to his command? do not know
- g. In what way was he prevented from going back to Command? I understand Sick
- h. Was he captured by the enemy at any time? was Not
- 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? May 8, 1892 Ala Troy
- k. Were you residing together when he died? we was
- l. If not, how long had you resided apart? I am
- m. Are you now a widow? Have Not
9. Have you or your husband heretofore been paid a pension by the State?

Sworn to and subscribed before me this _____

31 day of March 1921

James R. George Ordinary

of DeKalb County.

(SEAL)

Questions for Witness as to Service of Husband and Marriage

STATE OF GEORGIA,

Slav COUNTY.

Personally before me comes A.D. Singleton 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.D. Singleton, I reside in Slav County, Ga. My Post Office is Fort Gaines, Ga. R.I.D.# 1/
2. How long and since when have you known Mrs. H.S. Bailey applicant? I HAVE NEVER KNOWN HER UNTIL I met her to-day
3. How long and since when has she continuously resided in this State? (Give date.) Dont know
4. When and to whom was she married? Don know How do you know?
5. How long and since when did you know H.S. Bailey her husband? Aug. 1964 to Feb. 1965 in the war with him
6. When and where did H.S. Bailey the husband of applicant, die? Dont know
7. Were the applicant and her husband living together as husband and wife at the date of his death? Dont know
8. If not, how long did they live apart before his death? as above
9. When, where and in what Company and Regiment did H.S. Bailey enlist? August 22, 1964-Milledgeville, Ga. Prosser Artillery-6th Cavalry Battalion
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? August 1964 to February 1965
12. When and where did his Command surrender, and was discharged? Milledgeville, Ga. after the surrender of Jas A. Johnson
13. Were you personally present when it was surrendered? I was If not, where were you Present and how came you there? as above
14. Was the husband of applicant personally present at surrender? No. If not where was he? At home on leave of absence-sick When, where and for what cause did he leave Command? (Give date.) Sick By whose authority did he leave his Command? Commanding officer And how long was he granted leave? Dont know How do you know all this? Personal knowledge as above served in the same company and was used together and know that he want home sick
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? Sick
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

Sworn to and subscribed before me this the

12th day of March 1961

of Ordinary County (MBAL)

OFFICE OF
THE ORDINARY
CLAY COUNTY PROBATE COURT
R. T. FOOTE
ORDINARY AND PROBATE JUDGE FORT GAINES, GA.

State of Georgia;

Clay County.

I, R. T. Foote, Ordinary of said County, do certify that I know A. D. Singleton the witness who swears to the service of H. C. Bailey - That said A. D. Singleton is a resident of Clay County, Georgia, and was duly sworn by me before signing the affidavit in the application of Mrs. H. C. Bailey for pension, and that he is truthful, trustworthy, and his statements are entitled to full faith and credit. Given under my hand and official signature and seal of office, on this the 12th day of March, 1921.

R. T. Foote
Ordinary Clay County, Ga.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, Miss Elizabeth H. Bailey, who being duly sworn, says on oath: That Harry Conner Bailey was her brother, that he was at home on sick leave at the time of the surrender, and that he was at home only a week or ten days before the surrender.

Sworn to and subscribed before me,)
this the 30th day of August, 1920.)

E. Elizabeth H. Bailey

James R. George
Ordinary.

(COPY)

This Certifies That

Mr. Henry C. Bailey, of Columbus, Ga.

And

Miss Mary E. Haywood, of Savannah, Ga.

Were united by me in

Holy Matrimony

on Wednesday, the 5th day of October

A. D. Eighteen Hundred and Eighty

at St. John's Church in the Diocese

of Georgia, according to the Form of

Solemnisation of Matrimony of the Protestant

Episcopal Church in the United States of America;

and in accordance with the Laws of the State of Georgia.

Dated Savannah, this sixth day of October
A. D. 1880.

Witnesses:

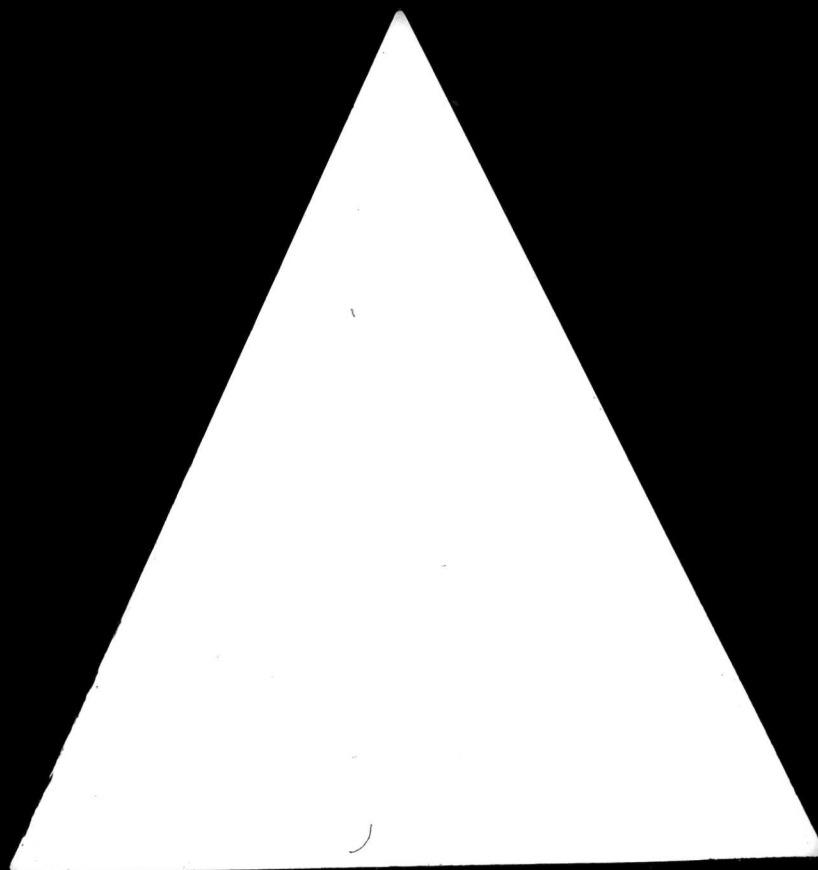
(Signed) Charles H. Strong

J. H. Leitner

Rector of St. John's Church

I hereby certify that the above is a true
and correct copy of the Marriage Certificate of
Mr. and Mrs. Henry C. Bailey.

Jas. A. Giles, Justice, Clerk.
This March 17th 1921



Incl. 1
Bailed S.E.
ACT 24th October, 1887.

No. *3337*
Loe/Kalb

INVALID
SOLDIER'S PENSION
1898

Name. *L E Bailey*

County. *De Kalb.*

Disability. *Disease*

Amount, \$ *50*

4/11 1898

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Appch

Geo. W. Harrison, State Printer, Atlanta.

2/2/97
1/28/98

Pension Dept 2/23/89.
Further proof given to show that
applicant is now suffering from
disease contracted in the ser-
vice is required - and that
by reason of that particular
disease he is practically incom-
petent to perform the ordinary
manual occupations of life.

Rich Johnson
Com of Pension

Executed in presence of:

I, _____
hereby authorize _____
of _____
to receive and receipt for the pension allowed and
request that he remit same to _____
by _____
at _____
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 1897.

[L. S.]

POWER OF ATTORNEY.
STATE OF GEORGIA,
COUNTY. }

Form 6.

POWER OF ATTORNEY.

Form 5.

STATE OF GEORGIA,
COUNTY.

I, _____ hereby authorize _____
of _____ to receive and receipt for the pension allowed and
request that he remit same to _____
by _____ at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 1897.

Executed in presence of:

[L. 8.]

*Received Sept 2/23/1897.
For the first time to show that
affirmation it is suffering from
disease and that in the ear-
ner is require - and that
by reason of that particular
disease he is practically in-
capable to perform the ordinary
manual work of a man of life.
Rich Johnson
Comptroller*

INVALID
SOLDIER'S PENSION
1897

Name L E Bailey
County De Kalb.
Disability Disuse
Amount, \$ 50

4/11. 1897

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Appch

W. W. HARRISON, STATE PRINTER, ATLANTA.

2/2/97

For Use of Applicants Who have Not Heretofore Drawn.

Form 1.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears Lewis C Bailey of De Kalb

County, State of Georgia, who being duly sworn says on oath that he was born on the 5th
day of May 1839, that he is a bona fide citizen and resident of Georgia, and
has been continuously since the _____ day of _____ 18____,
that he enlisted in the military service of the Confederate States (or the State of _____

_____) during the war between the States, and served as a
Private in Company 10 of 60th Infantry
of Virginia Volunteers. 60th Brigade; that whilst engaged in
such military service, and in line of duty in the State of Virginia, on the
15 day of April 1867, he was disabled or wounded as follows:

*was then with inflammation of
which he never recovered caused by
Exposure in the line and rain
I suffer more as I get older
cannot perform manual labor or take
any physical exertion with out
excessive suffering*

Deponent desires to participate in the benefits of the Act approved October 24th, 1887, and the
Acts amendatory thereof, and makes application for the pension to which he is entitled for the year
thereunder, ending October 26th, 1897.

Sworn to and subscribed before me, this the
17th day of Feb 1897.

Wm Ragsdale
Ordinary.

L E Bailey
P. O.

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.

AFFIDAVIT FOR THREE WITNESSES.

Form 2.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears before me, the undersigned, Ordinary in and for said County,

John T. Alford and *John D. Markat*
and *John L. Angelo* personally known to me to be trustworthy citizens,

each of whom, being duly sworn according to law, severally say, under oath, that they are personally well acquainted with *J. C. Bailey*

whose application is herewith presented for a pension, that he has resided in this State continuously since the *Forty years we know*

C of the *Cobb* Regiment *Regiment* Brigade, and from our

personal knowledge he was injured by the service as follows: (give full statement, and tell in your own language when and how the injury happened, and how badly applicant is disabled from work. If he does any labor, or can do any, state what.)

While in service, applicant Bailey was taken with Rheumatism from which he has never recovered. He is now unable to work at his avocation that of farming, suffering from the disease all the while.

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 *was in the war*

to the Civil War and was paroled
Applicant is permanently disabled as stated and has been so to our certain knowledge ever since *1863*. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this

17 day of *Feb* 1897.
John T. Alford
Ordinary.

John T. Alford
John L. Angelo
John D. Markat

- NOTE 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.
2. Witnesses are asked to make their statements full and explicit.
3. All blank spaces must be filled when signed.
4. Three witnesses are required.

PHYSICIANS' AFFIDAVIT.

Form 3.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY comes before me _____ Ordinary of said County,

E. R. Chapp and *Wm. Sprague*, both known to me as reputable physicians of said county, who being severally sworn, say on oath, that they have carefully examined *Wm. Bailey* and after such personal examination, say that the present condition of applicant is as follows:

He is suffering with Chronic Rheumatism and General Debility

and that the condition is permanent.

We further say that said condition arises from the following facts:

Chronic Rheumatism
Said Rheumatism has been such
significant unable to work for a
living

We have treated applicant professionally for _____ 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

17th day of *Feb* 1897. *E. R. Chapp, M.D.*
Wm. Sprague, M.D.
Ordinary.

NOTE 1.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

NOTE 2.—If claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier. Also state how long physicians have known and treated applicant.

NOTE 3.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,

De Kalb County.

I, *Wm. Ragsdale*, Ordinary of said County,

do certify that I am well acquainted with *J. C. Bailey* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County. I also certify that the foregoing witnesses, to-wit *John T. Alford*, *John L. Angelo*, and *John D. Markat* 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 *20th* day of *Feb* 1897.

Wm. Ragsdale
Ordinary *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1899.

[L. S.]

Executed in presence of _____

CODE SECTION 126

(For Those Already Enrolled.)

No. 2216

INVALID

SOLDIER'S PENSION.

1899.

Name L. E. Bailey

County De Kalb

Disability Rheumatism

Amount, \$ 50.

2/15 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

affk

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Walter

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County. }

I, L. E. Bailey hereby authorize G. W. Johnson

of De Kalb

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

by _____

at _____

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

day of Jan 1900.

[L. S.]

Executed in presence of

W. J. Reagin
M. W. McGehee
Ordinary.

CODE SECTION 126

(For Those Already Enrolled.)

No. 3203

INVALID

SOLDIER'S PENSION.

1900.

Name L. E. Bailey

County De Kalb

Disability Disease

Amount, \$ 50.

Warrant issued Mar 14 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. J. Reagin

GEO. W. HARRISON, STATE PRINTER, ATLANTA

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1899.

[L. S.]

Executed in presence of _____

CODE SECTION 126

(For Those Already Enrolled.)

No. 2216

INVALID

SOLDIER'S PENSION.

1899.

Name L. E. Bailey

County De Kalb

Disability R. M. Mason

Amount, \$ 50.

2/15 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

aff. b

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County. }

I, L. E. Bailey

hereby authorize G. W. Johnson

of De Kalb

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

by _____

at _____

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

day of Jan 1900.

[L. S.]

Executed in presence of

W. J. Reagin

G. W. Johnson

CODE SECTION 126

(For Those Already Enrolled.)

No. 2203

INVALID

SOLDIER'S PENSION.

1900.

Name L. E. Bailey

County De Kalb

Disability DISCHARGE

Amount, \$

Warrant issued Mar 15 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

G. W. Johnson

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

DeKalb County.

Personally appears *L. E. Bailey* of *DeKalb* 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 *May* 1837; 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 *C*, of *Co. 1st* Regiment of *Ga* Volunteers, *1st* Brigade; that whilst engaged in such military service in the State of *Ga*, on the *15* day of *April* 1863, he was wounded, injured or diseased as follows:

Contracted Rheumatism at Fredericksburg Va and has supported himself and body as to be unable to make or living by his own labor

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 *DeKalb* County been allowed an invalid pension of *Twenty* Dollars, for the year 1898.

Sworn to and subscribed before me, this, the *10* day of *Jan* 1899. *J. B. Baily* POST OFFICE

W. M. Regsdale 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,

DeKalb County.

I, *W. M. Regsdale* Ordinary of said County, do certify that I am well acquainted with *L. E. Bailey* 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* 1899.



Ordinary *DeKalb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

DeKalb County.

Personally appears *L. E. Bailey* of *DeKalb* 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 *May* 1837; 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 *C*, of *Co. 1st* Regiment of *Ga* Volunteers, *1st* Brigade; that whilst engaged in such military service in the State of *Ga*, on the *15* day of *April* 1863, he was wounded, injured or diseased as follows:

Contracted Rheumatism while in service at Fredericksburg Va and supporting the limbs and body as to be unable to make or living by his own 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 *DeKalb* County been allowed an invalid pension of *Twenty* Dollars, for the year 1899.

Sworn to and subscribed before me, this, the *10* day of *Jan* 1900. *J. B. Baily* POST OFFICE

W. M. Regsdale 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,

DeKalb County.

I, *W. M. Regsdale* Ordinary of said County, do certify that I am well acquainted with *L. E. Bailey* 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* 1900.



Ordinary *DeKalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I L. E. Bailey hereby authorize W. M. Ragsdale
of De Kalb Co

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

at
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9th
day of Jan 1901.

L. E. Bailey [L. S.]

Executed in presence of

B. S. Bynum

CODE SECTION 136
(For Those Already Enrolled.)

No. 354

DISABLED

SOLDIER'S PENSION.

1901.

Name L. E. Bailey
County De Kalb
Disability Rheumatism
Amount, \$ 50.

Jan 21 1901.
JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

Ragsdale
Sec. W. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I _____ hereby authorize _____

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

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

day of _____ 1902.

Executed in presence of

CODE SECTION 136
(FOR THOSE ALREADY ENROLLED.)

No. 439

DISABLED

SOLDIER'S PENSION

1902.

Name Bailey L. E.
County De Kalb
Co. C Regiment Cobb
Disability Rheumatism
Amount, \$ 50.

43 1902.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

AM
Sec. W. Harrison, State Printer, Atlanta.

no date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalh County.

Personally appears *L.E. Bailey* of *De Kalh* 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 *31* day of *March* 18*99*; 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 *C*, of *Leath's Legion* of *Ga* Volunteers, *'s* Brigade; that whilst engaged in such military service in the State of *Ga*, on the *15* day of *April* 186*3*, he was wounded, injured or diseased as follows: *Contracted Rheumatism while in service affecting limbs and body so as to be unable to work*

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 *De Kalh* County been allowed an invalid pension of *Fifty* Dollars, for the year 1900.

Sworn to and subscribed before me, this the *9th* day of *Jan* 1901. Postoffice *Lithonia*
W.M. Ragsdale, 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,

De Kalh County.

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

Given under my official signature and seal, this *9th* day of *Jan* 1901.



W.M. Ragsdale
Ordinary *De Kalh* County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalh County.

Personally appears *L.E. Bailey* of *De Kalh* 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 *5* day of *May* 18*99*; 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 *C*, of *Leath's Legion* of *Ga* Volunteers, *'s* Brigade; that whilst engaged in such military service in the State of *Ga*, on the *15* day of *April* 186*3*, he was wounded, injured or diseased as follows: *Contracted Rheumatism while in service at Vicksburg, now unable to work for a support*

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 *De Kalh* County, been allowed an invalid pension of *Fifty* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *10th* day of *Jan* 1902. Post-office *Lithonia*
W.M. Ragsdale, 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,

De Kalh County.

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

Given under my official signature and seal, this *15th* day of *Jan* 1902.



W.M. Ragsdale
Ordinary *De Kalh* County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____
of _____
to receive and receipt for the pension paid hereon and request that he remit same to
by _____
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____
day of _____ 1903.

[L. S.]

Executed in presence of _____

(CODE SECTION 1260.)
(FOR THOSE ALREADY ENROLLED.)

No. 196

DISABLED

**SOLDIER'S PENSION
1903.**

Name Bailey L E
County De Kalb
Co. C Regiment Cobb's
Disability Paraly
Amount, \$ 50.
423 1903.

JOHN W. LINDSEY,

(Commissioner of Pensions)

WARRANT HANDED TO

1944
Geo. W. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____
of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
by _____
at _____

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

[L. S.]

Executed in presence of _____

(CODE SECTION 1260.)
(FOR THOSE ALREADY ENROLLED.)

No. 822

DISABLED

**SOLDIER'S PENSION
1904.**

Name L. E. Bailey
County De Kalb
Co. C Regiment Lewis
Disability Phumation
Amount, \$ 50.00
120 1904.

JOHN W. LINDSEY,

(Commissioner of Pensions)

WARRANT HANDED TO

1944
Geo. W. Harrison, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears L. E. Bailey of De Kalb 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 5 day of May 1839; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company C, of Col. 4th Regiment of Va Volunteers, _____'s Brigade; that whilst engaged in such military service in the State of Va, on the 15 day of April 1863, he was wounded, injured or diseased as follows:
Suffering with Rheumatism contracted at Fredricksburg, now unable to work for a support.

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 De Kalb County, been allowed an invalid pension of fifty Dollars, for the year 1902.

Sworn to and subscribed before me, this the 7 day of Jan 1903, } L. E. Bailey
Post-office Lithonia, Ga.
M. W. Casdace 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,

De Kalb County.

I, M. W. Casdace Ordinary of said County, do certify that I am well acquainted with L. E. Bailey 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 9 day of Jan 1903.



Ordinary De Kalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears L. E. Bailey of De Kalb 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 6 day of May 1839; 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 Priv in Company C, of Col. 4th Regiment of Va Volunteers, _____'s Brigade; that whilst engaged in such military service in the State of Va, on the 15 day of April 1863, he was wounded, injured or diseased as follows:
Rheumatism affecting limbs & 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 De Kalb County, been allowed an invalid pension of fifty Dollars, for the year 1903.

Sworn to and subscribed before me, this the 7 day of January 1904. } L. E. Bailey
James R. George Ordinary } Post-office Lithonia

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,

De Kalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with L. E. Bailey 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.



Ordinary De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY.

I, L. E. Bailey hereby authorize
Arthur Basar of DeKalb Co
to receive and receipt for the pension paid hereon, and request that he remit same to
L. E. Bailey by
at.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2nd
day of January 1905.

Executed in the presence of

And R. George
Ordinon

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY.

I, _____ hereby authorize
_____ of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
_____ by
at _____

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

Executed in the presence of

Bailey L. E.
DeKalb County

(FOR THOSE ALREADY ENROLLED.)

No. 247

DISABLED
SOLDIER'S PENSION
1905.

Name L. E. Bailey
County DeKalb
Co. C Regiment

Disability
Amount, \$ 5.00
January 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Arthur Basar

The Pension Service and Discharge Co., Agents,
Geo. W. Harrison, Manager, and State Printer

no date

Bailey L. E.
De Kalb Co.

(FOR THOSE ALREADY ENROLLED.)

No. 212

DISABLED
SOLDIER'S PENSION
1906.

Named L. E. Bailey
County De Kalb
Co. C Regiment

Disability Rheumatism
Amount, \$ 5.00
1/22-1906

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Arthur Basar

The Pension Service and Discharge Co., Geo. W. Harrison, Man.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb COUNTY.

Personally appears

L. E. Bailey of De Kalb

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

day of 18 ; that he enlisted in the military service of the Con-

federate States (or of the State of Georgia) during the war between the

States, and served as a Private in Company C, of 6th Regiment

of Volunteers's Brigade; that whilst engaged

in such military service in the State of Georgia, on the 15 day

of May 1869, he was wounded, injured or diseased as follows:

Disease of

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

De Kalb County, been allowed an invalid pension of Fifty Dollars, for the year 1904.

Sworn to and subscribed before me, this the

21st day of January, 1905.

James R. George 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,

De Kalb COUNTY.

I, James R. George Ordinary of said County,

do certify that I am well acquainted with L. E. Bailey

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 21st

day of January, 1905.

James R. George
Ordinary De Kalb County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

De Kalb County.

Personally appears

L. E. Bailey of De Kalb

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 15

day of May 1859, that he enlisted in the military service of the Con-

federate States (or of the State of Georgia) during the war between the

States, and served as a Private in Company C, of 6th Regiment

of Volunteers's Brigade; that whilst engaged

in such military service in the State of Georgia, on the 15 day

of May 1869, he was wounded, injured or diseased as follows:

Disease of Rheumatism affecting
limbs and body

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

De Kalb County, been allowed an invalid pension of

Fifty Dollars, for the year 1905.

Sworn to and subscribed before me, this the

15th day of January, 1906.

James R. George Post-Office Lithonia

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,

De Kalb County.

I, James R. George Ordinary of said County,

do certify that I am well acquainted with L. E. Bailey

the applicant in the foregoing affidavit, and am well satisfied that the statements made

by him in his said affidavit are true, and I know he is the individual he represents himself

to be, and that he resides in this County.

Given under my official signature and seal, this 18th

day of January, 1906.

James R. George
Ordinary De Kalb County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. COUNTY.

I, _____, hereby authorize
_____ of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
_____ by _____
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of _____ 1907.

[L. S.]

Executed in presence of _____

Cons Section 1251.
(FOR THOSE ALREADY ENROLLED)

No. 277

DISABLED
SOLDIER'S PENSION
1907.

Name L. E. Bailey
County DeKALB
Co. C Regiment 10th Regt
Disability Discharge
Amount, \$ 50

1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

ONE W. H. HARRIS, STATE PRINTER, ATLANTA.

no date

***LIGHT PRINT OR BAD COPY ***

Georgia.

DeKalb County.

Personally came before me the undersigned, whom on oath says that
they know the said Lewis E. Bailey was a soldier in the Confederate
Army and a member of Company C. 10th Regt and from our personal
knowledge he contracted Rheumatism while in service and we further
know that he was unable at times to go service in his company and
we further state that he is at present unable to work on his farm
sufficiently to make a support for himself and family and at
this time disabled by said disease contracted during the war.

Given to and subscribed before me J. L. Argo Capt Comdr
this the 27th day of Jan. 1898. John I. Hartman Co. C 10th
Wm. H. Regan Legion

no money John I. Hartman

Georgia. I do hereby declare
to all whom it may concern that the said Argo
John I. Hartman and Wm. H. Regan are
known to me and are trustworthy
and entitled to full credit and
relief.

Witness your hand and seal of
Office Jan 27th 1898

Wm. H. Regan
Ordinary.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

DeKALB. County.

Personally appears L. E. Bailey of DeKALB.

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of Cobb's Legion, 1st Regiment of Georgia Volunteers. Company C's Brigade; that whilst engaged in such military service in the State of Georgia, on the 5 day of May, 1863, he was wounded, injured or diseased as follows:

Diseased

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 DeKALB County, been allowed an invalid pension of Twenty Dollars, for the year 1906.

Sworn to and subscribed before me, this the 10 day of January, 1907.

James R. George Ordinary } L. E. Bailey
Postoffice Nicholls 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,

DeKALB. County.

I, James R. George Ordinary of said County,

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

Given under my official signature and seal this 10th day of January, 1907.

James R. George
Ordinary DeKALB County.

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

NAME Bailey, L E (Lewis E.)

YEAR 1898 COUNTY DeKalb

WHEN AND WHERE BORN? May 5, 1839 -

ENLISTED WHEN AND WHERE? Georgia

RANK. Private

COMPANY AND REGIMENT? Co C - Cobb's Legion Ga. Vols

NAME OF CAPTAIN AND COLONEL? J L Argo, Capt. commanding
Co C Cobb's Legion

WOUNDED? Virginia, April 15, 1863 - came down with rheumatism, from which I have never recovered. This came upon applicant on account of exposure in the rain and snow.

CAPTURED, WHEN AND WHERE?

RELEASED?

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

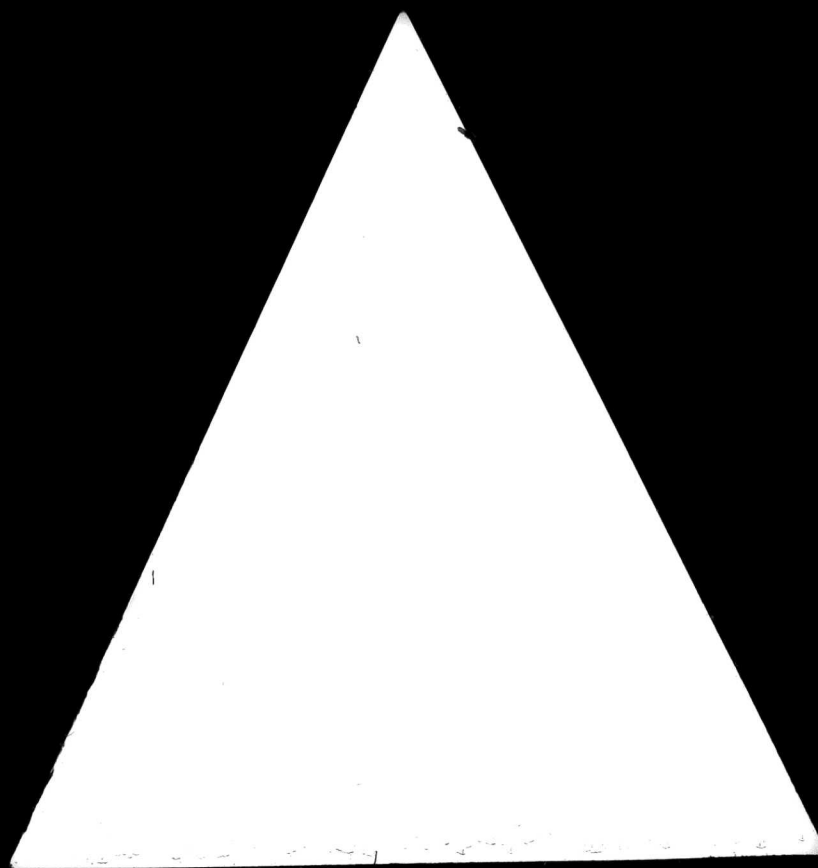
WITNESSES. John J Marbut, J T Alford - same command - No data
mh

Georgia DeKalb Co. Jan 27th 1898
This is to certify that I have
known Lewis E. Bailey for
fifty years and have been his
family physician for fifty years.
I find on examination that he
is afflicted with Chronic Rheumatism
which according to his history of
said trouble he has been suffering
ever since the late war. Having
contracted the said disease while
serving as a private from exposure
to cold weather, I further certify
that said Lewis E. Bailey has not
been able to perform any physical
labor since I have known him
on account of said disease.

J. C. Jones M.D.

Subscribed and subscribed before me
This 27th Jan 1898. J. M. Lagoo, Jr.
Ordinary.

Georgia DeKalb Co. Jan 27th 1898
This is to certify that I have known
Lewis Bailey for thirty years and have
been his family physician for twenty years.
I know him to be a sufferer from
Chronic Rheumatism ever since the
war and trouble was contracted
from exposure to cold weather while
serving as a private in Cobb's Legion
Company. I further certify that
said Lewis E. Bailey has not been
able to perform any physical
labor since I have known him, on
account of said disease. D. R. Schuyler, M.D.
Subscribed and subscribed before me
Jan 27th 1898. Wm. DeKalb, Ordinary.



Pension Office 11/28/10.

The testimony in husband's application fails to show term of service necessary to make out an application for widow as required by new law. Use pale blue Widow's Blank, make out as required by that class, and prove term of service etc., without reference to husband's application.

J. W. LINDSEY, Comr. of Pensions.

Bailey, Susan C.
DeKalb Co

OK for 1911

Widow's Application

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

County

DeKalb

Name

Susan C. Bailey

Widow of

L. E. Bailey

Approved

J. W. LINDSEY

Commissioner of Pensions

Chas. P. Byrd, State Printer, Atlanta.

copy of Ed # 2
5/15-1911

Pension Office 11/18/10.

The testimony in husband's application fails to show term of service necessary to make out an application for widow as required by new law. Use pale blue Widow's Blank, make out as required by that class, and prove term of service etc, without reference to husband's application.

J.W. Lindsey, Com. of Pensions.

Widow's Application

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

County

DeKalb

Name

Susan E. Bailey

Widow of

L. E. Bailey

Approved

J. W. LINDSEY

Commissioner of Pensions

CHAS. F. BYRD, STATE PRINTER, ATLANTA

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA.

DeKalb County.

Personally before me comes *Mrs Susan E. Bailey* of said County, who, after being duly sworn, on oath says, that she is the widow of *L. E. Bailey* to whom in the County of *DeKalb* State of *Georgia* she was married on the *20* day of *Dec* 18*66* and that she remained his wife, and resided with him to the date of his death in *April* 19*09* and that she has not since his death remarried. At the time of his death he was a resident of *DeKalb* County, in *Georgia* said State of Georgia, and he was on the *Unpaid* Pension Roll of the State and paid a pension of *\$ 32.00* in *DeKalb* County for 19*09* per annum, on account of being a soldier in Company *C. 10th Regt* Regiment. (Volunteers of State Militia.)

At the death of *L. E. Bailey* he was in the use and possession of the following property: *He had no 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>50</i>	Acres land.	<i>\$ 500.00</i>
	Horses and Mules	<i>\$ —</i>
	Hogs, Cows, etc.	<i>\$ —</i>
	Total Cash value of all property	<i>\$ 500.00</i>

That she is now a bonafide resident citizen of said County of *DeKalb* and she has so continuously resided since *8* day of *January* 18*87*

Sworn to and subscribed before me, this the *13* day of *Sept* 1910.

James R. George Ordinary
of *DeKalb* County.

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

STATE OF GEORGIA.

DeKalb County.

Personally before me come *J. J. Marbut* 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. *Susan E. Bailey* who made the foregoing affidavit, is the lawful widow of *L. E. Bailey* who died in *DeKalb* County in said State of *Georgia* on *29* day of *April* 19*09* and that she has not since remarried. That she became the wife of *L. E. Bailey* on the *20* day of *Dec* 18*66* and that she and he had resided together as man and wife continuously since *20* day of *Dec* 18*66* and that the *L. E. Bailey* was the same man who was on the pension roll of said State from *DeKalb* County when he died.

Sworn to and subscribed before me, this the *12* day of *Sept* 1910.

James R. George Ordinary.
of *DeKalb* County.

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Dekalb County.

Personally before me comes J. W. Phillips & J. M. Rytovich who after being sworn on oath says, that they are freeholders of said County, and that they know L. E. Bailey of said County and knew her said husband. L. E. Bailey at his death on the 29 day of April 1909 that she and he were in the possession and control of the following property at his death to wit: 50 acres of land

of the value of \$ 750.00 That she is now in the use, possession and control of the following property to wit: 30 acres of land

of the value of \$ 750.00

Sworn to and subscribed before me, this the

12 day of Sept 1910 J. M. Rytovich
James R. George Ordinary.
of Dekalb County. L. E. Bailey

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Dekalb County.

I, James R. George Ordinary of said County, do certify, that, I know Burton E. Bailey 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 8th Nov 1908

That I also know J. W. Phillips & J. M. Rytovich 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 Dekalb County shows that she returned property to the amount of \$750.00 for 1908 \$750.00 for 1909 \$750.00 for 1910 \$532.00

Sworn under my hand and official seal of office this 12 day of Sept 1910

(SEAL) James R. George Ordinary.
Dekalb 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.

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

STATE OF GEORGIA,

Dickall County.

Personally before me comes *J. H. Argo* 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. H. Argo*
2. How long and since when have you known *L. E. Bailey* applicant?
3. How long and since when has she continuously resided in this State? (Give date.) *35 years on all her life*
4. When and to whom was she married? *L. E. Bailey* How do you know? *own knowledge*
5. How long and since when did you know *L. E. Bailey* her husband? *60 years on all his life*
6. When and where did *L. E. Bailey* the husband of Applicant die? *April 29th 1909 Dickall Co*
7. Where the Applicant and her husband living together as husband and wife at the date of his death? *they was*
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 *L. E. Bailey* enlist? *August 1st 1861 Decatur Ga company 16. Codd's Legion*

10. Were you a member of the same Company? *we was*

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? *4 years or from 1861 to 1865*

12. When, and where did his Command surrender, and was discharged? *April 9th 1865 Appomattox Court House*

13. Were you personally present when it was surrendered? *we was* If not where were you *Present* and how came you there?

14. Was the husband of applicant personally present at surrender? *He was* If not where was he? *He was present* when, where and for what cause did he leave Command? (Give date.) *Surrender* By whose authority did he leave his Command? *Surrender* and how long was he granted leave? *we was present and know it is my own knowledge* How do you know all this?

15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? *did not have command*

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? *did not leave command*

Sworn to and subscribed before me this the *12* day of *May* 1911 *J. H. Argo*

James R. George Ordinary

of *Dickall* County.

State of Georgia, DeKalb County.

To any Minister of the Gospel, Judge of Superior Court, Justice of Inferior Court or Justice of the Peace to celebrate:

You are hereby authorized and permitted to join in the honorable state of matrimony Lewis E. Bailey and Miss Susan C. Marbut according to the rites of your Church, provided there be no lawful cause to obstruct the same, according to the Constitution and Laws of this State, and for so doing there shall be your sufficient license.

Given under my hand and seal this 17th day of December 1866.

J. B. Thayer,
Ordinary.

I hereby certify that Lewis E. Bailey and Susan C. Marbut were joined together in the holy state of matrimony on the 20th day of December 1866 by me.

W. A. Dodge, M. G.

Georgia, DeKalb County.

I, James R. George, Ordinary in and for said county, do hereby certify that the above and foregoing copies of Marriage License and certificate of Marriage of Lewis E. Bailey and Miss Susan C. Marbut are true, correct and complete copies of the same as appears of record in this office in Book B. Record of Marriage s, Page 193.

In Witness Whereof, I have hereto set my hand and affixed the seal of said Court of Ordinary, this the 17th day of September, 1910.

James R. George
Ordinary, DeKalb County, Georgia.

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

STATE OF GEORGIA,

DeKalb County.

Personally before me comes Mrs. Susan C. Bailey 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? Susan C. Bailey, DeKalb County, Ga.
2. How long and since when have you been a continuing resident in the State of Georgia? 60 yrs all my life.
3. When, where and to whom were you married? L. E. Bailey Dec 20th 1866
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.) August 1st 1861 Decatur Ga. Comp. C - 68th Regt. Inf.
5. When and where did the Commands of your husband surrender or discharge from the army? April 9th 1865 - Appomattox Court House
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? 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?
 - b. Was he captured by the enemy at any time?
 - i. If so, when and where captured and where held as a prisoner, and when and for what cause released?
- j. When and where did your husband die? April 29th 1909 DeKalb Co
- k. Were you residing together when he died? We was
- 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.)
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.)
11. What property of any description of any value have you now? Give list and cash value?
12. What are your annual earnings or income and their value?
13. Have you heretofore been paid a pension by the State? If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the

12 day of May 1911

Mrs. S. C. Bailey
James R. George Ordinary,
DeKalb County.

Sworn to and subscribed before me this the.....

12

day of Aug

19 11

Mrs. S. L. Bailey

James P. George

Ordinary.

of

Dickson

County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County }

I, _____, hereby authorize

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

at _____

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

Executed in presence of _____

(L. S.)

Baker, W. E. Q.
De Kalb Co

O. R. No. 1910

INDIGENT PENSION

190 9

Name W. E. Q. Baker

County De Kalb

Co. Whitcomb Light. Bn.

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.

7-30-09

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY

I, _____ hereby authorize

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

at _____ by _____
Witness my hand and seal, this _____ day of _____ 190__

Executed in presence of _____

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Dekalb COUNTY

W.E.Q. Baker 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).
W.E.Q. Baker Edgewood Dekalb Co Ga
2. How long and since when have you been a resident of this State?
70 years Oct 1835-1838
3. When and where were you born?
Oct 1838/1839 Liberty Co Ga
4. When and where and in what company and regiment did you enlist or serve?
March 1862 2nd S^{gt} of H^{vy} Regt Ga. Wharton Light Battery Chatham Artillery
5. How long did you remain in such company and regiment?
from March 1862 to April 9 1865
6. When and where was your company and regiment surrendered and discharged?
April 9 1865 Greensboro NC
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 \$50.00
10. What has been your occupation since 1865?
Mechanic
11. Upon which of the following grounds do you base your application for pension viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty?"
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.
on account of my age I am not able to support myself
13. What property, real and personal, or income, do you possess, and its gross value?
Nothing
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?
Nothing had same to dispose of
15. In what County did you reside during those years, and what property did you then return for taxation?
Dekalb Co Ga
16. How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909?
By what I could do and 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?
8125.00 about \$50.00
18. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1909? What pay did you receive in each year?
No employment Nothing
19. Have you a family? If so, who compose such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed?
Have a wife and 2 Daughters one Son no homestead 1 Daughter 31 - 1 Daughter 29 - 1 Son 23 yrs
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?
None

Sworn to and subscribed before me this the _____ day of _____ 190__

James R. Gump Ordinary
of *Dekalb* County.

Bailey, W.E.Q.
Edgewood Co

W.E.Q. 1910

INDIGENT PENSION

1909

Name *W.E.Q. Baker*
County *Dekalb*
Co. *Wharton Light Bty*

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. F. Byrd, State Printer, Atlanta.

9-30-09

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Dekalb COUNTY, *E.S. Lathrop* of said State and County, having been presented as a witness in support of the application of *W.E.Q. Baker* 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?
E.S. Lathrop, Decatur Ga Dekalb Co
2. Are you acquainted with *W.E.Q. Baker*, the applicant; if so, how long have you known him?
50 years
3. Where does he reside, and how long and since when has he been a resident of this State?
Edgewood Dekalb Co Ga all his life
4. When, where and in what company and regiment did he enlist, and how do you know?
March 1862 Wheatons Light Battery Ill of N.Y. Ga
5. Were you a member of the same company and regiment?
I was
6. How long did he perform regular military duty?
March 1862 to April 1865
7. When and where was his command surrendered?
April 1865 Greensboro NC
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?
War closed
- By what authority he left?
War closed How do you know all of this?
Present and know it by my own knowledge
11. What property, effects or income has the applicant? (Give your means of knowledge).
Nothing no income
12. What property, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909?
Nothing
- and what disposition, if any, did he make of same?
Had none to dispose of
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
Had none to dispose of
14. What is the applicant's occupation and physical condition?
Has no occupation, has no record of his age being 70 years old, his physical condition is not good
15. Is the applicant unable to support himself by labor of any sort; if so, why?
I think he is not
16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909?
What he could do and by his children
17. What portion of his support for those four years was derived from his own labor or income?
About 50%
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code.
He being 70 years of age he is unable to support himself
19. Who composes family? What property have they? Children's ages and their earning capacity?
wife and 2 Daughters one son nothing they work in Atlanta Ga
20. What interest have you in the recovery of a pension by this applicant?
Sworn to and subscribed before me, this the 28 day of Sept 1909
E.S. Lathrop Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Dekalb COUNTY, Personally came before me *J. H. Green* and *N. J. Houston*, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully *W.E.Q. Baker* applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Old age, general debility, weakness, condition of whole system. Can do from age floor up to night, all of which render him unable to make and living at any kind of labor

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

Sworn to and subscribed before me, this the 28 day of Sept 1909 }
James R. George Ordinary *N. J. Houston M.D.*

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Dekalb COUNTY, I, *James R. George* Ordinary, in and for said County, hereby certify that the applicant *W.E.Q. Baker* resides in said County, and has been a bona fide resident of this State since the *all his life* 189 and that the witnesses, viz: *E.S. Lathrop*

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 *Dekalb* County shows that applicant returned for taxation in his name in 1901 _____ Dollars of property, and 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 1908 _____ Dollars of property; in 1909 _____ Dollars of property.

In my opinion the foregoing claim is made in good faith
Witness my hand and seal of office this 28 day of Sept 1909
James R. George Ordinary of *Dekalb* 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 Baker, W.E.Q.

VTAR 1910 COUNTY DeKalb

WHEN AND WHERE BORN? Oct. 18, 1839, - Liberty County, Georgia.

EMIGRATED FROM AND WHERE? March 1862, - Isle of Hope, Savannah, Ga.

RANK.

COMPANY AND REG'T? Wheaton Lights Battery,
Chatham Artillery.

NAME OF CAPTAIN AND COMPANY?

ARMY.

ENLISTED, FROM A F. WHERE?

RECEIVED.

WHEN AND WHERE DISCHARGED? April 19th, 1865, Greensboro, North
Carolina.

IF NOT PRESENT AT DISCHARGE, WHERE WERE YOU?

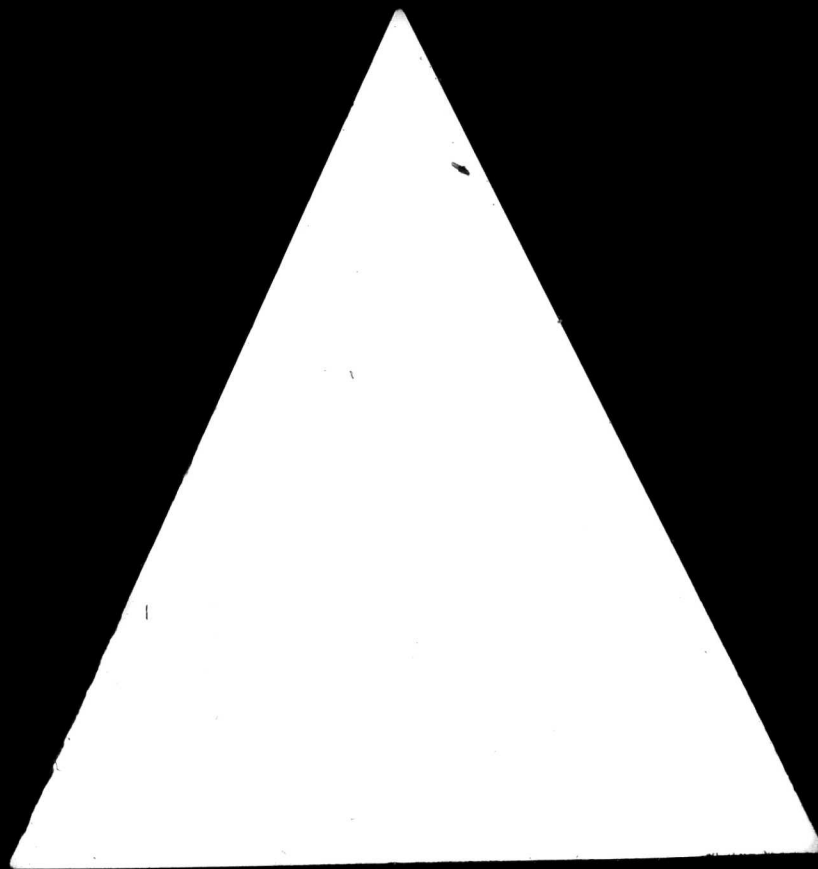
DIED, WHEN AND WHERE?

INTERED,

WITNESSES. E.S. Lathrop, - Same Command-

No data.

mh.



Ordinary's Certificate

STATE OF GEORGIA

DeKalb COUNTY

I, James B. Gentry, Ordinary of said County, do certify that James B. Gentry the applicant for pension. She

is the person she represents herself to be and she is a bona fide conjuring resident citizen of said County and was on the 4th November 1908; that I also know W. M. Ball the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-worthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 15 day of May 1920
(SEAL) James B. Gentry Ordinary,
DeKalb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicants 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 witnesses you shall give will be the truth. So help you God." 2. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by 3. Only widows who married prior to January 1st, 1881, are entitled to pension. 4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by 5. Attached certified copies of marriage licenses if obtainable. If not, prove marriage by some person, or by general reputation.

Ball, Jane B.
15/20
DeKalb
Ordinary

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County DeKalb
Name Mrs. Jane E. Ball
Widow of W. M. Ball
Company A
Regiment 38th
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.
Byrd Printing Co., State Printers, Atlanta.

10/30/1919

Ordinary's Certificate

STATE OF GEORGIA

DeKalb COUNTY.

I, James R. George Ordinary of said County, do certify that I know Mrs. Jane E. Ball 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 W. F. Williams & P. L. Huggins 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 13 day of May 1920

(SEAL)

James R. George Ordinary,
DeKalb 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 DeKalb
Name Mrs. Jane E. Ball
Widow of W. M. Ball
Company A
Regiment 38 Ga
Approved

J. W. LINDSEY,
Commissioner of Pensions,
Byrd Printing Co. State Printer, Atlanta.

10/30/1919

Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me comes Jane E. Ball 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? Jane E. Ball
2. How long and since when have you been a continuing resident of the State of Georgia? 76 yrs. all my life

3. When, where and to whom were you married? October 1898
DeKalb Co. W. M. Ball

4. Have you married since the death of first and soldier husband? have not

5. 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.) I understood Sept. 25 1861. DeKalb's Company A-38 Ga Regt.

6. When and where did the command of your husband surrender or discharge from the army? April 1865 - Appomattox Va

7. Was your husband personally present at the time of the surrender or discharge of this command? was not in Prison

8. If he was not present state clearly where he was in Prison at Chattahoochee

9. Where was his command when he left? no

a. For what cause did he leave his command? Prison

b. By whose authority did he leave his command? Prison

c. For how long was he granted leave of absence? wounded & Prison

d. What effort did he make to return to his command? Prison

e. In what way was he prevented from going back to Command? He was

f. Was he captured by the enemy at any time? He was

g. If so, when and where captured and where held as a prisoner, and when and for what cause released? Chattahoochee Va Prison till charged with

h. When and where did your first husband die? Jan 6 1899

i. Were you residing together when he died? we was

j. If not, how long had you resided apart? I am

k. Have you or your husband heretofore been paid a pension by the State? Husband
If so, when and for what cause were you or your husband placed on the roll? wounded

Sworn to and subscribed before me this the

13 day of May 1920
James R. George Ordinary,
of DeKalb County.

(SEAL)

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me comes W. J. Williams & F. L. Huggins 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? W. J. Williams and F. L. Huggins
2. How long and since when have you known Mrs. Jane M. Ball applicant?

3. How long and since when has she continuously resided in this State? (Give date.) all her life

4. When and to whom was she married? W. M. Ball How do you know? from our

5. How long and since when did you know W. M. Ball her husband? 56 since 1864

6. When and where did W. M. Ball

the husband of applicant, die? Jan'y 6th 1899

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

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

Were they divorced? was not

9. When, where and in what Company and Regiment did W. M. Ball enlist?

Sept 14th 1864 Company B 38th Ia

10. Were you a member of the same Company? was not

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? until killed by falling on a log

12. When and where did his Command surrender, and was discharged? April 1865 at Sherman's

13. Were you personally present when it was surrendered? I was If not, where were you Present and how came you there? Present

14. Was the husband of applicant personally present at surrender? was not If not where was he? In Prison till close of war When, where and for what cause did he leave Command? (Give date.) Prison By whose authority did he leave his Command? Prison And how long was he granted leave? was not How do you know all this? know of my own knowledge

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

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Prison till close of war

Sworn to and subscribed before me this the

13 day of May 1920

James B. Leary Ordinary

of DeKalb County.

(SEAL)

W. J. Williams
F. L. Huggins

I, W. J. Williams, was at the marriage & know all the facts.

I know of my own knowledge & was in Company B 38th Ia.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

DeKalb COUNTY.

I, James George Ordinary of said County, do certify that I know Mrs. Jane E. Ball 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 A. J. Morris 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 25 day of Oct 1919.

(SEAL)

James George Ordinary.
DeKalb 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, 1911, 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.

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.

No.

County DeKalb
Name Mrs. Jane E. Ball
Widow of Wm. Ball
Company A
Regiment 35 Ga
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

1030 119

FILED

FEB 5 1920

VETERAN SERVICE
A. L. HENSON

TO PAY—

1930. \$ 1.27

Cig. & C. Tax. \$

TOTAL.

Received of J. L. Morgan, Ordy.
check for \$127.00 funeral
expenses for Mrs. Jane Ball.
5/1/36.
A. S. Turner

J. E. BALL JANE (ma.)
DeKalb Co. 235

For DeKalb County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

J. L. Morgan Ordinary
For: Mrs. Jane E. Ball
(Name of Pensioner)

Date of Death: Jan 21, 1919

Amount: \$ 1.27

PAID TO ORDINARY ON THIS CLAIM:

DATE	FUND FROM WHICH PAID	\$
6/3/19	1930	3.00
2/25/35	1930	127.00
8/2/36	Che	25.25
<u>8173</u>	TOTAL	<u>155.25</u>

Approved, and ordered paid,

Apr 22 1919
A. L. HENSON
Director, Veterans Service Office.

Record of J. L. Morgan Ordinary
check for \$127.00 on the unit
funeral expenses.
6/15/36. A. S. Turner
Byrd Printing Co.

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

DeKalb

COUNTY.

Personally before me comes *Mrs. Jane E. Ball* of said County, who, after being duly sworn, says that she is the widow of *W. M. Ball* to whom, in the County of *DeKalb* State of *Georgia* she was married on the *14* day of *oct* 18*98* and that she remained his wife, and resided with him to the date of his death in *6th Jan* 19*19* and that she has not since his death remarried. At the time of his death he was a resident of *DeKalb* County, in said State of Georgia, and he was on the *Indigent* Pension Roll of the State and paid a pension of \$ *90.00* in *DeKalb* County for 19*19* per annum, on account of being a soldier in Company *A* Regiment *38* (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of *DeKalb* and she has continuously resided since *6th Jan* 19*19* day of *Jan* 19*19*

Sworn to and subscribed before me, this the

20 day of *oct* 19*19*

James R. George Ordinary

DeKalb County

(SEAL)

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

STATE OF GEORGIA,

DeKalb

COUNTY.

Personally before me comes *A. J. Morris* 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. *Jane E. Ball* who made the foregoing affidavit, is the lawful widow of *W. M. Ball* who died in *DeKalb* County in said State of *Ga* on *6th* day of *Jan* 19*19* and that she has not since remarried. That she became the wife of *W. M. Ball* on the *14* day of *oct* 18*98*, and that she and he had resided together as man and wife continuously since *14* day of *oct* 18*98*, and that the *W. M. Ball* was the same man who was on the pension roll of said State from *DeKalb* County when he died.

Sworn to and subscribed before me, this the

20 day of *oct* 19*19*

James R. George Ordinary

DeKalb County.

(SEAL)

Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, *DeKalb* County:

Before me, the Ordinary of said County, comes *A. S. Turner*

of said County, who, after being duly sworn, on oath says that he knew *Mrs. Jane Easter Ball* 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 \$ *235.00*, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,

this the *3* day of *Feb'y*, 19*24*

V. A. Morgan Ordinary.

CERTIFICATE OF THE ORDINARY

GEORGIA, *DeKalb* County.

I certify that *A. S. Turner*

who subscribed

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. Jane Easter Ball* 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 *3* day of *February*, 19*24*.

(Seal of Ordinary)

V. A. Morgan 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 _____, 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.

James R. George Ordinary
of DeKalb County.
(SEAL)

W. J. Morris

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.

A. S. Turner

Funeral Director and Embalmer
Prompt Ambulance Service
Decatur, Georgia

NIGHT AND SUNDAY PHONE DE. 0089
225 27th W. McDONOUGH ST.
PHONE DE. 0088

William M. Ball and Miss Jane E. Carpenter, both of DeKalb County, Georgia.

Witnessed by me,

James R. George,

Ordinary and ex-officio Clerk Court Ordinary

of DeKalb County.

My Service and Service Rendered

1934.00

Witnessed by me,

I, James R. George, Ordinary and ex-officio Clerk Court Ordinary in and for said County, do hereby certify that the above and foregoing copies are true, correct, and complete copies of the marriage license and certificate of marriage of William M. Ball and Miss Jane E. Carpenter, as they appear of record in Book "B", Record of Marriages, Page 62.

Witnessed by me,

James R. George,

Ordinary and ex-officio Clerk Court Ordinary

of DeKalb County, Georgia.

State of Georgia, DeKalb County.

To any Minister of the Gospel, Judge, Justice of the Inferior Court or Justice of the Peace-

You are hereby authorized to join W. M. Ball and Miss Jane E. Carpenter in the Holy State of Matrimony, according to the Constitution and Laws of this State, and for so doing this shall be your sufficient License.

Given under my hand and seal this 11th day of October 1934.

Alex Johnson, Ordinary, (Seal)

Georgia, DeKalb County.

I certify that William M. Ball and Miss Jane E. Carpenter were duly joined in matrimony by me this 14th day of October 1934.

Aubrey Martin, J. P.

Georgia, DeKalb County.

I, James R. George, Ordinary and ex-officio Clerk Court Ordinary in and for said County, do hereby certify that the above and foregoing copies are true, correct, and complete copies of the marriage license and certificate of marriage of William M. Ball and Miss Jane E. Carpenter, as they appear of record in Book "B", Record of Marriages, Page 62.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court of Ordinary at Decatur, Georgia, this the 20th day of October, 1934.

James R. George
Ordinary & ex-officio Clerk Court Ordinary
DeKalb County, Georgia.

Received of V. S. Morgan, Ordinary, DeKalb County, Georgia, Seventy-eight and no/100 (\$78.00) Dollars in full settlement for funeral expenses of Mrs. Jane Ball, deceased.

This 11 day of September, 1936.

W. S. Morgan

412



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

3239

1. PLACE OF DEATH

County DeKalb Militia District (Number and Name) Dec. State of Georgia
 City or Town Decatur Length of residence in this city or town: Yrs. Mon. 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

Residence (City or Town) Decatur (Street and Number) 222 Mead Rd. (State) Georgia
 Name Jane Easter Hall

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) Dec. 10, 1843

7. AGE Years 90 Months 1 Days 10 If less than one day Hours 10 Minutes

(a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

(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

8. BIRTHPLACE

(P. O. Address) Georgia

9. FATHER

10. NAME John Carpenter

11. BIRTHPLACE Georgia

(P. O. Address) Georgia

10. MOTHER

12. MAIDEN NAME Margaret Fair

13. BIRTHPLACE N. C.

(P. O. Address) N. C.

11. INFORMANT

(Signed) J. E. Hall

(Address) 1038 Delaware Ave. S.E. Atlanta, Ga.

19. BURIAL PLACE Ebenezer Cemetery

(Cemetery)

(Postoffice) Decatur, Ga. Date Feb. 1, 1934

20. UNDERTAKER (Signed) A. J. Turner

(Address) Decatur, Ga.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 1 - 31 - 1934 at 3 A. M
 (Month, Day, Year) (Hour)

17. I HEREBY CERTIFY, That I attended the deceased from 1 - 2 - 1934 to 1 - 31 - 1934
 (Month, Day, Year) (Month, Day, Year)

I last saw alive on 1 - 31 - 1934 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:

Arterio Sclerosis

Other contributory causes of importance:

old age

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 also the state)

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

Manner of injury

Nature of injury

(Signed) M. F. Fincher M.D.

(Address) 715 Flat Shoals

15. FILED 2/19/34 19

(Signed) J. R. Evans

(Local Registrar)

THIS IS TO CERTIFY: That the certificate attached hereto is a true and correct copy of those items prescribed by the State Statutes, as shown on the original, which has become a perpetual record in the archives of the Georgia Department of Public Health.

Signed J. A. Abernethy

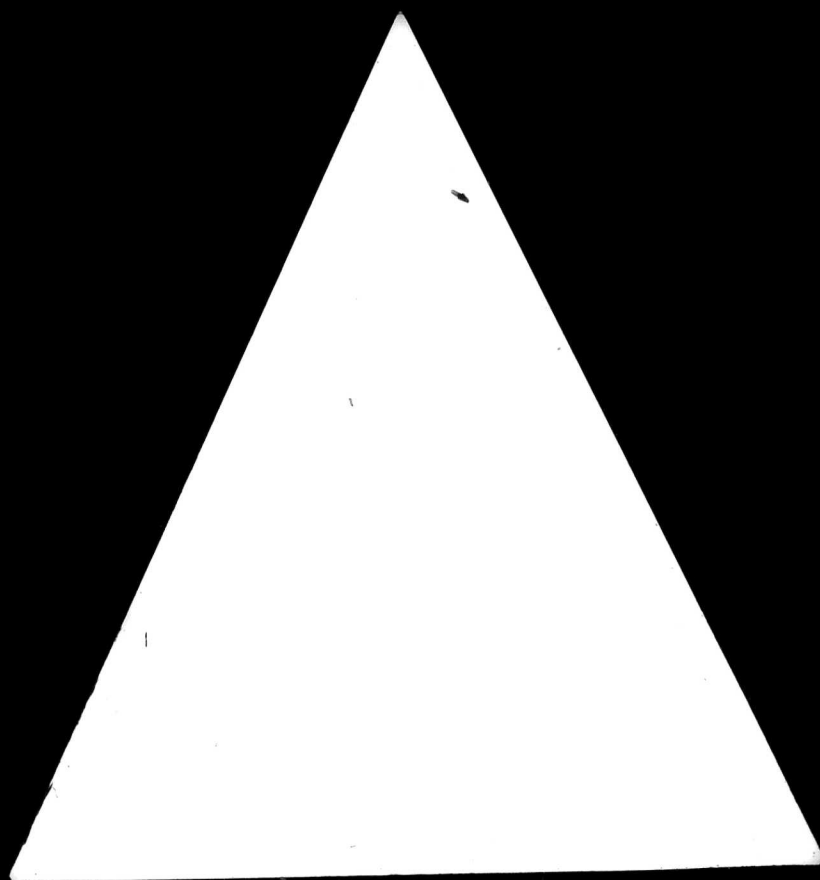
Director.

Atlanta, Ga.

B. A. Turner

Chief, Bureau Vital Statistics.

Date April 19, 1934



STATE OF GEORGIA De Kalb County

I, James E. Ball Ordinary of said county, do certify that I personally know Mrs. Jane E. Ball the applicant, and that she is the lawful widow of W. M. Ball and was on the De Kalb Pension Roll of said De Kalb county, and was paid a Pension from De Kalb county for 1918, and at the time of his death on the 6 day of January 1918, there was due to him and unpaid his Pension of 300.00 Dollars from the State of Georgia, and I know of J. Morris the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 1 day of May 1919.

James E. Ball
Ordinary,
De Kalb County.

Ball, W. M.
De Kalb Co.

No. 1918

Application for Pension Due
Deceased Soldier

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY

Mrs. Jane E. Ball

Widow of W. M. Ball

of De Kalb County

Co. _____ Regt. _____ Vols. _____

Approved and paid

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

paid Jan. 6, 1919.

GEORGIA, _____ County:

I hereby authorize and constitute

lawful attorney to collect and receipt for me in my name the Pension due me for 1911, through my deceased husband, _____ who was on _____ of said county, my

Pension Roll and paid from _____

Witness my hand this _____ day of _____ 19 _____ for 19 _____

Attested before me:

STATE OF GEORGIA, DeKalb County

I, James P. George, Ordinary of said county, do certify that I personally know Mrs. Emily Ball, the applicant, and that she is the lawful widow of W. M. Ball, and was on the Disable Pension Roll of said DeKalb county, and was paid a Pension from DeKalb county for 1918, and at the time of his death on the 6 day of January, 1918, there was due to him and unpaid his Pension of \$80.00 Dollars from the State of Georgia, and I know A. J. Morris, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 1 day of May, 1919

James P. George,
Ordinary,
DeKalb County.

Ball, W. M.
DeKalb Co.

No. 1919

Application for Pension Due Deceased Soldier

UNDER ACT 1891

It is paid his Widow or Dependent Children

BY Mrs. Emily Ball

Widow of W. M. Ball

of DeKalb County

Co. Regt. Vols.

Approved and paid

 , 1919

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printer, Atlanta.

Recd Jan. 6, 1919.

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 1918, through my deceased husband, , who was on Pension Roll and paid from for 1918.

Witness my hand this day of , 1919.

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, DeKalb County

Personally before me comes Mrs. Jane E. Ball, of said county, after being duly sworn, on oath says that she is the widow of W. M. Ball who was duly enrolled as Private Pensioner from the county of DeKalb and was paid a Pension of \$8.00 Dollars from DeKalb county for 1918, and that the said W. M. Ball died in DeKalb county on the 6 day of January, 1919, and at the time of his death a Pension of \$9.00 was due him from DeKalb county and unpaid for 1918. Applicant further swears that she married the said W. M. Ball on the day of , 18 , in DeKalb 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 1st day of May, 1919.
James R. George Ordinary. Mrs. Jane E. Ball (L. S.)
DeKalb County. Wife

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, DeKalb County

Personally before me comes A. J. Morris, who on oath says that he knew W. M. Ball while in life and that he knows Mrs. Jane E. Ball the above applicant; that he knows that the said W. M. Ball and were in due form of law married in the county of DeKalb in the State of Georgia 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 6 day of January, 1919, and I now know that she is his dependent widow.

Sworn to and subscribed before me this day of , 191 .
James R. George Ordinary. A. J. Morris
DeKalb County.

State of Georgia,)
DeKalb County.)

To any Minister of the Gospel, Judge of the Inferior
Court or Justice of the Peace:

You are hereby authorized to join W. M. Ball and Miss Jane E.
Carpenter in the Holy State of Matrimony, according to the Constitution
and Laws of this State, and for so doing this shall be your sufficient
license.

Given under my hand and seal this 14th day of October 1858.

Alex Johnson, Ordinary(Seal)

Georgia, DeKalb County.

I do certify that William M. Ball and Miss Jane E.
Carpenter were duly joined in matrimony by me, this 14th day of October
1858.

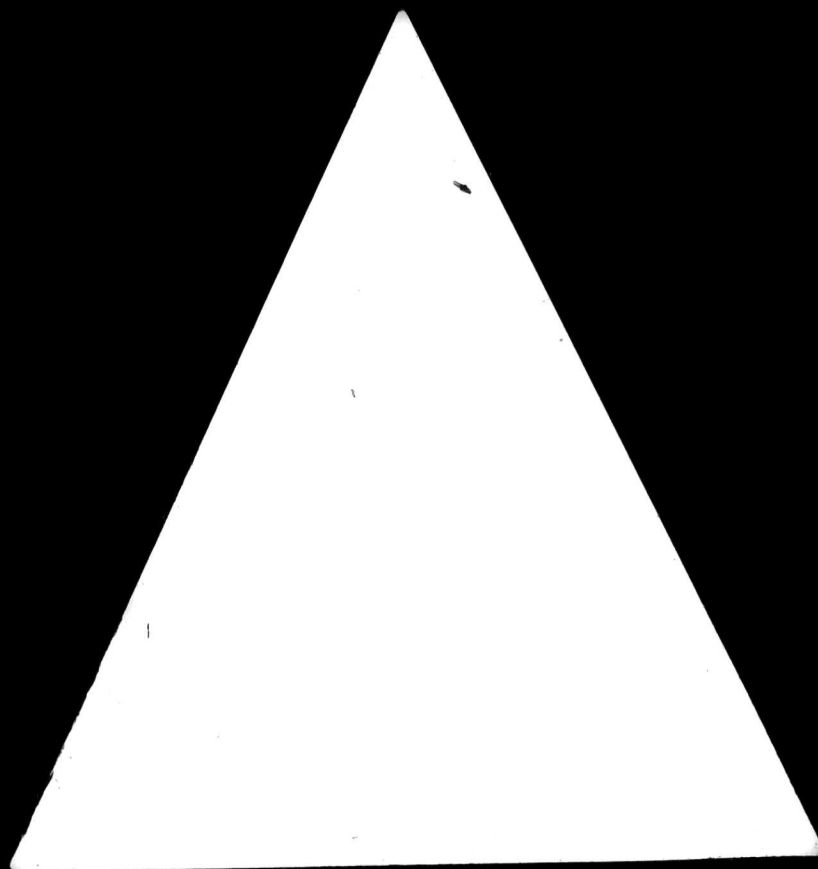
Ambrose Martin, J.P.

Georgia, DeKalb County.

I, James R. George, Ordinary in and for said County,
do hereby certify that the above and foregoing copies of marriage license
and certificates of marriage, are true, correct, and complete copies of the
marriage license and certificate of marriage of William M. Ball and Miss
Jane E. Carpenter, as they appear of record in Book B. Record of Marriages
Page sixty two (62).

In Testimony Whereof, I have hereunto set my hand and affixed the seal of
said Court of Ordinary at Decatur, Georgia, this 1st day of May, 1919.

James R. George
Ordinary.



POWER OF ATTORNEY.
STATE OF GEORGIA.

Knew a Men By These Presents That I,

County in said State, do hereby appoint

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

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

Executed in the presence of us:

[L.S.]

DIRECTIONS.

If allowed, send amount by

me at

and oblige.

to

Ex. Dept. Atlanta
May 9, 1891

The application is
not entitled on the
part of the deceased
State no disease which
applicant's husband was
incapable of service.
It will require the
fullest possible
proof in this
case. The physician
only knows the man
condition after 1890.
The death occurred 13
years after service with
army. The witnesses are
asked to explain how they
positively know his death
was a direct result of his
service.
McN Harrison
Dech

1891.

No.

Vidows' Pension

PAID TO

Mrs. McPaulstone

OF

DeKalb COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

Refer to Governor

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

Form No. 3.

STATE OF GEORGIA.

County of *Butts*

W. H. Harrison Ordinary

I, the undersigned, Ordinary of the County of *Butts* and for said County, witness *W. H. Harrison* State of Georgia, hereby certify that I am acquainted with Mrs. *M. L. Bankston* the applicant for a pension on the estate of her husband, 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 24th, 1864, and has not moved out of the State since that date. (I also certify that the widow, who is applying she presents to sustain her claim are known to me to be the wife of a soldier entitled to full pay 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 advised the seal of my office, this, the *24th* day of *May* 1891.

W. H. Harrison

Ordinary.

John L. Leachman, Ordinary of Butts County, Ga. hereby certify that the foregoing certificate as to the residence of Mrs. M. L. Bankston, widow of the late S. E. Bankston, is true, under my official signature and seal of office, this 24th day of May 1891.

NOTES.

- 1. The pension laws provide for certain classes of widows.
- 2. Those whose husbands were killed in service.
- 3. Those whose husbands died from wounds or disease contracted in the service.
- 4. Those whose husbands went to the army and have never been heard from since the war.
- 5. Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.
- 6. Those whose husbands were killed in the service, and who after the war, one of the disease contracted in the service. The pension law requires the death.

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

The fact that a widow has moved out of the State of Georgia, or who died in the State, does not affect her claim.

The fact that a husband's death is 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 were married since the service, 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.

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

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

By order of the Governor,

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

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA.

County of *Butts*

Harry Mrs. *M. L. Bankston* and *Mrs. S. E. Peck*

In person came before me, the undersigned Ordinary in and for said County, witnesses *W. H. Harrison*

(each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say and swear, that, from their own personal knowledge, Mrs. *M. L. Bankston* of the County of *De Kalb* State of Georgia, is the widow of *S. E. Bankston*, who was a soldier in Company *H* of the *53rd* Regiment of *Georgia* Volunteers. That said soldier enlisted in the service of the Confederate States for the Georgia State Troops on or about the *25th* day of *January* 1863. That while in said service, or by reason of said service in the Army, he lost his life as follows: *Contracted disease*

Sent home on furlough in the fall of 1864. That on account of disease thus contracted, never returned to the Army, but at home when the Confederate Army Surrendered, he remained dependent on S. Harris. further Swears that he was personally acquainted with S. E. Bankston before the War, during the War, and till his death, which happened in March 1877. Represents know him to be an able bodied and sound man, until the time above stated and from that time till the day of his death was a confirmed invalid.

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

Sworn to and subscribed before me, this, the *18th* day of *April* 1891.

J. F. Carmichael Ordinary.

M. L. Harris
Mrs. S. Bankston
Mrs. S. E. Peck

Georgia, Butts County, Ordinary in and for said County, witness Harry Mrs. M. L. Bankston and Mrs. S. E. Peck before signing, sworn under my hand and seal of office, this 24th day of May 1891.

Executive Department

At Santa Fe, Nov. 28, 1891.

Mr. Macmillan

Aspicidin for Lewis }
Mrs M. M. Pruckha } D. Kell Corcoran

The collectors have not answered the questions
notes under date of May 9, 1891

There must be positive proof by General Jackson
we are from their own recollections. State pre-
siding over us. Mr. Bantson continues dis-
cussing the army. What particular service did he perform?
How did it affect him? What did he do in
1861, 1862, 1863, 1864, 1865? Did he perform any
work at all after 1865? Quite particularly
what he did & what he was not able to do?
"Did he consider that he, as to the house all that
time?" or was he able to work for a living
with the father of a number of children
from since his return from the army?"

I did not even have any lectures given. If I
 state what complaints we had! There each of
 the witnesses, with guns in the army. If not
 how do they know, how could they know that
 the debilitating disease was contracted in the
 army? ~~When~~ the physicians say under oath
 that they personally know that the disease of
 which Mr. Brewster died was such as would
 naturally result from ordinary service as a
 soldier? Do you say from your personal
 knowledge of publicists like ~~him~~ like & history that
 had he not ~~have~~ entered the army he would have
 certainly escaped such disease?

1004 Na

Affidavit to be Made by the Widow.

Form No 1.

STATE OF GEORGIA.

County of De Kalb

In person came before me, the undersigned Ordinary

in and for the County of *De Kalb*

Mrs. *M. C. Bankston*, who being sworn according to law, says under oath that she is the widow of *L. L. Bankston*, who was a soldier in the service of the Confederate States, and served as a member of Company *A*, of the

183rd Regiment of Georgia Volunteers; that he enlisted in said service on or about the Fall of 1862, and was in the Confederate Army up to 1864. That while in the Army, he was on the day of 186 (See Note No. 1).

That come home on a sixty days furlough, had contracted disease from which he never recovered. That was a healthy man when he entered the service and was never a well man after coming from the meat until he died from the disease in March 1877.

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 July 18 34 , and that she has resided in Georgia continuously since the _____ day of _____ 18 34 ; that Georgia is her home, and was such on the 23d day of December, 18 90 , 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, 18 90 , for the pension year ending February 15th, 18 92 , and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

8th day of April 1891. Sub. C. D. R. Boston
 Mrs. 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.

Mrs. M. C. Bankston

The witnesses have not answered the questions asked under oath on May 9, 1891

There must be positive proof by these witnesses who were sworn under oath in the State of Georgia, to say that Mr. Bankston contracted disease in the Army. What particular disease did he contract? How did it affect him? What did he do in 1861, 1866, 1867, 1868, 1869? Did he perform any work at all after 1864? State particularly what he did & what he was not able to do? Did he continue to be bed-ridden to the home all that time? Or was he able to work for a time? Did he work the father of a number of children? When did he return from the Army?

Did he ever have any sickness after 1864? If so, state what complaints he had? Were each of the witnesses with him in the Army? If not, how do they know, how could they know that his disabling disease was contracted in the Army? Did the physicians say under oath that they personally knew that the disease contracted by Mr. Bankston did not result from his military service as a soldier? Did you say from your personal knowledge of affidavits, affidavits like & history that had he not been in the Army he would have entirely escaped said disease?

(P. N. N. A.)

County of De Kalb in and for the County of De Kalb

Mrs. M. C. Bankston, who being sworn according to law, says under oath that she is the widow of H. L. Bankston, who was a soldier in the service of the Confederate States, and served as a member of Company A, of the 63rd Regiment of Georgia Volunteers; that he enlisted in said service on or about the 1st day of May of 1862, and was in the Confederate Army up to 1864. That while in the Army, he was on the day of 1864. (See Note No. 1)

that came home on a sick day, and contracted disease from which he never recovered. He was a healthy man when he entered the service and was never a well man after coming from the Army until he died from the disease in March 1877.

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 day of 1837, and that she has resided in Georgia continuously since the day of 1837, 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 8th day of April, 1891. M. C. Bankston, Mrs. M. C. Bankston, 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.

Georgia, Butts County,

J. F. Carmichael, Ordinary in and for said County, do certify that the within applicant was read over, and fully explained to witnesses before signing, and each of them is personally known to me, to be persons of respectability and their statements are worthy of full credit and belief.

In witness whereof I have hereunto set my hand and affixed my seal of office, this, the 15th day of Decr, 1891.

J. F. Carmichael
Ordinary

Georgia, Butts County,

In person came before me, the undersigned Ordinary in and for said County witnesses Mrs. S. B. Bankston, Mrs. S. E. Pett and Mrs. Loring J. Hollison

who severally say under oath, in answer to questions propounded by O. H. Harrison, say Nov. 28, 1891, in the matter of application for pension for Mrs. M. L. Bankston:

1st We only know that A. L. Bankston contracted disease ~~from~~ in Army from declarations of said deceased, and from general report as whereas, he was a sound active man when he left his home, to join the Army and engage in military service. When he returned to his home in 1864, he was disabled his back being affected, always complaining with back trouble.

2nd 1865 to 1869, He farmed, having no other vocation or calling, being ^{able} to perform the light work on the farm, one fourth of the time.

(The next questions answered in above)

He was not confined to his bed, or his house all the time.

He could not labor sufficiently to earn a living unless one fourth the work of an ordinary farm laborer, doing only the light work on the farm he sufficient.

4 Children were born since ^{he was} all died except one.

He had no especial sickness after 1864

Livingston, Butte County,
J. F. Carmichael, Ordinary in and
for Said County. Do certify that the
within affidavit was read over, and
fully explained to witnesses before
signing, and each of them is personally
known to me, to be persons of respectability
and their statements are worthy of
full credit and belief.

In witness whereof I have hereunto
set my hand and affixed my seal
of office, this, the 15, day of Decr,
1891.

J. F. Carmichael
Ordinary

in person came before me, the
undersigned Ordinary in and for Said
County witnesses Mrs. S. B. Bar Keton, Mrs. J. E.
Pelt and Mrs. Louise J. Hollison

who severally say under
oath, in answer to questions propounded
by O. H. Harrison, say Nov. 28, 1891, in
the matter of application for pension for
Mrs. M. C. Bar Keton:

1st We only know that A. L. Bar Keton, Contrasted
disease ~~from~~ in Army from declarations
of said deceased and from general reports
as whereas, he was a sound active man
when he left his home, to join the Army
and engage in military service. When he
returned to his home in 1864, he was disabled
his back being affected, always complaining
with back trouble.

2nd 1865 to 1869, He farmed, having no other vocation
or calling, being ^{able} to perform the lightest work
on the farm, one fourth of the time,

(The next questions answered in above)

He was not confined to his bed, or his house
all the time.

He could not labor sufficiently to earn a living
unless one fourth the work of an ordinary
farm laborer, doing only the lightest work
on the farm he sufficient.

4 Children were born since, ^{the war} all died except
one.

He had no special sickness after 1864

16th Paragraph Ga
Oct 27 1891

I hereby certify that I was the family
physician of Mr. J. L. Bankston from about
the year 1855 up to the year 1880 or 1882, after
that time being in the country of Sabbath
observers in Alabama in the Confederate army
I know him to be a sound healthy
man when he returned from
service, he was suffering from something
like Spinal Disease from which he was
a confirmed invalid up to the year
1880 or 1882, that time up to his
death I know nothing

J. M. Henry, M.D.

Sworn to and subscribed
before me

Wm. L. Nelson

Ordinary

Henry Co
Ga

except the affection of his foot
returned from the Army with.
No, we were not in the Army with
him, neither did we see him in the
Army. As before stated we and each of
us knew he was a healthy able bodied
man when he left his home to enter the
Army. And of our own personal
knowledge by living in his immediate
community and seeing him at once upon his
return home and being particularly
intimate with his family until his
removal to DeKalb County Georgia. Now
he was disabled from disease contracted
in the Army, as that we had known him
for years, and at the time he left home
for the Army as a sound man as above
stated, and he returned a confirmed
invalid.

In answer to answer to last question would
answer that as to whether he ~~is~~ ^{was} ~~ever~~ ^{had} ~~any~~ ^{any} ~~of~~ ^{of} ~~the~~ ^{the} ~~spinal~~ ^{spinal} ~~disease~~ ^{disease} ~~if~~ ^{if} ~~he~~ ^{he} ~~had~~ ^{had} ~~not~~ ^{not} ~~been~~ ^{been} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} ~~last~~ ^{last} ~~few~~ ^{few} ~~years~~ ^{years} ~~he~~ ^{he} ~~is~~ ^{is} ~~not~~ ^{not} ~~now~~ ^{now} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~army~~ ^{army} ~~for~~ ^{for} ~~the~~ ^{the} <

St. Petersburg Ga

Oct. 27, 1891

I hereby certify that I was the Senior
Physician of Mr. V. D. Bankston from about
the year 1855, up to the year 1868 or 1869, after
that he passed to the hands of Dr. Rabb
before he returned in the Confederate army.
I knew him to be a sound healthy
man when he returned from
service. He was suffering from something
like spinal disease from which he was
a confirmed invalid up to the year
1868 or 1869, from that time up to his
death I know nothing.

Given to and subscribed
before me

W. L. Nelson

Ordinary

Henry Co,
Ga

J. M. Curry, M.D.

Atlanta, Ga.

May 1st, 1891.

I hereby certify that I was
the Senior Physician of Mr. V. D. Bankston from
his death in 1877. He was a
very healthy man all the time I knew
him from the effects of some chronic
nervous disease originating from the spine,
I thought.

He always attributed his ill health
to his exposure in the Confederate army
during the war up to the time of his
return. He was a sound well person.

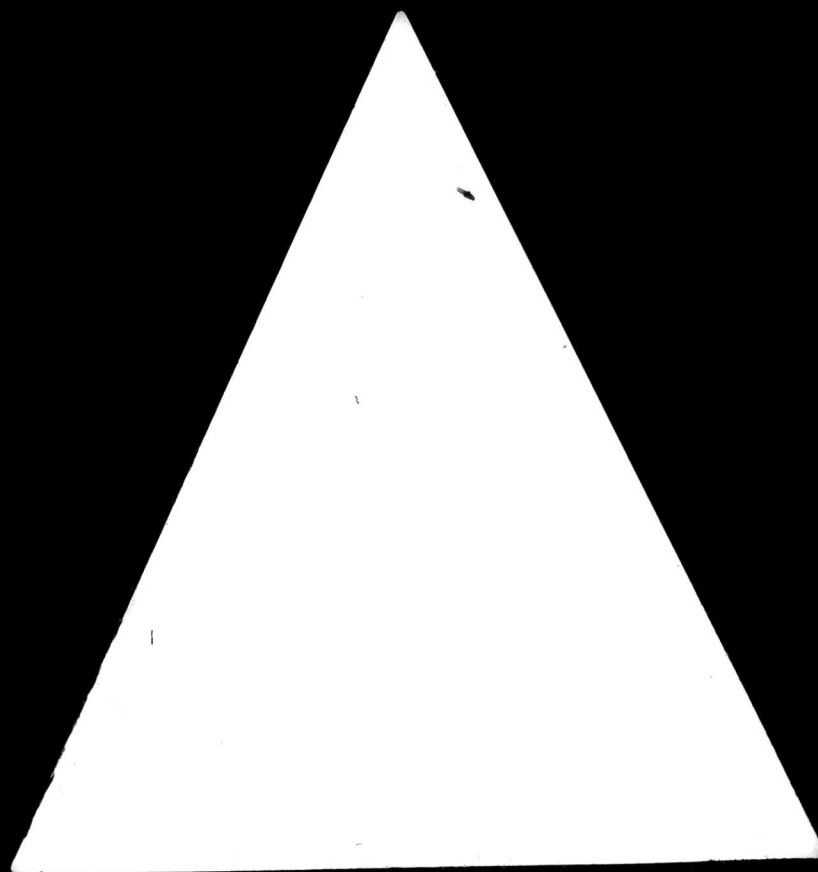
The only disease I thought resulted
from his exposure was spinal disease from which he was
a confirmed invalid for the remainder of his
life. I know him and what was his condition
up to the time of his death in 1877.

Given to and subscribed before me May
4 1891

W. L. Nelson

Ordinary

Henry Co



POWER OF ATTORNEY.

STATE OF GEORGIA.

County. }

I, _____ hereby authorize _____

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

remits the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 190_____

Executed in presence of

Ordinary,

County.



No. _____

WIDOW'S
Indigent Pension.
1901.

Name Mrs Martha A. Barker

County De Kalb

Widow of Stokes B. Barker
B., Graham's Battalion

Approved _____ 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

_____ 1901.

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

4/12/1901

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

I, _____, hereby authorize _____ of _____ County, to receive and receipt for the pension allowed and that he remit the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 1901.

Executed in presence of

Ordinary,

County.

(SEAL)

WIDOW'S

Indigent Pension.

1901.

Name Mrs Martha A. Barker

County De Kalb

Widow of John A. Barker

of Graham's Station

Approved _____ 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

1901.

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

4/12/1901

Questions for Applicant.

STATE OF GEORGIA,

De Kalb County.

Mrs Martha A. Barker 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 Oct 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.)
Martha A. Barker - De Kalb Co. - Bogardus
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 1829 - in Jackson Co. Ga
4. When and where was your husband born—state his full name, and when were you and he married?
In 1825 - in South Carolina - States & Barker - Married April 1848 - in Marietta Ga
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States?
Went in 1862 - Co B. Graham's Batt. - Cha Went from Cobb Co Ga -
6. How long did your husband serve in said Company and Regiment?
about 3 years - until the surrender of Conf. Armies
7. When and where did your husband's Company and Regiment surrender and was discharged?
In 1865 at Kingston
8. Was your husband present at the time and place when his Company and Regiment surrendered?
He was - at Kingston Ga
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?
By U. S. Authority - He was there.
10. When and where did your husband die?
In April 1868 - in De Kalb Co.
11. Which of the following grounds do you base your application for Pension, viz: First—Age and Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty?
Age & 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 husband's death have been unable to make a support - old rheumatism and infirm - unable to labor.
13. What has been your occupation since your husband's death?
Nothing - except to cook a little for my children.
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?
In De Kalb Co Ga - no taxes -
18. How have you been supported since death of husband, and especially for 1899 and 1900?
By living with & cooking for 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?
About \$60 - Nothing but cooking a little.
20. What was your employment during 1899 and 1900—how much did you receive for each year?
No employment - Received nothing
21. Have you a family? If so, who compose such family? Give their means of support. Have they any lands or other property?
Not no - family - live with my other children
22. Have you ever made an application for pension before?
No -
23. How many applications have you made for a Pension, and under what class?
Made none

Sworn to and subscribed before me this 25th day of February 1901.
Mrs Martha A. Barker Ordinary,
of De Kalb County.

Martha A. Barker
Mack

Questions for Witnesses.

STATE OF GEORGIA,

Dulton County.

Berif J Mackey

of said State and County, having

been presented as a witness in support of the Application of Mrs. Martha A Barker for a Pension under the Act of Oct 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? Berif J Mackey
2. Are you acquainted with the applicant, Mrs. Martha A Barker If so, how long have you known her? Since 1862
3. Where does she reside, and how long and since when has she been a resident of this State? De Kalb Co Ga - Since 1862
4. When and where was she born? De Kalb Co Ga
5. Were you ever acquainted with her husband? Stokes G Barker
6. Where did he reside in 1861? De Kalb Co Ga
7. When and to whom was he married? Married to now Mrs Martha A Barker
8. When and where was he born? De Kalb Co Ga
9. How long have you known him? Since 1861
10. When and where did Stokes G Barker enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? At Atlanta Ga Company B Arkansas Batt. U.S.A.
11. Were you a member of the same Company and Regiment? I was
12. How long did he perform regular military duty? About 3 years.
13. When and where was his Company and Regiment surrendered and discharged from service? At Kingston Va.
14. Were you with the command when it surrendered? Yes
15. Was Stokes G Barker the husband of applicant present? He was - we were located at Kingston Va
16. If not present, where was he? He was there - Paroled.
17. When and where did he leave his Command? Kingston Va

For what cause? Paroled.

By whose authority he left? U.S. authorities

How do you know all this? (State fully and clearly.) Was in the same Company to end of war - was with him.

18. When and where did Stokes G Barker die? April 1864 - in De Kalb Co. Ga was informed?
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? De Kalb Co Ga. Since 1861
20. Do you of your own knowledge know that applicant is the lawful widow of Stokes G Barker? I do
21. Has she remained unmarried since her soldier husband's death, and is now his widow? Has not remarried - is still his widow
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? None
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? None

25. What is applicant's physical condition and her chances and ability to earn a support? Old age - infirmity - Rheumatism - weak - unable to work to earn a support

26. Is applicant able to earn a support at labor of any sort, if not why? No - She is old - infirm - sickly - unable to labor

27. How was she supported for 1899 and 1900? By her children - cooking & little for them.

28. How much did applicant contribute to her support for last two years? Nothing - not working.

29. Give a full and complete statement of applicant's physical condition? She is old - weak - infirmity - Rheumatism - & De Kalb

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

Sworn to and subscribed before me this 20

day of Feb 1901

John R. Westman Ordinary.

Dulton County.

Witnesses.

The above witness is a trustworthy man of good character

Affidavits of Physicians.

STATE OF GEORGIA,

Dulton County.

Personally before me comes

M. M. Smith M.D.

and

physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. Martha A Barker applicant for a Pension under Act of 1900, and after

each personal examination say that her physical condition is this that she is aged & by reason of old age and of rheumatism & infirmity is unable to make for own support.

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 1

day of Feb 1901

M. M. Regada Ordinary.

De Kalb County.

M. M. Smith M.D.

F. P. Wicket M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

De Kalb

County.

I, M. M. Regada Ordinary in and for said county, hereby certify that the applicant, Mrs. Martha A. Barker resides in said county, and has been a bona fide resident of this State since 1861 day of April, and that the witnesses, Mr. Stokes G Barker and Mrs. Martha A Barker 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 De Kalb county shows that applicant returned for taxation in her own name in 1899 None dollars worth of property, and in 1900 None dollars worth of property.

Witness my hand and official seal, this 20 day of Feb 1901

M. M. Regada Ordinary,

De Kalb 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.

William L. G. Wittern
Georgia DeKalb County, I. J. Burgess Clerk of the Superior Court
in and for said County, do Certify that W.B. Arnold is a Justice of
the Peace in and for said County, his Commission was dated on the
4th day of January 1901, expires on 1st day of June 1905 and all his
acts made by him as Justice of the Peace are hereby certified, this 19th
day of June 1908.
J. H. Burgess Clerk

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of De Kalb

PERSONALLY COMES MRS.

Martha A. Barker

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has resided in said State continuously ever since 1853. That she is the Widow of Stephen Barker who was a soldier in Company B of the Graham's Regiment of

Volunteers, that he enlisted in said regiment on or about the month of March 1861, and served in the Army up to April 1865. That he died on the 15th day of April 1865. Age Poverty and Infirmary made it
impossible to bury him.

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 1853.

I have been allowed an Indigent pension as a resident of De Kalb County, under Act 1900, for the year 1900, and now apply for the pension provided by law for the year ending December 31, 1902.

Subscribed and sworn to before me, this 15th day of June 1902, at Atlanta, Georgia, in the County of De Kalb, Ordinary.

State of Georgia,

De Kalb County, I, W. M. Cogswell Ordinary of said County, certify that I am well acquainted with Mrs. Martha A. Barker, 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 15th day of April 1865.

Given under my official signature and seal, this 15th day of June 1902.

Official Seal.

Ordinary of De Kalb County.

NOTE:—All blanks must be filled.

Vouchers and affidavits must bear date after January 1st, 1902.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of De Kalb

PERSONALLY COMES MRS.

Martha A. Barker

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has resided in said State continuously ever since 1857. That she is the Widow of Stephen Barker who was a soldier in Company B of the Graham's Battery Regiment of

Volunteers, that he enlisted in said regiment on or about the month of March 1861, and served in the Army up to April 1865. That he died on the 15th day of April 1865. Age Poverty and Infirmary made it
impossible to bury him.

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 1853.

I have been allowed an Indigent pension as a resident of De Kalb County, under Act 1900, for the year 1900, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me, this 15th day of June 1902, at Atlanta, Georgia, in the County of De Kalb, Ordinary.

State of Georgia,

De Kalb County,I, W. M. Cogswell Ordinary of said County, certify that I am well acquainted with Mrs. Martha A. Barker 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 15th day of April 1865.

Given under my official signature and seal, this 15th day of June 1902.

Official Seal.

Ordinary of De Kalb County.

NOTE:—All blanks must be filled.

Vouchers and affidavits must bear date after January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I,

hereby authorize

of

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

at

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

day of,

1904.

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I,

hereby authorize

of

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

at

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

day of

1905.

[L. S.]

Executed in presence of

TO THOSE HERETOFORE PAID.

1904.

No. 168

INDIGENT WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs Martha C. Barker

OF

De Kalb County,

Widow of S. G. Barker,

Co. 13

Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1904.

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

To Those Heretofore Paid.

1905.

No. 169

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs Martha C. Barker

OF

De Kalb County,

Widow of S. G. Barker,

Co. 13, Graham B. Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1905.

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of DeKalb

PERSONALLY COMES Mrs.

Martha A. Barker

who, being sworn, says on oath that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has resided in said State continuously ever since February 1837. That she is the Widow of Stokes J. Barker who was a soldier in Company B of the Graham Bat Regiment of

Volunteers, that he enlisted in said regiment on or about the month of Mar 1861, and served in the Army up to April 1865. That he died on the April day of 1898 Age and Poor Infirmit & Poor

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 an Indigent pension as a resident of DeKalb 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 22 day of Jan 1904.

Post Office.

Martha A. Barker
Martha A. Barker
Martha A. Barker

State of Georgia,

County of DeKalbI, James R. George

Ordinary of said County, certify that I am well

acquainted with Mrs. Martha A. Barker, 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 24 day of February 1837

Given under my official signature and seal this the 22 day of Jan 1904.



James R. George
Ordinary of DeKalb County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of DeKalb

PERSONALLY COMES Mrs.

Martha A. Barker

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has resided in said State continuously ever since February 1837. That she is the Widow of Stokes J. Barker who was a soldier in Company B of the Graham Bat Regiment of

Volunteers, that he enlisted in said regiment on or about the month of Mar 1861, and served in the Army up to April 1865. That he died on the April day of 1898 Age and Poor & Poor

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 an Indigent pension as a resident of DeKalb 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 18 day of Jan 1905.

Post Office.

Martha A. Barker
Martha A. Barker
Martha A. Barker

State of Georgia,

County of DeKalbI, James R. George

Ordinary of said County, certify that I am well

acquainted with Mrs. Martha A. Barker, 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 24 day of February 1837

Given under my official signature and seal, this the 18 day of Jan 1905.



James R. George
Ordinary of DeKalb County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____, hereby authorize

of _____

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

at _____

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

day of _____ 1906.

[L. S.]

Executed in presence of _____

To Those Heretofore Paid.

1906.

No. 164

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO

Mrs. Martha A. Barker

of

De Kalb County,

Widow of S. B. Barker

Co. 1st Cavalry Regt.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/3/2 1906,

AND HANDED TO

1/3/2

THE PRINTER'S PRINTING AND PUBLISHING CO., ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKALB.

County.

I, Martha A. Barker, hereby authorize

of _____

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

at _____

In Witness Whereof, I have hereunto set my hand and seal, this 15th

day of January 1907.

[L. S.]

Executed in presence of

James R. George
Ordinary

To Those Heretofore Paid

1907.

No. 164

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO

Mrs. Martha A. Barker

of

DeKALB County,

Widow of S. B. Barker

Co. 1st Cavalry Regt.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/2/1 1907.

AND HANDED TO

1/2/1

ONE W. BARNES, STATE PRINTER, ATLANTA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of DeKalb

PERSONALLY COMES MRS.

Martha A. Barker

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since 1837. That she is the Widow of Stokes G. Barker who was a soldier in Company 13 of the Graham Batt Regiment of March 1862, and served in the Army up to April 1865. That he died on the 14th day of April 1895.

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

I have been allowed an Indigent pension as a resident of DeKalb 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 17th day of January 1906. James R. George Ordinary.

Post Office

Atlanta Ga

State of Georgia,

County of DeKalbI, James R. George

Ordinary of said County, certify that I am well

acquainted with Mrs. Martha A. Barker, 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 February 1837.

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

Official Seal

Ordinary of DeKalb County.

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of DeKALB

PERSONALLY COMES MRS.

Martha A. Barker

who, being sworn says on oath, that she is a bona fide resident of said County of DeKALB State of Georgia, and that she has RESIDED in said State continuously ever since 1837. That she is the Widow of Stokes G. Barker who was a soldier in Company B of the Graham Batt Regiment of March 1862, and served in the Army up to April 1865. That he died on the 14th day of April 1895.

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

I have been allowed an Indigent pension as a resident of DeKALB 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 15th day of January 1907. James R. George Ordinary.

Post Office

Edgewood Rd

State of Georgia,

County of DeKALBI, James R. George

Ordinary of said County, certify that I am well

acquainted with Mrs. Martha A. Barker, 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 February 1837.

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

Official Seal

Ordinary of DeKALB County.

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

PAROLED PRISONER'S PASS.

Kingston Ga May 12
The bearer *S G Barker Priv*
of Co. *B* *Regiment* *Laf* *Graham Batt* *CSA*
a paroled prisoner of the army of *North Ga*
has permission to go to his home, and there remain undisturbed.

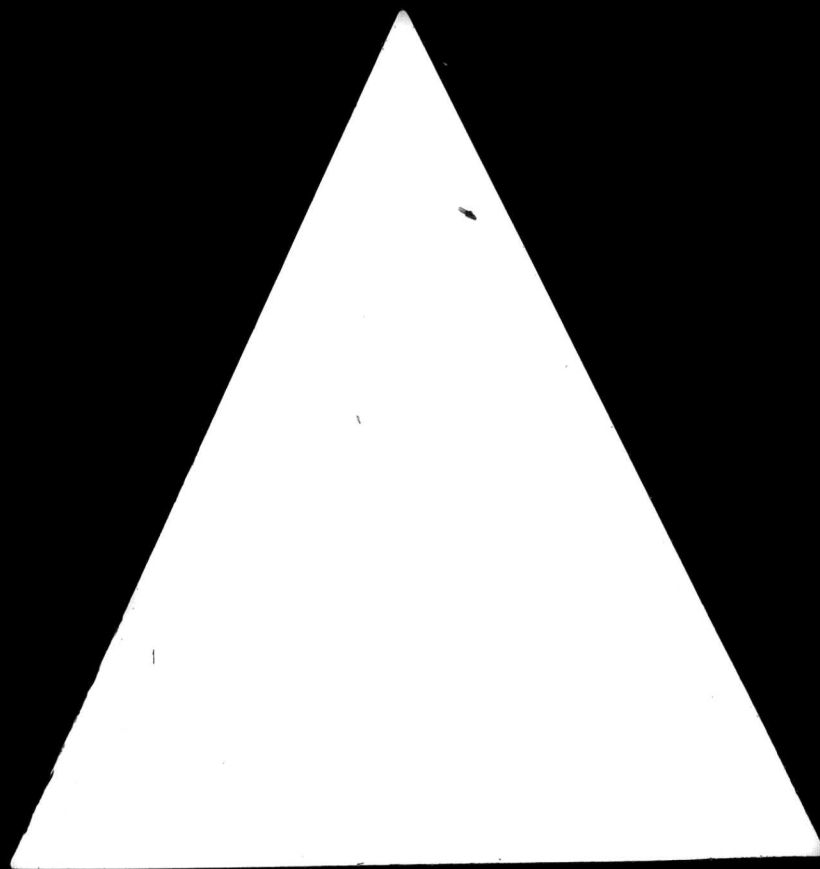
1865.

By order of Brig Genl
Commanding

Col J D Smith Genl

Received at Kingston Ga this 12 May 1861

from the
Col of 8 and
in payment of



4/20/1920/

Robt. M. Barnes,
DeKalb Co.

Applicant must submit some testimony
to account for husband honorably from Aug., 1864- to the
end of the war, as stated in her application.

J.W. Lindsey.

Com. of Pensions.

*Charles Francis M.
De Kalb
County*
No. *1119*

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County *DeKalb*

Name *Mrs. Francis M. Barnes*

Widow of *R. M. Barnes*

Company *B*

Regiment *Cobb's Light*

Approved *[Signature]*

EPA 1950

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

11 3 29 19

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. Questions asked by the Ordinary shall be answered in plain English.
3. Only widows who married prior to the 1st day of January, 1900, are entitled to a pension.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him.
5. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him.
6. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him.
7. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him.
8. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him.
9. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him.
10. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him.

NOTES:

(SEAL)

Sworn under my hand and official seal of office this

17th

day of

April

19

19

County

James R. George
Ordinary

STATE OF GEORGIA

Ordinary's Certificate

DeKalb
COUNTY

I, *James R. George*, Ordinary of said County, do certify

that *Mrs. Francis M. Barnes* the applicant for pension. She

is the person she represents herself to be and she is a bona fide campaigning 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, honest,

worthy; and their statements are entitled to full faith and credit.

STATE OF GEORGIA.

Ordinary's Certificate

I, James R. George Ordinary of said County, do certify that I know Mrs. Francis M. Barnes 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 11th November 1908, that I also know J. R. King & Son the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-worthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 17th day of Nov 1919

(SEAL)

James R. George 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. 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 DeKalb

Name Mrs. Francis M. Barnes

Widow of R. M. Barnes

Company B

Regiment Cobb's Legion

Approved

J. W. LINDSEY,

Commissioner of Pensions.

Bryd Printing Co. State Printers, Atlanta.

1924/9/19

Applicant must submit some testimony to account for husband honorably from Aug., 1864 - to the end of the war, as stated in her application.

J. W. Lindsey,

Com. of Pensions.

4/20/1920/

Robt. M. Barnes,
DeKalb Co.

Application for Pension by a Widow Under Act of 1910
As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,

DeKalb

COUNTY.

Personally before me comes Mrs. Frances M. Barnes 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:

- What is your name, and where do you reside? Mrs. Frances M. Barnes, 37 Oakdale Road
- How long and since when have you been a continuing resident of the State of Georgia? All my life
- When, where and to whom were you married? Jan. 23, 1872, Warren Co., Ga. to Robert M. Barnes
- Have you married since the death of first and soldier husband? No
- 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.) Aug. 5, 1861 at Bowden Ga. in Co. B. Bowden volunteers, Cobb's Legion, McLaw's Division, Longstreet's Corps.
- When and where did the commands of your husband surrender or discharge from the army? Don't know
- Was your husband personally present at the time of the surrender or discharge of this command? No
- If he was not present state clearly where he was? In prison at Fort Delaware
- Where was his command when he left? Captured at Strausburg in Virginia
- For what cause did he leave his command? Prisoner
- By whose authority did he leave his command?
- For how long was he granted leave of absence?
- What was his physical condition when he left his command? Wounded
- What effort did he make to return to his command?
- In what way was he prevented from going back to Command? Prisoner
- Was he captured by the enemy at any time? Yes at Strausburg, Va.
- If so, when and where captured and where held as a prisoner, and when and for what cause released? Captured in Virginia
- When and where did your first husband die? December 31, 1863 in Charleston, S.C.
- Were you residing together when he died? Yes
- If not, how long had you resided apart? Never resided apart
- Are you now a widow? Yes
- 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

17th day of November 1919

James R. George Ordinary,
DeKalb County.

(SEAL)

Mrs. Frances M. Barnes

4/20/ 1920/

Robt. M. Barnes,
DeKalb Co.

Applicant must submit some testimony
to account for husband honorably from Aug., 1864- to the
end of the war, as stated in her application.

J.W. Lindsey,

Com. of Pensions.

Widow's Pension

Under Act 1810-as Amended by Act of 1918.

County

DeKalb

Name

Mrs. James M. Barnes

Widow of

R. M. Barnes

Company

B

Regiment

10th Regt. Inf.

Approved

J. W. Lindsey

3720 1658

J. W. LINDSEY,

Commissioner of Pensions.

Bryl Printing Co. State Printers, Atlanta

11 3 29 919

DeKalb County
No. 1111

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witnesses asked you and the evidence:
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence:
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.

(SEAL)

County

James M. Barnes

Sworn under my hand and official seal of office this 11th day of 1919

worthy, and their statements are entitled to full faith and credit.

were duly sworn by me before signing the foregoing affidavits and that they both are truthful, true.

the witness who swears to the service of husband; that both of them are now residents of said County and

and was on the 4th November 1908; that I also know

is the person she represents herself to be and she is a bona fide and long resident citizen of said County

that I know Mrs. James M. Barnes the applicant for pension. She

I, James M. Barnes, Ordinary of said County, do certify

DeKalb County

STATE OF GEORGIA

Ordinary's Certificate

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

Fulton

COUNTY.

Personally before me come J. W. King 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. King, Soldier's Home
2. How long and since when have you known Mrs. Frances M. Barnes applicant? Just met her
3. How long and since when has she continuously resided in this State? (Give date.)
4. When and to whom was she married? R. M. Barnes How do you know?
5. How long and since when did you know R. M. Barnes her husband? Since 1860
6. When and where did the husband of applicant, die?
7. Were the applicant and her husband living together as husband and wife at the date of his death?
8. If not, how long did they live apart before his death?
- Were they divorced?
9. When, where and in what Company and Regiment did R. M. Barnes enlist? July 1861, Bowden, Ga., Co. "B", Cobb's Legion, Inf.
10. Were you a member of the same Company? Yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From July 1861 to August 1864
12. When and where did his Command surrender, and was discharged? Appomattox Court House April 1865
13. Were you personally present when it was surrendered? No If not, where were you Ft. Delaware and how came you there? Prisoner
Captured August 8, 1864, Front Royal, Va.
14. Was the husband of applicant personally present at surrender? Don't know If not where was he? When, where and for what cause did he leave Command? (Give date.) By whose authority did he leave his Command? And how long was he granted leave? How do you know all this?
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the

3rd day of November 1919

J. W. King Ordinary
of Fulton County.

(SEAL)

I certify that I know the within witness; that he is a resident of said County and was duly sworn by me before signing the foregoing affidavit; that he is truthful and trustworthy and his statements are entitled to full faith and credit.
This Nov. 3, 1919.

Charles B. Mason
C.C. ORDINARY FULTON CO., GA.

C.C.ORDINARY FULTON CO., GA.

MAY 28 1936
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
WASHINGTON, D. C.

Ordinary Fulton County, Ga.

**Application for
Payment of Expenses of Last Illness and Funeral**

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, DeKalb County:

Before me, the Ordinary of said County, comes H. M. Patterson & Son by
Raymond B. Wilson, of said County, who, after being duly sworn, on oath says
that he knew Mrs. Frances M. Barnes late of said County, a Confed-
erate 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 \$ 165.00, as shown by sworn statements FULLY and COMPLETELY
ITEMIZED, hereto attached.

Sworn to and subscribed before me,
this the 22nd day of May, 1936.

V. S. Morgan Ordinary.

CERTIFICATE OF THE ORDINARY

GEORGIA, DeKalb County.

I certify that H. M. Patterson & Son by Raymond B. Wilson who subscribed
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. Frances M. Barnes 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 de-
ceased 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 May, 1936.

(Seal of Ordinary)

V. S. Morgan, 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 _____, 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.

Established 1882

H. M. PATTERSON & SON

Spring Hill at Tench

ATLANTA, GA.

Sold to **For Funeral Expenses of Mrs. Frances M. Barnes,** **May 18, 1936**
Res- 540 Clairmont Ave., Decatur, DeKalb County, Georgia

To Our Complete Service Including Casket **\$105.00**

SPECIAL DISBURSEMENTS FOR YOUR CONVENIENCE

Opening Grave **20.00**
Cement Vault **70.00**

\$165.00

State of Georgia)
County of Fulton)

The above and foregoing account is rendered for the funeral
expenses of Mrs. Frances M. Barnes, who died without owning suffi-
cient property to pay this bill, said bill being true, correct
and unpaid.

H. M. Patterson & Son

By Raymond B. Wilson
Manager

Sworn to before me this 21st day of May, 1936,

J. E. Bowen
Notary Public My Commission Expires June 28, 1936.

Received of V. S. Morgan, Ordinary, DeKalb County, Georgia, One
Hundred Five and 00/100 (\$105.00) Dollars in full settlement for
funeral expenses of Mrs. Frances M. Barnes, deceased.
This 11 day of September, 1936.

H. M. Patterson & Son
J. E. Bowen

vin. the State does not authorize the payment of these expenses if 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.



CERTIFICATE OF DEATH
GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County DeKalb Militia District (Number and Name) 1061 State of Georgia
City or Town Dacula Length of residence in this city or town: Yrs. 5 Mos. 16 Days 1 NON-RESIDENT (Yes or No) Yes
Street and Number (No. 540 (Street) Clairmont Ave. Ward 1
(If death occurred in a hospital, give its name instead of street and number)
2. FULL NAME Frances Cody Barnes
Residence (City or Town) 540 Clairmont Ave. (Street and Number) Dacula, Ga. (State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Widowed</u>		16. DATE OF DEATH <u>May 16, 1936</u> at <u>5:16</u> M.	17. I HEREBY CERTIFY That I attended the deceased from <u>July, 1934</u> to <u>5/16/1936</u> I last saw him <u>alive</u> on <u>5/14/36</u> 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: <u>Chronic nephritis</u> Other contributory causes of importance: <u>Senility</u>
6. DATE OF BIRTH (month, day, year) <u>Aug. 28, 1853</u>					
7. AGE Years <u>82</u> Months <u>0</u> Days <u>0</u> If less than one day Hours <u>0</u> Minutes <u>0</u>					
8. OCCUPATION (a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> (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) <u>Covington, Ga.</u>					
FATHER	10. NAME <u>Dr. Jeptha Cody</u>				
	11. BIRTHPLACE <u>Unknown</u> (P. O. Address)				
MOTHER	12. MAIDEN NAME <u>Unknown</u>				
	13. BIRTHPLACE <u>Unknown</u> (P. O. Address)				
14. INFORMANT <u>Maude H. Graham</u> (Signed) <u>540 Clairmont Ave.</u> (Address)					
19. BURIAL PLACE <u>Westview</u> (Cemetery) <u>Westview</u> (Postoffice) <u>Westview</u> (Date) <u>5/18/1936</u>					
20. UNDERTAKER <u>H.M. Patterson & Son</u> (Signed) <u>by J. E. Bowen</u> (Address)				15. FILED <u>5/18/1936</u> <u>DeKalb County Health Officer</u> <u>by J. E. Bowen</u> (Local Registrar) <u>Atlanta, Ga.</u>	

OFFICE OF THE REGISTRAR OF VITAL STATISTICS
For the City of Atlanta

GEORGIA,
FULTON COUNTY.

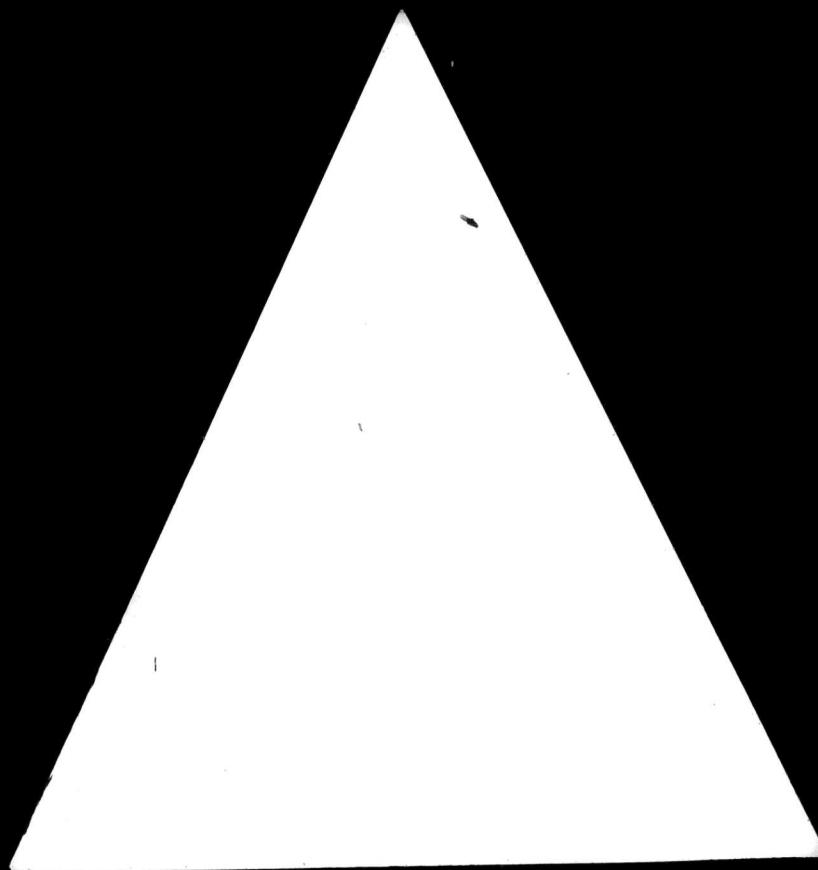
Atlanta, Ga., 5/21/36

I hereby certify that the foregoing is a true and correct copy of the record of death Number 31
of the series of 1936 for Frances Cody Barnes
as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.

(Signed)

SEAL

J. E. Bowen, M.D.
DEKALB COUNTY HEALTH OFFICER
by J. E. Bowen Local Regl. Atlanta, Ga.



ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

DeKalb COUNTY.

I, James H. Young Ordinary of said County, do certify that I know Mrs. Harriett Heath Barnes 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 13 day of Oct 1919

That I also know John Combs 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 13 day of Oct 1919
(SEAL.) James H. Young Ordinary.
DeKalb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "you shall give me the truth, so help you God." 2. Additional affidavits may be attached if blank spaces are insufficient. 3. Affidavits must be sworn before the Ordinary of the county of residence. 4. Only widows who married prior to the 1st day of January, 1919, are eligible for pension. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation. 6. 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. 10-17-1919

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 DeKalb
Name Mrs. Harriett Heath Barnes
Widow of William H. Barnes
Company B- Battery 1918
Regiment _____
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

DeKalb COUNTY.

I, James R. George Ordinary of said County, do certify that I know Mrs. Henrick Heath Barnes 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 13 day of Oct 1919

That I also know Relix Camp 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 13 day of Oct 1919

(SEAL)

James R. George Ordinary.
DeKalb 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, 1861, 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.

Barnes, Henrick Heath
No. 100

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Insurgent Roll or Put on Under Act of July 11, 1910—As Amended by Act of 1919.

County DeKalb
Name Mrs. Henrick Heath Barnes
Widow of William H. Barnes
Company B. Battery
Regiment 198
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-17-1919

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Dekalb COUNTY.

Personally before me comes Mrs. Harriet Heath Barnes of said County, who, after being duly sworn, says that she is the widow of William H. Barnes to whom, in the County of Warren State of Georgia she was married on the 16 day of Dec 1875 and that she remained his wife, and resided with him to the date of his death in Oct 27th 1918 and that she has not since his death remarried. At the time of his death he was a resident of Dekalb County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$80.00 in Dekalb County for 1918 per annum, on account of being a soldier in Company B Regiment Battery (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Dekalb and she has so continuously resided since 14th day of June 1904

Sworn to and subscribed before me, this the

29 day of August 1919
James R. George Ordinary
Dekalb County.

Mrs. Harriet Heath Barnes
County.

(SEAL)

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

STATE OF GEORGIA,

Dekalb COUNTY.

Personally before me comes Felix Camp known to be responsible and truthful persons, residing in said County, who after having been duly sworn, says that of their own personal knowledge, Mrs. Harriet Heath Barnes who made the foregoing affidavit, is the lawful widow of William H. Barnes who died in Dekalb County in said State of Georgia on 29th day of October 1918, and that she has not since remarried. That she became the wife of Wm. H. Barnes on the 16 day of Dec 1875 and that she and he had resided together as man and wife continuously since 16th day of Dec 1875, and that the Wm. H. Barnes was the same man who was on the pension roll of said State from Dekalb County Dec 27, 1918 when he died. Deposed of his own knowledge, knows that they lived together as man and wife for 40 years prior to his death.

Sworn to and subscribed before me, this the

10th day of October 1919
James R. George Ordinary
Dekalb County.

Felix Camp
County.

(SEAL)

Georgia Warren County.

I, C. M. Smith, Ordinary of said County do hereby certify that the foregoing paper is a true copy of the marriage certificate of Wm. H. Barnes to Hattie R. Heath, as the same appears from the records of this office. Given under my hand and seal of Court, This Sep. 2nd, 1919.

C. M. Smith
Ordinary Warren Co., Ga.

MARRIAGE LICENSE
OF

AND

Issued

and recorded on page

Book of Marriage Licenses.

Ordinary.

NATIONAL BUREAU OF VITALS

* before me, Felix Camp, who is known to be responsible and truthful persons, residing in said County, who after having been duly sworn, says that of their own personal knowledge, Mrs. Harriet Heath Barnes who made the foregoing affidavit, is the lawful widow of William H. Barnes who died in Dekalb County in said State of Georgia on 29th day of October 1918, and that she has not since remarried. That she became the wife of Wm. H. Barnes on the 16th day of Dec 1875 and that she and he had resided together as man and wife continuously since 16th day of Dec 1875, and that the Wm. H. Barnes was the same man who was on the pension roll of said State from Dekalb County Dec 27, 1918 when he died. Deposed of his own knowledge, knows that they lived together as man and wife for 40 years prior to his death.

James R. George, Ordinary
Duluth County
(SEAL)

Helix (admp)

No. 455

Marriage License

State of Georgia Warren County

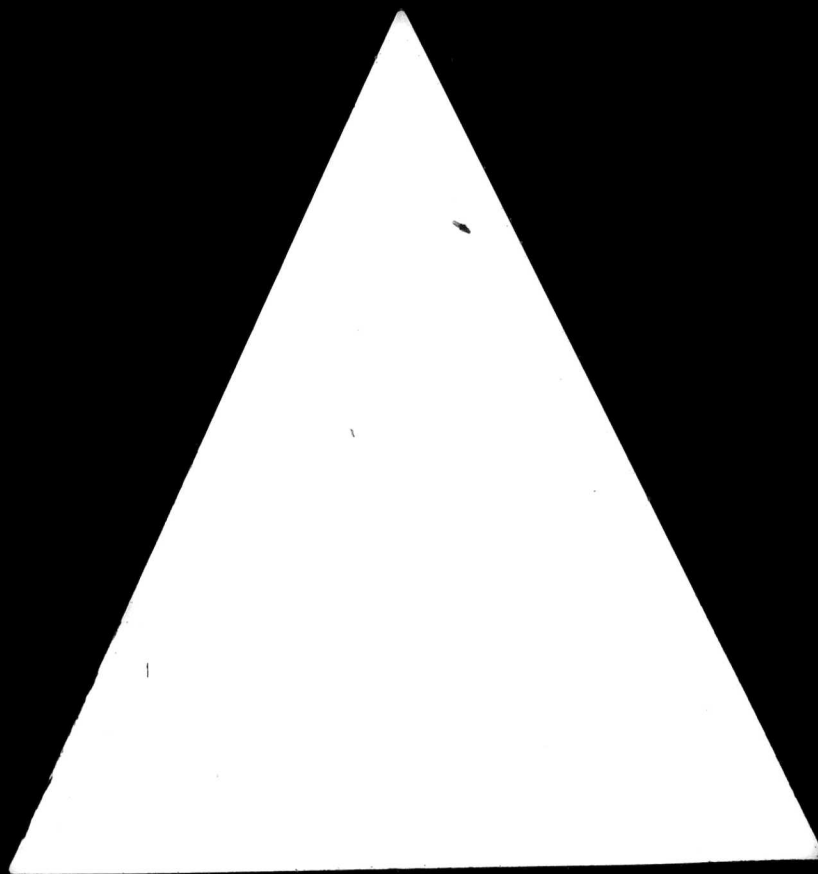
To ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL.

You are hereby authorized to join
Wm. H. Barnes and Hattie R. Heath
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 this Marriage.

Given under my hand and seal this 18 day of
Dec 1875 R. W. Hubert (L.S.)
Ordinary.

STATE OF GEORGIA CERTIFICATE WARREN COUNTY

I Certify that Wm. H. Barnes and Hattie R. Heath
were joined in Matrimony by me this 16 day of Dec 1875, nineteen Hundred
and
Recorded Dec 1875
R. W. Hubert Ordinary.



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, _____ hereby authorize

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

at _____ by _____

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

Executed in presence of _____ [L. S.]

Barnes, William H.
De Kalb Co

C. H. Jan 1910

INDIGENT PENSION.
190

Name *Wm H Barnes*

County *De Kalb*

Co. *A* *Bucksport* 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.

1-29-09

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

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

Witness my hand and seal, this

day of

190

Executed in presence of

[L. S.]

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY.

I, John H. Barnes, 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, depose and answers as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice.)

John H. Barnes, DeKalb Co. Ga. - Clarkston Ga

2. How long and since when have you been a resident of this State? Nearly 54 years -

3. When and where were you born? July 24th 1848 - Clayton County Ga

When and where and in what company and regiment did you enlist or serve?

1864 - 1st Regt. Cavalry - Ga

5. How long did you remain in such company and regiment? Until after Surrender of Army in April 1865 -

6. When and where was your company and regiment surrendered and discharged?

May 1865 - Milledgeville Ga - Paroled at Atlanta 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?

Was 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? Book Keeping

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"?

Impaired Sight - Blindness - 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?

Impaired Sight - Can see well enough to keep books and general business of household but prevents more of other occupations also my physical condition renders me unable to make a support.

13. What property, real and personal, or income, do you possess, and its gross value? None

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same? None

15. In what County did you reside during those years, and what property did you then return for taxation?

Clarkston Ga 1901, 1902, 1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910, 1911, 1912, 1913, 1914, 1915, 1916, 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025

16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? By Book Keeping, but since have been unable to keep books because of my physical condition.

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? about \$100 per year - all that since 1907 I have support

18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year?

Book Keeping \$10 per month

19. Do you have a family? If so, who composes such family? Give their means of support. Have they a home, or other property? Their ages and how employed?

Wife - F. Schellum - Daughtery, Married one son - Clark - away from home - one son - Student in School Daughtery age 32 years - died Nov 29 years - youngest son 22 years old

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? None

Sworn to and subscribed before me this the

25 day of Sept 1909

James R. George Ordinary

of DeKalb County.

Applicant.

Every Question MUST Be Answered.

Barney William H.
DeKalb Co.

10th Jan 1910

INDIGENT PENSION.

190

Name John H. Barnes

County DeKalb

Co. A. Barnes 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.

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

1-29-09

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Carroll COUNTY.

J. B. Blalock & J. B. Tanner of said State and County, having been presented as a witness in support of the application of Wm. H. Barnes 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. B. Blalock & J. B. Tanner
Carrollton, Carroll County Ga

2. Are you acquainted with Wm. H. Barnes, the applicant; if so how long have you known him? Since 1864 - About 42 years

3. Where does he reside, and how long and since when has he been a resident of this State?

In DeKalb County Ga - Since 1863 -

4. When, where and in what company and regiment did he enlist, and how do you know?

March - 1864 - Carroll County Ga

5. Were you a member of the same company and regiment? Same Battalion - Bulls

6. How long did he perform regular military duty? From 1864 to April 26 - 1865

7. When and where was his command surrendered? April 1865 - at Ft. Mearns Ga

8. Were you present when it surrendered? Yes - when it disbanded

9. Was applicant present? Yes - He was Sargent Major

10. If he was not present, where was he? He was present

When did he leave his command? After June 1865 For what cause? Surrounding Army

By what authority he left? Superior officers How do you know all of this?

We were present and knew him.

11. What property, effects or income has the applicant? (Give your means of knowledge.)

12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same?

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?

14. What is the applicant's occupation and physical condition?

15. Is the applicant unable to support himself by labor of any sort; if so, why?

16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?

17. What portion of his support for these four years was derived from his own labor or income?

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code

19. Who composes family? What property have they? Children's ages and their earning capacity?

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

Sworn to and subscribed before me, this the

8th day of Nov 1906

J. M. Barton Ordinary.

J. B. Blalock Witness.

J. B. Tanner Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

DeKalb COUNTY.

Personally came before me C. S. Branyon and P. L. Collinsworth, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

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

Heart very weak. And vision impaired to such an extent that renders him wholly unable to earn a living for himself and family.

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

Sworn to and subscribed before me, this the

24th day of Sept 1907

C. S. Branyon M.D. Ordinary.

P. L. Collinsworth

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb COUNTY.

I James R. George Ordinary, in and for said County, hereby certify that the applicant Wm. H. Barnes resides in said County, and has been a bona fide resident of this State since the all his life 189 and that the witnesses, viz: _____

are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of DeKalb 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 my opinion the foregoing claim is _____ made in good faith.

Witness my hand and seal of office, this 27 day of Sept 1907

James R. George Ordinary.

of DeKalb 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,

DeKalb COUNTY.

I, Felix Camp of said State and County, having been presented as a witness in support of the application of W. H. Barnes 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?
Felix Camp, Clarston, DeKalb Co., Ga.
 2. Are you acquainted with W. H. Barnes, the applicant; if so, how long have you known him?
Yes; about 8 years.
 3. Where does he reside, and how long and since when has he been a resident of this State?
Clarston, DeKalb Co., Ga. Resided to my knowledge for 8 or 10 years & born there.
 4. When, where and in what company and regiment did he enlist, and how do you know?
He enlisted in the 1st Georgia Cavalry, 1862, at Clarston, Ga. I know him by sight & have known him since then.
 5. Were you a member of the same company and regiment?
 6. How long did he perform regular military duty?
 7. When and where was his command surrendered?
 8. Were you present when it surrendered?
 9. Was applicant present?
 10. If he was not present, where was he?
- When did he leave his command? For what cause?
By what authority he left? How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge.)
Nothing but a few household goods of very little value.
12. What property, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909? How to my knowledge, I do not know of any property, effects or income he possessed in those years, and I do not know of any disposition, if any, did he make of same?
None 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?
Has no occupation, his eyesight is impaired, has heart trouble, is feeble.
15. Is the applicant unable to support himself by labor of any sort; if so, why?
Felix conditions & impairment of sight.
16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909?
For 1907, 1908 & 1909 I have assisted in his support.
17. What portion of his support for these four years was derived from his own labor or income?
About 40 per year.
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code.
Impairment of vision; heart trouble; feeble condition.
19. Who composes family? What property have they? Children's ages and their earning capacity?
W. H. Barnes, the applicant & his wife, Hattie Barnes.
20. What interest have you in the recovery of a pension by this applicant?
No.

Sworn to and subscribed before me, this the 27th day of Sept, 1909.

Felix Camp
Witness.

James R. George
Ordinary.

NAME Barnes, William H.

YEAR 1910 COUNTY DeKalb

BORN AND WHERE BORN? Feb. 24, 1848, - Clayton County, Georgia.

EMITTED FROM ARMY SERVICE March 1864, - Carroll County, Georgia.

RANK.

Sgt. Major.

COMPANY AND REGIMENT?

Co. A. Beall's Battn.

NAME OF COMPANY AND REGIMENT?

COMPANY

REGIMENT, WHEN AND WHERE?

REGIMENT.

BORN AND WHERE BORN? May 1865, Newnan, Georgia - Paroled at
Atlanta, Georgia.

IF NOT FREQUENTLY A SERVICEMAN, WHERE WERE YOU?

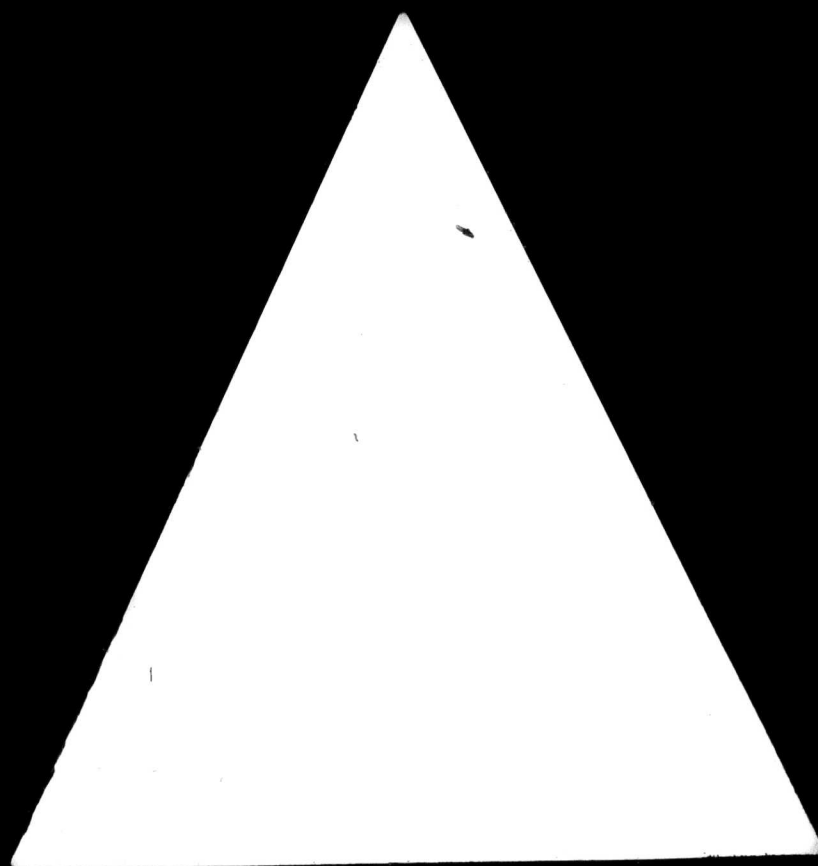
DIED, WHEN AND WHERE?

EMITTED,

WITNESSES. J. Y. Blalock, J. G. Tanner, - Same Battn. Beall's.

No data.

mh.



Widow's Pension

No. 443 84743
Barnett Laura
De Kalb County De Kalb
No.

Widow's Pension

UNDER ACT 1910

County *De Kalb*

Name *Laura Barnett*

Widow of *Laurence Barnett*

Chas. P. Byrd, State Printer
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,

Dickall County.

Personally before me comes Mrs. Laura Barnett 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? Laura Barnett
2. How long and since when have you been a continuing resident of the State of Georgia? 72 years all my life
3. When, where and to whom were you married? 24 day of Dec 1864 Dalton County Sta
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 A 29th Mass
5. When and where did the Commands of your husband surrender or discharge from the army? in 1865
6. Was your husband personally present at the time of the surrender or discharge of this Command? My understanding he was
7. If he was not present state clearly where he was? Present as I understood
8. Where was his command when he left? with command I understood
- 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? was not
- 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? 26 day June 1903 Dalton Ga
- k. Were you residing together when he died? yes
- l. If not, how long had you resided apart? _____
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908? (State same by items.) nothing
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what you do with the proceeds thereof? (Give items and cash value.) nothing
11. What property of any description of any value have you now? Nothing
Give list and cash value. _____
12. What are your annual earnings or income and their value? Nothing
13. Have you heretofore been paid a pension by the State? Have not
If so, when and for what cause were you struck from the Roll? _____

Sworn to and subscribed before me this the

26 day of October 1917

James K. Gough Ordinary.

of Dickall County.

Mrs. Laura Barnett

Widow's Pension

UNDER ACT 1910

County

Dickall

Name

Laura Barnett

Widow of

Laurance Barnett

J. W. LINDLEY,

Commissioner of Pensions.

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

STATE OF GEORGIA,

Bradley County.

Personally before me comes R. J. 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? R. J. Wilson Charleston Tenn.
2. How long and since when have you known Lena Baratt applicant? 30 years.
3. How long and since when has she continuously resided in this State? (Give date.)

Lena Baratt
4. When and to whom was she married? 50 or 60 yrs. How do you know?

Lena Baratt
5. How long and since when did you know Lena Baratt her husband? All my life.

Lena Baratt
6. When and where did Lena Baratt the husband of Applicant die? Dalton Ga. about 8 years ago.

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? no

9. When, where and in what Company and Regiment did Lena Baratt enlist? Company A. 29 Tenn.

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

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? until during the war.

12. When and where did his Command surrender, and was discharged? somewhere in N. C.

13. Were you personally present when it was surrendered? no If not where were you on a furlough and how came you there? on 40 day furlough

14. Was the husband of applicant personally present at surrender? in any other way If not where was he? he was in hospital somewhere when, where and for what cause did he leave Command? (Give date) he was detailed By whose authority did he leave his Command? without of Col. Powell and how long was he granted leave? he was detailed to How do you know all this? I saw him there and knew that by seeing him

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

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? he never came back to his regiment.

Sworn to and subscribed before me this the 12th day of October 1917 R. J. Wilson Ordinary.

W. H. Chen C. Ch of Bradley County. Tenn

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 1917

Ordinary.

of County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb County.

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

That I also know 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 Return for 1916 was \$1500.00 for 1917 \$1500.00

Sworn under my hand and official seal of office this 1917 day of

act 1917 James R. George Ordinary.

(SEAL.) DeKalb County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words. "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."

2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to first January 1870, are entitled.
4. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Barrett, Laura (Mrs.)

DeKalb Co.

For DeKalb County

1926

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1010)

(To pay expenses of last illness and funeral)

V. D. Morgan Ordinary

For Mrs. Laura Barrett

Date of Death Jan 22 1927

Amount \$ 106.00

Approved and ordered paid

John W. Clark

JOHN W. CLARK

Commissioner of Pensions

Received of V. D. Morgan
Ordinary, checked and paid
June 2, 1927.
W. B. Turner

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.

File 1 Sr.

STATE OF GEORGIA,
COUNTY OF TELFAIR.

In person comes, before me, W. O. Tuley

Ordinary of Telfair County Georgia, Mrs. Helen T. Ault, a person to me well known, who being first duly sworn, on oath, deposes and says:

That she, deponent, was present and witnessed the marriage of Lawrence W. Barrett to Laura Teague, at White Plains, Calhoun County, Ala., December 29th 1864.

Further deponent sayeth not.

Mrs. Helen T. Ault

Sworn to and subscribed before me this the 22nd day of October 1917.

W. O. Tuley
Ordinary of Telfair County Georgia.

State of Georgia,
County of DeKalb.

In person appeared before me, the undersigned, Mrs.

Laura Barrett, who being duly sworn, says on oath: That the Tax Digest of DeKalb County for the years 1914, 1915, 1916 and 1917, show that she returned property for taxation in her own name, but that she did this to save confusion, and that said property was not hers, but was held in trust by her for children.

Sworn to and subscribed before me, Mrs. Laura Barrett
this the 26th day of October, 1917.

James R. George
Ordinary

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, DeKalb County.

Personally before me, the Ordinary of said County, comes A. S. Turner, Undertaker, of said County, who, after being sworn, on oath says that he knew Mrs. Laura Barrett of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Decatur, Georgia, County, in this State, on the 23rd day of January 1927, and that a Pension of \$ () Dollars was due pensioner and unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$169.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

V. S. Morgan, Ordinary
DeKalb County

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know A. S. Turner, 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. Laura Barrett while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of Fifty & 00/100 (last Quarter 1926), (\$50.) Dollars in said County for 1926, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 25th day of January 1927.

(Seal or Ordinary)

V. S. Morgan, Ordinary
DeKalb County

INSTRUCTIONS:

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," etc.)
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of _____ who died without owning sufficient property to pay this bill.
- 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid until it is returned to you as your authority to make the payment.
- 5th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
- 6th. Return this application, and attached bills, with your final settlement, to the Pension Department.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.

NIGHT AND SUNDAY PHONE DE. 0088
2227 N. McDONOUGH ST.
PHONE DE. 0088

A. S. Turner
Funeral Director and Embalmer
Prompt Ambulance Service
Decatur, Georgia.



FUNERAL EXPENSES OF MRS LAURA BARRETT.

January 25, 1927.	To Casket	\$135.00
	Embalming	25.00
	3 Funeral Notices	9.00
		<hr/> \$169.00

Georgia, DeKalb County,

Personally appeared before me, A.S. Turner who being duly sworn says on oath, that the above itemized account of the Funeral Expenses of Mrs Laura Barrett is just, true, due and remains unpaid.

Sworn to and subscribed before me,
This January 25th, 1927.

Ruby Johnston
Notary Public, State at Large, Decatur, Ga.
My Commission Expires Nov. 4, 1929.

A. S. Turner

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

6th. Return this application, and attached bills, with your final settlement, to the Pension Department.

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

POWER OF ATTORNEY.

State of Georgia, _____ County.

I, _____ hereby authorize

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

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

[L. S.]

Executed in the presence of

Barrow, F. E. Mrs.
De Kalb County

For Those Heretofore Paid.

1898.

12, 20 22 23-1899

NO. 2055

14. 11. 1897

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. F. E. Barrow

De Kalb County,
Widow of *John Barrow*

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

1/31

1898.

AND HANDED TO

appt

Geo. W. Harrison, State Printer, Atlanta

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,
County of *DeKalb*

Personally Comes Mrs.

F. E. Burrow

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

DeKalb State of Georgia, and that she has resided in said State continuously ever since *1868 3th* 18 *36*. That she is the Widow of

John Burrow who was a Soldier in Company *F* of the *19th* Regiment of *Ga*

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

1861 and served in the Army up to *Aug* 1862. That he lost his

life on the *10th* day of *Aug* 1862. (State here

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

Had 2. warthorn while in service and died 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 1851.

I have been allowed a pension as a resident of *DeKalb* 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

31st day of *Jan* 1898.

F. E. Burrow

Post-Office *Doraville Ga*

State of Georgia,

DeKalb County.

1 Ordinary of said County, certify that I am well acquainted

with Mrs. *F. E. Burrow* 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 *31st* day of *Jan* 18 *98*.

Given under my official signature and seal this *31st* day of *Jan* 1898.

M. H. Ragsdale

Ordinary of *DeKalb* County.

Official Seal.



OFFICE OF

COURT OF ORDINARY,

MILTON COUNTY.

W. W. MOSTLER, Ordinary.

Alpharetta, Ga.

1899

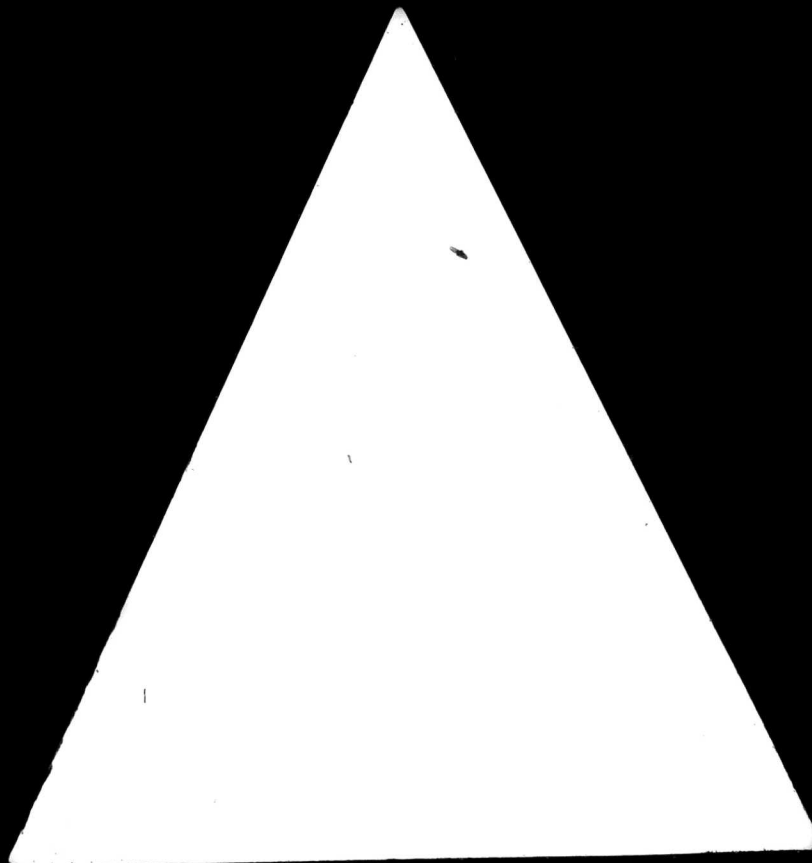
Georgia
Milton County } This is to Certify that
Mrs. F. E. Burrow was
on the Pension Roll of *Milton County*
and drew her pension in said county
for 1897

Witness my hand and seal of office
this 21st day of *Jan*, 1898.

W. W. Mostler

Official
Seal.

Ordinary of *McKath* County.



POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY, }

I, _____, hereby authorize

of _____

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

at _____

Witness my hand and seal this _____ day of _____

1899.

Executed in presence of _____

(L. S.)

Baswell, H.B.
OK De Kalb Co
No. _____

INDIGENT PENSION

1899.

Name *H.B. Baswell*

County *De Kalb*

Approved _____

1899.

RICHARD JOHNSON,
Commissioner of Penitents.

WARRANT HANDED TO _____

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

5/27/99

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____, hereby authorize

of _____

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

at _____ by _____

Witness my hand and seal this _____ day of _____ 1899.

Executed in presence of _____ (L. S.)

Questions for Applicant.

STATE OF GEORGIA,

DeKalb County.

H. B. Baswell 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 the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office).
H. B. Baswell - DeKalb County, Ga. Chamblee P. O.
2. How long and since when have you been a resident of this State? Since the year 1844.
3. When and where were you born? Spaulding, Sept. 9th 1828.
4. When and where and in what company and regiment did you enlist or serve?
in DeKalb County, Ga. in Company E. 7th Georgia Regt. in Sept. 1862.
5. How long did you remain in such company and regiment? Six months then I was discharged and then was detailed to the farm and there was employed.
6. For how long a period did you discharge regular military duty? Nine months.
7. When, where and under what circumstances were you discharged from service? I was sent to Indianapolis and kept there till the summer.
8. What is your present occupation? Farming. When able.
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, "infirmary and poverty," or third, "blindness and poverty"? First, second and 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 have been unable to work to support my family since 1876. I was taken sick with H. T. fever and then became weaker and weaker till I am now unable to do any work.
13. What property, effects or income do you possess, and its gross value? None at all.
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? None at all.
15. In what County did you reside during those years, and what property did you then return for taxation?
I lived in DeKalb County and did not return any at all.
16. How were you supported during the years 1897 and 1898? By the aid of my daughter. She worked on the farm and supported 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? A bit. I contribute nothing only killing hand.
18. What was your employment during 1897 and 1898? What pay did you receive in each year? On the farm with my daughter. What time I was able.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? No. I have a wife and 4 children. They live on the farm and do all they can.
20. Are you receiving any pension? If so, what amount, and for what disability? Nothing at all.

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

H. B. Baswell
M. J. Baswell
of DeKalb County, Ordinary, Applicant.

Every Question MUST be Answered.

5/27/99

Baswell, H. B.
DeKalb Co.

INDIGENT PENSION

1899.

Name

H. B. Baswell

County

DeKalb

Approved

1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

W. W. HARRISON, STATE PRINTER, ATLANTA.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Colb COUNTY.

J. G. Alexander, of said State and County, having been presented as a witness in support of the application of H. B. Baswell for pension under Section 1254, Code, and after having 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. G. Alexander I live in Colb County, Ga.
2. Are you acquainted with H. B. Baswell, the applicant; if so how long have you known him? 1 1/2 years
3. Where does he reside, and how long and since when, has he been a resident of this State? for 1 1/2 years and now
4. When, where and in what company and regiment did he enlist, and how do you know? he enlisted in Colb County in 1862 in Co. G of 4th Ga.
5. Were you a member of the same company and regiment? yes I was
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? he served a bad spell of 18 months in us and was a good soldier and then was discharged in the summer of the year he was on the farm and worked there till he was called
7. What property, effects or income has the applicant? (Give your means of knowledge.) None at all
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? Nothing at all

9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? He has had nothing to convey
10. What is the applicant's occupation and physical condition? farming when able he has been a farmer al since 1896 he had a bad spell of 18 months
11. Is the applicant unable to support himself by labor of any sort, if so, why? yes he is unable to do his self for he is 46 years old and has a bad spell of 18 months
12. How was he supported during the years 1897 and 1898? by the aid of his 2 doctors
13. What portion of his support for these two years was derived from his own labor or income? very little only his advice to the girls
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? in 1896 he had a spell of 18 months of 18 months and had a bad spell of 18 months and then this spring he had a bad spell of 18 months and then this spring he had a bad spell of 18 months
15. What interest have you in the recovery of a pension by this applicant? None at all

Sworn to and subscribed before me, this

13th day of May, 1899.

J. G. Alexander
Witness.

Ordinary

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

De Kalb COUNTY.

Personally came before me J. G. Alexander and H. B. Baswell, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully H. B. Baswell, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Extreme in-
firmity from age. Tobacco heart with deg-
radical tendency, peritonal hernia, vertigo & gen-
eral broken down condition

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 19th day of May, 1899.

J. G. Alexander, Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

De Kalb COUNTY.

I, J. G. Alexander, Ordinary in and for said County, hereby certify that the applicant H. B. Baswell resides in said County, and has been a bona fide resident of this State since the 18th day of May, 1899, and that the witnesses, viz: J. G. Alexander and H. B. Baswell 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 De Kalb County show that applicant returned for taxation in his name in 1897 None Dollars of property, and in 1898 None Dollars of property.

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

Witness my hand and seal of office, this 19th day of May, 1899.

J. G. Alexander, Ordinary,
of De Kalb 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.

I certify that J. G. Alexander is a resident of Colb County and is a witness worthy of full faith and credit and is a witness may 13th 1899.

NAME Baswell, H.B.

YEAR 1899 COUNTY DeKalb

WHEN AND WHERE BORN? Spartanburg Dist., South Carolina
Sept. 9, 1823

ENLISTED WHEN AND WHERE? ~~Sept 9, 1862~~ Sept, 1862 - Cobb County, Georgia

RANK

COMPANY AND REGIMENT? Co E 7th Georgia Regt.

NAME OF CAPTAIN AND COLONEL? J Y Alexander, Lieutenant - same Company -

WOUNDED?

CAPTURED, WHEN AND WHERE? "Detailed to the farm, and there was captured"
(No date given); however it was after 9
months service.

RELEASED. At Indianapolis, Ind - after the surrender.

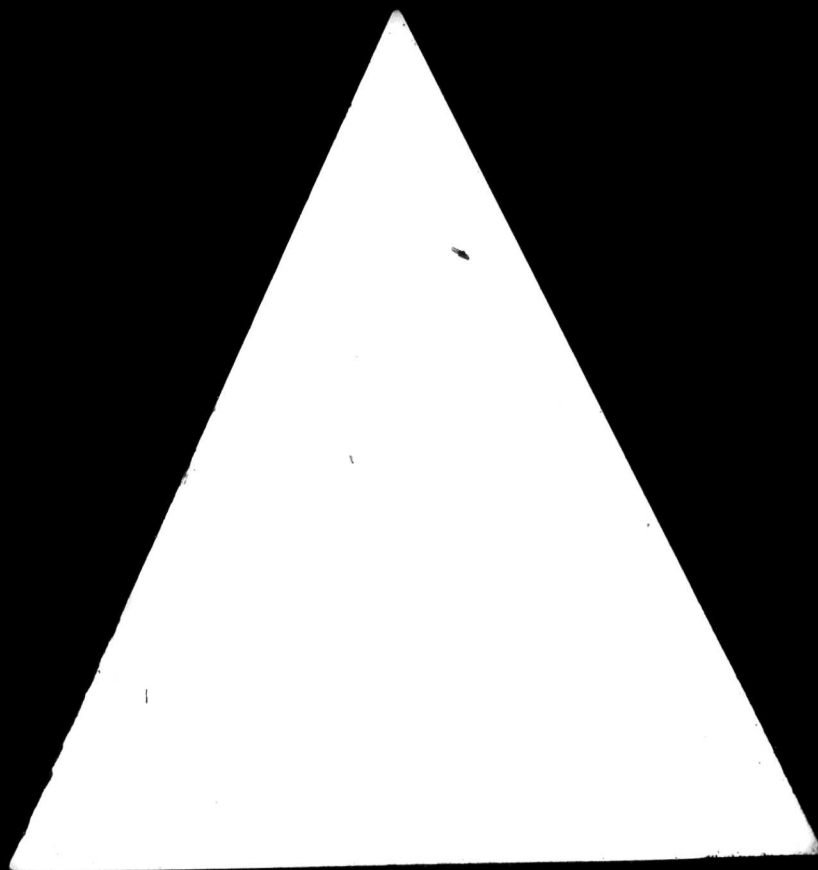
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. ~~xxxx~~ J Y Alexander - same command - No data



DeKalb 1900 11
Baxter [Signature]

No

**INDIGENT PENSION,
1900.**

Name John Baxter

County De Kalb

Approved July 17 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Power of Attorney.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

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

at _____ by _____

Witness my hand and seal, this _____ day of _____ 1900.

Executed in presence of _____ [L.S.]

Power of Attorney.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of

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

at _____ by _____

Witness my hand and seal, this _____ day of _____, 1900.

[L. S.]

Executed in presence of

INDIGENT PENSION,

1900.

Name John Baxter

County De Kalb

Approved July 17 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Questions for Applicant.

STATE OF GEORGIA,

County. }

I, John Baxter of said State and County, desiring to avail himself of the Pension Act (Section 1264, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office)
John Baxter, In De Kalb County, Tucker
2. How long and since when have you been a resident of this State? Since 1841. 57 years
3. When and where were you born? In Sept 1830, S. C.
4. When and where and in what company and regiment did you enlist or serve? March 1862, Co. D, 38th Ga. Savannah
5. How long did you remain in such company and regiment? In service until captured in 1863.
6. For how long a period did you discharge regular military duty? About 15 months
7. When, where and under what circumstances were you discharged from service? Were you with your command at the time? Paroled from Fort Delaware 13th June 1865.
8. What is your present occupation? Farming
9. How much can you earn (gross) per annum by your own exertions or labor? About \$25.00
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Age & 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 four years.
13. What property, effects or income do you possess, and its gross value? \$50.00
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? Nothing more than now.
15. In what County did you reside during those years, and what property did you then return for taxation?
In De Kalb, About \$50.00
16. How were you supported during the years 1898 and 1899? By farming
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? About \$4.00 per year, About \$25.00
18. What was your employment during 1898 and 1899? What pay did you receive in each year?
Worked on farm when I could
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Wife and sister, supported from proceeds of place. Wife has place.
20. Are you receiving any pension? If so, what amount, and for what disability? No.

Sworn to and subscribed before me this the

29 day of March 1900.

John Baxter

Applicant.

Ordinary,

of De Kalb County.

Every Question MUST be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA, }
De Kalb COUNTY. }

S. M. Leechman of said State and County, having been presented as a witness in support of the application of *John Baxter* for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *S. M. Leechman, In De Kalb County.*
2. Are you acquainted with *John Baxter*, the applicant; if so, how long have you known him? *Yes for 40 years.*
3. Where does he reside, and how long and since when has he been a resident of this State? *In De Kalb County. Over 40 years.*
4. When, where and in what company and regiment did he enlist, and how do you know? *In De Kalb Co. Co. D. 38th Pa.*
5. Were you a member of the same company and regiment? *I was.*
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Were you present with command when discharged? *Up to his capture in 1863, made a good soldier. He stayed in prison up to close of war.*
7. What property, effects or income has the applicant? (Give your means of knowledge.) *has none but one mule. I am his neighbor.*
8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? *None more than now.*
9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? *has not.*
10. What is the applicant's occupation and physical condition? *thinning. He is unable to work for living on account of age.*
11. Is the applicant unable to support himself by labor of any sort, if so, why? *he is.*
12. How was he supported during the years 1898 and 1899? *By help of his children.*
13. What portion of his support for these two years was derived from his own labor or income? *About one fourth.*
14. 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 from Rheumatism.*
15. What interest have you in the recovery of a pension by this applicant? *No.*

Sworn to and subscribed before me, this *20th* day of *March*, 1900. *S. M. Leechman* Witness.
M. M. Caprice Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA, }
De Kalb COUNTY. }

Personally came before me *W. A. Ross* and *W. M. Churdy*, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully *John Baxter*, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Rheumatism + General Brake down cause of Rheumatism

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 *27* day of *March*, 1900. *W. A. Ross M. D.* Ordinary. *W. M. Churdy M. D.*

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, }
De Kalb COUNTY. }

I, *M. M. Caprice*, Ordinary in and for said County, hereby certify that the applicant *John Baxter* resides in said County, and has been a bona fide resident of this State since the *1st* day of *Sept*, 1863, and that the witnesses, viz: *S. M. Leechman*

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 *De Kalb* County show that applicant returned for taxation in his name in 1898 *\$107.00* Dollars of property, and in 1899 *\$108.00* Dollars of property.

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

Witness my hand and seal of office, this *5* day of *June*, 1900. *M. M. Caprice* Ordinary, of *De Kalb* 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.

De Kalb County.

I, *John Baxter*, hereby authorize *W. W. Ragaduck* of *De Kalb*

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

at

by

Witness my hand and seal, this *15* day of *June*, 1901.

John Baxter [L. S.]

Executed in presence of

W. W. Ragaduck
John W. Lindsey

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, *John Baxter*, hereby authorize *W. W. Ragaduck* of *De Kalb*

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

at

by

Witness my hand and seal, this *15* day of *June*, 1902.

John Baxter [L. S.]

Executed in presence of

W. W. Ragaduck

De Kalb - 50

For Those Already Enrolled.

No. *478*

INDIGENT

SOLDIER'S PENSION.
1901.

Name *John Baxter*
County *De Kalb*

WARRANT ISSUED

July 21 1901.
JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. W. Ragaduck

JOHN W. LINDSEY, State Prison, ALABAMA

W. W. Ragaduck

Baxter, John
De Kalb

(FOR THOSE ALREADY ENROLLED.)

No. *1041*

INDIGENT

SOLDIER'S PENSION
1902.

Name *Baxter John*
County *De Kalb*
Co. *D* Regiment *38th*

WARRANT ISSUED

July 21 1902.
JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. W. Ragaduck

JOHN W. LINDSEY, State Prison, ALABAMA

W. W. Ragaduck

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *John Baxter* of *De Kalb* 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 *1830* day of *Sept* 1830; 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 *3 Years* in Company *D*, of *38*th Regiment of *Ga*; that his physical condition is as follows: *old age and infirmity*

that his property consists of the following items: *50 Mule and 5000 Dollars*

of the value of *50* 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 *De Kalb* county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this the

10 day of *Nov* 1901.

1901.

Ordinary

STATE OF GEORGIA,

De Kalb County.

I, *W. M. Rogers* Ordinary of said County, do certify that I am well acquainted with *John Baxter* 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 *Nov* 1901.

Ordinary

County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *John Baxter* of *De Kalb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *18* day of *Sept* 1830; 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 Years* in Company *D*, of *38*th Regiment of *Ga*; that his physical condition is as follows: *old age and infirmity*

that his property consists of the following items: *1000*

of the value of *1000* 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 *De Kalb* county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this the

10 day of *Nov* 1902.

1902.

Ordinary

STATE OF GEORGIA,

De Kalb County.

I, *W. M. Rogers* Ordinary of said County, do certify that I am well acquainted with *John Baxter* 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 *Nov* 1902.

Ordinary

County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, John Baxter hereby authorize M. M. Papdew
of De Kalb County

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

by _____

Witness my hand and seal, this 10 day of Jan 1903.

Executed in presence of

W. H. Etheridge
J. B. Hardy

John Baxter [L. S.]

CODE SECTION 134.

(FOR THOSE ALREADY ENROLLED.)

No. 574

INDIGENT

**SOLDIER'S PENSION
1903.**

Name Baxter John

County De Kalb

Co. D Regiment 38th

WARRANT ISSUED

123 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ady

Geo. H. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, John Baxter hereby authorize
John R. George of De Kalb County

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

at _____

by _____

Witness my hand and seal, this 19 day of January 1904.

Executed in presence of

M. M. Papdew

John Baxter [L. S.]

CODE SECTION 134.

(FOR THOSE ALREADY ENROLLED.)

No. 447606

INDIGENT.

**SOLDIER'S PENSION
1904.**

Name John Baxter

County De Kalb

Co. h Regiment 38th

WARRANT ISSUED

125 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ady

Geo. H. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.)

Personally appears *John Baxter* of *De Kalb* 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 *Sept* 1830; 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 *Georgia*) during the war between the States, and served for the term of *3 years* in Company *D*, of *38* th Regiment of *De Kalb*, that his physical condition is as follows: *From old age and infirmity unable to support himself*

that his property consists of the following items: *None*

of the value of *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 1903. I have heretofore as a resident of *De Kalb* county been allowed a pension for the year *1902*.

Sworn to and subscribed before me, this the *10* day of *Jan* 1903. *M. M. Rogers* Ordinary. *John Baxter*

STATE OF GEORGIA,

De Kalb County.)

I, *M. M. Rogers* Ordinary of said County, do certify that I am well acquainted with *John Baxter* 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* 1903.



M. M. Rogers Ordinary *De Kalb* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.)

Personally appears *John Baxter* of *De Kalb* 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 *Sept* 1830; that he is *73* years old and by occupation a *Farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 years* in Company *D*, of *38* th Regiment of *Georgia Vol*, that his physical condition is as follows: *Old age and infirmity*

that his property consists of the following items:

of the value of *\$63.00* 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 1904. I have heretofore as a resident of *De Kalb* County been allowed a pension for the year *1903*.

Sworn to and subscribed before me, this the *19* day of *January* 1904. *John Baxter* *James R. George* Ordinary.

STATE OF GEORGIA,

De Kalb County.)

I, *James R. George* Ordinary of said County, do certify that I am well acquainted with *John Baxter* 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 *January* 1904.



James R. George Ordinary *De Kalb* County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY.

I, John Baxter hereby authorize
James R. George of Decatur
to receive and receipt for the pension allowed, and request that he remit same to
John Baxter at Decatur
by _____

WITNESS my hand and seal, this 17th day of May 1905.

John Baxter [L. S.]

Executed in the presence of

James R. George
Ordinary

Baxter, John
DeKalb County

CODE SECTION 124.
(FOR THOSE ALREADY ENROLLED.)

No. 6664

INDIGENT
SOLDIER'S PENSION
1905.

Name John Baxter
County DeKalb
Co. A Regiment 33rd

WARRANT ISSUED
17th 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
John Baxter
GEO. W. HARRISON, MANAGER, F. B. STATE-PRINTER, ATLANTA.

no data

Baxter, John

DeKalb Co.
CODE SECTION 124.
(FOR THOSE ALREADY ENROLLED.)

No. 5744

INDIGENT
SOLDIER'S PENSION
1906.

Name John Baxter
County DeKalb
Co. D Regiment 38th

WARRANT ISSUED
12th 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Pricey
The Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY.

I, John Baxter hereby authorize
James R. George of Decatur Ga
to receive and receipt for the pension allowed, and request that he remit same to
John Baxter at Decatur Ga
by _____

WITNESS my hand and seal, this _____ day of 1st 1906.

John Baxter [L. S.]

Executed in the presence of

James R. George
Ordinary

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.

Personally appears John Baxter of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of 18; that he is years old and by occupation a, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of in Company 35 of 35 th Regiment of ; that his physical condition is as follows: Infirmary, poverty & age

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 13 day of January, 1905. John Baxter Ordinary.

STATE OF GEORGIA,
De Kalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with John Baxter 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 11th day of January, 1905.



Ordinary De Kalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
De Kalb County.

Personally appears John Baxter of De Kalb 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 Sept 1830; that he is years old and by occupation a, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of in Company 35 of 35 th Regiment of Georgia, State; that his physical condition is as follows: Infirmary, poverty and age

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 13 day of January, 1906. John Baxter Ordinary.

State of Georgia,
De Kalb County.

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

Given under my official signature and seal, this 10th day of January, 1906.



Ordinary De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY,

I, John Baxter, hereby authorize
James R. George of DeKalb GA
to receive and receipt for the pension allowed, and request that he remit same to
John Baxter at DeKalb GA
by _____

WITNESS my hand and seal, this 12 day of January 1907.

John Baxter [L. S.]

Executed in presence of

James R. George
Ordinary

Baxter, John
DeKalb County

GEORGIA SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 809

INDIGENT
SOLDIER'S PENSION
1907.

Name John Baxter
County DeKalb
Co. A Regiment 28 Ga

WARRANT ISSUED

12 1907.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

See

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

per data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

County, }
Personally appears John Baxter of Lowndes

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1st day of Sept 1892; that he is years old and by occupation a , that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of in Company D, of 38th Regiment of Geo. Sals; that his physical condition is as follows: Deficiently poverty & Age

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 12 day of Jan 1907.

James R. George } John Baxter
Ordinary.

State of Georgia,

County, }
I, James R. George Ordinary of said County,

do certify that I am well acquainted with John Baxter 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 Jan 12 day of January 1907.

James R. George
Ordinary County.



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

NAME **Baxter, John**

YEAR **1900** COUNTY **DeKalb**

WHEN AND WHERE BORN? **September 1830 South Carolina.**

ENLISTED WHEN AND WHERE? **March 1862 Savannah, Ga.**

RANK

COMPANY AND REGIMENT? **Co. D, 38th. Regt. Ga. Vols.**

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? **Captured 1863 carried to Fort Delaware, Ill.**

RELEASED. **June 13th/ 1865.**

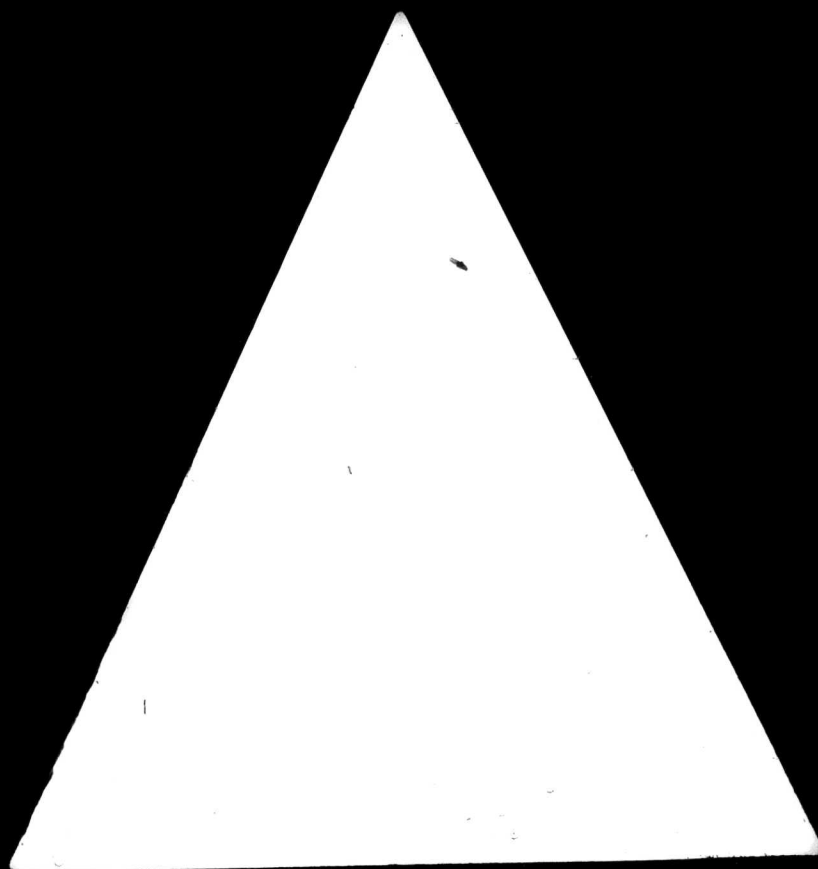
WHEN AND WHERE SURRENDERED?

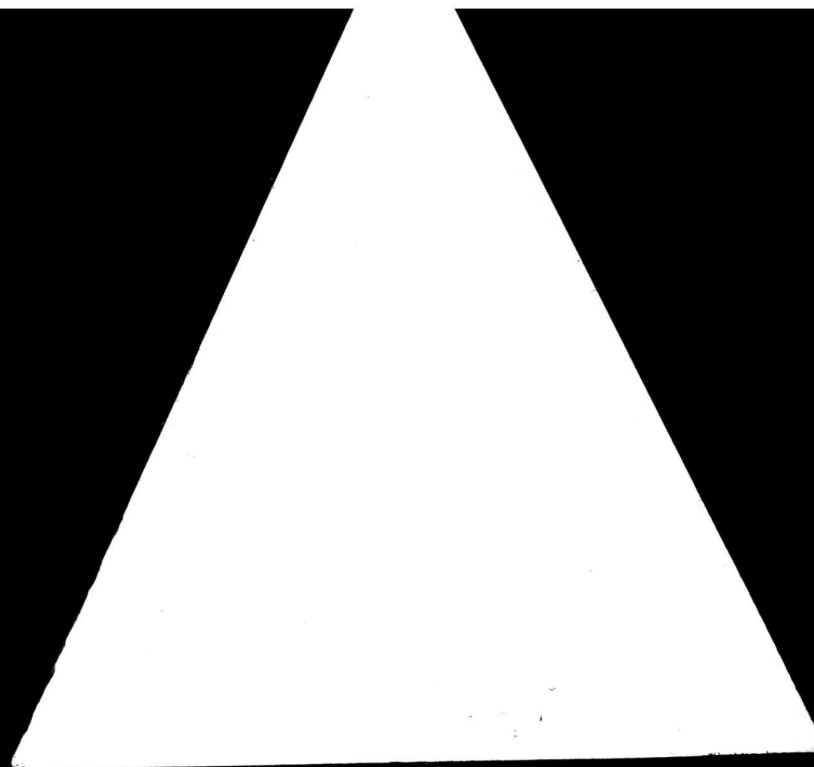
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. **S.W. Cochran, same command - No data.**
JWT





WEIGHT PRINT OR BAD COPY 0000

BEST LINE PRINT OR BAD COPY *****

Bazemore, Thos. J.
De Kalb County

No. *4930*

INDIGENT PENSION

1899.

Name *Thos. J. Bazemore*

County *De Kalb*

Approved *4/10 - 1901* 1899

Richard Johnson
RICHARD JOHNSON,

Commissioner of Pensions

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

11/15 - 1899
11/20 1899

Applied for pension
from an
indigent
person
and
has been
found
to be
eligible
therefor
and
is
entitled
to the
same

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I,

hereby authorize

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

Witness my hand and seal this

1899.

Executed in presence of

}

(L. S.)

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I,

hereby authorize

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

Witness my hand and seal this

day

1899.

Executed in presence of

(L. S.)

INDIGENT PENSION

1899.

Name Thos. J. Bazemore

County DeKalb

Approved 4/10 - 1900

JOHN J. BAZEMORE
Commissioner of Pensions

WARRANT HANDED TO

0-11

OFFICE OF THE COMMISSIONER OF PENSIONS, ATLANTA.

1/10-1900
11/28-1901

Questions for Applicant.

STATE OF GEORGIA,

County.

Thomas J. Bazemore

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.)
Thomas Jefferson Bazemore - Kirkwood, DeKalb Co., Georgia.
2. How long and since when have you been a resident of this State?
Being 57 years Dec 25th 1842. All my life.
3. When and where were you born?
Dec 25th 1842 in Jones Co. Ga.
4. When and where and in what company and regiment did you enlist or serve?
In 1861 in 1st Co. 1st Regt. Vol. Inf. 2nd Ga. Battalion. In the Ross Volunteers 2nd Ga. Battalion.
5. How long did you remain in such company and regiment?
Six months in State service and three years in the 2nd Ga. Battalion in the Confederate Service.
6. For how long a period did you discharge regular military duty?
Three years & six months.
7. When, where and under what circumstances were you discharged from service?
I was discharged from service at Abbeville, S. C. when Gen. Lee surrendered on April 9th 1865.
8. What is your present occupation?
I have no position but work.
9. How much can you earn (gross) per annum by your own exertions or labor?
Nothing.
10. What has been your occupation since 1865?
Making the effort to find a position.
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"?
Age and Poverty.
12. If upon the first ground, state how long you have been in such condition and how you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind and when and where you lost your sight.
I have been unable to earn my support for a year or more.
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?
I had nothing during these years but a little personal effects and some money more than they were worth. I had earned for land last year but could not pay for it and had to return it.
15. In what County did you reside during those years, and what property did you then return for taxation?
Harriett Co. 1894-1895, Spalding 1896-1897, Fayette 1898 and part of 1899. I returned for a little personal effects all these years.
16. How were you supported during the years 1897 and 1898?
By Farming.
17. How much did your support cost for each of those years, and what portion did you receive from your own labor or income?
Support cost more than income. My children did the work.
18. What was your employment during 1897 and 1898? What pay did you receive in each year?
Farming. No pay for farming a support came out in debt. I have no work.
19. Have you a family? If so, how many such family? Have they means of support, or place have a homestead?
I have a wife and twelve (12) children, seven (7) girls and 5 boys, oldest boy less than 10 years of age, all live at home. I have one more son but he is not at home. I have no more children.
20. Are you receiving any pension? If so, what amount, and for what disability?
I have never applied for a pension this being my first.

Sworn to and subscribed before me this

3d day of Jan 1900
W. Magdalen
of DeKalb

Ordinary,
County.

A. J. Bazemore
Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton COUNTY.

U. S. Redding, of said State and County, having been presented as a witness in support of the application of Thos J. Bazemore 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? Anderson S. Redding
56 Garnett St. Atlanta, Ga
2. Are you acquainted with Thos J. Bazemore, the applicant; if so how long have you known him? Forty five years.
3. Where does he reside, and how long and since when has he been a resident of this State? Kirkwood DeKalb Co. Ga. All his life
4. When, where and in what company and regiment did he enlist and how do you know? I was in 1862 in Macon Ga. Floyd's Regt. 2nd Battalion Co. C. 11th Co.
5. Were you a member of the same company and regiment? I was.
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Three years in my Co. Made a good Soldier being with us all the time except when wounded or sick. He stayed his gun at Sherman's Pt. when Gen. Sherman's army was there in 1865.
7. What property, effects or income has the applicant? (Give your means of knowledge.) He has nothing except a few household effects. Because I have known him 45 years.
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 had nothing during all three years but a little pension money which he used to pay for his clothing and food. He paid for his rent but could not pay for it.
9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? He has conveyed away nothing during this time.
10. What is the applicant's occupation and physical condition? He has no occupation at present. He is in a feeble condition. He has a ball in his left arm now and was wounded in his right hand also.
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is unable because of age and feebleness and infirmity.
12. How was he supported during the years 1897 and 1898? Making the effort to farm.
13. What portion of his support for these two years was derived from his own labor or income? Scarcely any at all.
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? In the first place age - he is also very feeble and troubled with dyspepsia. He is unable to earn his living. He is unable to earn his living. He is unable to earn his living.
15. What interest have you in the recovery of a pension by this applicant? None what ever.

Sworn to and subscribed before me, this
the 23 day of Dec 1899.

Ordinary.

Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

De Kalb COUNTY.

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

chronic catarrhal trouble of stomach & respiratory tract & general debility

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

3d day of Jan 1900

J. H. Goss M.D.

Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

De Kalb COUNTY.

I, M. M. Regadice, Ordinary in and for said County, hereby certify that the applicant Thos J. Bazemore resides in said County, and has been a bona fide resident of this State since the day of 189 and that the witnesses, viz:

are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of De Kalb County show that applicant returned for taxation in his name in 1897 _____ Dollars of property, and in 1898 _____ Dollars of property.

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

Witness my hand and seal of office, this 3d day of Jan 1900

M. M. Regadice
of De Kalb County.

Ordinary.

County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1902.

[L. S.]

Executed in presence of _____

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)

No. 566

INDIGENT

**SOLDIER'S PENSION
1902.**

Name Bazemore, T.S.
County DeKalb
Co. Floyd Regiment

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harris, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1903.

[L. S.]

Executed in presence of _____

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)

No. 573

INDIGENT

**SOLDIER'S PENSION
1903.**

Name Bazemore, T.S.
County DeKalb
Co. Floyd Regiment

WARRANT ISSUED

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harris, State Printer, Atlanta.

(23rd)

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *J. J. Bazemore* of *De Kalb* 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 *25* day of *Dec* 18*42*; that he is *60* years old and by occupation a *Minister* that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of *4 years* in Company *Alfred Rife* of *th* Regiment of ; that his physical condition is as follows: *Suffering from Catarrh of the Bladder and Indigestion*

that his property consists of the following items *None*

of the value of *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 *De Kalb* County been allowed a pension for the year 1901

Sworn to and subscribed before me, this the *15* day of *Jan* 1902. *W. J. Bazemore* Ordinary.

STATE OF GEORGIA,

De Kalb County.

I, *W. M. Ragdale* Ordinary of said County, do certify that I am well acquainted with *J. J. Bazemore* 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* 1902.



W. M. Ragdale Ordinary *De Kalb* 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,

De Kalb County.

Personally appears *J. J. Bazemore* of *De Kalb* 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 *25* day of *Dec* 18*42*; that he is *61* years old and by occupation a *Minister*, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of *4 years* in Company *Alfred Rife* of *th* Regiment of ; that his physical condition is as follows: *Suffering from Catarrh and Rheumatism*

that his property consists of the following items: *None*

of the value of *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 1903. I have heretofore as a resident of *De Kalb* County been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the *14* day of *Jan* 1903. *T. J. Bazemore* Ordinary.

STATE OF GEORGIA,

De Kalb County.

I, *W. M. Ragdale* Ordinary of said County, do certify that I am well acquainted with *J. J. Bazemore* 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* 1903.



W. M. Ragdale Ordinary *De Kalb* County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1904.

[L. S.]

Executed in presence of _____

(FOR THOSE ALREADY ENROLLED.)

No. 562

INDIGENT

SOLDIER'S PENSION
1904.

Name J. J. Bagmore
County DeKalb
Co. Regiment

WARRANT ISSUED

1/25 1904.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

off

Geo. W. Harrison, State Printer Atlanta

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1905.

[L. S.]

Executed in the presence of _____

(FOR THOSE ALREADY ENROLLED.)

No. 642

INDIGENT

SOLDIER'S PENSION
1905.

Name J. J. Bagmore
County DeKalb
Co. Regiment

WARRANT ISSUED

1/23 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

off

Geo. W. Harrison, State Printer Atlanta

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Detail County.

Personally appears *N. J. Bazemore* of *Detail* 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 *25* day of *Dec* 18*92*; that he is *61* years old and by occupation a *winer* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4 years* in Company *1st* of *1st* Regiment of *Georgia*; that his physical condition is as follows: *scatark and Indigestion*

that his property consists of the following items:

None

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of *Detail* County been allowed a pension for the year 1903.

Sworn to and subscribed before me, this the *5* day of *January* 1904. *N. J. Bazemore*

STATE OF GEORGIA,

Detail County.

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

Given under my official signature and seal, this *5* day of *January* 1904.

James R. George Ordinary *Detail* 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,

Detail County.

Personally appears *T. J. Bazemore* of *Detail* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is *62* years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *10 years* in Company *1st* of _____ th Regiment of *GA*; that his physical condition is as follows: _____

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the *5* day of *January* 1905. *N. J. Bazemore*
James R. George Ordinary.

STATE OF GEORGIA,

Detail County.

I, *James R. George* Ordinary of said County, do certify that I am well acquainted with *T. J. Bazemore* 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 *20* day of *January* 1905.

James R. George Ordinary *Detail* County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY. }

I, _____ hereby authorize

_____ of _____

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

_____ at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1906.

[L. S.]

Executed in the presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

DEKALB. COUNTY. }

I, _____ hereby authorize

_____ of _____

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

_____ at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1907.

[L. S.]

Executed in presence of

(FOR THOSE ALREADY ENROLLED.)

No. 603

INDIGENT SOLDIER'S PENSION 1906.

Name *H. B. Buzenmore*
County *De Kalb*
Co. *Base* Regiment

WARRANT ISSUED

1/2 2 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

e. 1864

The Farmers' Printing and Publishing Co., Geo. W. Hamilton, Mgr.

not date

(FOR THOSE ALREADY ENROLLED)

No. 748

INDIGENT SOLDIER'S PENSION 1907.

Name *H. B. Buzenmore*
County *De Kalb*
Co. *Base* Regiment

WARRANT ISSUED

1/2 1 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

e. 1864

The Farmers' Printing and Publishing Co., Geo. W. Hamilton, Mgr.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

De Kalb County.

Personally appears H. Bazemore of De Kalb 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 25 day of Dec 1842; that he is 63 years old and by occupation a Minister, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 1861 in Company 1st of 1st Regiment of Ross Vol; that his physical condition is as follows: Infirmity & poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 25 day of January 1906,

James R. George Ordinary.

State of Georgia,

De Kalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with H. Bazemore 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 1906



James R. George Ordinary De Kalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

De Kalb County.

Personally appears H. Bazemore of De Kalb 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 25 day of Dec 1842; that he is 64 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company 1st of _____th Regiment of Floyd's Rifles; that his physical condition is as follows: Infirmity & poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of _____ County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 25 day of Dec 1907,

James R. George Ordinary.

State of Georgia,

De Kalb County.

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

Given under my official signature and seal this 7 day of January 1907



James R. George Ordinary _____ County.

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

Certificate.

This is to certify that D. J. Bazemore has been a life time resident of the State of Georgia, and enlisted in 1862 in the Confederate service in the same Company I did, The Floyd Rifles, 2nd Ga. Battalion, Wright's Brigade, Army of Northern Virginia, and remained with said Company until the surrender of Genl Lee at Appomattox Court House, April 9th, 1865, at which place and time he stacked his gun and received his parole as a prisoner of war; that he made a good soldier, being wounded twice, at Petersburg in his right hand and at Gettysburg in his left arm, the ball still being in his arm.

Signed: A. T. Holt

Sworn and subscribed to before me, this Jan. 5th, 1900, at Macon, Bibb County, Ga.

W. M. Brumley
Ordinary Bibb County



S. B. LEWIS, Ordinary.

Fayetteville, Ga.,

189

Georgia Fayette County
I, S. B. Lewis Ordinary in and for said County hereby certify that D. J. Bazemore the applicant lived in this Fayette County in the year 1898 and that the Tax Digests of Fayette County shows that he returned for taxation in his name in 1898 \$300.00 Three hundred dollars of property and in 1899 he returned nothing and I certify that of my own knowledge he disposed the property he gave in for taxation in 1898 to Day Lewis with given under my hand and seal this 10th day 1900

S. B. Lewis Ordinary

THOS. J. SIMMONS, CHIEF JUSTICE.
SAMUEL LUMPKIN,
WILLIAM A. LITTLE,
WILLIAM H. FISH,
ANDREW J. COLE,
HENRY T. LEWIS,
ASSOCIATE JUSTICES.

SUPREME COURT OF GEORGIA.

Atlanta.

GEO. W. STEVENS, REPORTER.
JOHN H. SHANNON, ASST. REPORTER.
Z. D. HARRISON, CLERK.

June 15-

Dear John:

This will in-
troduce Elder Thos Bogman.
He is one of my old friends
and a Primitive Baptist Brother.
He is seeking a pension
and wishes to come in
under the present appropria-
tion. He is needy, and
if you can legally advance
his claim, I will take
it as a personal favor
to myself. Help him if
you can.

Capt. J. W. Lindsey

Your friend

J. J. Simmons

Edgewood Ga June 18th 1901.

I certify that I am the Family
Physician of J. J. Bogman, of
Kirkwood Ga and that he suf-
fers from Chronic Catarrhal Con-
dition of the mucous membranes
of air Passages and Stomach
causing Indigestion and on expo-
sure to inclement weather, Bronchitis
and "sore throat" greatly impair-
ing his ability to make a living
for himself at any labor or calling.

I concur in the above, J. M. Smith M.D.
Saw and subscribed before me
Jan 19th 1901.

W. M. Ayres
Attorney

B. T. BLALOCK

A. O. BLALOCK

W. B. HOLLINGSWORTH, CASHIER.

Bank of Fayetteville

Fayetteville Ga. Jan'y 2 1870

To Pension Commissioner

Atlanta Ga

Dear Sir:

This will introduce
to you T. J. Bazemore who
has resided in our County
for some time and now
desires to make application
for pension - Mr Bazemore
is an honorable upright man but
with ~~any~~ means - he has lately moved
to Decatur Co - I let him you
could inform as to how he should
proceed -
Yours Truly
A. O. Blalock

Kirkwood Ga 12/26-99
To Mr. Pagsdale Ordinary DeKalb Co. Ga

I hereby certify that T. J. Bazemore
is a bona fide resident of
Kirkwood DeKalb Co. Ga.
And will vouch for his
Oath.

J. J. Carrell
Postmaster Kirkwood Ga.

NAME Bazemore, Thomas J.

YEAR 1901 COUNTY DeKalb

WHEN AND WHERE BORN? December 25th. 1842 Jones Co. Ga.
Resident of Ga. since birth.

ENLISTED WHEN AND WHERE? 1861 Bibb Co. Ga.

RANK.

COMPANY AND REGIMENT? First in Ross Volunteers
1862- Floyd Rifles 2nd. Ga. Battalion

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Witness states applicant was wounded at Petersburg, Va. in
right hand and at Gettysburg, Pa. in his left arm, ball still remains
in arm.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 9th. 1865 Appomattox Court House, Va.

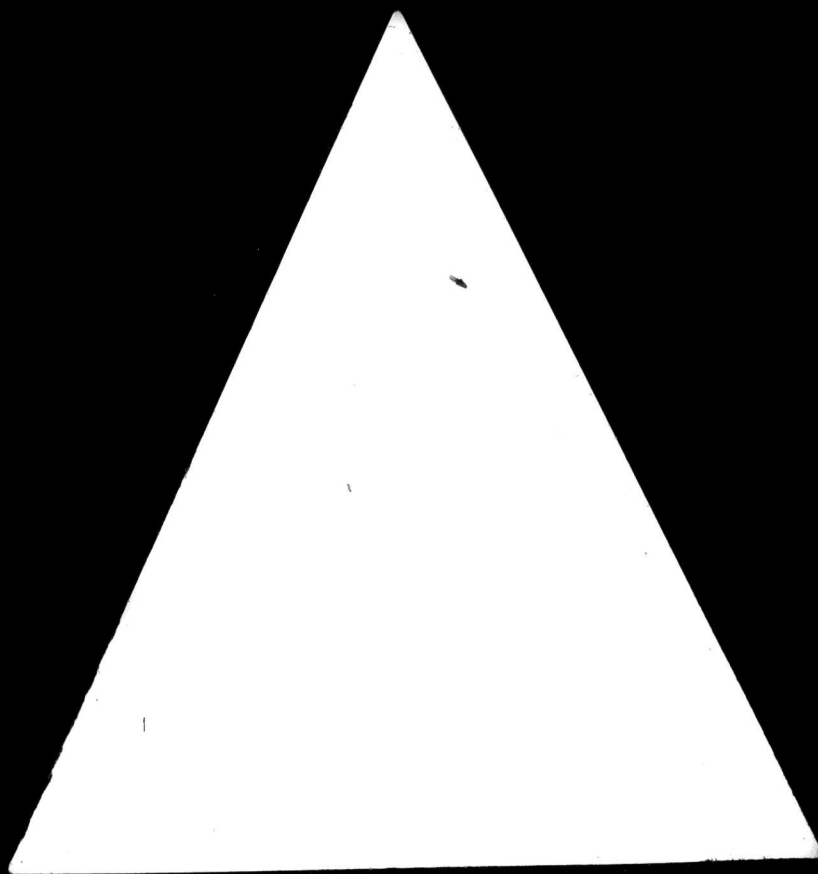
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. A.S. Redding, A.T. Holt, same command --No data.

JWT



GEORGIA, *Corneil* County.

I, *Wm P. F. Beall*, Ordinary of said county, do certify that I personally know *Wm P. F. Beall* the applicant, and that she is the lawful widow of *Wm Beall* and was on the *Deceased* Pension Roll of said *DeKalb* county, and was paid Pension from *Corneil* county for 1844 and at the time of her death on the *3rd* day of *July* 19 *1844*, there was due to him and unpaid his Pension of *40* Dollars from the State of Georgia, and I know *Wm Capt. Beall* married the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this *3rd* day of *July* 19 *1844*

Wm P. F. Beall Ordinary.
Corneil County.

Beall, William
DeKalb Co.

No. _____

19 *1844*

Application for Pension Due
Deceased Soldier

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY

Mrs. *R. F. Beall*
Widow of *William Beall*
of *DeKalb* County
Co. _____ Regt. _____ Vols.

Approved and paid

19 _____

J. W. LINDSEY,
Commissioner of Pensions.

GEORGIA, *DeKalb* County.

I hereby authorize and constitute *Wm Beall* of said county, my

lawful attorney to collect and receipt for me in my name the Pension *for me* (of 19 *1844* through my deceased husband *Wm Beall* who was on the *Deceased* Pension Roll and paid from *DeKalb* Co. for 19 *1844* *DeKalb* County)

Witness my hand this *3rd* day of *July* 19 *1844*

Attest before me:

Wm P. F. Beall
Ordinary

Wm P. F. Beall

GEORGIA, Corrall County.

I, M. J. McMillan, Ordinary of said county, do certify that I personally know Mrs. R. F. Beall, the applicant, and that she is the lawful widow of William Beall, and was on the DeKalb Pension Roll of said Corrall county, and was paid a Pension from Corrall county for 1911, and at the time of his death on the 3rd day of July, 1912, there was due to him and unpaid his Pension of Eighty Dollars from the State of Georgia, and I know Miss Coffey Murrell, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 3rd day of July, 1912.
M. J. McMillan Ordinary,
Corrall County.

Beall, William
DeKalb Co.

No. _____

1912.

Application for Pension Due
Deceased Soldier

UNDER ACT 1891

To be paid to Widow or Dependent Children

BY

Mrs. R. F. Beall

Widow of William Beall

of DeKalb County

Co. _____ Regt. _____ Vols. _____

Approved and paid

19 _____

J. W. LINDSEY,

Commissioner of Pensions.

GEORGIA, Corrall County.

I hereby authorize and constitute Will Beall of Fulton county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1912 through my deceased husband William Beall, who was on DeKalb Pension Roll and paid from DeKalb Co. for 1912.

Witness my hand this 3rd day of July, 1912.

Attested before me:

M. J. McMillan
Ordinary

Mrs. R. F. Beall

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.
 UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA,

Carroll County.

Personally before me comes Mrs. *M. F. Beall*, of said county, after being duly sworn, on oath says that she is the widow of *William Beall* who was duly enrolled as a *Private* Pensioner from the county of *DeKalb* and was paid a Pension of *\$6.00*

Dollars from *Carroll* county for 1911, and that the said

William Beall is now confined in the State Asylum at *Carroll* county on *the 10th day of* *April* *1912* and at the time of his death a Pension of *\$6.00* was due him from *DeKalb* county and unpaid for 1912.

Applicant further swears that she married the said *William Beall* on the *24* day of *October* *1877* in *Carroll* 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 *3rd* day of *July* *1912*
M. J. Millican Ordinary, *Jos. H. F. Beall* (L. S.)
Carroll County.

AFFIDAVIT OF WITNESS.

GEORGIA, *Carroll* County.

Personally before me comes *William Beall*, who on oath says that he knew *William Beall* and that he knows *Mrs. R. F. Beall* the above applicant, that he knows that the said *William Beall* and *Mrs. R. F. Beall* were in due form of law married in the county of *Carroll* in the State of *Georgia* on the *24* day of *October* *1877*, and that they resided together as husband and wife from date of marriage to the *present time* and that *Mrs. Beall* is now his dependent widow, and I now know that she is his dependent widow.

Sworn to and subscribed before me this *3rd* day of *July* *1912*
M. J. Millican Ordinary, *Cappie Murrell*
Carroll County.

Georgia, Carroll Co.

I, M. Williams, Ordinary in and for said County, do hereby certify that the within is a true copy of the marriage record of Mary Ann and Rhoda F. Russell as the same appears of record in my office.

Witness my hand & seal, Feb'y 2nd 1912.

M. Williams Ordinary
Carroll Co., Ga.

Marriage License

OF

AND

Issued

191

and recorded on page

Book

of Marriage Licenses.

Ordinary.

MARSHALL & BIRD CO., FARMVILLE.



State of Georgia,
County of Fulton,
Court of Ordinary.

S. S.

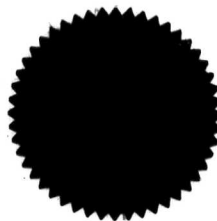
I, MARCELLUS M. ANDERSON, Clerk of the Court of Ordinary of Fulton County, State of Georgia, do hereby certify that the foregoing is a true copy of on the 14th day of December, 1911, William Beall of said County, was regularly adjudged a person of unsound mind, and committed to the Georgia State Sanitarium, and is now an inmate of the same.

as the same appears of record and of file in this office.

In witness whereof, I have hereto set my official signature and affixed the seal of the Court of Ordinary, at the City of Atlanta, County and State aforesaid, this the 1st day of February, in the year of our Lord Nineteen Hundred and Twelve.

Marcellus M. Anderson

Clerk of the Court of Ordinary,
Fulton County, Ga.



No.

Marriage License

STATE OF GEORGIA COUNTY OF CARROLL

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

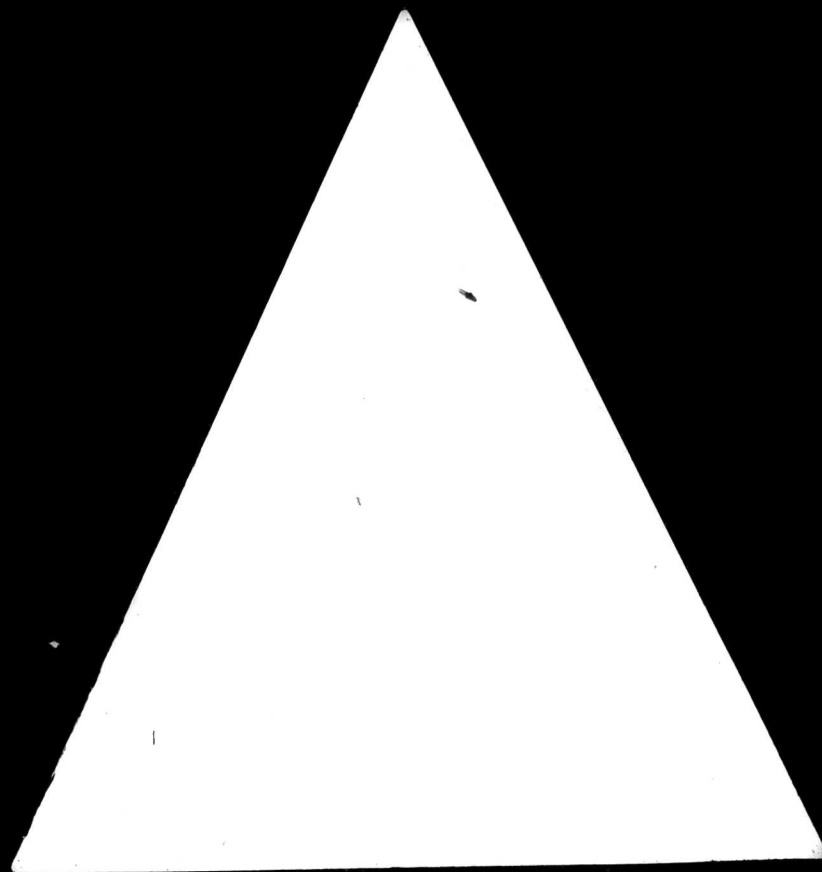
William P. Ball and Rhoda F. Merrell
in the Holy State of Matrimony, according to the Constitution and Laws of this State and for so doing this shall be your License.
And you are hereby required to return this License to me with your Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal this 24 day of October 1892 J. E. Jackson (L.S.)
Ordinary.

STATE OF GEORGIA CERTIFICATE CARROLL COUNTY

I Certify that *William P. Ball and Rhoda F. Merrell*
were joined in Matrimony by me this *24* day of *Oct.* *Eighteen Hundred*
and *Ninety Two*

Recorded *19* *J. W. Culpepper*
Ordinary.



Bearden, Mary K. (Mas.)
DeKALB CO.

For DeKalb County

1925/1926

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

For V. A. Morgan Ordinary

For Mrs. Mary K. Bearden

Date of Death 10/5/1925 1925

Amount \$ 1.00

Approved and ordered paid

Wm. W. Clark 1925
15 July 26.
Commissioner of Pensions.

Received of V. A. Morgan ad.
Check for \$1.00 - for Mrs. K. Bearden
Sinking Fund Co. Encls.

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.

Georgia, DeKalb County.

In person appeared before me, the undersigned authority,
V. K. Bearden, who being duly sworn, says on oath, that he paid
the within and foregoing account, out of his own funds.
Sworn to and subscribed before me, V. K. Bearden
Feb'y 24, 1926.

E. H. Mason

Notary Public, s. State at Large.

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, DeKalb County.

Personally before me, the Ordinary of said County, comes W. K. Bearden

of said County, who, after being sworn, on oath says that he knew Mrs. Mary A. Bearden of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in DeKalb County, in this State, on the 5 day of Nov 1925, and that a Pension of One Hundred (\$100.00) Dollars was due pensioner and unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$204.65, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

this 24 day of July 1926
V. D. Morgan, Ordinary
DeKalb County

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. D. Morgan, Ordinary of said County, do certify

that I personally know W. K. Bearden, 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 know Mrs. Mary A. Bearden while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of One Hundred Forty (\$140.00) Dollars in said County for 1925, 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 24 day of July 1926

(Seal or Ordinary)

V. D. Morgan, Ordinary
DeKalb 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 did not leave 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 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. Running accounts cannot be paid—only those connected with the last illness; just before death when pensioner grew worse to die.
- 4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," etc.)
- 5th. The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of W. K. Bearden, who died without owning sufficient property to pay this bill.
- 6th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
- 7th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 8th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipt.
- 9th. Accept no bills for nursing until you write the Pension Department, stating the circumstances in very great detail. Pensioner's children, or children-in-law, must not charge the State for doing so; what the law and common humanity demand of them.
- 10th. Return this application, and attached bills, with your final settlement, to the Pension Department.
- 11th. Ordinary should see that the back of this blank, when folded, is filled out.

E. F. BOND, Pres.

S. R. GREENBERG, Sec. & Treas.

GREENBERG & BOND CO.

AMBULANCE

FUNERAL DIRECTORS

CHAPEL

TELEPHONE 144724

135 IVY STREET

ATLANTA, GA.

TO Mrs. W. K. Bearden for Mrs. Mary A. Bearden

Nov. 5	Coasket	135.00
	Box for grave	10.00
	Embalming	25.00
	Flowers	20.00
	Flowers	10.00
	Notice - Newspaper	4.65
		<u>\$204.65</u>

GREENBERG & BOND CO.

JAN 11 1926

Georgia, DeKalb County.

Personally appeared before me, the undersigned authority, W. K. Bearden, who being duly sworn, says that the above acct. is ~~his~~ correct and was paid by him.
Sworn to & Subscribed before me, Feb. 24, 1926.

6th. 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.

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

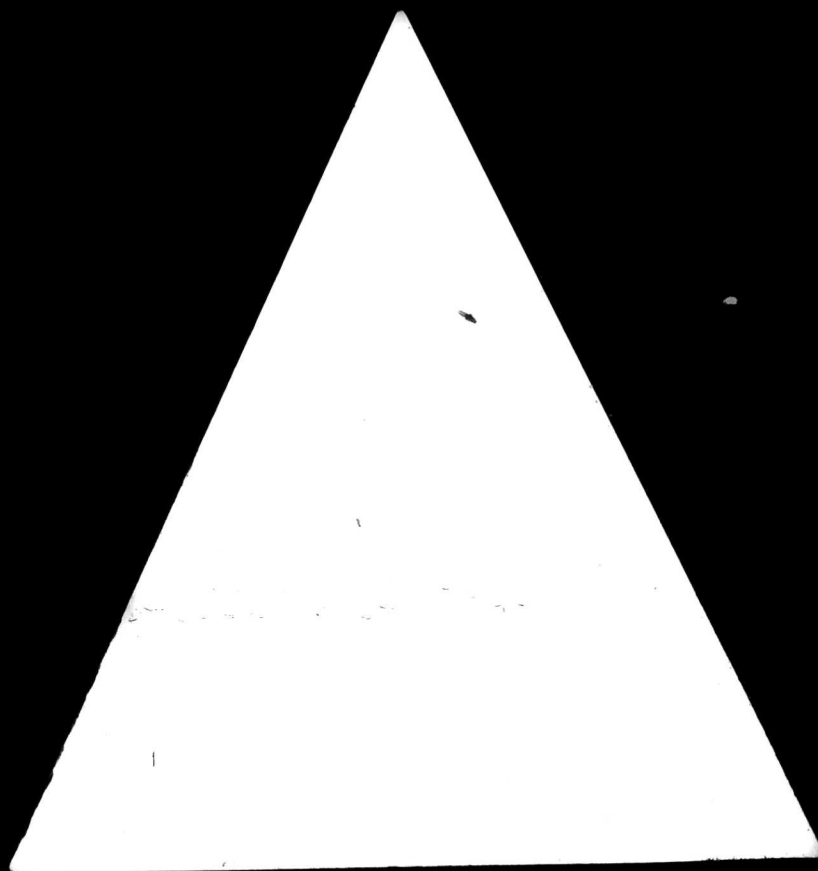
8th. Accept no bills for nursing until you write the Pension Department, stating the circumstances in very great detail. Pensioners' children, or children-in-law, must not charge the State for doing any what the law and common humanity demand of them.

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

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

Bearden, Mary, A.
(widow)
He Kalb County

See 65th Regt Ga. Inf.
P. L.
Application 1922



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, _____ hereby authorize

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1905.

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

Boaty, David B.
DeKalb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 624

INDIGENT
SOLDIER'S PENSION
1905.

Name D. B. Boaty
County DeKalb
Co. 7 Regiment 28

WARRANT ISSUED

425 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

148
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER, ATLANTA.

NO DATA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears E. B. Beatty of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 18.....; that he is 64 years old and by occupation a, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of in Company J, of th Regiment of; that his physical condition is as follows: Age and Poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 17 day of Jan, 1905. } James R. George Ordinary.

STATE OF GEORGIA,
DeKalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with E. B. Beatty 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.



James R. George Ordinary DeKalb County.

NOTE.—The blank spaces must be filled.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of

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

at

by _____

WITNESS my hand and seal, this _____ day of _____, 1900,

[L. B.]

Executed in the presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

DEKALB COUNTY.

COUNTY.

I, _____ hereby authorize

of

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

at

by _____

WITNESS my hand and seal, this _____ day of _____, 1907.

[L. B.]

Executed in presence of

Beatty J. B.

DeKalb Co.
(FOR THOSE ALREADY ENROLLED.)

No. *577*

INDIGENT SOLDIER'S PENSION 1906.

Name *J. B. Beatty*
County *DeKalb*
Co. *D* Regiment *78a*

WARRANT ISSUED

1/22 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

APR

THE FARMERS' TRUST AND SAVING CO., GEO. W. HARRISON, PRES.

new date

Beatty J. B.
DeKalb Co.

Cross Section 1904
(FOR THOSE ALREADY ENROLLED)

No. *748*

INDIGENT SOLDIER'S PENSION 1907.

Name *J. B. Beatty*
County *DeKalb*
Co. *D* Regiment *78a*

WARRANT ISSUED

1/21 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

APR

THE FARMERS' TRUST AND SAVING CO., GEO. W. HARRISON, PRES.

new date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

De Kalb County.

Personally appears E. B. Beatty of De Kalb

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 1841 day of March 25 1841; that he is 64 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company D, of 7th Regiment of Georgia; that his physical condition is as follows: Age & poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the

16 day of January 1906. }
James R. George Ordinary.

State of Georgia,

De Kalb County.

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

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

James R. George
Ordinary De Kalb County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

_____ County.

Personally appears E. B. Beatty of _____

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 18 day of March 1841; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company J, of 12th Regiment of _____; that his physical condition is as follows: Age & poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of _____ County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the

16 day of January 1907. }
James R. George Ordinary.

State of Georgia,

_____ County.

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

Given under my official signature and seal this 16th day of January 1907.

James R. George
Ordinary _____ County.



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

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 15 day of January 1906. } D. B. Beatty Ordinary.

State of Georgia, }
De Kalb County.

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

Given under my official signature and seal, this 15th day of January 1906. James R. George Ordinary De Kalb County.



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

follows: Agar security that his physical condition is as

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of _____ County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 15 day of January 1907. } D. Beatty Ordinary.

State of Georgia, }
_____ County.

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

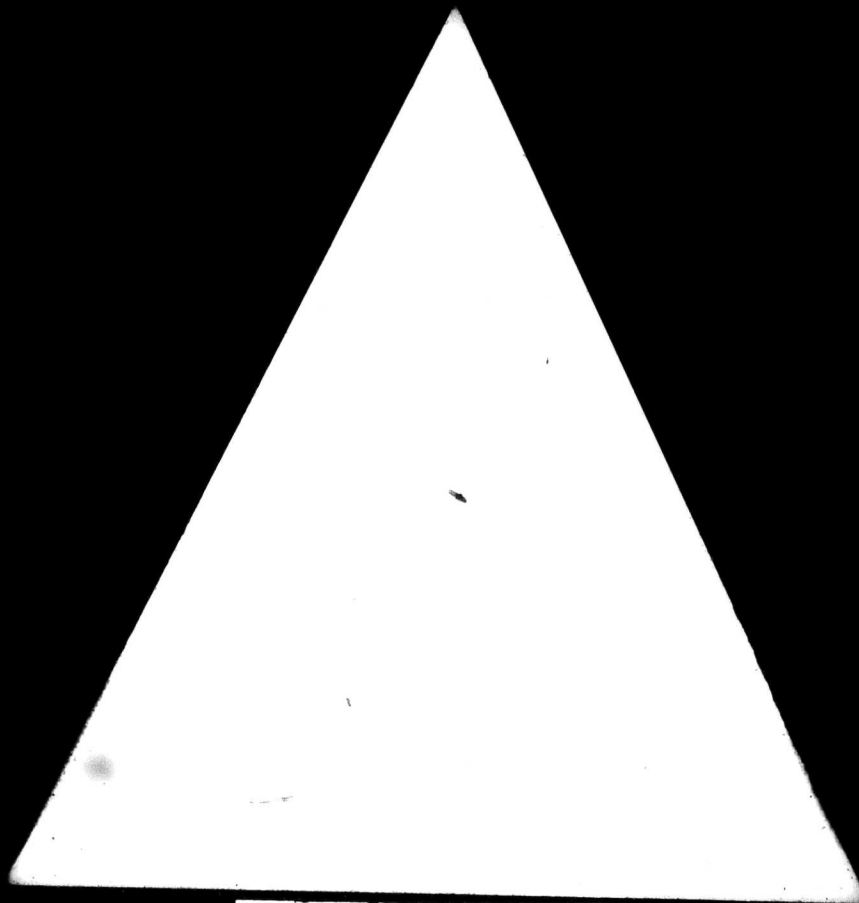
Given under my official signature and seal this 15th day of January 1907. James R. George Ordinary _____ County.



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

DEKALB

DEKALB



COUNTY

THE END

MICROFILMED FOR

GA. DEPT. OF
ARCHIVES AND HISTORY

(PENSION APPLICATIONS OF CONFEDERATE SOLDIERS AND WIDOWS WHO APPLIED FROM GEORGIA)

Title STRICKLAND, L. S. THRU BEATY, DAVID B.
DECATUR COUNTY DEKALB COUNTY

Volume
GCP-124

GCP-

Number
2886139-2886139-124

I CERTIFY I WAS THE OPERATOR WHO
PHOTOGRAPHED THIS FILM IN ATLANTA,
GEORGIA, August 31, 1962.

[Signature]
Operator

15 X V

1118

MANN FILM LABORATORIES

DATE

END



A
Microfilm Publication
of the
State of Georgia
Department of Archives
and History

Ben W. Fortson, Jr.
Secretary of State
Mrs. Mary Givens Bryan
Archivist