POWER OF ATTORNEY.

The state of the s					
To Those Heretofore Paid.		<u>p</u>	8	1	, 10
1905.	₽	In day of	receive	_	STATE
No. 3/3	Executed in presence of	1	and.		OF
INDIGENT	in pre	Witness Whereof,	receipt for the		GEORGIA
WIDOW'S PENSION.	sence	ereof,	for th		IA,
For year ending Dec. 31, 1905.	of	I have	e pension		-
mu M. C. Cobbot		e here 1905.	sion p		COUNTY
Distall County		unto	, — ,	2, "	-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X
Vidow of U.S. Albor		set my	hereon, and		
o. L. Regiment.		hand	and re		
JOHN W. LINDSEY,		hereunto set my hand and se al, thi s .1905.	request that		
WARRANT ISSUED .		al, th:	that h	, be	
AND HANDED TO		S	е геш	hereby	
Tri Casaria Carana		F	he remit same	authorize	
THE FRANKLIN REISTING AND PURLISHING CO., ATLANTA, CO. W. HARRIGON, MANAGER, FOR STATE PRINTER,		_	80	ize	

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF G.	EORGIA.	PERSONALLY COMES	Mrs.
County of	Jestull	m.a.a.	boots
. who.	being sworn says on oath, that	aha la a hara da	,
Westa			
continuously ever since	June 2#7 834	gia, and that she has RESID	ED in said State
Watter Do	Holant		
/3of the	1/15	who was a soldi	er in Company
i i		Regiment of JA	
	ted in said regiment on or abou	//	
186.3, and served in t	he Army up to	186	That he died on
the	day of NO	1873.	
	Management of the Control of the Con	The second second second second second second second second	
	Manager Control of the Control of th		
	<i></i>	AND ADDRESS OF THE PARTY OF THE	The same was to the same and th
			77
	The second secon	A location lights a street report on the control of the control of the	To could not seen and control 1889 (1889-1899)
		The second was discussed to the second	
-			TO THE RESIDENCE OF THE PERSON NAMED IN COLUMN 1
the year 18	ever married kinde his abath a		ne his wife in
	an Indigent pension as a resi		
	or the year 1904, and now appl	y for the pension provided	by law for the
year ending December 31,			
Sworn to and subs		IL A ctobo	77
(1	7 1000.		
Hamus R. G	Corg Cordinary. Pos	st-Office Felhone	aga
		77	ati-
State of Georgia,	,,	I Jane 1	1 lunge
Mesta	County. Ordin	by of said County, certify	that I am well
acquainted with Mrs	M.a. abb	who made the above	
am satisfied that the facts t	herein stated are true, and I k		
	has continuously resided in this		
		State since the	on an in the
lay of			
Given under my offic	ial signature and seal, this the	() day of fue	1906.
) Official (L2	TO DO	
Seal.	[IM	With It wash	EN
- Seal.)	Filmary of	War Color	County.

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

POWER OF ATTORNEY.

The state of the s		A. A. M.	H hereof, NA	I have	here	of		al, this_	she ren	72	
To Those Heretofore Paid.	1906.	No. 179	INDIGENT	WIDOW'S PENSION,	For year ending Dec. 31, 1906.	Me Mil O. Chat	Widow of Miles Regiment.	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT ISSUED 2 7 1906,	Michael To	THE PRESENCE PRINTING AND PUBLISHING CO., ATLASTA, CA.

POWER OF ATTORNEY.

STATE OF GI	CORCIA			
	,)	·	
DeK	ALB.	,County.}		
I. Mars	M:A.	bolott		hereby authorize
MA au	600	of		
to receive and rec	eipt for the pen			st that he remit same to
In Witnes	s Whereof, I hav	e hereunto set	my hand and s	seal, this 97
day of Jan	non	1907.	elle cA	Abbot [L.S.]
/ Execu	ted in presence o	f	(/	<u></u>
James	Plus	791		
7	8/	12		
	Oven	7	-	
	Aug.			
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FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.	PERSONALLY COMES MRs.
County of Rall	maabbatt
14.11.11	that she is a bona fide resident of said County of Georgia, and that she has RESIDED in said State
continuously ever since	That she is the Widow of
13 of the & Georgia	who was a soldier in Company Regiment of
Volunteers, that he enlisted in said regiment on or	about the month of Cur
186 3, and served in the Army up to	
the day of	
Teneral debile	ty Lage
	1
	· · · · · · · · · · · · · · · · · · ·
Deponent swears that she was the wife of said dec-	eased soldier, during his service in the Army as a
soldier, and that she has never married since his c	48.
the year 18	
I have been allowed an Indigent pension a	s a resident of Dalk
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 subsectibed before me this day of all 1906.	M A Abbo it
Mus / Lycory, Ordinary.	Post Office August 40
State of Georgia,	Janes R. George
County.	Ordinary of said County, certify that I am well
acquainted with Mrs. M. W. W. O. C.	, who made the above affidavit, and
am satisfied that the facts therein stated are true,	
herself to be, and that she has continuously reside	d in this State since the
Given under my official signature and seed to	nie the 9 day of January 1908.
Official Noal	wa Rhyre
Ore	dinary of County,

Vouchers and Amdavits must bear date after January 1st, 1906.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

County of	GEORGIA, DeKALB.	PERSONALLY COMES MR M. A. Abbact	s.
DeK	AI B	at she is a bona fide resident of said C	
	State of G	eorgia, and that she has RESIDED in si	aid State
continuously ever si	nce	That she is the V	Vidow M
	D. abbott	who was a soldier in (lomnany
B 05 11	8ch tu	Regiment of	, om pany
Volounteers, that he	enlisted in said regiment on or ab	out the month of	
		186 That he	
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Heres	al De hilitie	4 age	
for Name of State of			
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	The second transfer and the second se		***************************************
soldier, and that she	has never married since his dea	ed soldier, during his service in the A th aforesaid, and that she became hi	
soldier, and that she the year 18 I have been al	has never married since his det	ath aforesaid, and that she became hi	s wife in
soldier, and that she the year 18 I have been al County, under Act 1	lowed an Indigent pension as a re	ath aforesaid, and that she became his	s wife in
soldier, and that she the year 18 I have been al County, under Act 1 rear ending Decemb Sworn to and	lowed an Indigent pension as a re 900, for the year 1906, and now per 31, 1907.	sident of DeKALB. spely for the pension provided by lace of the pension pension provided by lace of the pension pensi	wife in
soldier, and that she the year 18 I have been al County, under Act 1 rear ending Decemb Sworn to and	lowed an Indigent pension as a re 900, for the year 1906, and now per 31, 1907.	sident of DeKALB. spely for the pension provided by la	wife in
soldier, and that she the year 18 I have been al County, under Act 1 year ending Decemb Sworn to and the sheet of th	lowed an Indigent pension as a re 900, for the year 1908, and now per 31, 1907. d subscribed before me 11, 1007. 11, 1007. 12, 1007. 1907.	ath aforesaid, and that she became his sident of DeKALB. apply for the pension provided by lace of the pension pension provided by lace of the pension pensio	wife in worth
soldier, and that she the year 18	o has never married since his declared an Indigent pension as a response of the year 1906, and now her 31, 1907. I subscribed before me to the year 1907. Ordinary. P	ath aforesaid, and that she became his sident of DeKALB. apply for the pension provided by lace of the pension pension provided by lace of the pension pensio	wife in what for the garage
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oldier, and that she the year 18	o has never married since his declared by has never married since his declared his	ath aforesaid, and that she became his sident of DeKALB. apply for the pension provided by lace of the pension pension provided by lace of the pension pensio	wife in wife in wife the wife the wife in wife
I have been all County, under Act I your ending December 18 and 1	o has never married since his declared by the lowed an Indigent pension as a response of the year 1908, and now her 31, 1907. If subscribed before me and the lower pension of the year 1907. Ordinary. Pagia, B. County.	ath aforesaid, and that she became his sident of DeKALB. apply for the pension provided by lace of the post of th	wife in well awit, and
I have been all County, under Act I cour ending December Sworn to and State of George DeKAL	o has never married since his declaration of the year 1908, and now her 31, 1907. If subscribed before me of the year 1907. Ordinary. Pagia, B. County. Gracts therein stated are true, and	ath aforesaid, and that she became his sident of DeKALB. apply for the pension provided by lace of the control	wife in well awit, and
I have been all County, under Act I your ending December 18. And I was a summer of the county of the	o has never married since his declared by the lowed an Indigent pension as a response of the year 1908, and now her 31, 1907. If subscribed before me and the lower pension of the year 1907. Ordinary. Pagia, B. County.	ath aforesaid, and that she became his sident of DeKALB. apply for the pension provided by lace of the control	wife in well awit, and
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I have been all County, under Act I your ending December to and the State of George Dekal wequainted with Mraum satisfied that the herself to be, and the lay of	o has never married since his declaration of the year 1908, and now her 31, 1907. If subscribed before me and the control of the year 1907. Ordinary. Proceedings of the year 1908, and now her 31, 1907. Ordinary. Proceedings of the year 1908, and now her 31, 1907. Ordinary. Proceedings of the year 1907. Ordinary. Proceedings of the year 1907. If acts therein stated are true, and at she has continuously resided in 18	ath aforesaid, and that she became his sident of DeKALB. apply for the pension provided by lace of the control	wife in well awit, and
I have been all County, under Act I your ending December to and the State of George Dekal wequainted with Mraum satisfied that the herself to be, and the lay of	o has never married since his declaration of the year 1908, and now her 31, 1907. If subscribed before me and the control of the year 1907. Ordinary. Proceedings of the year 1908, and now her 31, 1907. Ordinary. Proceedings of the year 1908, and now her 31, 1907. Ordinary. Proceedings of the year 1907. Ordinary. Proceedings of the year 1907. If acts therein stated are true, and at she has continuously resided in 18	ath aforesaid, and that she became his sident of DEKALB. apply for the pension provided by lace of the pension pension provided by lace of the pension pensio	wife in well and well

	•		No WHY-1920	NO.	(S. of)	ji 86 g	the ! ST
	J. Dell Dell Bank Can by the		Confederate	TES: 1. Before '' You o you give shal 2. Addition 3. All af6 must be	Swim under n	resides in said county service; that they are ing affidavit and they	ATE (
атобота	Laberer Laber of h the name and Info t. Duke Latter as Col., L statemen		Soldier's Application Under Act 1910—As Amended by Act of 1919. County Dellala	any questions a lo solemnly swea lo solemnly swea la the whole t nal affedavits ma davits must be n certified by such	or hand and	both res	A A A
Town 8 apor	A) is compare of his antry or perform nd the relieut. Oc		Name of the Alexander Company Duller	re answered the ur that you will rruth. So help if the attached in the before the hordinary.	official seal of	idents of said truthful and	2 2
are tru	pplicant ay and th Col. Id Cavalry- and wher agiment b l. and		Regiment 14	ordinary shall true answers in you Ged." f blank spaces Ordinary of th	office this Ordinary County.	county and trustworthy	COUNTY.
	must ame in number of that du final du	Pension	Approved	swear applicanake to each of are insufficient, see county in wh	78 day	were duly sworn	ertificate
W. Lina	nd and st of his ; l., and it ties did en state of last that of	022100	Fon 1939	nt and witnesses the questions as the the applicat	oe .	by me b	of said Count
•	tate the regiment. Inf complete command. Then pre		J. W. LINDSEY,	in the following sked you and the nt or witness resi	y.	efore signing the centitled to full	y, certify that I
		The same of	Commissioner of Pensions. Byrd Printing Co., State Printers, Atlanta.	ing words: he evidence	19/5	ing to the he forego-	nat I know to be and
	•	J.	10:30-1919				

Com. of Pension

Ordinary's Certificate

STATE OF GEORGIA
LAGUES Pherry de Ordinary de vid Courte ville de la lagrantife de la lagrantification de la lagrantife de la
the applicant Management of pension is the person he represents himself to be and
resides in said county. That I also knowthe 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
edit. Swofn under my hand and official seal of office this 75 day of 04 19/1
Tomas Place Ordinary County
(SEAL)

NOTES 1. Hefore any questions are answered the Ordinary shall swear applicant and witnesses in the following words:

"You do solicularly sware that you will true analyse to each of the questions asked you and the evidence
on give shall be the whole truth. So hely you Got,"

"Additional affaisatis may be attacked if blank spaces are insufficient,

3. All affdiavits must be made before the Ordinary of the county in which the applicant or witness resides and
must be certified by such Ordinary.

Application Confederate Soldier's

Pension Office, 4/9/ 1920/ J.M. Abergrembie, DeKalb Co., J.M. Aberorembie,
DeKalb Co.,
Applicant must amend and state the
letter of his company and the number of his regiment,
and the name of his Col., Lieuts, Col., and Major. Was
command Infantry or Cavalrye What duties did let 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 preys
all statements of service by semeem that of his ewa knewther khowledge knows they are trues

Jaw. Lindset,

Com. of Pensions

Duker Do, Scorto, In Milita house for Soldier's Pension Under Act 1910 traces for Capt Water Ameridad by Jos 1919 to the Reserves Car

Questions For Applicants to Answer
TATE OF GEORGIA,
Tellalb COUNTY.
J. W. Albroromsbir of said State and County, hereby applies
or the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits
s sworn statement, with his testimony to make out the same, and after being duly sworn true answers to
ake to the questions propounded, answers as follows, to-wit:
1. What is your name and where do you reside? (Give County and Post-office)
0. The base of the latest the second to the s
2. How long and since when have you been a continuous resident citizen of this State!
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 661 to 1865 1 Marie 2
4. When and where, and in what Company and Regiment did you enlist! (Give the arm and class of service) OCLV Love 1 4 564 3 110 4 Carefug
5. How long did you remain in the actual military service with said Company and Regiment (Give at of discharge)
6. When and where was your Company and Regiment surrendered or discharged from the Service!
7. Were you actually present with your command when it was surrendered or discharged t & was
8. If you were not actually present, state specifically and clearly where you were Hussent
a. Where was your command when you left it! And not till Surnmender
b. When did you leave the command!
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!
7
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! Was May
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 on the Heind Course Magazia 744
9. Are you drawing a pension of any amount from this State or the United States 1 LANC. The 10. Have you ever upplied for the Georgia ansion and had it refused 1 and for what cause it was
t allowed! I I I I I I I I I I I I I I I I I I I
The state of the s
Sworn to and subscribed before me, this the A day of Cellitien 19/4 Jonnan Registriff. Ordinary
De Kall County
EAL)

7 .

Questions for Witness as to Service

STATE OF GEORGIA,
DOUGLASCOUNTY.
T.H. Selwanof said State and County is hereby presented
as a witness in support of the application of
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.R. Selmen, I reside in
Douglas County, Ga, my P.O. Address is Douglasville, Ga.R.F.D.Wo.4.
2. How long and since when have you knownJ_W_Absrgrambis 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! He now resides in Dekalb County, Ga and he has been
a bone fide continuing resident of this State since 1854
4. When, where and in what Company and Regiment did
war from 1861 to 1865† (Give date and place.) Enlisted at Cambbellton de. Oot lat. of 1864 in Capt Dukes Home Scouts & about Dec. 31st 1864 was transferred 5. How did you obtain your information of this Service! By knowing him and by being
6. How long within your own personal knowledge did he perform actual military service with this
Company and Regiment (Give date) Irom Qqt_Ist_I884_to May Ista_I865
7. When and where was his command surrendered or discharged (give date and place)
At Kingston, Ga.
9. If not, where were you and how came you there! I. It's present
10. Was the applicant personally present with his command at surrender? Ho. Tag.
11. If not where was he and how came him theref. He was present
12. When did he leave his command? Nover left it
when he left it! Never left it For what cause did he leave! Never left it
By whose authority did he leave
ong was he granted leave!
ll that you have stated to be true! If of your own knowledge, tell clearly and specifically.
My personal knowledge being well acquainted with him a being with his
13. In what way was he prevented from returning to his command? Eaver left 12
low do you know!Bagailes I. Was with him
Never left it, have already stated how I know
15. Was applicant captured as a prisoner
Haver peptured In what prison was he held! Haver Captured and
hen released
Sworn to and subscribed before me, this the
27th day of Qatabar 19.18
ordinary)
Douglas County.

(SEAL)

Questions for Witness as to Service
TATE OF GEORGIA,
DOUGLAS COUNTY.
T.H.Selmenof said State and County is hereby presented
a witness in support of the application ofJ_k_Apergrouplefor the pension provided
the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to
ake 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 Dou
O.Ga. my P.O.Addsees is Douglasville, Ca.
2. How long and since when have you known _J.W.Abercrombie the applicant!
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State.
d how do you know! _now resides in Dekalb County Georgia, he has been to none fide continuing resident of this State since 1854
4. When, where and in what Company and Regiment didJ_M_ADETOTOMDAe_enlist during
r from 1861 to 1865! (Give date and place.) Enlisted at Campbellton, Ga.Cot.Ist 1864 in Capt Dukes Home Socute whose far lites your state in socuting 5. How did you obtain your information of this Service.
nowing him and being with him when serving under General Wofford B. How long within your own personal knowledge did he perform actual military service with this mpany and Regiment! (Give date) Latter part of 1864 its young born battle
mpany and Regiment! (Give date) Latter of a 1864 atter Jonesboro battle 7. When and where was his command surrendered or discharged (give date and place)
Kingeton, Ga. MAy 12th 1865
Were you personally present at the surrender!
If not, where were you and how came you there!I_NEA_REASONS
0. Was the applicant personally present with his command at surrender! Ka
1. If not where was he and how came him therefKR_WSR_Dregent
2. When did he leave his command!navar_left_it
en he left itt ngvgr left 15. For what cause did he leavet ngvgr left 1t
By whose authority did he leavenever_left_it and how
g was he granted leave?never-left-itHow do you know
that you have stated to be true? If of your own knowledge, tell clearly and specifically.
w.personal.knowledge.heing.well.sequainted.with.him & being.with him
3. In what way was he prevented from returning to his command 1navar_left_1t
w do you know! Bacsusa I was with him
4. What effort did he make to return to his command and how do you know? Never left it, have already stated how I know
5. Was applicant captured as a prisonernoIf so, when and where f
ver_cepturedIn what prison was he held!never_cepturedand
n released never captured
worn to and subscribed before me, this the Salara was considered and of Ookoher, 1920
7. H MC Gotty Ordinary)

TATE OF GEORGIA,		1)	×2,1500	
DOUGLAS	G1747200000000000000000000000000000000000	rt.)		131.
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e applicant		pension is the pers	n he represents h	imself to be a
stides in said county. That		The state of the s	the witnes	s swearing to t
rvice; that they are both re		and were duly swo	m by me before sig	ming the fores
g affidavit and they are al	truthful and trustw	orthy and their state	ments are entitled	to full faith a
edit.		2.04	7.1	A Sairt
Sworn under my hand and	official seal of office	this_19th_day	of October	19.2
INME	ratifi Ordina	57)	- in 1	9 11/11
Douglas	Count	b	f male	out office I to
BEAL)	1	· /)		
OTES: 1. Before any questions	are answered the Ordina	ry shall swear applicant	and witnesses in the	following was
2. Additional affidavits in	truth. So help you God. ay be attached if blank	spaces are insufficient.	A	100
must be certified by su	made before the Ordinar, ch Ordinary.	y of the county in which	sh the applicant or w	ritness resides a
	144	411		
		#-5.1		
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The second our last	magan - migraphiga musyr mangid a physical account	ing a commonwealth fair or to give may be seen	Vicinitias (ed e) established (ed es established)	
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cation		and the state of t	20	d'Per.
rate plication		The second secon	The state of the s	. Labbarr,
derate Application		The second secon	The second se	. W LANDSIN,
Application				Carrie of Paris
onfederate rs Application				C. W. LANDSEY,
Confederate ier's Application				C. W. LADSRY,
Confederate				Carried Prairie
Confederate				C. W. LANDSEY,
Confederate Soldier's Application	Viene of the control			C. W. LANDRIT,
Soldier's Application				Comment of Paris
Soldier's Application	News Columns			Commercial
Soldier's Application				Comments of Processing
Soldier's Application	American Company			Control of Processing

CERTIFICATE OF ORDINARY

		er all of high all all	
STATE OF GEO	RGIA, DeKalb	County.	<i>y</i>
I,	V. S. Morgan		Ordinary of said County do cortifo
that I personally	know Mrs. J.	M. Abercrombia	the applicant and that sh
is the lawful wide	ow of J. M.	Abercrombia	, who was or
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 th	he 7 day of	August	192 33, there was due to
him and unpaid l	nis Pension of		Dollars from the State
of Georgia, and I	know		, the within
		stworthy character and	
			August , 198 33
(Seal of Or		V-	, 192 00
	J		, Margan, Ordinary
Dekab , County	Application for Pension Due Deceased Soldier (UNDER ACT 1891) (To be paid to his Widow)	Mrs. J. M. Abercrombia Widow of J. M. Abercrombia Date of Marriage Oct. 31, 1909	Approved and ordered paid. 192. JOHN W. CLARK, Commissioner of Pensions. Ordinary: Fill out above in full and essed proval before you pay out the mostey, and then return it with your pay-rolls for per- manent filling in the Pension Department.

Aber Crowbie, J.M. Dekalb Lo.

Application for Pension Due Deceased Soldier

(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, DeKalb Cour	ity.
Personally before me, the Ordinary of said Count	y, comes Mrs. J. M. Abercrombia
of said County, who after being duly sworn, on oath sa	
J. M. Abercrombia	
and that said Pensioner was on the Pension Roll of	DeKalb County
and was paid a Pension of One Hundred Twen	y (\$ 120.00) Dollars
rom said County for1933 @manten; 192 , and	
DeKalb County on the 7	day of August 199 33
pplicant further swears that she married the said	J. M. Abergrowhie
n the 31 day of October 1900	, in DeKalb County and
tate of Georgia , and resided with him fr	om the date of marriage to his death as his
awful wife, and is now his dependent widow, and sho ue and unpaid be paid to her.	asks that the Parameter Pension, 1923
Sworn to and subscribed before me this14	day of August 100 33
7. B. margarordinary m	rs Im abrerous
Oseal of Ordinary)	
AFFIDAVIT OF	WITNESS
TATE OF GEORGIA, Coun	40
TATE OF GEORGIA, Coun	**************************************
Personally before me comes n oath says that he knew	, who
Personally before me comes n oath says that he knew	, who while in life
Personally before me comes.	while in life
Personally before me comes.	while in life , the
Personally before me comes a cath says that he knew d that he knows Mrs. bove applicant; and knows that the state of	while in life while in the County on
Personally before me comes a cath says that he knew. d that he knows Mrs. bove applicant; and knows that the says in the State of e day of	while in life while in the county on the county or the cou
Personally before me comes o act says that he knew of that he knows Mrs. over applicant; and knows that the says in the State of e day of gether as husband and wife at the time of his deat	while in life while in life , the re in due form of law married in the County on , 18 , and that they were residing n on the day of
Personally before me comes. In oath says that he knew. In the State of In the s	while in life while in life , the re in due form of law married in the County on , 18 , and that they were residing n on the day of his dependent widow.
Personally before me comes. a cath says that he knew and that he knows Mrs bove applicant; and knows that the state of a day of gether as husband and wife at the time of his deat Sworn to and subscribed before me this	while in life while in life , the re in due form of law married in the County on , 18 , and that they were residing n on the day of his dependent widow.
Personally before me comes. n oath says that he knew. d that he knows Mrs. over applicant; and knows that the solution in the State of day of gether as husband and wife at the time of his deat.	while in life while in life te in due form of law married in the County on in 18 and that they were residing to on the day of this dependent widow.

ind. Do not use the moneyouth lane, form of marriage certificate in common vogue throughout the State, suitable only for fram finds on the state of the proper charge. Such control of the proper charge is called yo belief for use in any pennion supplies. A plain certificate written on the back of the copy of the proper charge is the proper charge. The proper charge is the proper charge is the proper charge in the proper charge is the proper charge in the proper charge in the proper charge is the proper charge in the proper charge is the proper charge in the proper charge is the proper charge in the proper power-destorancy recipies for this pennion by signing name, as widow, opposite the marriage is the proper proper charges proper charge proper charges proper ch

1		Contraction of the second
		Aborden Ste J.M.
	Harry S. Lavo	to DeKall Com
		196
5		Application for Beauting
	Description of the control of the co	(UNDER ACTUAL)
		(To pay expenses of light illness and
		2 & Margan brillian
		Por J. M. Abstrombie
		Date of Death Aug. 7th 6 19.38
		Amount \$ 255.00
_	HEN	8. CP. LAWRENCE, Commissioner of Pensions.
r	ILED	
	446 11 1993	D' Widow
A. L.	RAN SERVICE OFFICE . HENSON, Director	PAID TO ORDINARY ON THIS CLAIM:
		TOSE FUND FROM WHICH PAID 6
		no
1		
,		TOTAL
		Cert- 8-11-33
No.	A CONTRACTOR OF THE PARTY OF TH	

A Certificate

STATE OF GEORGIA, County of De Kall

IN RE: Expenses last illness and funeral A.M. Abertanable

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;

(SEAL)

A. S. Turner

NIGHT AND SUNDAY PHONE DE. 0099 SES-27 N. MCDONOUGH ST. PHONE DE. 0008

Juneral Director and Ambalmer Prompt Ambulance Serbice Becutur, 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 Motices	6	50
	Service Rendered	15	:00
	Steel Vault	65	00

\$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 paytthis bill.

Sworn to and subscribed before me, This August 10th, 1933.

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

al Turner

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)

GRODGE Develb	<u> </u>
GEORGIA, DeKelb	
Personally before me, the Ordinary of said Co	
was on the Pension Roll of said County at the time County, in this State, on the The day and that pensioner left no widow surviving, and no expenses, which amounted to the sum of \$	of said County, and that said Pensioner the of death, which occurred in RATEAL of
(Seal of Ordinary)	
CERTIFICATE O	
EORGIA, DeKalb	
I, V. S. Morgan	, Ordinary of said County, do certify
nat I personally know	, who is a resident
tizen of said County, and that said person is of tru	
aith and credit; that I also knew J. M. Aberc	rombie while in life and that this was
e same person whose name appears on the Pension	Roll of DeKalb County, and
as paid a Pension of Fifteen	(\$15.09 Dollars
a said County for 19.33., and I now believe said	pensioner to be dead; and that the instructions
t the foot of this voucher have been carefully obser	
hich are attached hereto.	
Given under my hand and official seal, this	Oth day of August 1953
	71 A m 1 4 4
(Seal of Ordinary)	V. D. Margary, Ordinary



VETERANS SERVICE OFFICE

SUCCEEDING TO THE DUTIES FORMERLY DEVOLVING UPON

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

THE PENSION COMMISSION THE ROSTER COMMISSION THE VETERANS SERVICE OFFICE

LILLIAN HENDERSON C. M. CLARK,

STATE CAPITOL

ATLANTA

IN RE: Application of Mrs. J. M. Abercrombie, widow of J. M. Abercrombie, for pension accorded 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 hasband to the date of his death and has not remarried, and that the pension payments which had accraed 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 hi: 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, 1983.

SEAL

Abercrombie, J. M.

YEAR 1920 COUNTY

DeKalb.

" ... ' .!'D 'M'ERE PORN?

The state of the LET

. A resident of Georgia all my life, 72 years. October 1st, 1864, Campbellton, Ga.

COMPANY AND REGIMENT?

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

NAME OF CAPTAIN A'D ' ' TIC

WCUNDED

RANK

CAPTURED WHEN AND WEERE 4

RELEASED

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

IF NOT PRESENT AT SURRENDER, J' PE TIPE VOICE

DIED WHEN AND WHERE ?

BURIED

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

SB.

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

August 14

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 $_{\rm c}$ receive the pension, I am

Ordinary

Yours very truly,

V. A. Mergan

VSM/E

FILED AUG 11 1933

VETERAN SERVICE OFFICE A. L. HENSON, Director

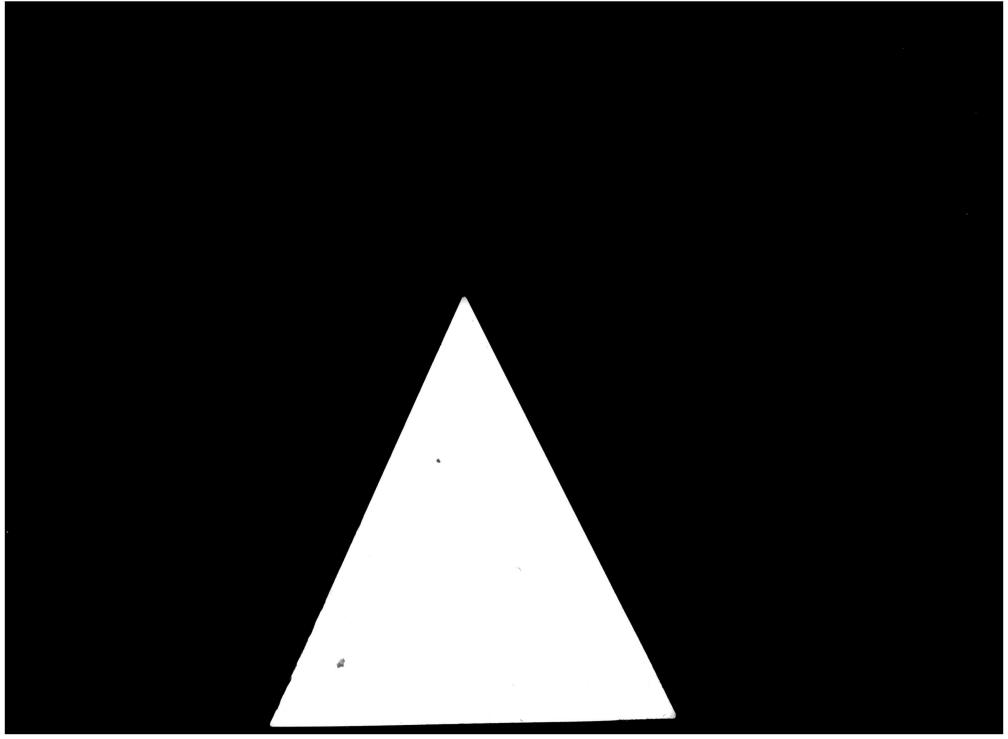
This Certifies that J. M. Abercrombia Mrs. S. C. Burch WERE UNITED IN THE EOLY BONDS OF MATRIMONY

On the 31 day of October in the year of our Lord 192 09. as appears of record in my office in Marriage Record, book______I___. page 234 . This 14 day of August 192 33.

V. S. morgan Orbinary.

By_ J. A. Jordan, M. G.

55036 MAPSHALL & BRUCE CO . NASHVILLE



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

County DeKalb

County DeKalb

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

I joined Duke's Company Mg.
Toronto Out. 1, 1864. Transferred to Capt. Waters' Company, Wogford's Brigade i.Ga.
Militia Dec. 31, 1864. This was
serve Cavalry Militia. Paroled,
Aingston, Ga., May 12, 1865.

Widow of J. Ma Abercrombia

Date of Marriage .. 00 t. . 30 1. 909 .

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

STATE DEPARTMENT OF PUBLIC WELFARE

163 Auto. Funt of street

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

M. Abercrambie was placed on the pension rolls of DeKalb Coun-

the above organization cannot be identified. Evidently a local dempany of Militia, if any.

in 1920, on the following

Director Confederate Hecords

1919-01

AUG 11 1937

STATE OF GEORGIA

Ordinary's

Certificate

DeKalb

Mrs. J. M. Abercromble

ents herself to be,

and that

Morgan

of said County

that

January 1st, 1920; that I also the service of husband and /or the

that both of them

are now residents

(SEAL OF ORDINARY)

Given under

Б

0

Ordinary County.

193

and the

in the following words: evidence you shall give

trustworthy my hand

of said County

State Dept. Public Well tlanta, Oct. 29, 1937. AUG 11 1937 Widow

Ordinary's Certificate

INSTRU	CTIONS:	
	of DeKeal Cou	nty.
SEAL OF ORDINARY)	S. Maryan, Ordin	
Given under my hand and seal of office this1	Oday ofAugust	937.
ruthful and trustworthy and their statements are en		
of said County and were duly sworn by me before	signing the foregoing affidavits, and that th	ey are
the witness who swears to the service of husband and	or the marriage; that both of them are now re	sidents
citizen of said State since January 1st, 1920; that I a	lso know. Sae. Marriaga Gertifica	ta
she is the person she represents herself to be, and t	hat she has been, continuously, a bona fide r	esident
that i know Mrs, J. M. Abercrombi	• the applicant for pension	i; thai
I,Va S. Morgan		
DeKelb COUNTY.		
STATE OF GEORGIA,		

(Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.) QUESTIONS FOR APPLICANT TO ANSWER:

A Property of the Control of the Con	
DakalbCOUNTY.	
Personally appears before me,	
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 proposeded, answers as follow, to wit:	
SECTION I.	
What is your name, and where do you reside? (Give Post Office and County)	7.0
Mrs. J. M. Abergrombie - Tucker, DeKelb 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?	
b. When and where did your first husband die? Died August 7. 1935 at Tuckey. Ge	
c. Were you residing together when he died?	
d. If not, how long had you resided apart?	
e. Are you now a widow?	
f. Have you or your husband heretofore been paid a pension by the State? Rageived pension from	
g. If so, when and for what cause were you or your husband placed on the roll. Service 14 Confeder	a t
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?	
4	
Was your husband personally present with his Command when it was surrendered or discharged?	
4. If he was not present, state specifically and closely where he was	
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?	
c. For how long was his leave of absence granted? d. In what way?	
c. For how long was his leave of absence granted?	
c. For how long was his leave of absence granted? d. In what way?	
c. For how long was his leave of absence granted?	
c. For how long was his leave of absence granted?	
c. For how long was his leave of absence granted?	
c. For how long was his leave of absence granted?d. In what way? e. What was his physical condition when he left his Command? f. What effort did he make to return to his Command? g. In what way was he prevented from going back to his Command? h. Was he captured by the enemy at any time? i. If so, when and where? In what prison was he held and when was he released?	
e. What was his physical condition when he left his Command? f. What effort did he make to return to his Command? g. In what way was he prevented from going back to his Command? h. Was he captured by the enemy at any time? i. If so, when and where? In what prison was he held and when was he released?	
c. For how long was his leave of absence granted?	
c. For how long was his leave of absence granted? d. In what way? e. What was his physical condition when he left his Command? f. What effort did he make to return to his Command? g. In what way was he prevented from going back to his Command? h. Was he captured by the enemy at any, time? i. If so, when and where? In what prison was he held and when was he released? Sworn to and subscribed before me, this the 27. day of July 1937. V.A. Maraner Ordinary	
c. For how long was his leave of absence granted?	

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLAUTA.

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

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 vetorans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore,

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January . 19 38 , and thoroafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 19 37 .

S. This Pat" Gillen

Director, Confederate Division State Department of Public Welfare

STATE OF GEO. GA This Certifies that J. N. Absorption 10 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 198 09.

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

page 234 . This 29 day of July 1937

7. d. margan

POWER OF ATTORNEY.

STATE OF GEORGIA.

County. 1

Know all Men by these Presents, That I.

County, in said State, do hereby appoint.

me and in my name, to receive and receipt for whatever amount of money I may be entitled 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 my true and lawful attorney in fact, for

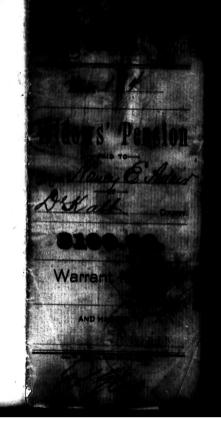
WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of

Executed in the presence of us:

, and oblige,





POWER OF ATTORNEY."

STATE OF GEORGIA,

Know all Men by these Presents, That I,

County.

	of	
County, i	in said State, do hereby appoint	
of	my true and lawf	ul attorney in fact, for
me and i	in my name, to receive and receipt for whatever amount of mo he State of Georgia as a widow of a Confederate Soldier, as at	nov I may be suchted

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 IVITNESS 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

t

me at

and oblige





Affidavit to be Made by the Widow. Form

STATE OF GEORGIA.	*
County of De Rall	In person came before me, the undersigned Ordinary in and for the County of De Kalf
Mrs faller Contra	who being eworn according to be
oath that she is the widow of Alle	amme Adar who was a soldier in
the service of the Confederate States, and ser	ved as a member of Company , of the
53 Regiment of GL	Volunteers; that he enlisted in said flay of 1862, and was in the
service on or about the	thay of 1862, and was in the
Army up to	Chile 186.3 That will be at
Army, he was on the 231, d	av of Tellical 4 1863 (See Note No.
Toi Mad -Vore	5 - cas for 1862
Clarky Sent - St	and Chudsialistans
0 16 (41222 cored	(12 01211A HILLEN FOR
died in a h	as hital.
	/

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 limit that she has resided in Georgia continuously fince the day of law of la

Sworn to and subscribed before me, this, the 3 day of April 1891. Language x dair.

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 snown positively to have resulted from the service of the soldier in the Army and not from any other cause.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary in and for said County, witnesses ! W. Van

N. Farray reeff Lacall

(each known to said Attesting Officer as truthful,

reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge Mrs. Haney E. Adair

State of Georgia, is the widow of Buy of Adair

Form No. 2.

of the 1053 Regiment of Kee That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of April 1862 That while in said service, or by

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

Ke confreted, fever in 1863 xwas Rent to altaspitul from Fredrickbugh Vo to Richard where he died in Raid Haspilal from the if fets of said disease

We further swear that Mrs. Hancy E. Adsic

day of African 8 78; Mandigay

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

STATE OF GEORGIA,

ATE OF GEORGIA,

I. M. Rogella G. Ordinary

County of De Roll in and for said County of De Roll

State of Georgia, hereby certify that I am acquainted with Mrs Janey 6. 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 become set my hand and affixed the seal of my office, this, the

M.M.Mogsdale.

Form No. 4.

The pension is only payable to certain classes of widows

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish /ull 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.

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

STATE OF GEORGIA County of De Rall-Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. Nancy E. dair 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 Dedember 23, 1850, and has not lived out of the State since that date. That she is the 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, 2300 day of In in this, the MIRago date. BRAL Ordinary. POWER OF ATTORNEY. Form No. 3 STATE OF GEORGIA. De Rall KNOW ALL MEN BY THESE PRESENTS, That I, Mid Nane you dair of De Lath

County in said State, do, hereby appoint ISJ. Ldair. 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 LAIL Executed in the presence of us: -11) Caseloic. me at , and oblige

No. 1894.

No. 1874

No. 1874

No. 1874

WIDOWS' PENSION,

for year ending February 15th, 1894.

M. Marcey & Malais

Te Kalb

Contr.

WARRANT ISSUED

1894.

For Widows Heretotore Anowed Pensions.

STATE OF G	EORGIA.	ORGIA C. univ of	STATE OF CE
County of De	Kall	Nancy &	Stair
who being sworn, says or	oath, that she is a bor	a fide resident of said Co	unty of
De Kall		gis, and that she has rea	Lattle (CH) - A ch
continuously ever since	1	That sh	`
By Adair		4 3	dier in Company
F of the	rgnd	Regiment of La	11 (24)
Volunteers, that he enlist	ted in said Regiment o	n or about the month of	Muris
1862 and served in the	~		,
life on the	day of		
full particulars of the hus	sband's death, when, w	here and from what cause	b) (
Had Sever	and die	e white in	derina
at Richm	come Var	on the 2	ins
A Februa	2 1863	in in	" and
0	7	the state of the s	1
			The second land (maked as as a
		A CONTRACTOR CONTRACTOR OF STREET	e ore college over second with the special second
w			t ann med to the
	1	The second secon) ,
Deponent swears that she	was the wife of said d	leceased soldier during l	is service in the
army as a soldier, and that	t she has never married	since his death aforesaid,	that she became
nis wife in the year 1866	; that Georgia is her h	ome and she resided in th	is State 23d day
f December, 1890, and ha			
een allowed a pension for	* ***		
llowance provided by law			upply for the
Sworn to and subscribe	1986	16 hes	4.1
294 day of La	all to	Vancy E. X	dair.
1.010	1	ost-office Suas I	13
Von 1	(T)		a.

Ordinary. Form No. 3.

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,

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

The Coperation

1890, and has not lived out of the State since that date. That she is the widow of

Ordinary in and for said County of

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

STATE OF GEORGIA, County of Sectal

Commin codein

pension for the year ending February 15th 1892.

Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. Janey & dair 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 124, Idair deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1854.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, day of for1

POWER OF ATTORNEY.

KNOW ALL MEN BY THESE PRESENTS, That I, Many Maney, En Solis

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

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

POWER OF ATTORNEY.

the applicant for a pension in this case, and

deceased, and as such has heretofore been allowed a

STATE OF GEORGIA, Le Ca KNOW ALL MEN BY THESE PRESENTS, That I. County, in said State, do hereby appoint my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to

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

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

Executed in the presence of us:

DIRECTIONS.

Send amount by me at

, and oblige

day of Jan

coming to me for the reason aforesaid.

Send amount by me at

, and oblige

HERETOFORE PAID

THOSE HERETOFORE PAID

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, Dersonally comes Mrs.
County of De Kall Maney & Stair
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 1894 That she is the Widow of
Regiment of Georgia.
Volunteers, that he enlisted in said Regiment on or about the month of
1862 and served in the Army up to Sect 1862. That he lost his life on the 2322 day of Sect 1869 (State here
full particulars of the husband's death, when, where and from what cause.) (
The - week were and died in a
Machitac at Dichmend 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, that she became his wife in the year 183%; 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	1 1 sture
day of face 1893.	Sauve X Sain
Malagradice Ordinary.	Post-office Suak Thinger Sa

Por Widows' Heretofore Allowed Pensions.

for the control of the control of the control of	
STATE OF GEORGIA, devel a property	Dersonally Comes Mrs.
County of De Half 1	augus Ilain
	and produce
storage and that great have been a series of the state of	ar ar har com in
who being sworn, says on oath, that she is a bona fide re	
State of Georgia, and	that she has resided in said State
	1834, That she is the Widow of
117 11 11 da 11 A	who was a Soldier in Company
// 11	//
	nt of Deorgia
Volunteers, that he enlisted in said Regiment on or about	
1862 and served in the Army up to Web	That he lost his
life on the 2/" day of Heb	1863 (State here
full particulars of the husband's death, when, where and f	
Al o l	rom what cause.)
had fever while in se	mee and dies
in a Hospital at Ric	hours de Val
The strike	amora ou
on Hebruary 2 4 163.	
6	
and the second s	the state of the s
Deponent swears that she was the wife of said deceased	coldiar during his samining in the
rmy as a soldier, and that she has never married since his	
is wife in the year 18.76, that Georgia is her home and	she resided in this State 23d day
f December, 1890, and has not lived in any other State of	or locality since that date. I have
een allowed a pension for the year ending February 150	
llowance provided by law for the year ending February 19	V
Sworn to and subscribed before me, this	Eler 10.
17 day of an 1865. Jana	y GX Jair.
managedale Ordinary. Post-office	Sundan
Post-omcee	July Jan July II

Certificate of Ordinary of the County of Applicant's Residence

STATE OF OBORGIA County of De Call
1, Ordinary in and for said County of
State of Georgia, hereby certify that I am sequainted with Mr.
know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that sh
resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has no lived out of the State since that date. That she is the widow of Basic Asair
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, thi
(SEAL) Phillip agadies, Ordinary.

POWER OF ATTORNEY.

S	TATE OF GEO	RGIA, Count	y.
		hereby authorize	
of		to receive and receipt for the pension	paid hereon and request
tha		at.	
	IN WITNESS WHERE	or, I have hereunto set my hand and seal, this.	
day	of	1897.	
			[L, 8,]
	Executed in the	presence of	,

AND HANDED TO	RICHARD JOHNSON,	for year ending February 15th, 18 PAID TO Mr. Mattery & Add OF Widow of B. Add A.	MIDOM'S PENSI	1897.
7 3	NSON,	15th, 16	ISI	7

STATE OF GEORGIA, County of De Kalk

I, Magsdall Ordinary in and for said County of

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

Nancy E, Idain 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 December 24, 1890, and has not lived
out of the State since that date. That she is the widow of December 24, 1890, and has not lived
out of the State since that date. That she is the widow of December 24, 1890, and has not lived

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

(axi) - M. Ragodace, Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, Achalle County.

1. Action of Medicine Selling hereby authorize of Medicine Selling 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 27th day of last 1836.

Last Mariey & Medicine County of Medicine County of Medicine County of Medicine County,

Executed in the presence of Medicine County of Medicine County,

WIDOW'S PENSION, to year ending From Market Institute of Market In

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA.	Personally Comes Mrs.
County of Schall	Personally Comes Mrs. Naivey & Aslair
odding of pacy	
who being sworn, says on oath, that De / A (State of Govern	t she is a bone fide resident of said county of gir, and that she has RESIDED in said State
// 1:	
	That she is the Widow of
of the 3974 Reg	who was a Soldfer in Company iment of Sa
Volunteers, that he enlisted in said regiment on or about the	month of April
190 Fred conveil in the Army up to	100 F That he last 1:-
life on the 2/21 day of Re	Cruary 1863, (State here
full particulars of the husband's death, when, where and from wh	at cause.) (
Rad fever and died in Cialimonalla on d.	a hospital in
	100 S (100 S (10
. and	
	- Harrison
	The state of the s
Deponent swears that she was the wife of said deceased soldier,	
and that she has never married since his death aforesaid, that	she became his wife in the year 18 36,
that Georgia is her home and she resided in this State 2	3d day of December, 1890, and has not
lived in any other State or locality since that date. I have the state of locality since that date. I have the state of locality since that date. I have the state of locality since that date. I have the state of locality since that date. I have the state of locality since that date.	we been allowed a pension as a resident of g February 15th, 1895, and now apply for
the pension provided by law for the year ending February 15th	, 1896.

For Widows Heretofore Allowed Pensions.

No. of the last of	
STATE OF GEORGIA, County of Schall Success Soldier	ه. ب
who being sworn, says on oath, that she is a bone fide resident of said country of the State of Georgia, and that she has RESIDED in said State continuously eyer since 1834 That she is the Widow of who was a Soldier in Companion of the State of Georgia, and that she has RESIDED in said State of Georgia, and that she has RESIDED in said State Widow of the State of Companion of the State of Georgia, and that she has RESIDED in said State Regiment of the Widow of the Market of State of Companion of the Army up to the Market of State of the Market of the Mar	of y is
on late windl	10
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 2 C. that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.	
line diene	

Sworp to and subscribed before me, this

25 th day of Sun 1897.

1897.

Post-office of

POWER OF ATTORNEY.

State of Georgia, De Nall- County.	
1. Lange dain horoby authorise B. Aslair	
of Di Kall to receive and receipt for the pension paid hereon a	nd request
that he remit same toat	
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this I The	
day of 1898.	
Aurung E. F. Idair	.[t. s.]
Executed in the presence of	
Millegedace.	

POWER OF ATTORNEY.

		Canada Carriera Carr			ofn paid hereon	and reque	est that he r	emit same
	. 11	N WITNE	ss whi	REOF, I	have hereunte		nd and seal,	
	day of				1899.	1		
		Executed	l in prese	nce of				[L. S
	• II 140				Market 1			
	-				THE RESERVE OF THE SECOND	Section of the second section		
				2.	County	sions.	. 668	
1	Paid.		夏	For year ending February 15th, 1899. PARCH A AA.	. §	JOHNSON,		
7	Those Heretofore Paid	609	H	15t	dai	RICHARD JOHNSON,	WARRANT ISSUED	24
X	leret	76	Р.	g Februa	7	D JO	II IN	LAL
*		No.	3	ending (MC	12 J	HAR	VRRA	AND HANDED TO
Cel	8			- / 10	1416		4	1 11

SALAT A MANCY

For Those Heretofore Paid.

1898. NO. 2576

WIDOW'S PENSION,

For year ending February 15th, 1898.

Men Nancy E Adair Dellaro Vidonof B.J. Adair

RICHARD JOHNSON, WARRANT ISSUED

Arani AND HANDED TO

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Action Transport Comes Mrs.
who, being sworn, says on oath, that she is a bona filde resident of said country of State of Georgia, and that she has RESIDED in said State continuously ever since 18 34 That she is the Widow of who was a Boldier in Company of the 5 3 d Regiment of
Volunteers, that he enlisted in said regiment on or about the month of. 180 2. and served in the Army up to 180 3. That he lost his life on the 2/24 day of Pieck 186 3 (State here
July purticulars of the husband's death, when, where and from what cause.) Died with gever while in Lewise. At Richard Da
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 3 %. I have been allowed a pension as a resident of Dellaw County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898. Swarn to and subspribed before me, this Week County for the year ending February 15th, 1898. Week County for the year ending February 15th, 1898. Swarn to and subspribed before me, this Post Office of Law County for the year ending February 15th, 1898.
State of Georgia, County. Ordinary of said County, certify that I am well acquainted with Mrs. State of Georgia 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
Given under my official signature and seal this the 19th day of Inn. Official Scal. Ordinary of Del Rall County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Se / la / 6	Personally Comes Mrs.
County of the flatte	Vaney Eddais
X 11 - 01-	oath, that she is a bona fide resident of said county of
continuously ever since for 16 th	ate of Georgia, and that she has RESIDED in said State 1834 That she is the Widow of
13. J. Aldair	who was a soldier in Company
F of the 532	Regiment of Ja
Volunteers, that he enlisted in said regiment on or about the 186_2_ and served in the Army up to MeVice.	
life on the 21-24 day of Si	7 10
full particulars of the husband's death, when, where and	from what cause.)-
Service it has	lied while in
Rielmond la	verag wy
i municipal de la company de managementale de continuente a	
e man e	The state of the s
	THE PROPERTY OF THE PROPERTY O
Deponent swears that she was the wife of said deceased soldi she has never married since his death aforesaid, and that she I have been allowed a pension as a resident of	er, during his service in the army as a soldier, and that became his wife in the year 1826. County for the year ending
February 15th, 1898, and now apply for the pension provide	d by law for the year ending February 15th, 1899.
Sworn to and subscribed before me, this day of 1899.	drang En adam
Mi Ragsdace Ordinary.	Post-Office n
State of Georgia,	IMM Ragsdace
with Mrs. Nancy E. Ada'	linary of said County, certify that I am well acquainted
fied that the facts therein stated are true, and I know she is	who made the above affidavit and am satis-
has continuously resided in this State since the	day of Jan 1854
Given under my official signature and seal this the	day of
Official Beal. Ordinar	MMagsdee County.

${\bf POWER\ OF\ ATTORNEY}.$

STA	TE OF	ell-	c	dain	hereb				2 4	100	b
to re	ceive and	l receipt	for the		of control of paid he				he ren	ait san	ue t
	f_ (F.)	e /*		1900.	Ave hereu		1				
TO THOSE HEISTONE FAIR.	1900.	NO. 346	WIDOW'S PENSION,	For year ending February 16th, 1900.	Re Hall County.	Tidow of By Lidden's	JNO. W. LINDSEY, Commissions of Persons.	WARRANT ISSUED	AAD 12 1900, AND HANDED TO	In lithium	eo. W. Harrinon, State Printer, Athanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
County of La lall	Dancy Condition
who, being sworn	n, says on oath, that she is a bona fide resident of said county of
1	State of Georgia, and that she has RESIDED in said State
continuously over since	1834. That she is the Widow of
(F of the 53) &	who, was a soldier in Company
	or about the month of
186 2 and served in the Army up to	PC 186 3 That he lost his
life on theday	of 1864 (State here
particulars of the husband's death, when, where	e and from what cause)
and were while	e in descrie and died
al · lechenere	e and from what cause)
1	
Deponent swears that she was the wife of said dece	ased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, an	
I have been allowed a pension as a resident	of Sulla County for the year ending
Sworn to and subscribed before me, thi	
13 devot & () 1900	Contract Contract
11/14 (a gode CC Ordinary	Post Office
1,774 Co Gold CC Columny	
State of Georgia	Ordinary of said County, certify that I am well acquainted
Li Kalle County	Ordinary of said County, certify that I am well acquainted
with Mrs = 100 CC 1 C . Vil	, who made the above affidavit and am satis-
,	now she is the individual she represents herself to be, and that she
	/4 day of 11.1 18.34
Given under my official signature and ass	al, this the 15 day of 1600.
Given under my omeiai signature and sea	
(Official)	Thirte grada co
Seal.	Ordinary of & Call County.

To Those Heretofore Paid.

1905.

No. 204

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1905.

Mu & Calams

Widow of Euros. Adams

Co. 76 38 & Regiment.

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT ISSUED

135 1905.

POWER OF ATTORNEY

James Physical	day of Alluan 1905. Executed in presence of	to receive and receipt for the pension paid hereon, and request that he remit that the remit at the control of the pension paid hereon, and request that he remit that the remit that the remit that the control of the	Man 2 O da County.
	In Witness Whereof, I have hereunto set my hand and seal, this /	of Chambelle Sa	

POWER OF ATTORNEY.

	to recei	$\phi \sim \omega$	t for the penson and a live of, I have	at	my hand and s		to
Clarical & linglethe	To Those Heretofore Paid.	No. 204 INDIGENT	WIDOW'S PENSION, For year ending Dec. 31, 1905.	Mu Co Manno	Co. T. 38 & Regiment. JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT ISSUED AND HANDED TO AND HANDED TO THE FARENCE FORMER OF FORMER On N. WARRANT WARRANT FORMER On N. WARRANT WARRANT FORMER	
	1						

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEOR	Mall	PERSONALLY COME	s Mrs.
	1	- Cy Cy	
who, being	sworn says on oath, that		
Jana	State of Georg	ia, and that she has-RES	IDED in said State
ontinuously ever since		. That sh	e is the Widow of
anos Jaar		who was a so	
77 of the 38.		Regiment of	
olunteers, that he enlisted in s			
86, and served in the Arr			That he died on
he	day of	18	
		TOTAL TO THE PART OF THE PART	
4		The second secon	
	Marian and Adams of the second second second		
	Manager who have been also as a second and	many many of the contract of t	**
***	Manager of the Control of the Contro		
	-		
dier, and that she has never n			
eponent swears that she was the bldier, and that she has never not be year 18	narried since his death as	oresaid, and that she be	came his wife in
oldier, and that she has never note year 18	narried since his death as	oresaid, and that she be	came his wife in
oldier, and that she has never not get a state of the sta	narried since his death as	oresaid, and that she be	came his wife in
oldier, and that she has never note year 18	narried since his death af ndigent pension as a resid year 1904, and now apply	ent of Dukally	came his wife in
oldier, and that she has never not get at 18	narried since his death af ndigent pension as a resid year 1904, and now apply	oresaid, and that she be	came his wife in
ldier, and that she has never no year 18	narried since his death af andigent pension as a resid year 1904, and now apply 1 before me, 1905.	ent of Dukally	came his wife in
oldier, and that she has never not year 18	narried since his death af andigent pension as a resid year 1904, and now apply 1 before me, 1905.	ent of Juliania provident of Juliania provident of Juliania provident of the pension provident o	came his wife in
oldier, and that she has never not be year 18. I have been allowed an Information of the pounty, under Act 1900, for the far ending December 81, 1905. Sworn to and subscribed the pounty of the pou	narried since his death af andigent pension as a resid year 1904, and now apply the force me, 1905. Ordinary. Pos	ent of Juliania provident of Juliania provident of Juliania provident of the pension provident o	came his wife in
dier, and that she has never not be year 18. I have been allowed an Intuity, under Act 1900, for the ar ending December 31, 1905 Sworn to and subscribed and the state of Georgia,	narried since his death af ndigent pension as a resid year 1904, and now apply before me, 1905. Ordinary. Pos	ent of Jukally for the pension provid	eame his wife in
idier, and that she has never not ge year 18. I have been allowed an International In	narried since his death af ndigent pension as a resid year 1904, and now apply 1 before me, 1905. Pos County. Ordinary. Ordin	ent of Dukally of the pension provide t-Office I, January of said County, certify	ed by law for the
Idier, and that she has never not general. I have been allowed an Interpretation of the large and t	narried since his death af andigent pension as a resid year 1904, and now apply 1 before me, 1905. Ordinary. County. Ordinary. Ordinary.	ent of Dukally of the pension provide t-Office I. January of said County, certification, who made the all	ed by law for the
idier, and that she has never not be year 18 I have been allowed an International points, under Act 1900, for the are ending December 31, 1905 Sworn to and subscribed that the facts therein satisfied that the facts therein	narried since his death af andigent pension as a resid year 1904, and now apply 1 before me, 1905. Ordinary. County. County. Ordinary. Astated are true, and I kn	ent of Dukally of or the pension provid t-Office I. January of said County, certification, who made the allow she is the individual	ed by law for the
I have been allowed an Interpretation of the points, under Act 1900, for the points, under Act	narried since his death af andigent pension as a resid year 1904, and now apply 1 before me, 1905. Ordinary. County. County. Ordinary. Astated are true, and I kn	ent of Dukally of or the pension provid t-Office I. January of said County, certification, who made the allow she is the individual	ed by law for the
I have been allowed an International Interna	narried since his death af andigent pension as a resid year 1904, and now apply before me, 1905. County. County. County. Ordinary. Ordinary. Astated are true, and I known astated are true, and I known this intinuously resided in this 18.	ent of Dikally for the pension provid t-Office I, January who for said County, certification, who made the allow she is the individual	ed by law for the
I have been allowed an International pounty, under Act 1900, for the part ending Docember 31, 1905 Sworn to and subscribed the part of Georgia,	narried since his death af andigent pension as a resid year 1904, and now apply before me, 1905. County. County. County. Ordinary. Ordinary. Astated are true, and I known astated are true, and I known this intinuously resided in this 18.	ent of Dikally for the pension provid Collection 1. January 1. State since the	ed by law for the Officery fy that I am well pove affidavit and I she represents
I have been allowed an International Interna	narried since his death af andigent pension as a resid year 1904, and now apply before me, 1905. County. County. County. Ordinary. Ordinary. Astated are true, and I known astated are true, and I known this intinuously resided in this 18.	ent of Dikally for the pension provid Collection 1. January 1. State since the	ed by law for the

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

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

NOTES

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand to law granting allowances to disabled soldiers, as well so the rules adopted by the Governor touching the awments provided, the following expersions are admirted:

1. It is applicant has been assumeded, the description of the wound should be carefully and tully set insuling an applicant has been assumeded, the description of the wound should be carefully and tully set insuling an applicant endines because of the state of the distinct of the description of the distance of the distinct of the description of the distance of the dis

ex that an arm is "substantially useless for ordinary pursuits of life, etc." clause of the Act in reference to the arm or legs but the limb must for all lessentially useles.

The meaning legs, it would seem to be a fair construction of the Act, and the restriction in the Act, and the legs of the majory result as for majorizable sensitiations of cracks or aight life and essentially useless.

The correction, and amendments are added to any of the affidavits, the amendate before an officer, and the proofs must show that the amendments have

of the applicant

APPLICATION FOR ALLOWANGE.

PUR

Dis at clif from Decisar
Applicant, Euro & Addience
County Des Karlo

Amount
Date of Warran Mekso
Entered on record

SECRETARY EXECUTIVE DEPARTMENT.

AMOUNT

BECRETARY EXECUTIVE DEPARTMENT.

Man applicant must and No. 1/64

Man applicant must be soon of account full ment of the man and present for account for accoun

Let the history of historia

Municipality with the

It HIVar. du clex

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 wet forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. It applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability be positive assection.

doubtify. It applicant cams insatinfy from insease contracted in the service, a tim and encentry states 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 seekes.

3. It will not answer to see 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 undessertially useless."

purposes he "substantially and escentially necless."

1. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above specify, it say four unites the higher resuch as to require the constant use of critich or stick, that the leg is not "substantially and essentially used see."

5. If paper are returned for correction, and am odments are added to any of the affidavits, the amendnerts must be made *make mathe with* before an officer, and the proofs must show that the amendments have been duly sovera to.

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 dall the attention of the physicians and applicants to these points.

Richard Mille of March of Low (Start of Low) (Start of Mills of Mi

For Use of Applicants Who Have not Heretofore Drawn.

	4	
	STATE OF GEORGIA.	
	DEKall County	
	PERSONALLY appears Error 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	
	that he consider in the minimal service of the Con-	
	federate States (or of the State of federate States, and served as a federate in Company K, of 35 th Regiment	
	of Grangia Volunteers Lewlors 's Brigade; that whilst engaged	
	in such military service, at the battle of in the State	
	wounded as follows: The office and States that in the tables well of the year 1862 he contractive turnatures for the Ballet of Sharp being tot Said Ballet of Sharps Europe 4	
	used of the year 1862 he contracted turnatums	
1	before the Ballet of Sharps beings tot Said Battel of Sharps Burgo 4	
Jun.	harde applicand have to be helped on his way to Virginiat I as	res
" I	harrie appleand have to be helped on his way to Verymout I as	
1	w me the tell Carrier was depleadly Examined Memaind to until the se	loca
17 mi	war of do continue at intervals to the present times	
	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	
	It day of the concerns, 1889 \	
	I Morrow attole & C	
1.	Note. State fully matter of wound or character of disease which causes the disability, and ceptain particularly the extent of the disability.	
	Commissioned Officer's Affidavit.	(2)

STATE OF GEORGIA, County. The Tringle Crupils
PERSONALLY came before me of the county
of Levisette of Georgia, who, being duly sworn, says that he was
a commissioned officer in Company of 35 Regiment of 21.11.
a commissioned officer in Company of, of 3 x - a Regiment of a late of Volunteers, and that deponent knows of late of classes, 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 Ontrol School acres
as stated by him in said affidavit. Deponent further states that said
10 2 1 1 4 (011 W) is a hong fide citizen of this State and mild
in certaile county. The months of the court
The Halinkill Home But
The foregoing affidavit, changed to sult the facts should be made by a commissioned officer of Company or Regiment.

STATE OF GEORGIA	STATE	OF	GEO	RGIA
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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

Note. Above affidavit must be made by three citizens of the county of applicant's residence

STATE OF GEORGIA, De Kalb

PERSONALLY comes before me W in Ragedale Ordinary of said county, and le & Mayron , both known to me as reputable physicians of said county, who, being severally sworn, say on oath that

they have carefully examined Enoz (e dame

with Remarks on Camertony Reumation libral he easy he

can tracted while in service in the clote of torginin in theyear 1862 Also partial paralisis of the left arm which her been

he cancel by debility from the said posalisis we believele the cancel by debility from them atim. The a aid Enor adams

is now practically incompetent he perform the ordin any Manual constitution and for and of the head or inserted was first attacked with physicalism in your first attacked with physical in our or of just

25 Taday of WWW. Magsdag.

Sworn to and subscribed before me, this As Marrow Wa

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

STATE OF GEORGIA,

De Kall County !

Ordinary of said county.

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

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

I further certify that___ W. Wirkhatrios whom the foregoing affidavits were made and power of attorney was signed, is a Sensting of the decor of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 25 day of March 1889

MMRagelago Ordinary De Kall, County.

POWER OF ATTORNEY.

STATE OF GEORGIA

County.

Know all Men by these Presents, That I,

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 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.)

STATE OF GEORGIA, I, County. S

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

Ordinary 12 holls,

STATE OF GEORGIA,

Sulla County. do certify that I am well acquainted with applicant in the foregoing affldavit, 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.

County.

pplication for

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, De tall County. I PERSONALLY appears & not reduced of De Kalk 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 1822 that he enlisted in the military service of the Confederate States (or of the State of _ E're) during the war between the States, and served as a Winter in Company 1, of 3's th Regiment of Sergia Volunteers 2, 7, 40, 's Brigade; that whilst engaged in such military service, at the battle of Strashes but g in the State of M. on the 12 day of Sept 1862. he was wounded as follows: Con Cast ted Rung nation in Sept - 4/862 resulties in chronic shumation has taken and whenly in the his at the battle of stearfield and he has been mindly the bled the description the bled the start of the s and the acts amendatory thereof, and makes application for the allowance to which he is entitled toy the year ending October 26, 1890. I have heretofore been allowed a pension of dollars. Sworn to and subscribed before me, this the Enos Adams day of fell 1890) Note: State fully instructed wound or character of disease which rouses the disability, and explain particularly the extent of the disability. POWER OF ATTORNEY. STATE OF GEORGIA KNOW ALL MEN BY THESE PRESENTS, That I, 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 IN HITTNESS WHEREOF, I have hereunto set my hand and seal, this [1.. S.] Executed in the presence of us:

DIRECTION

County, Georgia.

P.O.

Send money to me as follows, by

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. De Mall County. S
PERSONALLY appears Enor Adams of De Mall 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 239 day of Dec 18/9; that he enlisted in the military service of the Confederate States (or of the State of / La) during the war between the States, and served as a P21 rate in Company K, of 98 th Regiment of Volunteers Lacolor 's Brigade; that whilst engaged in such military service 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 Sworn to and subscribed before me, this, the grant day of Lech 1891. Nore. State fully nature of wound or character of disease which causes take 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, 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 Gover-· nor, 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 Executed in the presence of us: Send money to me as follows, by

STATE OF GEORGIA, do certify that I am well acquainted with 4. naveledance applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he repesents himself to be, and that he resides in this county. Given under my official signature and seal, this. 2 day of 2. 1892. and the distinction Ordinary Re de la SOLDIER'S PENSION

For Applicants Heretofore Allowed Pensions.

County, State of Georgia, who, being duly sworm says on eath that he is a bona fine citizen an STATE OF GEORGIA,

Know all Men by th	ese Presents, Th	at I		Compte
of		ounty, State of	Georgia, do he	reby appoin
Given under my official si	gnature and scat, this	2	NE	The same of the same
of the State of Georgia by		my true a	and lawful attorn	ey in fact, for
from the State of Georgia by	reason of the injury	atever amount o	money I may	be entitled to
from the State of Georgia by the Confederate States (or of	this State), as stated	in the foregoing	affidavit hereb	STY SETVICE O
for any sum of money which i				Governor, or
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dividual he represents himself	TABON 1 have	hereunto set	my hand and	d seal, this
tiday (e)	to be and that he cas	1164803 his Cou	44.	
said affidavit are true, and that	he is disabled, to the	ertent he claim.	and I know	he is the ?
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do cortily that I am well acqua				
	:	•		. 41
			Ordinary of	said County.
Send money to me as fol		TOM.		
STATE OF GEORG				
			and the separate of the second	P. O.
Note-State fully nature of worm- weability, resulting from the women or do	County, Geo	orgia.	, when American	
		a but madelities as	-4' Astriculus in	the extent of a

POWER OF ATTORNEY.

For Applicants Heretofore Allowed Pensions.
Decide County
Personally appears
of Ac dall 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 and
since the 23 day of 2 c 18/9; 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
of 38 th Regiment of Ling girl Volunteers Lawton 's
of 38 th Regiment of 200 ged Volunteers Landon's Brigade; that whilst engaged in such military service at the battle of Alan fishing
in the State of
2. 11. 1862, he was wounded as follows: Chick
- with Character in lest hipand
Sill allication and the state of the state o
Las hospital as of me wife
Man offeant is the ligerie begann
menterial dabon to perform
Deponent desires to participate in the benefits of the Act approved October 20, 188
the year ending October 26, 1892. I have heretofore been allowed a pension of
Sworn to and subscribed before me this the
(9 2 1 (1) 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1
day of 1862 1 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,
County.
Know all Men by these Presents, That I,
of
County, in said State, do hereby appoint
of
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of
my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
IN WITNESS WHEREOF, I have hereunto set my hand and seal this
day of
[L&S.]
Executed in the presence of us:
DIRECTION.
Send money to me as follows, by
to P. O.
r. u.

For Applicants Heretofore Allowed Pensions.

PERSONALLY APP	para (0222	11. 11. 11.		×1 //	De
County, State of Geo			es of	Le /ca	
resident of said State	and has resided a	uly sworn, says	on oath that h	c is a bona f	de citizen an
day of Sug	, and the resided to	A sheek	usiy ever since	the 23	-6*
federate States (or of	the State of	, unt ne en	listed in the m	litary service	of the Co
States, and served as	/3/	to	(d) di	iring the war	r between th
of Georgia	- Co	Lawto	in Company.		
such military service		The state of the s	s Driga	de; that whil	
of Virginia	the tree was a summing		day of	***************************************	in the Sta
wounded as follows:	Kaden s	ndden	attach	17 11	86,2., he w
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Deponent desire	s to praticipate in	the benefits of	the Act service	-d O	4 00
he year ending Octo	ber 26, 1893. I ha	we heretofore	been allowed a	pension of	s entitled to
CHAIT.				•	1
Tuffy		dollars, for	V-rue	Ze-	1
	oscribed before me,		s Pris	a	
Sworn to and sul	oscribed before me,	this, the	my X	dams	
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Sworn to and sult day day Note—State fully nature sability, resulting from the	of wound or character of wound or disease.	this, the } & & & & & & & & & & & & & & & & & &	month	Lama Manna mplain particularly	v the extent of th
Sworn to and sult day day Note—State fully nature sability, resulting from the	of 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	this, the	make	Lierns	the extent of the
Sworn to and sult day day Note—State fully nature sability, resulting from the	of wound or character of wound or disease.	this, the	make	Lann,	the extent of th
Sworn to and sult day day Note—State fully nature sability, resulting from the	oscribed before me, of 2.5 co. of wound or character of wound or disease. EORGIA, County.	this, the	The red is the disability, and e		*
Sworn to and sult day day day Nors-State fully nature sability, resulting from the STATE OF G	oscribed before me, of 12.2.6 of wound or character of wound or disease, EORGIA, County, S	disease which cause	Willey and e	District Appair particularly of Ordinary of	*
Sworn to and sult day day day Nors-State fully nature sability, resulting from the STATE OF G	oscribed before me, of 12.2.6 of wound or character of wound or disease, EORGIA, County, S	disease which cause	Willey and e		said County
Nora-State fully nature and lift of the control of	oscribed before me, of A 1 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a	this, the Li893.	harry Harry and e	Ordinary of	said County
Nors—State fully nature ability, resulting from the STATE OF G	oscribed before me, of 2.2 % of wound or character of wound or character of wound or disease. EORGIA, County. County.	this, the 1893.	the disability, and a	Ordinary of	said County
Nora-State fully nature ability, resulting from the STATE OF G	oscribed before me, of 2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	this, the 1893. It is a series which caused the satisfier well satisfier bled, to the extent	a the disability, and a	Ordinary of ments made and I know	said County
Nora-State fully nature ability, resulting from the STATE OF G	oscribed before me, of 2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	this, the 1893. It is a series which caused the satisfier well satisfier bled, to the extent	a the disability, and a	Ordinary of ments made and I know	said County
Nora-State fully nature ability, resulting from the STATE OF G	oscribed before me, of 2.2 construction of the	this, the 1893.	d that the stater	Ordinary of ments made and I know	said County the by him in his the is the in
Nora-State fully nature ability, resulting from the STATE OF G	oscribed before me, of 2.2 construction of the	this, the 1893.	d that the stater	Ordinary of ments made and I know	said County the by him in his the is the in
Nora-State fully nature ability, resulting from the STATE OF G	oscribed before me, of 2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	this, the 11893. It is a second of the secon	is the disability, and a the disability, and a that the states and he claims, a in this County.	Ordinary of ments made and I know	said County th by him in hi he is the in
Sworn to and salt day	oscribed before me, of the second of the sec	this, the 11893. It is a state of the state	is the disability, and a the disability, and a that the states and he claims, a in this County.	Ordinary of ments made and I know	said County th by him in hi he is the in
Nora-State fully nature ability, resulting from the STATE OF G	oscribed before me, of the second of the sec	this, the 11893. It is a state of the state	is the disability, and a the disability, and a that the states and he claims, a in this County.	Ordinary of ments made and I know	said Count the by him in his is the in signed, is
Sworn to and said day day day day day day day day day da	contribed before me, of the second of the se	this, the 11893. 11893. I disease which cause which cause which cause which cause which cause the cause which cause the cause which cause the cause which cause	a the disability, and a the disability, and a di that the states and he claims, a in this County, a said County,	Ordinary of ments made ind I know torney was and the said.	said County th by him in hi he is the in signed; is:
Sworn to and said day day day day day day day day day da	oscribed before me, of the second of the sec	this, the 11893. 11893. I disease which cause which cause which cause which cause which cause the cause which cause the cause which cause the cause which cause	d that the states of this County. I power of at fail county. day of	Ordinary of ments made and I know torney was and the said	said County th by him in hi he is the in signed, is affidavits and
Sworn to and said day day day day day day day day day da	contribed before me, of the second of the se	this, the 11893. 11893. I disease which cause which	a the disability, and a the disability, and a di that the states and he claims, a in this County, a said County,	Ordinary of ments made and I know torney was and the said	said County th by him in hi he is the in signed, is affidavits and

STATE OF	GEORGIA
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COUNTY.

Know all Men by these Presents. That T.

County, State of Georgia, do hereby appoint

my true and lawful attorney in fact, for

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

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

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

of.

KNOW ALL MEN BY THESE PRESENTS, That I.

County, State of Georgia, do hereby appoint

my true and lawful attorney in fact, for

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

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

Executed in presence of us

[L. S.]

DIRECTIONS.

Send money to me as follows, by

- to

P.O.

County, Georgia.

SOLDIER'S PENSION

•.

Soldier's

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.
Personally appears Enos Adams of De Kalk
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 25 g
, , and the limitary service of the con-
federate States (or of the State of) during the war between the States, and served as a Private in Company (of 36 th Regiment
A + The company of the Regiment
Volunteers dawlog 's Brigade; that whilst engaged in
such military service at the battle of Sharksburg in the State
in the was
Soydole of with rumation which
to do any kind of work unake
- work of fina 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 26, 1894. I have heretofore been allowed a pension of
dollars, for the year 1892
Sworn to and subscribed before me, this, the
h. I some Kalans.
day of Mach 1894.) mark
Will Cogsolale Ordinar,
Note-State fully the nature of wound or character of disease which chuses the disability, and explain particularly the extent
of the disability, resulting from the wound or disease.
ž.
STATE OF GEORGIA.
De Kalle County
1. Memhopedale, Ordinary of said County.
do certify that I am well acquainted with Gross 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
day of March 1814.
Ami / Mank)
here IVIIVA goodale

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Dellath County.
Dellalle County S personally appears Exos Adams of Dellalle
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 hee 18/6; 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 K, of 98th Regiment
of Sq Volunteers, Gordon 's Brigade; that whilst engaged in
such military service at the battle of Maspering in the State
of Mid on the day of Sept 1862, he was
wounded as follows: It the battle fee was to how
with rhumation from which he
was transfered to beompany as being
disabled, the continued to be officed
and has soon no hetter bur has how
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 Higher dollars, for the year 189 #
Sworn to and subscribed before me, this, the
His day of March 1895
MMhaasdale, Och inares.
Nore-State fully the natire of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
of the disability, resulting from the wound or disease.
STATE OF GEORGIA.
0 , 1 , 00
Serall County.
I, Ordinary of said County,
do certify that I am well acquainted with Escos Adams the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of March 1895.
(Anix)
your seel Mary date.
0 1/00
Ordinary No Aalh

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STAT	E OF C	EORGIA C	A, ounty.	}						
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STATE OF GEORGIA,

-	County.	
I,	hereby authorize	
man e	of	
to receive and rec	pt for the pension paid hereon and request that he remit same	to
	by	
at	***	
IN WITNES	WHEREOF, I have hereunto set my hand and seal, this	
day of		
	fr	e 1

Executed in presence of

SOLDIER'S PENSION.

1897.

INVALID

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Mams,

RICHARD JOHNSON, Name Enos Adams Disease. 2010

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, County.	
personally appears Guook Adures of the Nath	
County, State of Georgia, who being duly sworn, says on oath that he is a bong fide citizen	
and resident of said State, and has resided therein continuously ever since the 238	
day of Nee 1879; that he enlisted in the military service of the Con-	
lederate States (or of the State of) during the war between the	
States, and served as a Private in Company A, of 38 th Regiment	
or Za Volunteers, Cardan 's Brigade; that whilst engaged	
in such military service in the State of, on theday	
of 186 , he was wounded, injured or diseased as follows:	
Chice in service in 1867 contracted Churciatis in which disease is persuan	
and rendere day want muches to di	cen
eny hind of work being now in	
and al most helpless condition	
S CONTRACTOR OF THE STATE OF TH	
The second of th	
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,	
and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of county been allowed a pension of	
dollars, for the year 189 3.	
Sworn to and subscribed before me, this, the Conoch X Adams	
29 day of 1.66 1896.	
Mikagadace Ord man	
NOTE-State fully the mature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.	
of the dissolity, resulting from the would or disease.	
STATE OF GEORGIA.	
Ω	
I, M. Ka ye da ce , Ordinary of said County,	
do certify that I am well acquainted with Grock Slaves the	
applicant in the foregoing affidavit, and am well satisfied that the statements made by him	
in his said affidavit are true, and I know 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	
All Pour sur Marsolace.	
8 11 1	
Ordinary Le Kall County	

For Applican	nts Heretofore	Allowed	Pensions.
STATE OF CROP	OTA .	2	

Della Ch County.
Dersonally appears Enos Adams of ReKalk
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 hay of 18/1; that he enlisted in the military service of the Con-
rederate States (or of the State of) during the war between the
States, and served as a Muste in Company 1, of 38 th Regiment
Volunteers, Journal 's Brigade; that whilst engaged
n such military service in the State of , on the day
Mic in service as the battle of blearys.
burg. Md. Lell on the field and
was taken loff car since that him
has been afficieted with Rhumation
which now renders applicany almos
helpless
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
nd the acts amendatory thereof, and makes application for the pension to which he is
ntitled for the year ending October 26th, 1897. I have heretofore under said law as a
esident of Achall county been allowed an invalid pension of
Dollars, for the year 189 C. Luc.
Sworn to and subscribed before me, this, the Enor X Jacans
10th day of theh 1897. POST OFFICE mark, Gross hein &
March 1 a l'
Magridace Ord mary,
Norm-State fully the nature of wound or character of disease which osuses the disability, and explain particularly the extent the disability, resulting from the wound or disease.
TATE OF GEORGIA,
0 11 18
I, Magsdall, Godfnary of said County,
certify that I am well acquainted with 6 mos Salarus the
oplicant in the foregoing affidavit, and am well satisfied that the statements made by him
his said affidavit are true, and I know he is the individual he represents himself to be
d that he resides in this County.
Given under my official signature and seal, this
day of Ach 1897.
Anti Four Millegadaic,
Ordinary Se Lack County
Ordinary Se Care County.

STAI	E OF	GEORGIA,		l	2			
Property of the second state of the second			county.					
Ι,.		2 M 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		μ	hereby au	thorize		
				of				\ -
to rece	ive and	d receipt for t	he pensi	on paid	hereon an	d reque	st that l	ne remit same to
			20		by			- 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
at								
IN	WITI	NESS WHER	EOF, I	have he	reunto set	my hand	d and sea	l, this
			-	1898.				
								[L. S.]
	Exec	uted in present	e of)		,		
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eady	2560	P		25	13 2	67	OHNSON	TO TO
ACT OF 24 OCT., 1887. DSe Aiready El	11	No		8	100	1	9	H Z
hose	No.	万部		26	(5)		HAR	WARRANT HANDED TO
ACT OF 24 OCT., 1857. (For Those Aiready Enrolled.)			-	les	T	*	RICHARD JOHNSON	W W
Ē		=		e Č	unty sability		-	

POWER OF ATTORNEY.

STATE OF GE	ORGIA,		
	County.	>	
I,		hereby authorize	***************************************
*		<u> </u>	
to receive and rece	eipt for the pension paid	- 0	t that he remit same to
at	~		
IN WITNESS	S WHEREOF, I have here	eunto set my hand a	and seal, this
day of	1899.		
			[L. S.]
Executed	in presence of		

SOLDIER'S PENSION.

1889.

No. GARS ADDAMS

County De Kalb

Dissbility Rhamalish

Amount, \$ 50 °°°.

RICHARD JOHNSON,

Omnissione of Pension.

WARRANT HANDED TO

WARRANT HANDED TO

WARRANT HANDED TO

For Applicants Heretofore Allowed Pensions.

for uthingues from occions unitomod i envious.
STATE OF GEORGIA,
Le County.
personally appears Emas Solams of De Kalk
County, State of Georgia, who being duly sworn, says on oath that he is a tona fide citizen
and resident of said State, and has resided therein continuously ever since the 23
day of Nee 18 is that be enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a Private in Company K, of 38th Regiment
of Volunteers, acyton '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:
1. 12 latten with they mais in -at
the stiarfording fight and have
- lie a affected gitty same ever
since 20 as to be unable to work
for a support
2
A WALLAND OF THE PARTY OF THE P
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 Actata county been allowed an invalid pension of
Dollars, for the year 189 7 . Q.
Sworn to and subscribed before me, this, the
The day of the 1808. POST-OPPICK wash
11,111, aguaca, Ordinasy,
Norr-State fully the fature of wound or character of disease which cause the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA.
$\alpha \cdot \omega \cdot c$
Helld (County.)
I, All age of County, Ordinary of said County,
do certify that I am well acquainted with & 20021 Adarus the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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
Affix your Man
(here.)
Ordinary County.

For Applicants Heretofore Allowed Pensions.

11
STATE OF GEORGIA,
Personally appears Enas Adams of De Kall
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 lay of 2 18 19; past he enlisted in the military service of the Con-
ederate States (or of the State of) during the war between the
th Regiment
n such military service in the State of
1862, he was wounded, injured or diseased as follows:
gouracled Chumatism archasper
la while in service affections the
vhole body
William Company and the Company of t
The state of the s
* Committee of the comm
Deponent makes application for the pension to which he is entitled for the year end- ag October 26th, 1899. I have heretofore under said law as a resident of
County been allowed an invalid pension of Dollars, for the year 1898
Sworn to and subscribed before me, this, the Sword K
3/
day of less 1899. POST ORPICE MANY
MM andar Os linear
Note-State fully the nature of wound or character of discount
Note-State fully the nature of wound or character of disease which dauses the disability, and explain particularly the tent of the disability resulting from the wound or disease.
TATE OF GEORGIA, Selah County.
MmR
o certify that I am well acquainted with 6 nos farms the
unlicant in the foresceing official and the
plicant in the foregoing affidavit, and am well satisfied that the statements made by him
his said affidavit are true, and I know he is the individual he represents himself to be
ad that he resides in this County.
Given under my official signature and seal, this 3/
day of 1899.
MIX Magsdale,
non)
Ordinary A. e. Ralb County

	POWER	OF ATTO	ORNEY	•	
STATE OF GE	ORGIA,				
W)	`.County.				
1,		hereby a	uthorize		
		of			
to receive and receive	eipt for the pension	on paid hereon a	and request	that he ren	it same to
		by_			
at		1000000			
	S WHEREOF, I		t my hand ar	id seal, this	AND
day of	_1900.				
				mention make a make	[L. S.]
Executed in	n presence of				
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-1,		1	* * * * * *		
	z.		96	z	
(F)			4	Penerion	
CODE SECTION INC.		110	5	SEY,	A Library
SODE SECTION 120.		10 of	, ,	JOHN W. LINDSEY, Commissioner of WARRANT HANDED TO	# 1 3
CODE SECTION THOSE AITES		H 4	7	LI.	3
cops No.		2 E 1	2 B	N W	211 5
		1 A A	Suc	ОНО	J. W. H.
PP _	3	Name E County Disability	Amount, \$ Warrant is	ſ	8
	SO	Name , County Disabil	Amount, \$	1	
,	v				

POWER OF ATTORNEY

STATE OF GEORGIA,
Ic Call Gounty S I Exos Adams hereby authorize IlM Regarda
or De Kall 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 lan 1901. his
day of Jan 1901. his Games [L. s.]
tria Ch
Executed in presence of
Ladilla Migical
I. W. Wilson

SOLDIER'S PENSION. Name EMOS Adisms
County De Kalb
Disability Library Lago dale DISABLED IOHN W. LINDSEY 1901.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
C (LLL) County.
personally appears and edding of Sa Hack
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
the Confederate States (or of the State of) during the war between the States, and served as a 1/1/27 in Company , of 36 th
Regiment of A Volunteers, Act (21 's Brigade; that whilst
engaged in such military service in the State of (on the
day of186.2, he was wounded, injured or diseased as follows:
Askun at to seader officered muchos
To bergine manual labor
and the second second second second
The state of the s
County been allowed an invalid pension of Dollars, for the year 1889 Sworn to and subscribed before me, this, the County School Post of Price County day of Land 1990. Post of Price County Cou
Norz.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
County.
I, free County, Ordinary of said County,
I, Louis County, do certify that I am well acquainted with Calle Ladence the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
Amir 1900.
Ordinary 2County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Walk County,
Personally appears Enos Adams of De Kalk
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 d
day of See 18/9; 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 Minute in Company 1, of 38 th Regiment
of Volunteers, Jacobon '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:
Leon wated Unumation ard harpsburg
from which disease he is still of
Suffering
Description of the state of the
Deponent makes application for the pension to which he is entitled for year end-
ing October 28th, 1901. I have heretofore under said law as a resident of
County been anowed an invalid pension of
Sworn to and subscribed before me, this the Sworn to and subscribed before me, this the
1901. Postoffice Orosoffice of Source of
Millagrace, Crainary
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,
Dekath County.
Mim R
or said county,
do certify that I am well acquinted with (no) dams the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 1901
M. M. Rosdae.
seal {
Ordinary Ale Tlash County.

STATE OF GEORGIA,

	County.				
Ι,	her	reby authorize			
	of			1	***
to receive and receipt for	or the pension paid hereon	n and request th	at he remit sa	me to	to
	_by.	2			
at .					at
IN WITNESS WH	EREOF, I have hereunto's	set my hand and a	anl thic		
day of	1902.	see my nand and :	sear this		da
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POWER OF ATTORNEY

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TATE OF (BEORGIA,		J	•	-		E	
- Comment	Со	unty.	ſ					
Ι,	months and the second of the s		h	ereby auth	orize			
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receive and	receipt for the	e pensio	n paid he	reon and re	equest 11	at he re	mit same	to
			by					
IN WITN	ESS WHERE	OF, I ha	ve hereun	to set my l	and and	seal this		
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E ALREADY E			3	K. S		Ľ	HAN	•
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% Y		=	Zd J	DE 4	5	JOHN	TARB	
FOR THOSE ALREADY EI	3	, t 1	AL.		it,	o	900	
2			Name	api	A mount			

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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,					
Delach County.					
Personally appears 6 2003/ Adams	of De Kalh.				
County, State of Georgia, who being duly sworn, says on oath the	nat he is a bona fide citizen				
and resident of said State, and has resided therein continuously	y ever since the 23d				
day of LeC 18/9; that he enlisted in the military service of the Con-					
federate States (or of the State of 4	uring the war between the				
States and served as a Private in Company	, of 38 th Regiment				
of Volunteers, Fa co to 27 's Bri	gade; that whilst engaged				
in such military service in the State of /a	day				
of he was wounded, injured	or diseased as follows:				
leon Breled Rhu malism					
service ar Sharpstony	la.				
	*				
	/				
	-				
Deponent makes application for the pension to which I ending October 26th, 1902. I have heretofore, under said	law, as a resident of				
	owed an invalid pension of				
Dollars, for the year					
Sworn to and subscribed before me, this the	Xodams				
151 " day of ke a 1902. Post-office to	Nostkeys 14				
Milogal acc Ordinary,					
Note.—State fully the nature of the wound or character of disease which particularly the extent of the disability resulting from the wound or disease.	causes the disability, and explain				
STATE OF GEORGIA.					
L. C. Rach County.	to a second				
7					
I. M.M. Rogadace	Ordinary of said County,				
	Molans/				
the applicant in the foregoing affidavit, and am well satisfied that					
him in his said affidavit are true, and I know he is the individua	l he represents himself to				
be and that he resides in this County.	44				
Given under my official signature and seal, t	his /31				
day of 1902	,				
your seal	dage				
Ordinary De /	county.				
Note.—Fill all blanks and of Company and Regiment. Note.—All vouchers and affidavits must bear date after J.	anuary 1, 1902.				

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Le Hall County.
Personally appears Emos Adams 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 23
day of; 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 Morate in Company A, of 36 th Regiment
of Ha Volunteers, Jawton 's Brigade; that whilst engaged
in such military service in the State of, on theday
of he was wounded, injured or diseased as follows:
Levetracted Rhumatism while in service
ar Sharpeburg mow unable to do
- Arm hind of work
The state of the s
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 County, been allowed an invalid pension of
Dollars, for the year 1902.
Sworn to and subscribed before me, this the Snow
le day of lan 1903, Post-office Crossky
-/////
Nors.—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(2)
County.)
I, Magsdale Ordinary of said County,
do certify that I am well acquainted with Enos Sams
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know 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
MM earelas
your {
here Ordinary Le Rall County.
Norm.—Fill all blanks and of Company and Regiment.

receive and Graphy Ghan	L HOAL WHEREOF,	the pens	sion paid l	hereon and	and seal, this	that he is	remit same to	
Swell Char. In Within of Jan	receipt for A Has	I have h	sion paid	hereon and	d request	s_//		
Swell Char. In Within of Jan	A HOAS PAUL S ESS WHEREOF, MAY	I have h	sereunto set	t my hand	and seal, this	s_//		
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of Jac	in presence of	1904		-				
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Executed	in presence of P. Gul. Ovd	ge		1	Mesc		,	
andr.	R.Gw. Ovd	inay	,	1				
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Office Telephone 618

Residence Telepho

E. M. ROBERTS, → REAL + ESTATE + AGENT, →

No. 20 N. Broad St., Cor. Walton.

Manta, Ga. 3/30 1834

This Certifico that I treated
The Enos Ciawo, during y ease
1876 7/877 for Chronic rheumatism
Thich he says he contracted during
the late was between the states Her
is in neary commistances of Chairty
Mayon M. S. who or acts says
The above is corne before me for
Mayon m. S. who or acts says
The above is corned to Sugar the above is corned to Subscribed
Expore me This 30 March 1889

8. Mb. Robert
Not. Dub. Fretten Co. 94

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
DCKalb County.	
Personally appears Enos adams of Ochall	
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen	
nd resident of said State, and has resided therein continuously ever since the	
ay of 20, UTC 18/9; that he enlisted in the military service of the Con-	
during the war between the	-
tates, and served as a 121 in Company 77, of 38 th Regiment	
's Brigade: that whilst engaged	
such military service in the State of , on the day	
Phumatisms Colf Stearfaburg	
Thumalism Coul Stearfeaburg	
Manager and American Company of the	
The state of the s	
Deponent makes application for the pension to which he is entitled for the year	
ding October 26th, 1904. I have elofore, under said law, as a resident of	
County, been allowed an invalid pension of	
Dollars, for the year 1903.	
Sworn to and superised before me, this the day of faculary 1904. (2.162 min) lace of faculary 1904. (2.162 min) Post-office established by a	
MID PC I have Ondied \ Post-office Clade 111141 Aga	
Note.—State fully the nature of the disability countries from the disability and explain	
ticularly the extent of the disability resulting from the wound or disease.	
TATE OF GEORGIA.	
Othallcounty.	
I, James P Large Ordinary of said County	
certify that I am well acquainted with amount of the Claims	
him in his said affidavit are true, and le now he is the individual he represents himself	
be, and that he resides in this County.	
Cimm	

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

State of Georgie Vestall county essonally came before me justinian Elvino a justice of the freak in and for Said county AH Stowers & 6 mason und & & Adams who on outh Says that they wer close neighboro to Eenos Adams apleant refore The tate har and semain so who is the fresent Time land we know when he came home now the war in 1865 - he was down with the Theumatism and disabled so that in could to rothing I cancely in the way work and temains so the rever time complain of Rhumatism before the war we also know that in The years of, 864 and, 845 - he was in The District co quanding The Barrier Sworn to and Subscribed before me This 28= day of mch 1889 Justinian Ecimo & le Mason & S A dans

Nors -Fill all blanks and of Company and Regiment. Nors.—All vouchers and affidavits must bear date after January 1, 1804.

> Maimed Soldiers. Voucher No 1764

COMPTROLLER GENERAL

1889.

Audited

Paid Duos Adams

Acciace

Included in Worrant No

issued to Viensurdi

1889.

Maimed Soldiers. Voucher No. 907

COMPTROLLER-GENERAL.

Audited

For Disables by Disease Steb. // 184

Included in warrant No.

issued to Treasurer.

-18

WARRANT CLERK.

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

appliant

No. 1764
STATE OF GEORGIA, Manta, & Mch 34 1889.
Mr Euces Adams of the County of Devalt having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
Dec. 24, 1883, and the same having been allowed for Suability from Dulage Gruhaeles Welevice He is entitled to receive the sum of Hugy to by Dollars
for such disability, the same being the all sance are for the year ending October 24, 1889. The Treasurer will pay the same at bold his receipt on this voucher, and return same to
Executive Department for warrant.
By the Governor.

CLERK EXECUTIVE DEPAREMENT.

Enos Adanes

60.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Atlanta, Ba. Ily 11 STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Mr. Eurs Adains of the County having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, approved, Dec. 24, 1888, and the same having been examined and allowed for Desables by Deseace He is entitled to receive the sum of Duffle Dollars for such disability, the same being the allowance due for the 3 car ending October 24, 18 90 The Treasurer will pay the same and hold his receipt on this you be and return same to Executive Department for warrant. / GOVERNOR. By the Governor, de Hamsen

No. 907

above voucher, this

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

. 50

C Will

Dollars,

1111 611

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND R. HIMST? Private Co. K, 38th. Port. Ga. Vols.
Lawton's Brigade.

YEAR 1889 COUNTY DeKalb

Audited

downship of theresburg, 1862. Diseased 7

NAME OF C. Frank and CCLOLEL? Captain William Wright.

SALTURESHY STATE OF THE STATE

NAME, Adams, Enos

RELLAJED.

WHEN IND MILL OUT IN YOUR ED?

IF NOT IRESLET AT CURRENDER, WHILE WARL YOU?

DIED, WHEN AND JALRE?

BURIED.

WITNESSES. A. .. Stowers, E.C. -ason and G.S. Adams. No data.

adams, Enes

1891.

· Maimed Soldiers.

Voucher No. 61

1891.

COMPTROBLER GENERAL.

mid a Sur 1 of dances

For Ne, ty Nese in

Included in warrant No.

issued to Treasurer.

1891.

1891

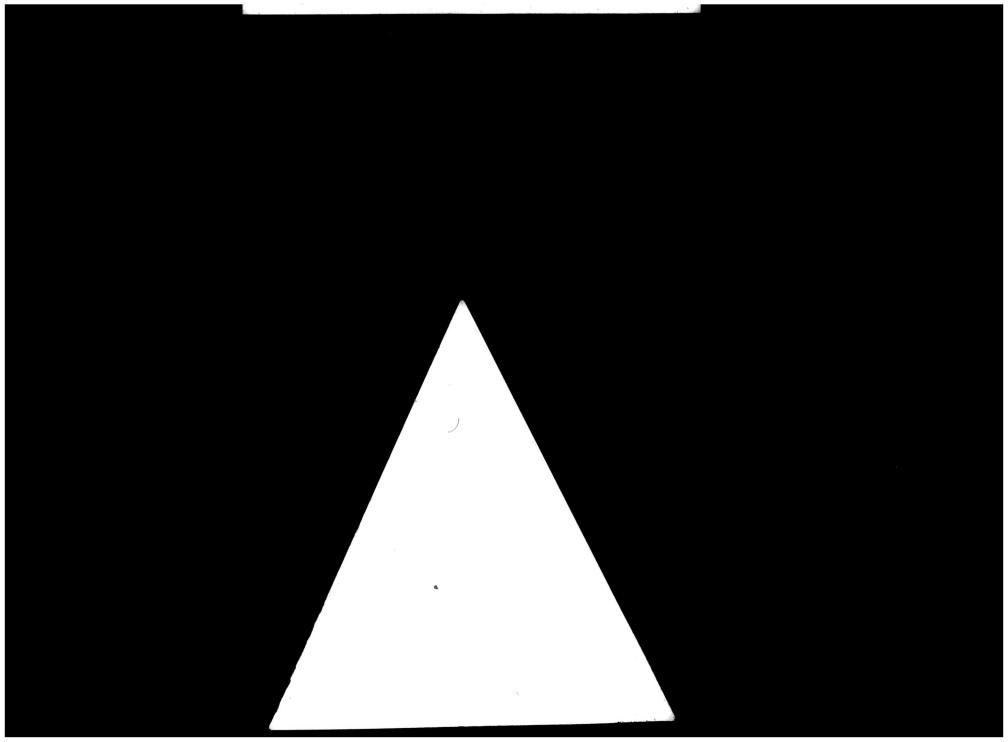
WARRANT-CLERK.

C- W !! - | - |

Wiphlean!

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Eurs I dams of the County having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

He is entitled to receive the sum of the same having been examined and allowed for Dollars for such disability, the same being the anowand r ending October 24, 1891. The Treasurer will pay the same and hold AFORON on this voucher and return same to Executive Department for warrant. RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia. Dollars.



Marko	. 884,						to recei	SIAIR
INDIGENT PENSION.			,		Executed in present	Witnese my hand as	re and receipt for	E OF GEORGIA,
1906/907 Name S.A. Adcock				•	e of	ad soul, this	the pension allowed	
County Stalls Co. S. 42 Ga Regt, Approved 190					*		and request that	COUNTY.
IOHN W. LINDSEY, Commissioner of Pentions.					•	ay of by	of he remit same to	
WARRANT HANDED TO		•						
Ordinary will write name of Applicant, Company and Regiment on back as indicated above. Pranklis Printing and Publishing Co., Fig. W. Marriner, Phys., Aliants. 1977.	a _ ·		· · i			190	ereby authorize	2

STATE OF GEORGIA,	COUNTY.	÷√√ = ;
Ι,		hereby authorize
	ofofofof and request that he remit same to	
	by	
Witness my hand and seal, this	day of	
		[L. 8.]
Executed in presence of		



QUESTIONS FOR APPLICANT

	WINDER TO THE PROPERTY OF THE PARTY OF
	STATE OF GEORGIA,
	Disalle County A 11
	T. N. Nollock of mid Sun and Sun
	to avail himself of the Pension Act (Section 1204, Code), hereby submits his proofs, and after being duly sworn
	true apswers to make to the following questions, deposes and abswers as follows.
	to avail himself of the Pension Act (Section 1264, Cede), hereby submits his proces, and after being duly sworn true answers to make to the following questions, deposes and savers as follows: 1. What a your same and where de you cealed? (Given State, County and Rostoffice.)
	The state of factoring of
	How long and since when have you been a resident of this State?
	The state of the s
	3. When and where were you born? Chail 247837 Defrall Count
	When and where and in what company and regiment did you enlist or serve? March 2472
1	62 Company D. 42 40 Regeneral
-	How long did you remain in such company and regiment? Arthu March 24th/867
дi.	CA. 4 " Dy april 1865 3 years
ŏ.	, 0
H	6. When and where was your company and regiment suprendered and discharged?
5 4	day of april 1865 Toursboro MC
P /	d h
9	7. Were you present with your company and regiment when it was surrendered? Juan
ą	8. If not present, state specifically and clearly where you were, when you left your command, for what cause
d a	nd by whose authority?
1 .	
D _	9. How much can you earn (gross) per annum by your own exertions or labor? Assout \$25.00
	0. What has been your occupation since 1865? Hamming
	1. Upon which of the following grounds do you base your application for pension, viz: first, "ago and poverture
86	
1	2. If upon the first ground, state how long you have been in such condition that you could not say you
) "	cond, "infirmity and poverty," or third, "blindness and poverty"? 2. If upon the first ground, state how long you have been in such badition that you could not earn your apport? If upon the second, give a full and complete history of the infinitiy and its extent. Tupon the third,
1 /	ate whether you are totally blind and when and whose you lost your sight?
14	andling to your proble Thater al Heart
. 7	rough Thatly Troubble which
1 :	minding the redable to Mak a trying
j 1	persons, rounding persons, or income, do you possess, and me gross value?
1	What property, real or personal, and you possess in 1991, 1908, 1903, 1904 and 1995, and what disposition
) ;	What property, real or personal, did you possess in 1991, 1908, 1904 and 1995, and what disposition apyly sale or gift, have you made of pame?
j "	W. August Old .
)	- strong
1	In what County did you reside during those years, and what property did you then return for taxation?
> 4	and course a small amond at the contract of
16	How were you supported during the years, 1901, 1902, 1903, 190 and 1995?
	MILLER CONCACTOR OF THE IN MILLER OF THE
17	How much did your support cost for each of those years, and what portion did you complitute thereto by your
19	
-	What was your employment during 1801, 1902, 1903, 1904 and 1905? What pay did you received in each year?
19	
	Ad, or other property? Their ages and how employed?
a	ud Three finder with the they holve
	10 Hounted
20	
-	A THE CONTRACT OF THE PARTY OF
21.	Have you ever made an application for pension before? I have make
22.	
	- The same and some same and under what class?
-	Sworn to and subscribed Prope me this the
•	2 9 day of accept 100 6
7	Appnoant.
_	partitude (Christian Condinary 1)
	of County.

OUESTIONS FOR WITNESS.

QUESTIONS TON WITHLISS.
STATE OF GEORGIA,
Dikalle COUNTY!
COUNTY.
of said State and County, having been presented
as a witness in support of the application of
under section 1254, Code, and after being ruly sworn true answers to make to the following questions, deposes and
answers as follows:
1. What is your name and where do you remile?
AC Nollong Dekall County
2. Are you acquainted with the applicant: if so how
long have you known him?
Where does he reside, and how long and since when has he been a resident of this State?
Diffall county all his life
4. When, where and in what company and regiment did be culist, and how do you know?
March 74 7862 Hompany. D = 42 74 Rymun
5. Were you a member of the same company and regimen.
6. How long did he pefrorm regular military duty? March 74 7862 to June 97865
7. When and where way his command surrendered? G day of about 1865
yourboro na
8. Were you present when it surreduced to Wallander
9. Was applicant present? It was fruit fru
10. If he was not present, where was he?
When did he leave his command? The Go Por what cause? War Close
By what authority he leg? How do you know all of this?
Was product know it as my order
Timonulidae
11. What property, effects or income has the applicant? (Give your means of prowledge.)
nulling I am his Wishhor
What property, affects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what
disposition, if any, did he make of same?
Made no dishistition had none to dishing of
18. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
has not had nuthing to convey
14. What is the applicant's occupation and physical condition? Ly Trust To Samuel
Mr Rentist hand and Tin Manage
And the transfer of the state o
Condition is very fable not fable to work
15. Is the applicant unable to support himself by labor of any sort; if so, why? he was unable
to suffer hundly by any thing
16. How was he supported during they years 1901, 1902, 1963, 1904 and 1905?
the Could do Noy his Children
17. AVhat fortion of the support for these four years was derived from ble own labor or income?
Minte about 25 or 35 Dalland
18. Give a full and complete statement of the applicant's physical condition that antitles him to a pension ander
Botton 12/14, gode Test Alygrical Congilion it Vingy
your not ally to works to support time
16.) Who composes family? When property have they? Childen's ages and their barning capacity?
his wife my three Daughtent have no Inoperty
I do not Know Their aces
20. What interest have you in the recovery of a pension by this applicant 2001
Sworn to and subscribed before me, this the
124 day of august 1906 Williams
1000000
Ordinary,

AFFIDAVIT	OF PHYSICIANS.
STATE OF GEORGIA.	TOWER OF A T
Dakalt Count	_6:
0.41	
Personally came before me	
of and County, who, being severally sworn, say	, both known to me as reputable physicia
1 1 11	
J. A. Adeax	, applicant for pension under Section 1254, Code, and after
wh personal examination say that his precise ph	hysical condition is as follows:
Disease of mittal	Natures of Wears; refficient
to fiver dangerous	o to life as the result of any
my exertion and	he is made to earn a liven
but any time of	worts.
0 0	
and that we have no interest in said pension being	g allowed.
Sworn to and subscribed before me, this ti	gallowed.
Jack day of August 190 C	Ordinary y J. Houston. m. D.
anu lagrorge	Ordinary. W
ODDINADS	Y'S CERTIFICATE.
ORDINAR	Y'S CERTIFICATE.
STATE OF GEORGIA,	
Likalle Count	ry. }
1 Janus RG	Ordinary, in and for said County, hereby certif
hat the applicant	resides in, said County, and h
seen a bona fide resident of this State since the	ally of his life -
nd that the witnesses, viz.:	JAnuary 1
nd that the witnesses, viz.:	
re of trustworthy character, and that their statem	nents are entitled to full faith and gradit
	e foregoing questions the applicant and each witness took the oat
	davits was read to the applicant and witness before same was signed
I further certify that the tax digest of	County shows that applica
sturned for taxation in his name in 1901	
sturned for taxation in his name in 1901	Dollars
· · · · · · · · · · · · · · · · · · ·	
roperty, and in 1902.	Dollars of property; in 190
roperty, and in 1902	Dollars of property; in 190 Dollars of property; in 190
roperty, and in 1902	2/%
roperty, and in 1902	Dollars of property; in 190
In my opinion the foregoing claim is	Dollars of property; in 190
In my opinion the foregoing claim is Witness my hand and seal of office, this	Dollars of property; in 190 Dollars of property; in 190 Dollars of property
In my opinion the foregoing claim is	Dollars of property; in 190 Dollars of property; in 190 Dollars of property made in good faith,
In my opinion the foregoing claim is	Dollars of property; in 190 Dollars of property; in 190 Dollars of property Indie in good faith.

TOWER OF ATTORNEY.
STATE OF GEORGIA,
Dok 1/ B COUNTY.
Horidy Alero Kyof De Kal L Co., Gai
to receive and receipt for the pension allowed, and request that he remit same to
by heinself
WITNESS my hand and seal, this 2/34 day of 14.
by Live of Mand and seal, this 21st day of Marine 1907. [L. S.]
Executed in presence of
and the second s
5 1 2
INDIGENT INDIGE
Cons Serrice 12st 40sE ALREADY E No. & STATE OF INDIGEN INDIGEN WARRANT ISSUE OF WARRANT ISSUE AND A STATE OF WARRANT ISSU
IND
SOL SOL
SOI Name County

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georg	gia,
12	-Qoupty.
Personally appears	1. Cld Cld coal of
County, State of Georgia, who,	being duly sworn, says on oath that he is a bona fide citizen
and resident of said County an	d State, and has resided in said State continuously ever
since the 2 day of	The 1832; that he is 70 years old
and by occupation a	, that he enlisted in the military service of the Con-
federate States (or of the State	of) during the war between the
States, and served for the term	of in Company 1, of 4/2 ath Regiment
of	that his physical condition
follows: Car Vare	; that his physical condition is as
	A de la companya della companya della companya de la companya della companya dell
	J
that his property consists of the	following items:
The second secon	
of the value of	Dollars. I am now earning
by my labor,	Dollars per month. That by reason of his
physical condition and poverty h	ne is unable to support himself by his own exertion or
abor, and that he receives no pe	nsion but the one herein applied for.
Deponent desires to partie	cipate in the benefits of the Act approved December 15th.
1894, and the Acts amendatory t	hereof, and makes application for the pension to which he
s 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 b	
12 day of flue	
	Crdinary.
State of Georg	ia,)
Φ(}
جـــــــــــــــــــــــــــــــــــــ	County.)
I, (11100./1.	Ordinary of said County,
o certify that I am well acquai	nted with 1 . (((Coc))
he applicant in the foregoing affi	idavit, and any well satisfied that the statements made
y him in his said affidavit are tr	ue, and I know he is the individual he represents himself
be, and that he resides in this	
	official signature and seal this /((cc)
day of	1907.
· · · · · · · · · · · · · · · · · · ·	full Burge
Adia your	OrdinaryCounty.
here Non- The bi	
NO.81 1 110 01	ank spaces must be filled.

Nots .- Affidavit should not be attested before January 1st, 1907.

NAME Adook, J.A.

YEAR 1907 COUNTY DOEST

WHEN AND WHERE BORN? April 2nd, 1857, Demail County, Go.

ENLISTED WHEN AND WHERE? Mrch 24th, 1868,

RANK.

COMPANY AND REGIMENT? Co.D. 48md. Ga. Rogt.

NALE OF CAPTAIN AND COLONEL?

JOUNDED?

CAPTURED, WHEEL .ND .MERE?

RELEASED.

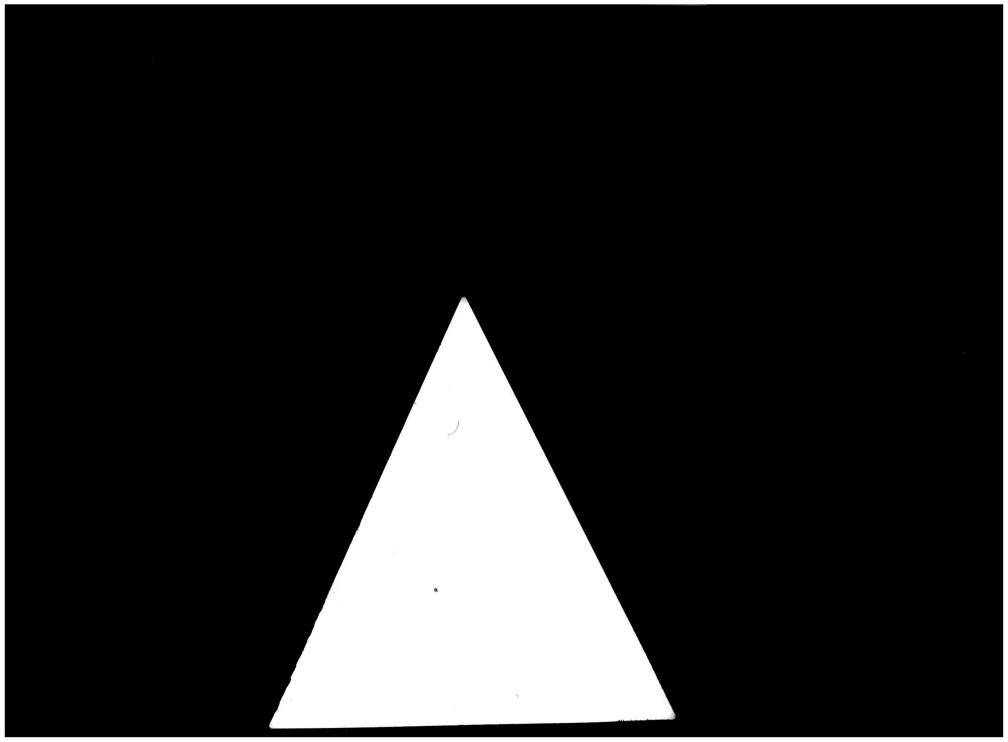
WHEN AND WHERE SULRENDERED? April 9,1865, Greensbore, N.C.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DTED, WHEN AND WHERE?

BURIED.

WITNESSES. H.C. Holeonb,- Same Command- Ho data.



1m212	199	17/9
10 S/		N. A.
2	No.	. 0
Widow	's Appl	cation
Husband W	toll in Her Own as en the Indige der Act of July	Roll or
3/2	The state of the s	2021
County 2	wall	N A
. New A	Emma 9	Line
	m 1 1 1	
Widow of	A Sal	cache
Company	<i>i i</i>	5
Regiment	42 Ga) ⁴
Approved		
approved		
		1
	J. W. LI	
Index Prints	10	of Pensions.
Index Printin	10/39-	

) 1000 to the second to

. ! 100 mm

· FW

Widow's Application

To Be Pet o Poll in the Oen Right Window of Act of July 11, 1810

Nambled R. Company

Widow of J. H. Michael

Company

Company

Approved

Approved

J. W. LIMNSEY.

Commissioner of Pensions.

Index Printing Co. State Printers. Atlanta

N7 - 167 :00	
STATE OF GEORGIA, We Kail COUNTY	
Personally before me comes Mars R Emma & Adesely of sa	
who, after being duly sweets, on oath says, that she is the widew of A Roland &	d County, .
to the Country A MANA	to whom
	ne 24
day of 1860, and that she remained his wife, and resided with him to the date of	his death
in 2014 19/1 and that she has not since his death remarried. At the time of he was a resident of County, in said State of George	his death
	ria, and he
The state and paid a pension of s.	8000
in County for 1915 per annum, on account of being a soldier in	Company
Regiment (Volunteers of State M	ilitia)
A A A down	***************************************
At the death of he was in the use and possession of the	following
property 61 Acres of Land	
of the cash value of \$ / 10 1.000	
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,) of have a one lenth	reteres
above The man schildnen	
Horses and Mules.	`
Hogn, Cown, etc.	
Total Cash value of all property	100
That she is now a bona fide resident citizen of said County of Allaca	and she
tes so continuously period during Times	
Sworn to and subscribed before me, this the	
Sworn to and subscribed before me, this the	and the
Sworn to and subscribed before me, this the	Book
Sworn to and subscribed before me, this the	Bear
Sworn to and subscribed before me, this the 29 day of Colors 1919 Clars R James R Grdinary, of Described County.	Been
Sworm to and subscribed before me, this the 29 day of Carlos 1919 Carlo R 310	Bear
Sworn to and subscribed before me, this the 29 day of County Ordinary, of Observable County.	est on
Sworn to and subscribed before me, this the 29 day of County. Ordinary, of County. Affidavit of Witnesses to Prove Marriage and to Whom	est on
Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband	beard
Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband	Bear
Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband TATE OF GEORGIA, SMALL COUNTY	- A
Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband TATE OF GEORGIA, Personally before me come Carallia of Marriage and to be re-	esponsible
Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband TATE OF GEORGIA, Personally before me come County, who efter having duly sworn on oath, save that	esponsible
Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband TATE OF GEORGIA, Personally before me come County, who step having duly sworn on eath, say: that was personal knowledge are from the county who can be compared to the county when the county who can be compared to the county who can be compared to the county who can be compared to the county when the county who can be compared to the county who can be compared to the county when the county who can be compared to the co	esponsible of their fidavit, is
Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband TATE OF GEORGIA, County Who stee having duly sworn on oath, say: that we personal knowledge are Remman State of the foregoing and the lawful widow of Adaptate who made tin Adaptate who made the foregoing and the lawful widow of Adaptate who made the foregoing and the lawful widow of Adaptate who made the foregoing and the lawful widow of Adaptate who died in Adaptate who made the foregoing and the lawful widow of Adaptate who made the foregoing and the lawful widow of Adaptate who died in Ada	esponsible of their fidavit, is
Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband TATE OF GEORGIA, Personally before me come To all a grant of the sum of th	esponsible of their fidavit, is County in
Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband TATE OF GEORGIA, Personally before me come County, who stee, having duly sworn on oath, say: that win personal knowledge Mrs. Plantack who died in who made the foregoing affine lawful widow of the state of the s	esponsible of their fidavit, is County in it that she
Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband TATE OF GEORGIA, COUNTY Personally before me come Casallia of Marriage duly sworn on oath, say: that who personal knowledge Mrs. Residing in said County, who stee, having duly sworn on oath, say: that who personal knowledge Mrs. Residence who died in Assay as not since remarried. That she became the wife of Assay and that she and he had resided toggsher as man and wife continuous.	esponsible of their fidavit, is County in it that she
Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband TATE OF GEORGIA, COUNTY Personally before me come Could be and truthful persons, residing in said County, who stee, having duly sworn on oath, say: that who personal knowledge Mrs. Remman Witnesses who died in Assay as not since remarried. That she became the wife of Assay and that the State of Stat	esponsible of their fidavit, is County in It that she 2. day
Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband STATE OF GEORGIA, County Who step having duly sworn on oath, say: that was personal knowledge Mrs. Planta Who step having duly sworn on oath, say: that was personal knowledge Mrs. Planta Who died in Authority as not since remarried. That she became the wife of Aldrack on the insulation 18 sty, and that she and he had resided together as man and wife continuous day of Calonia. In the Marriage Mrs. In the Marriage Mrs. In the second to the style on the style of Aldrack on the style of the	esponsible of their fidavit, is County in I that she L day usly since was the
Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband TATE OF GEORGIA, County who ster having duly sworn on oath, say: that was personal knowledge Mra Personally who made the foregoing and the lawful widow of Additional who made the foregoing and as not since remarried. That she became the wife of Additional was and wife continuous as not since remarried. That she became the wife of Additional who may and wife continuous as not since remarried. That she became the wife of Additional was a day of County and that she and he had resided together as man and wife continuous and the state of the state o	esponsible of their fidavit, is County in I that she L day usly since was the
Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband TATE OF GEORGIA, Personally before me come Death of Husband who made the foregoing affine lawful widow of Husband who died in Affidavit on the day of October 19/8, and as not since remarried. That she became the wife of Husband on the Marriage and to Whom Date of Death of Husband knowledge are a fine lawful widow of Husband who died in Affactor on the day of October 19/8, and as not since remarried. That she became the wife of Husband on the day of October 19/8, and that she and he had resided together as man and wife continuous day of the day of October 18/8, and that the first of the day of October 18/8, and that the first of October 18/8, and the october 18/8, and	esponsible of their fidavit, is County in I that she L day usly since was the
Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband STATE OF GEORGIA, Personally before me come Death of Husband That the personal knowledge Mrs.	esponsible of their fidavit, is County in I that she L day usly since was the
Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband STATE OF GEORGIA, Personally before me come Death of Husband who made the foregoing affine lawful widow of Husband who died in Affidavit on the day of October 19/8, and as not since remarried. That she became the wife of Husband on the day of October 18/43, and that she and he had resided together as man and wife continuous day of Affidavit who made the foregoing affidavit who died in 19/8, and as not since remarried. That she became the wife of Husband on the day of October 19/8, and as not since remarried. That she became the wife of Husband on the day of October 19/8, and that the foregoing affidavit who made the foregoing affidavit on the day of October 18/43, and that the foregoing affidavit on the died.	esponsible of their fidavit, is County in I that she L day usly since was the
Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband TATE OF GEORGIA, County who ster having duly sworn on oath, say: that was personal knowledge Mrs. Ferminal Williams who died in Affidavit on the lawful widow of Affidavit on the died. Sworn to and subscribed before me, this the County when he died. Sworn to and subscribed before me, this the County when he died. Sworn to and subscribed before me, this the County when he died.	esponsible of their fidavit, is County in I that she L day usly since was the

AFFIDAVIT OF TWO FREEHOLDERS

STATE OF GEORGIA, July County	
Personally before me comes & Ellis The Ellis who after bein	g sworn on
oath says, that they are freeholders of said County, and that they know here RELIEUR	P Adeve
(C) Maria a	
that she shd he were in the use, possession and control of the	e following
erty to-wit: 6/ alens of david	
use so and hen ? childen	-
of the value of a That she now in the use, possession and control of the follo	wing prop-
erty at his death to-wit: 6 achle of Land	
of the value of \$ 100000	
Sworn to and subscribed before me, this the	
M day of October 1918 6 6 19 les	
March Olivers J. Marcelles	
Ordinary Myc.	
of Teffall County.	
QRDINARY'S CERTIFICATE	
M 4: 10	
STATE OF GEORGIA, County	
I, Ordinary of said County, do cert	ify, that, I
know Mrs. Repulled the applicant for this pension and that she is	
she represents herself to be, and that she is a bona fide continuing resident of said County and v	wee on the
	THE OH THE
That I also know	
PE 911 a 1 11 Col-	
who I know to be a resident freeholder of as that all of the foregoing were duly sworn by me before signing the respective affidavits and tha	id County
truthful and trustworthy and their statements are entitled to full faith and credit.	t they are
That the tay Books of Dikalhaman 1	
Total new prope	rty to the
amount of \$ for 1908, \$ for 1909, \$ for 1910, \$ for 1911, \$	
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	191
(SEAL.) Ques Plus Plus Ordina	
DV 11 10	ry.
	County.
NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the words: "You do solemnly swear that you will true answers make to each of the questions and the evidence you shall give will you do so help you God." 2. Additional additavits may be attached if blanch.	following
3. All affidavite must be made before the Coding	seasu you
All affidavits must be made before the product of the product of the control	
general reputation.	son, or by

DOW'S FILE

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 suthorized to celebrate:

These are to authroise and permit you to join in the Hohorable State of Matrimony James Adoosk and Miss R. Emma P. Rhodes, according to the Constitution and Laws of this State; and this shall be your authority for so doing.

Civen under my hand as Ordinary for the County aforesaid, this 2nd day of November 1865.

J. B. Wilson, Ordinary.

I heroby certify that James Adoook and Miss R. Emma P. Rhodes were joined together in the Holy Bans of Matrimony by me on the 3nd day of November, 1865.

John W. Stewart, J.P.

Georgia, DeKalb County.

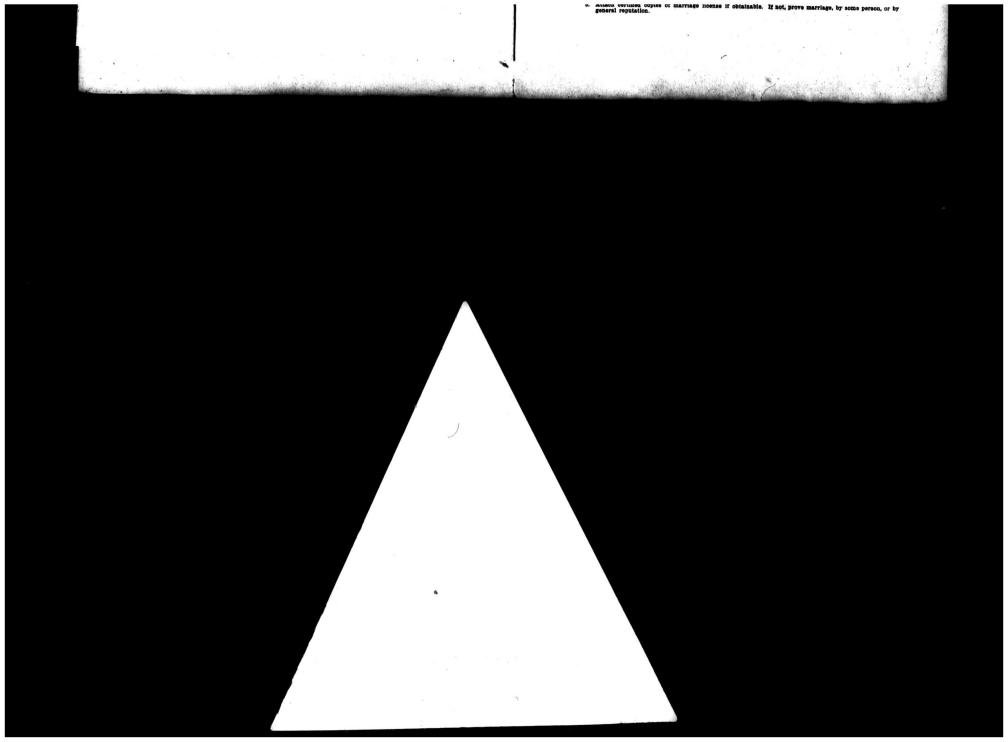
I, James R. George, Ordinary and ex-officio Clerk of the Court of Ordinary in and for said county, do hereby certify that the above and foregoing copy of marriage license and certificate of marriage, is a true, correct and complete copy of the Marriage License and certificate of Marrige of James Adocok and Miss R. Emma P. Rhodes, as it appaces 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, Georgiam this 28th day of October, 1918.

Ordinary & ex-office Olerk Godt Ordinary.

AFFIDAVIT OF TWO FREEHOLDERS

STATE OF GEORGIA.	estalle County
	GE Elle T M Elles who after being sworn on
oath says, that they are freeholders	of said County, and that they know the R Europe J. Hofe
said County and knew her said husb	and A Adeset at his death on the
day of OCT 191 8 the	
	at she and he were in the use, possession and control of the following
erty to-wit: D/ acus	of dand
of the value of \$/001 Po That	d heng ehilden
	she now in the use, possession and control of the following prop-
erty at his death to-wit: 6/0/	The fame
of the value of a 10000	
Sworn to and subscribed before	e me, this the
In day of Octor	
	1755 PL
Tomas reges	Ordinary
U V	A 10
of	County.
I, Janua R.G. know Mrs. War R. & Ward	County Ordinary of said County, do certify, that, I
she represents herself to be, and that a	he is a bona fide continuing resident of said County and was on the
191	
That I also know	
E. Ellia & Weller	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 so	worn by me before signing the respective affidavits and that they are
	atements are entitled to full faith and credit,
That the tax Books of	County shows thatreturned property to the
amount of \$ for 1908, \$	for 1909, \$for 1910, \$for 1911, \$for
	r 1914, \$for 1915, \$for 1916, \$for 1917,
for 1918.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Sworn under my hand and office	cial seal of office this 29 day of OP 1919
	Court 10 P
(SEAL.)	Ordinary.
	D. Na Al
	County.
NOTES: 1. Before any questions are answords: "You do solemnly swe	wered the Ordinary shall swear applicant and the witness in the following sat that you will true answers make to each of the questions asked you will be the truth. So kelp you dod."
4. Only widows who married pri	refore the Ordinary.
5. Attach certified copies of mar	rriage license if obtainable. If not, prove marriage, by some person, or by



POWER OF ATTORNEY.

- race co.	. 1				,
(FOR THOSE ALMEADY ENROLLED.)		Ly of	to rec	1	STAI
In Sie 26 1916	Execute	Withan	eive and		TE OF G
SOLDIER'S PENSION		, Water	receipt fo	「	GEORGIA Kali
1905. / 27	presence of	e, I have	for the pen		,
Name S. S. S. May	s.	have hereunto set my hand and seal, this	pension paid hereon, and request that he remit		Courts.
Co. A Regiment 4/ Hot Disability Orsease		o set my	hereon,	of	
Amount, \$_\sqrt{2} \\\\ \frac{1}{2} \sqrt{1906}		hand and	and requ		
JOHN W. LINDSEY, Commissioner of Pensions.		l seal, th	est that		
WARRANT HANDED TO		8 .	he remit	hereby authoriz	
THE FAMOUR FAMOUR AND PARAMETER OD, ATLANTA COS. W. HARMON, MANAGER, FOR STORE PRINTED	[+8-]		same to	uthorize	
data					

no dol

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
Dekalh COUNTY.	
Personally appears J.S. Andly	of De Kalb
County, State of Georgia, who, being duly sworn, says or	n oath that he is a bona fide citizen
and resident of said State, and has resided therein conti	
	in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as ain Com	pany of of 41 the Regiment
of Volunteers Novall's	's Brigade; that whilst engaged
in such military service in the State of	on the day
of 186 was wound	ed injured or diseased as follows:
of Disease Monorine Surligation	diorrhen and
Indiantion -	745.00 mg
	1
Sworn to and subscribed before me, this the	nder said law, as a resident of the allowed an invalid pension of for the year 1904.
Nors.—State fully the nature of the wound or character of the perticularly the extent of the disability resulting from the wound or disast STATE OF GEORGIA,	ages which causes the disability, and explain sec.
De Kalh COUNTY.	Ordinary of said County,
do cortify that I am well acquainted with y	Addy
the applicant in the foregoing affidavit, and am well	
by him in his said affidavit are true, and I know he is t	ne individual ne represents himself
to be, and that he resides in this County. Given under my official signature and s	real this 18th
day of Servy 1908	SMU PSivige
ben. Ordinary Ordinary	County.

Ordinary of said County,
acquainted with S. S. Aday
oing affidavit, and am well satisfied that the statements made
are true, and I know he is the individual he represents himself
in this County.

er my official signature and seal, this

Ordinary

Ordinary

Nora.—Fili all blanks and of Company and Regiment.
Nora.—All vouchers and affidaylts must bear date after January 1, 1906.

MOWHORTER,
ORDINARY,
GREENE COUNTY, GEORGIA.

GREENSBORO, GA.____

613

190_-

Graph Loventy of fine is to Certify that such a Country the surprise will of this terminal country the and draw a formand of fifty documen in the year 1906.

See I & adopt now discuss to he transferred to I work Country the tions my official aignostion and office of the separation 220 1906

Just of Office the Separation 220 1906

Ordinary of said County, do certify the applicant, and that she a Pension from County for 19.34, and at the time 192 2 there was due to him and unpaid his Pension Dollars from the State , the within futhful and trustworthy character and entitled to full credit. Given under my hand and seal this. (SEAL.) Application for Pension Due Deceased Soldier (UNDER ACT 1891) 922 Approved

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:

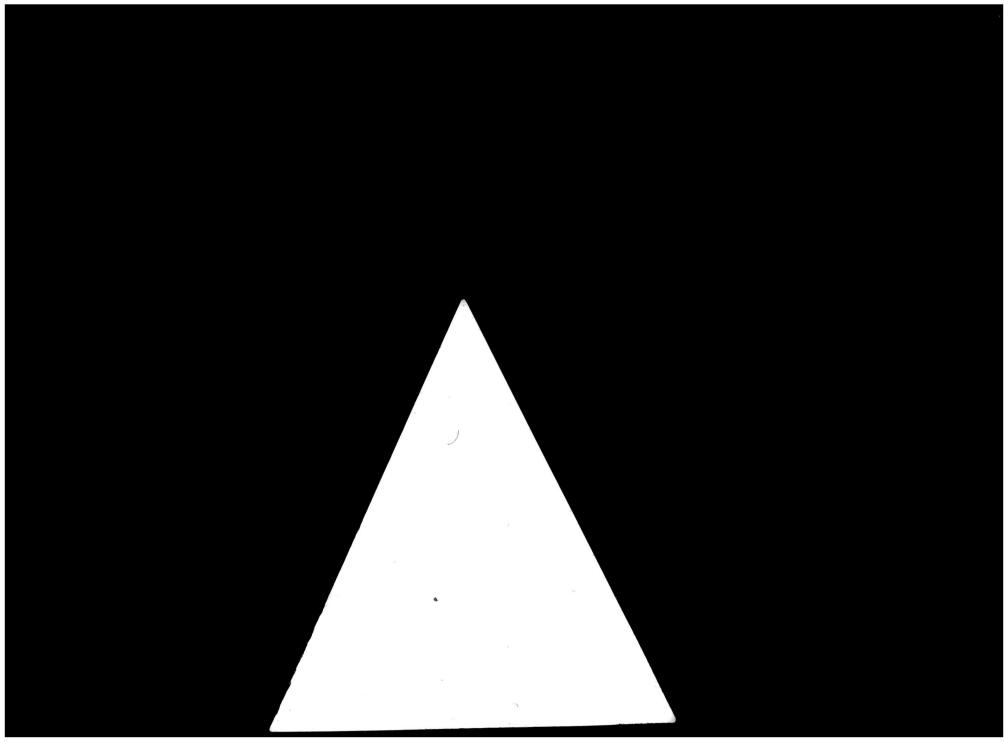
Application for Pension Due Deceased Soldier (To Be Paid to His Widay or Dependent Onlisten)

Personally before me comes Mrs. Let being duly sworn, on oath says that she is the widow of Jack States Let being duly sworn, on oath says that she is the widow of Jack States Let being duly sworn, on oath says that she is the widow of Jack States Let be said Pension of Original States County for 1921, and that the said County for 1921, and that the said States County and unpaid for 1922 As due him from County and unpaid for 1922 Let of Gay of Let States Let of Gay of Let States Let of Gay of Let States County and unpaid be done of Georgia, and resided with him from the date of marriage to his death as his full wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be do her. Sworn to and subspribed before me this Let States County Ordinaly. AFFIDAVIT OF WITNESS TATE OF GEORGIA, County. County	UNDER AC	T APPROVED	OCTOBER 9, 180	1.	
Pensioner from the County of County for 1921, and that the same and was paid a Pension of County for 1921, and that the same and was paid a Pension of County for 1921, and that the same and was paid a Pension of County for 1921, and that the same and was paid a Pension of County for 1921, and that the same and was paid a Pension of County of 1922, and that the same and was paid at the time of his death a Pension of a same and was paid at the time of his death a Pension of a same and was paid at the time of his death a pension of a same and was paid at the time of his death as his right wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be dot her. Sworn to and subspirited before me this day of Mary Alley (L. S.) AFFIDAVIT OF WITNESS FATE OF GEORGIA, County While in life that he knows Mrs were comes and that the knows that he know that he said were in different of law married in the County in the State of	STATE OF GEORGIA,	Del	all	County	
Pensioner from the County of County for 1921, and that the same and was paid a Pension of County for 1921, and that the same and was paid a Pension of County for 1921, and that the same and was paid a Pension of County for 1921, and that the same and was paid a Pension of County for 1921, and that the same and was paid a Pension of County of 1922, and that the same and was paid at the time of his death a Pension of a same and was paid at the time of his death a Pension of a same and was paid at the time of his death a pension of a same and was paid at the time of his death as his right wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be dot her. Sworn to and subspirited before me this day of Mary Alley (L. S.) AFFIDAVIT OF WITNESS FATE OF GEORGIA, County While in life that he knows Mrs were comes and that the knows that he know that he said were in different of law married in the County in the State of	Personally before me comes Mrs				
Pensioner from the County and was paid a Pension of County for 1921, and that the sale of day of 1922 and at the time of his death a Pension of 2 County and unpaid for 1922 and at the time of his death a Pension of 2 County and unpaid for 1922 and at the time of his death a Pension of 2 County and unpaid for 1922 and at the time of his death as his ripil wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be dot her. Sworn to and subspriped before me this day of Mary Shally (L. 8) AFFIDAVIT OF WITNESS FATE OF GEORGIA, County. Personally before me comes on the knew while in life that he knows that he knew while in life that he knows that he know that he said were in duft form of law married in the County in the State of Georgian and that they were residing ther as husband and wife at the time of his death on the day of the State of Georgian and that they were residing there as husband and wife at the time of his death on the day of the State of Georgian and that they were residing there as husband and wife at the time of his death on the day of the State of Georgian and that they were residing there as husband and wife at the time of his death on the day of the State of Georgian and that they were residing there as husband and wife at the time of his death on the day of the State of Georgian and the state of Geo			20	said County,	Who
and was paid a Pension of County for 1921, and that the same County for 1921, and that the same County for 1921, and that the same County or 1921, and that the same County and unpaid for 1922 and at the time of his death a Pension of a south further swears that she married the said County and unpaid for 1922 and of County and unpaid for 1922 and of County and she sake that the Pension so due and unpaid be do her. Sworn to and subscribed before me this County. Sworn to and subscribed before me this County. AFFIDAVIT OF WITNESS TATE OF GEORGIA, County. While in life that he knows that the said were in due form of law married in the County in the State of County were in due form of law married in the County in the State of County were residing the ras husband and wife at the time of his death on the County Ordinary. Sworn to and subscribed before me this Adapt May 1922, and I know that she is his dependent widow. Sworn to and subscribed before me this Adapt May 1922. While County Ordinary.	(2.) •	" V .	U		
County for 1921, and that the said Affin Allers from County of the said of t	9 11 1				
County of day of died in 1922 and at the time of his death a Pension of \$ 10 and the form of the day of 1922 and at the time of his death a Pension of \$ 10 and the form of the day of 1867, in 1922 and unpaid for 1922 are of Georgia, and resided with him from the date of marriage to his death as his difful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be dot oher. Sworn to and subscribed before me this day of Mary Mary Mary Mary Mary Mary Mary Mary	(Y). ()		of Oneny	maned fiftee	4
as due him from 19.22 and at the time of his death a Pension of \$ 20	2011	\sim			
policant further swears that she married the said I day of		,			
day of Act C, 1867, in Content County and stee of Georgia, and resided with him from the date of marriage to his death as his wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be do to her. Sworn to and subspribed before me this. AFFIDAVIT OF WITNESS [SEAL.] AFFIDAVIT OF WITNESS [ATE OF GEORGIA, County.] Personally before me comes Affiday while in life that he knows Mrs. While in life that he knows that the said were in due form of law married in the County in the State of Jerral County on day of the rash husband and wife at the time of his death on the Swory to and subscribed hafore me this. Swory to and subscribed hafore me this. County Mary of Mary 1922.	s due him from	la	1	County and unpaid for 1	1922
AFFIDAVIT OF WITNESS TATE OF GEORGIA, Personally before me comes while that he knows Mrs. It that he knows Mrs. Were in due form of law married in the County in the State of Georgia and that they were residing there as husband and wife at the time of his death on the County ordinary. Sworn to and subscribed before me this. AFFIDAVIT OF WITNESS TATE OF GEORGIA, Personally before me comes while in life that he knows Mrs. Were in due form of law married in the County in the State of Georgia and that they were residing there as husband and wife at the time of his death on the County ordinary. Sworn to and subscribed habore me this. Again that he is his dependent widow. Sworn to and subscribed habore me this. County Without County ordinary. Were in due form of law married in the County ordinary. All that he is his dependent widow. Sworn to and subscribed habore me this. County Were in due form of law married in the County ordinary. All that they were residing that the time of his death on the County ordinary. Were in due form of law married in the County ordinary. Were and that they were residing that the time of his death on the County ordinary. Were and that they were residing that the time of his death on the County ordinary. Were and that they were residing that the county ordinary. Were and that they were residing that the county ordinary.	16		160	_ /	
AFFIDAVIT OF WITNESS TATE OF GEORGIA, Personally before me comes that he knows Mrs. When that he knows that the said When Mary (L. S.) When M				marriage to his death as	hie
AFFIDAVIT OF WITNESS TATE OF GEORGIA, Personally before me comes while in life that he knows Mrs. While in life that he knows that the said were in due form of law married in the County in the State of the county of the said wife at the time of his death on the that he were residing there as husband and wife at the time of his death on the that he is his dependent widow. Sworz to and subscribed before me this flag of May 1922. AMMAL County WITNESS AFFIDAVIT OF WITNESS County When the said of the county were in due form of law married in the County of the said of the county of the county of the said of the county of the county of the said of the county of the c					
AFFIDAVIT OF WITNESS CATE OF GEORGIA, Personally before me comes Path says that he knows Mrs. While in life that he knows Mrs. When Many State of Stat					
AFFIDAVIT OF WITNESS TATE OF GEORGIA, Personally before me comes that he know while in life that he knows Mrs. Were in due form of law married in the County in the State of day of ther as husband and wife at the time of his death on the AMMAN Mark Mark Mark Mark Mark Mark Mark Mark			day of MC	1 Fres	
AFFIDAVIT OF WITNESS TATE OF GEORGIA, Personally before me comes outh says that he knew while in life that he knows Mrs. When Mark State of Stat	(SEAL.)	County.	,	15	. .
Personally before me comes Addy while in life that he knows Mrs. We applicant; that he knows that the said We applicant; that he knows that the said were in due form of law married in the County in the State of day of day of there as husband and wife at the time of his death on the Addy Sworry to and subscribed harder me this Addy County Addy County Addy Addy Addy Addy County Addy County Addy County Addy Addy		Di	WIINESS Kall	` <u>-</u>	
while in life that he knows Mrs. What I was a policiant; that he knows that the said What Mark State of	inil vi ulvitum,	11/	10 6	County	
that he knows Mrs. We applicant; that he knows that the said Were in due form of law married in the County in the State of day of day of , 18—, and that they were residing there as husband and wife at the time of his death on the Sworr to and subscribed balore me this Aday of All Mary County Were in due form of law married in the County in the State of day of , 18—, and that they were residing day of Aday of Mary , 1922. MELLER County Meller Mel	Personally before me comes	you	velly	run ,	who
We applicant; that he knows that the said When Mark I were in due form of law married in the County in the State of day of there as husband and wife at the time of his death on the Aday of Sworn to and subscribed before me this Aday of Ada	oath says that he knew	Dy Ma	dy	while in	life
When Mark I State of were in due form of law married in the County in the State of	that he knows Mrs.	J. Stat	dy		the
in the State of German on day of 18—, and that they were residing ther as husband and wife at the time of his death on the day of 1922, and I know that she is his dependent widow. Sworn to and subscribed before me this day of May 1922. The County Ordinary Herrican day of May 1922.	ve applicant; that he knows that the	said Sel	Hada		
in the State of German on day of 18—, and that they were residing ther as husband and wife at the time of his death on the day of 1922, and I know that she is his dependent widow. Sworn to and subscribed before me this day of May 1922. The County Ordinary Herrican day of May 1922.	Man Wan & Adda	, /	were in due form	of law married in the Cou	intv
day of			0		ш
ther as husband and wife at the time of his death on the		the State of	9		. on
Sword to and subscribed before me this deprof May , 1922. Jumbs Court Ordinary. Default County.	•			and that they were resid	ling
Sword to and subscribed before me this A degral May , 1922. J. W. Charles County. The County ordinary.	ther as husband and wife at the time	of his death of	n the	ر day	of
House County Housel Rue	may , 1922	and I know t	hat she is his dep	endent widow.	Ť
DeKalk County Therewill	Sworn to and subscribed before me	this //	dago of May	, 1	922.
(SEAL.)	James Gury	Ordinary.	Hers	118.	
(SEAL.)	NeKall	County.	mar of		-
	(SEAL.)	7			
				if marriage is not proven by	wit-
it. This form can be used by guardian, or imbre children, where there is no widow. It is ordinary must, in all cases, send certificate of marriage attached hereto, if marriage is not proven by witten or the control of the control	only for framing. Such a certificate is entired.	rely too bulky for	use in any sort of pen	sion paper.	dran

ist. 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 withand. The Ordinary must, in all cases, send certificate of marriage attached hereto, if marriage is not proven by without the state of the non-moustly large form of marriage certificate in common vogue throughout this State, suitable only for framing, Such certificate is satisfally too bulky for use in any nort of pension paper of Service solding who died after Ordinary and selected the state of the second of the secon



MARKETT A BRUTT TO . NASHVILLE



Ordinary's Certificate

De Hall Cumin	2	,
Widow's Pension Under Act 1910—as Amended by Act of 1919.	Sworn under, (SEAL) (SEAL) AU NOTES: 1. Before you shad 2. Addition 4. 10 July 1. 1	COUNTY. COUNTY. 1. Ordinary of said County, do cartifut that I know Her? Hande Feel to be and she is a hone fide continuing resident citizen of said County and was on the 4th November 1968; that I also know 2. Here witness who swears to the service of husband; that hoth of them are now residents of said County and ware 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.
County De Kalb	WHAT AND	ORGIA, ORGIA ORGIA ORGINA
Widow of J. S. H. U. R.	Figure 1 of office	COUNTY. Ordinary of said County, do on the applicant for pension. The applicant for
Approved John Tw. Clark	Comments of the state of the st	
Commessions of Pennows	day of	Ordin
	the vitree in the questions asked you a questions asked you a person to be sworn triage, by some person	Ordinary of said County, do certify the applicant for pension. She bona fide continuing resident citizen of said County 8.8.8.7.8.8.9.9.9.9.9.9.9.9.9.9.9.9.9.9.
J. W. LINDSBY, Commissioner of Pensions. Byrd Printing Cot, State Printers, Atlanta.	Ordinary, County. Coun	Ordinary of said County, do certify the applicant for pension. She ing resident citizen of said County S now residents of said County and to they both are truthful, trust-

Ordinary's Ceruncate
STATE OF GEORGIA,
Cower COUNTY.
I, Junka Ordinary of said County, do certify
Was Wass & Hodge
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 2. 9. House
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 - L/ - day of - Query 19.25
Well Regional Cape
Ordinary,
asto Mas May & Mides as a without
NOTEN 1 lefore and and the second sec
you shall give will be the truth. He help you God."
4. All affidavits must be made before the Ordinary of the residence of the person to be supported by
such Ordinary. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
S Pension Amended by Act of 1918 Addy Law. Clark Lin. Clark Lin. Clark Lin. Clark J. W. Linberr, Ominime of Pension But Press. Amen.
28 × 29 × 29 × 20 × 20 × 20 × 20 × 20 × 20
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O A B B B B B B B B B B B B B B B B B B
D S V S C S C S C S C S C S C S C S C S C
3 7 7 3 31 22 8
Vidow Act 1910 as
2 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
S is try in one one of the contract of the con
Nama Wide County Approximately

Application for Pension by a Widow Under Act of 18 As Amended by Act of 1919

Questions for Applicant

	STATE OF GROBGIA,
	Lellalo COUNTY.
	man Wall & Island
	Personally before me comes Mrs Most for Addition 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! Many of what is your name, and where do you reside! Many of what is
	2. How long and since when have you been a continuing resident of the State of Georgia?
	3. When, where and to whom were four magnied 1 Dec 1901867 Cours ta Court
-	Choresto Milly
	a. Have you married affice the death of first and soldier husband? have flat
	4. When, where and in what Company and Regiment did your husband culist as a soldier in Cou-
,	Secrete Arms or Georgia Militiat (State the arms and class of Service.) Market 407862
	come a forming company A = 41 Ga Regenter
	5. When and where did the commands of your husband surrender or discharge from the army!
	Green bono H. C.
	Was your husband personally present at the time of the surrender or discharge of this command !
	I insidentand was not
	7. If he was not present state clearly where he was 1. at home sick on the fine
	8. Where was his command when he left!
	a. For what cause did he leave his command! Sich on four fauth
	b. By whose authority did he leave his command? Dro was Cantilla a f
	c. For how long was he granted leave of absence!
	c. What was his physical condition when he left his command
2	f. What effort did the make to return to his command! When the to refuse to Comerc
1	g In what way was he prevented from going back to Command and and Condition was
	h. Was he captured by the enemy at any time? Was NOT surved till
	, , , , , , , , , , , , , , , , , , ,
	i If so, when and where captured and where held as a prisoner, and when and for what cause released?
	10 10 10 10 10 10 10 10 10 10 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	j. When and where did your first husband die 1 fam 6 3/927 Dully
	k. Were you residing together when he died! Was
	1 If not, how long had you resided apart!
	m. Are you now a widow! 1 4 4 4 4
	9. Have you or your husband heretofore been paid a pension by the States hundred was
	If so when and for what cause were you or your husband placed on the roll?
	musband was on I walld Roll males of
	Sworn to and subscribed before me this the
	Maril 4 Haall 838
1	day of occupan 1924
1	Janua (George Ordinary)
/	· Distriction
	County.)
	(SEAL)

erei Kaya

enterkana ()

in the mark

2. How long and since when have you known to have a 8. How long and since when has she continuously resided in this State! (Give date 4. When and to whom was she marrie 11. Jette 8. Clip 6. When and where did ... Skeak the husband of applicant, diet ... Recall. 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? 9. When, where and in what Company and Regiment did Jacob 3. Cal. march 4th 1862 Courtage, Co. G. 41M 10. Were you a member of the same Company !--11. How long within the personal knowledge dids he perform actual military service with his Co and Regiment! he was will this Co & Reg untilles 12. When and where did his Command surrender, and was discharged! 14. Was the husband of applicant personally present at surrender! M. 9. If not cause did he leave Command? (Give date.) authority did he leave his Command . . Will and to leafeles of the Long long was he granted jears! 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 the actor of home bear to when will worth & with fresh 16. What effort did he make to return to his Command and how do you know this! Of your own knowledge or how! Atta Garage Comments To Comment Aller Class The

6 thornsond

one for Witnesses as to Service of Husband

STATE OF GHORGIA.

Sworn to and subscribed before me this the

Jack Ordinary

(SEAL)

1.1和1980

1022 A W Thomsesond (Links) This Certifies that Joest S. addy WERE UNITED IN THE HOLY BONDS OF MATRIMONY
307 L. Bedenbaugh M. G. page 100 .. This H day of July 1922

and Mary J. Cauch

On the 17 day of der in the year of our Lord 1927 as appears of record in my office in Marriage Record, book

Summer Summer Summer Summer Summer Summer

Duahborre DeKelb 1 9_31_ Application for Pension Due Deceased Pensioner (UNDER ACT 1904) (To pay expenses of last illness and funeral) OrdinaryV. S. Moggan. For Mrs. Elizabeth Aiken Date of Death May 11, 1929 19 Amount \$.....100_00..... Approved and ordered paid JOHN W. CLARK, Commissioner of Pensions. Cetale 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.

AWTRY & LOWNDES COMPANY FUNERAL DIRECTORS AMBULANCE SERVICE ATLANTA. GA. 3/12/31/

McRae, Ga.

For Mrs. Elizabeth Aiken. 5/10/51/

Casket. Burial case. Embalming.

Hearse. Two Limousines. Pallbearers Gloves. Constitution. Journal. Georgian.

Mr. S.P. Aiken.

JOS. W. AWTRY, Pros. & Tress. PRANK B. LOWNDES, Vice-Pres. & Mgr.

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/3I/1930/

Pres and Treas. Awtry and Lowndes Co.

1. Bessie M. Walcher N.P. My commission expires May/Io/1934/

PHONES: WALNUT 7005 WALNUT 7061

350.00

10.00

25.00

IO.00

16.00

2.00

2.55

1.50

I.65 418.70

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
	th mikenof said County, and that said Pensioner
	the time of death, which occurred inDeKalb
County, in this State, on the	day of
and that pensioner left no widow survivi	ing, and no estate of any value sufficient to pay these funeral
	\$, per sworn statements fully and completely
ITEMIZED hereto attached.	
Sworn to and subscribed before me,	
V. J. Disean, Ordina	ry Design
DeKalb Coun	ty (Brs. Ports.)
(Seal of Ordinary)	Churton, The winds

CERTIFICATE OF ORDINARY
GEORGIA, Dakalb
I,, Ordinary of said County, do certify
that I personally know
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full
faith and credit; that I also knewMraElizabethAikanwhile in life and that this was
the same person whose name appears on the Pension Roll of
was paid a Pension of F1fty and no/100 (\$ 50.00) Dollars
in said County for 19.29, 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, thisday of
(Seal of Ordinary) Z. J. Marg. au Ordinary
DeKalbCounty
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
oe) of
3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all ittached 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 noney 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.

Very truly years.

S. P. AIKEN

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 10-1928 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& Lowdnes 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, J. P. auden

ORDINARY'S CERTIFICATE

Ale Kall County				ONE.	
No. Gaget or Awall	NOTES	£ 5	before are en	on the Th	I know
Widow's Application	1. Before a ''You de you shall 2. Addition 3. All affid 4. Only wid 5. Attach e reputatio 6. Widows . sorvice—1	Sworn un	before signing are entitled to	heday That I also know	Mrs.
To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1810— As Amended by Act of 1919.	any questio do solemnly Ill give will b mal affidavit must idavits must idows who m certified cop ion. I of Disabled because he	Sworn under my hand and official scal (SEAL.)	before signing the respective affidavits, are entitled to full faith and credit.	so know	I, Samuel Leave 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
County Destall	are an ever the truth that the truth that the may be the made of main truth that the truth the truth that the truth the truth the truth that the truth that the truth the t	and off	e affidavi d eredit.		If to be
Name Hors Elizabeth Attak	with with belp hed in first untured of	icial scal	its, and t		end that
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•	es acked you and t by some person, or d prove full term of		g were d	marriage	said County pension, ar ident of sai
J. W. LINDSEY, Commissioner of Pensions.	F 3 8 H	Ordinary.	and that they are truthful and trustworthy and their statements	to marriage, and I also know	Ordinary of said County, do certify that I nt for this pension, and that she is the ntinuing resident of said County and was
Byrd Printing Co., State Printers, Atlanta,	g words: evidence general general	19	by me ements	know	y that I is the

WIDOW'S AFFIDAVIT

	STATE OF GEORGIA.
	9.89
	DEKALB COUNTY.
	Personally before me comes Mrs. Flizabeth 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., 18.66, and that she remained his wife, and resided with him to the
	date of his death in Sapta, 29th \$20. 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 thePension Roll of the State and paid a pension
	of 109, in Fayette County for 19.20per 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
	has so continuously resided since 19th day of Pacember 19.05.
	Sworn to and subscribed before me, this the
	James Region or October 1920 ms Chabette m Akin
	V XIII
	of County.
	(SEAL)
	Affidavit of Witnesses to Prove Marriage and to Whom.
	Date of Death of Husband
	4
	STATE OF GEORGIA,
	PEKALB COUNTY.
	Personally before me comes Miss Lottie Akinknown 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 . K. K. Arin
	County in said State of Georgia on the 29th day of September 19 20,
	and that she has not since remarried. That she became the wife ofE.KAkinon
1	the 21st day of November 18,65, and that she and he had resided together as man and
1	wife continuously since 21st day of NOV. 18.66, and that the said F. K. Akin was
1	he same man who was on the pension roll of said Statefrom Farette
(County Goorgiawhen he died.
	Sworn to and subscribed before me, this the
	30th day of Qotober 19 20 4 - 0
	James Regionary Littie a kin
4	

(SEAL)

Georgia, Coweta County.,

You are hereby authorised 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 comy 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.,

C. Cardee (SEAL)

James Respondinary Juliu When County (SEAL)

APPLICATION FOR ALLOWANCE FOR YEAR ENDING, OCT. 26, 1889.

Dis Rome

Applicant Wriel aking county Destale

Amount 856

Date of Warrani Tety 14,

Entered on Record,

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STATE OF GEORGIA	County .]	STATE OF GEORG
dent of said State, and has been	ly sworn, says on oath that he is such continuously since the	A dong fide citizen and resi-
States (or of the State of served as a Survette	that he enlisted in the military	r between the States, and
in such military service, at the b	intered Outside 182	frigate; that whilst engaged in the
State of Scorpid wounded as follows! She		right arm
Vandessentia		Subclarkally
Deponent desires to participand the Act amendatory thereo	pate in the benefits of the Act,	ipproved October 24, 1887,
allowance to which he is entitled	for the year ending Oct. 26, 18	189:
Sworn to and subscribed before the 4 day of 134	1889	" of the same
Norg. State with nature of wound the extent of the disability.	or migraster of disease which causes the d	isability, and explain particularly
STATE OF GEORGIA,	Conney N.	
PERSONALLY comes before county, Allay a	me Male ages	Ordinary of said
me as reputable physicians of said	d county, who, being severally s	worn, say on oath that they
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Herich renders	usely where	ly to said Attino
to far form the	ordinant he	
Sworn to and subscribed before	and Oxio	en M.D.

STATE OF GEORGIA, Ordinary of said county, do certify that I am well acquainted with... applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he 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 14 day of Field Mrn. Ragsdale. POWER OF ATTORNEY STATE OF GEORGIA, KNOW ALL 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 by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this day of Executed in the presence of us: DIRECTION:

County, Georgia.

Send money to me as follows, by

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 ren-

2. The law makes no allowance for an arm or leg, unless the arm or leg has been tendered 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 construct use of crutch or stick that the leg is not "substantially and essentially useless."

stant 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 Rull County.

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

I further certify that

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

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

Given under my official signature and seal, this I day of Islam 1890

All Capable,

Ordinary De Rall County.

o certify that	I am well acquainted wit	th Milling	the
pplicant in t	he foregoing affidavit, a	nd am well satisfied that the state	ments made by him
his said affid	lavit are true, and that h	e is disabled, to the extent he claim	s, and I know he is
ne individual l	he represents himself to l	be, and that he resides in this County	у.
	certify that	2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A	
efore whom	the foregoing affidavits	were made and power of attorn	ey was signed, is a
CONTRACTOR OF THE	promotion demands	of said County, and t	
gnatures ther	eto are genuine.		
Given und	ler my official signature	and seal, this 23 day of	1891.
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		Ordinary De Holl	,
		Ordinary De 16016	
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APLICATION FOR ALLOWANGE.

THE THE STATE OF ALLOWANGE.

AND MESSAGE AND ASSAGE AND ASSAG

a aparteants Hereforers Allowed Pensions

For Applicants Heretofore Allowed Pensions.

Ti	
STATE OF GEORGIA,	
70 11	
PERSONALLY appears II I Shrine of De Malt 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 /0" day of	
1827; that he enlisted in the military service of the Con-	
federate States (or of the State of Least) during the war between the	
States, and served as a Writate in Company , of 36 th Regiment	
of Licenzia Volunteers Camping I's Brigade; that whilst engaged	
, berigade, that whist engaged	
of Cosgin on the Asia day of Helican 1864, he was	
wounded as follows: Shot with a minute hall in	
right arm above the ellow causing a	
loss of four inches of the bone which	
renders the arm essentially and Substantia	e.
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*	
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,	
and the dets differently thereof, and makes application for the allowance to which he is	
entitled to the year ending October 20, 1890. I have heretofore been allowed a pension	
of the state of th	
Norg. State fully nature of wound or character of discuss which cause the disability, and explain particularly the extent of the disability.	
the disability, and explain particularly the extent of	- 1
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POWER OF ATTORNEY.	- 1
STATE OF GEORGIA	1
County.	- 1
WALL COME TO SEE THE SECOND SE	
KNOW ALL MEN BY THESE PRESENTS, That I,	
of J	ı
county, in said State, do hereby appoint	1
my true and lawful attorney in fact, for	1
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	- 1
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	
atoresaid.	- 1
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	1
day of	- 1
	- 1
Executed in the presence of us:	
	- 1
	1
DIRECTION.	
Send money to me as follows, by	i
to P.O.	
County, Georgia.	- 1

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,		
County)	11	•
PERSONALLY appears	Mine of We Hall	
resident of said State and has resided them	sworn, says on oath that he is a bona fide citizen	and
federate States (or of the State of	that he enlisted in the military service of the C during the war between	on-
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in such military service at the battle of		
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substantially of	a de de la	
Deponent desires to participate in the	benefits of the Act, approved October 24, 188	
and the acts amendatory thereof, and makes for the year ending October 26, 1891. I have	application for the allowance to which he is entitle	ed
dolla	c heretolore been allowed a pension of	
Sworn to and subscribed before me, this,		1
234 day of Hel	the Thu G. Akins	
7/1/2011	91.)	
NOTE. State fully nature of wound or character of disease	ase which causes the disability, and enplain particularly the extent	112
disability, resulting from the wound or disease.	, and explain particularly the extent	of
***POWER OF	ATTORNEY.	
STATE OF GEORGIA,	A TOTAL T	
County.		
Know all Men by these Presents	e That I	
	County, State of Georgia, do hereby appoir	-
man of the second secon	Georgia, do nereby appoir	ıt
ne and in my name to receive and results &	my true and lawful attorney in fact, fo	or or
o from the State of Georgia by reason of the	my true and lawful attorney in fact, for whatever amount of money I may be entitled in Jury received as aforesaid in the military service stated in the foregoing affidavit; hereby authorism any Warratt that may be level.	d
of the Confederate States (or of this State), as	stated in the foregoing affidavit; hereby authoriz	e :-
or, or for any sum of money which may be a	and the Gover	•
THE MALLON, I have	oming to me for the reason aforesaid. we hereunto set my hand and seal, this	
day of	1891.	
Executed in the presence of	[L. S.]
Executed in the presence of us:		
Send money to me as follows, by	CTION.	
to	magazanan ana magazan ana	,
	County, Georgia.	•
	- Jounty, Georgia.	

Given under my official signature and seal, this 14" day of Wate 1 1892.

Ordinary Rolla Co.

County. SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 36, 1962.

Name 'M' J. M. M. M.

County A. L. E. M. M.

Disability A. L. E. M. M.

Amount, \$ J. C.

Fintered on record

Entered on record

The G. G. G. 1892.

STATE OF GEORGIA.

County

L. County

do certify that I am well acquainted with

individual he repesents himself to be, and that he resides in this county.

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

said Affidavit are true, and that he is distilled, so the event he elemes, and I know he is affiled. applice that the statements and any well satisfied that the statements made by him in he Ordinary of said County, County, Georgia. Sworn to and sy bscribed before me, this, the County, State of Georgia, who, heigh duly sworn, says on oath that he is a bone STATE OF GEORGIA.

For Applicants heretofore Allowed Pensions.

STATE OF GEORGIA.

For Applicants Heretofore Allowed P	ensions.
STATE OF GEORGIA	
Personally appears County State of the in	
Personally appears	<u> </u>
of his his his County, State of Georgia, who, being	duly sworn, says
since the day of kn 12	; that he enlisted
since the day of the Confederate States (or of the State of States))
during the war between the States, and served as a	in Company 🔎,
of 36 th Regiment of 27 Volunteers	's
Brigade : that whilst engaged in such military service at the battle of	J 6 180/
in the State of , on the 95	day of
1864, he was wounded as follows?	in the second
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Deponent desires to participate in the benefits of the Act, approved Octob	er 24 1887 and
the acts amendatory thereof, and makes application for the allowance to which the year ending October 26, 1892. I have heretofore been allowed a pension o	bo in anxiety I C
Dollars for 100 160 160 160 160 160 160 160 160 160	1
Sworp to and subscribed before me this the day of day of 1101 1892.	0161
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Nora.—State fully nature of wound or character of disease which causes the disability, and extent of the disability.	CANADA CANADA NA
	process parameters the
POWER OF ATTORNEY	-1
STATE OF GEORGIA,	
County.)	
Know all Men by these Presents, That I,	J
of	
County, in said State, do hereby appoint	
of my true and lawful atte me and in my name, to receive and receipt for whatever amount of money I m	
the Confederate States (or of this State), as stated in the foregoing affidavit; he my said attorney to receipt in my name for any Warrant that may be issued by or for any sum of money which may be conjusted to the foregoing affidavit.	ereby authorizing
	, the Governor,
IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of	Tre.
day of1892.	6 3
Executed in the presence of us:	[L. S.]
DIRECTION.	6
Send money to me as follows, by	

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA.

De Pall	Com	o.\$			
PERSONALLY app	cars 200	Alson	2	Rell	
County, State of Ger	rgia, who, below	duly sworn, save	on out that he		
esident of said State	and has residen	therein confisses		looks not citizen	200
ay of last	18	20 what he and	any ever allice me	14-7	
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uch military service	44. (3.30)	Leron	Brigade ;		
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	County	DEN MORES	7A.	*	
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certify that I am w	ell acquainted w	th - 1220	e 41.	SE-101.95	
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plicant in the forego					
id affidavit are true,	and that he is di	isabled, to the exten	il he claims, and I	know he is the	in-
vidual he represents	himself to be, an	d that he resides	this County.	. A.	Y L
1 WALL TT 18 5	WHEREOT	I have here	unto set my h	and and seal,	rp:
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ne consecutive date	roung amgavus.	were made and	power of attorne	y was signed; is	a
m the State of Geo ie Conjederate State	OSED VO COSO	or the mintal recel	said County, and	the said affidavits	and
natures hereto ure	Scunium; and re	eccipi for "hatove	Tamonal of money	of the pe sugge	111
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TATE OF G	EORGIA.) and the same	70.0	Mar .	N.,
1	LOAAT	TOM A-	CHARTA	6,273	0.92 W

POWER OF ATTORNEY.

TOWER OF ATTURNEY.
STATE OF GEORGIA,
COUNTY.
Know all Men by these Presents. That I,
of a
County, State of Georgia, do hereby appoint
of
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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 Attoring 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. AN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of
[L, S.]
Executed in the presence of us
DIRECTIONS.
Send money to me as follows, by
to
County, Georgia.

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For Those Already Enrolled.)

POWER OF ATTORNEY.

TATE OF	GEORGIA,) .				
were transfer over the Kings was	Coun	ty. }				
KNOW AL	L MEN BY THESE	PRESENTS, That I,	Manager Company (1977)			
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County, State o	f Georgia, do hereby	appoint.	v.			
f			my true and	lawful at	torney in fact, fe	or
tate of Georgia tates (or of this n my name for e coming to me	by reason of an injure State) as stated in the any Warrrant that me for the reason aforess	eccipt for whatever amory received as aforesaid to foregoing affidavit; he to be issued by the Go aid. have hercunto set my	l in the military ereby authorizing overnor, or for a	service of my said a my sum of	f the Confedera Attorney to recei	te pt
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		County, Georgia.	,			•
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(For Those Aiready Enrolled.)	DIER'S	Name	20	Net II Ale	A MARKA	7

For Applicants Heretofore Allowed Pensions.

PERSONALLY appears	
wounded as follows: Shot the sight Asm space to sing the bone from worked our lices of bone have worked our tender our ties our the sight and worked our tender our ties our t	
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 dollars, for the year 1895. Sworii to and subscribed before me, this, the day of link of link of links. The link of links of disease which causes the disability, and explain particularly the extent of the doublity, resulting from the wound or disease.	
STATE OF GEORGIA. De Neelle County. 1. County. 1. Ordinary of said County. 4. Ordinary of said County.	

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Dersonally appears I White of De Kult
Personally appears 1/ 11/21 of De Mall
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 Lace 1829 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 12000 in Company F, of 3th Regiment of Nolunteers, Authority's Brigade; that whilst engaged in such military service at the battle of 12000 feet A in the State of on the 25" day of the many in the State of on the 25" day of the many service at the battle of on the 25" day of the many service of the Confederate States of on the 25" day of the many service of the Confederate States of on the 25" day of the many service of the Confederate States of on the 25" day of the many service of the Confederate States of on the 25" day of the many service of the Confederate States of on the 25" day of the many service of the Confederate States of on the 25" day of the many service of the Confederate States of on the 25" day of the many service of the Confederate States of on the 25" day of the many service of the Confederate States of on the 25" day of the many service of the Confederate States of on the 25" day of the many service of the Confederate States of on the 25" day of the Many service of the Confederate States of on the 25" day of the Many service of the Confederate States of the Confederate States of of the Confederate States of the Confederat
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 the second dollars, for the year 189%. Sworn to and subscribed before me, this, the Sworn to and subscribed before me, this, the 1895. Norze—State fully two nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA, County. In Condinary of said County, do certify that I am well acquainted with I 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 scal, this
day of J. 1895.
Affir Tour Jane 11/1/1/2003 de Co.

POWER OF ATTORNEY

	County.	ł			
	TT	here	hy authorize		
			o y authorize		
receive and r	nonint for the	_:11			
receive and r	eceipt for the per				
a a appril			by		
	41 22 25				1
N WITNE	SS WHEREOF, I	have hereur	nto set my han	d and seal,	his
f		1896,			
				Control of the second section of	[t. s.]
Execute	d in presence of us				
	TO STATE OF THE RESIDENCE OF THE RESIDEN			,	
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2	0		Z Z	18 Partin	
	∞ .	. 7.	77	RD JOHNSON,	2 4
Those Aiready Env		S. E.	Da 8	HN	a 4)
- C		8 0	7 5 7	2 2	AND TO THE
7	\$ W	13 6	20 6		E 3 8
200	$\approx v$	33.74	9 2W	RICHARD JOHNSON Secretary Executive Dep	12
No.		1300) " (RIC	1

POWER OF ATTORNEY.

STATE OF GEORGIA,	ounty.			** ,
Ι,		reby authorize		
to receive and receipt for the	pension paid h	ereon and reque	st that he r	emit same
		by		
at				
IN WITNESS WHERE	OF, I have here	unto set my han	d and seal, th	1is
day of	1897.			
				[L. S
Executed in presence	of			
e eeus com d				
)			
		,		
Z.		Š.		
		-	Person	
	• 3		NOS SON	2 ,
	1 3		RICHARD JOHNSON	a pheh
VAL	D 2, 13	6	1 2°	* 73
		5.6	ARD	EAN.
			CH	WAR
	7	bility ant,	2	

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Schall County.
personally appears Will Min of De Kall
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 1824; 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 F, of 36 th Regiment
of Ha, Volunteers, Cumming's Brigade; that whilst engaged
in such military service in the State of Ja, on the 24 day
of the 1864, he was wounded, injured or diseased as follows:
has wounded in the battery brow breek
Through the right and couring loss
La ine Substantiacey and essentiales
- uselest
THE PROPERTY OF A STANDARD CO. S. C.
- 10 1 041 100E
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
See Nall county been allowed a pension of Heffy
dollars, for the year 189 5.
Sworn to and subscribed before me, this, the
10th day of the 1896.
Till la Cansilace, Ordinary
Note-State fully the pature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
or the dissourcy, resulting from the would or disease.
STATE OF GEORGIA.
Dolla U. County,
I, Ordinary of said County, do certify that I am well acquainted with
do certify that I am well acquainted with the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of
m (m. A)
Adix your Mill Cogsicaic,
here.
Ordinary J.C. Lacht. County.

	LT A
TATE OF GEORG	County,
Dersonally appears	Million & allin of De Kalb
unty, State of Georgia,	who being duly sworn, says on oath that he is a bona fide citizen
d resident of said State,	and has resided therein continuously ever since the 10 m
y of January	1829; that he enlisted in the military service of the Con-
derate States (or of the S	State of George () during the war between the
	or water in Company H, of 36th Regiment
	olunteers, Cauving's Brigade; that whilst engaged
	the State of Jazzelle , on the 2 1 - day
JIZV 18	6.4, he was wounded, injured or diseased of follows:
Vin	a shot is wirm
CONTROL OF STREET STREET	MI 1
D	
Deponent desires to pa	rticipate in the benefits of the Act, approved October 24th, 1887,
d the acts amendatory	thereof, and makes application for the pension to which he is
titled for the year endin	g October 26th, 1897. I have heretofore under said law as a
ident of helle	county been allowed an invalid pension of
fifty (S &C	Dollars, for the year 1896.
Sworn to and subscribe	ed before me, this, the \ Wm G thin,
5- M day of Ze	buy 1897. POST OFFICE Decision pode
2 1 P.	-
Normal State Cally the nature of mo	und or character of disease which causes the disability, and explain particularly the extent
Nors-State fully the nature of wo e disability, resulting from the wou	
	nd or disease.
ATE OF GEORG	nu or usease.
ATE OF GEORGI	[A, }
LATE OF GEORGI	nu or usease.
Se Kalh	IA, County.
Se Kalh	County.
Je Kalh I, ///////////////////////////////////	County. Goulanty. Qualities with Satisfied that the statements made by him
1, ///// certify that I am well ac	County. Goulanty. Qualities with Satisfied that the statements made by him
I. M. detrify that I am well ac licant in the foregoing a ris said affidavit are true, that he resides in this C	quainted with the fidavit, and am well satisfied that the statements made by him and I know he is the individual he represents himself to be county.
I. M. detrify that I am well ac licant in the foregoing a ris said affidavit are true, that he resides in this C	Quanty. County. quanted with the fidavit, and am well satisfied that the statements made by him and I know he is the individual he represents himself to be
I. M. detrify that I am well ac licant in the foregoing a ris said affidavit are true, that he resides in this C	Quainted with the ffidavit, and am well satisfied that the statements made by him and I know he is the individual he represents himself to be county.
1. If well accident in the foregoing a is said affidavit are true, that he resides in this Cornel for Given	quanted with fidavit, and am well satisfied that the statements made by him and I know he is the individual he represents himself to be lousty. County fidavit is an action in the individual here is an action in the individual here is an action in the individual here. 1897.
1. Mertify that I am well accident in the foregoing a is said affidavit are true, that he resides in this Comment of Given	quainted with the individual he represents himself to be county. Quantity and am well satisfied that the statements made by him and I know he is the individual he represents himself to be county. Quantity the individual he represents himself to be county. Quantity the individual he represents himself to be county.

POWER OF ATTORNEY

STATE OF	GEORGIA,)		J. 1.		
Annual Control of the	Cou	nty.				
Ι,.			hereby authorize			
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to receive and	l receipt for the	pension paid	nereon and reque	est that h	e remit sam	e to
		. W	by			
at.						1
IN WIT	NESS WHEREC	F, I have here	eunto set my han	d and seal	, this	
day of		1898.				
		0=0.00			[L	s.]
Exec	uted in presence o	f \				-
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11	ıı .	li f		le e		
2	No		1898.	eions.		
(For Those Already Enrolled.) No. 328 λ	S		-	OHNSON, Commissioner of Pension		1 12
# E ~		1.10		RICHARD JOHNSON	D TO	13
ACT OF 24 OCT . 1857. 032 Already E. 0.328 2	He	XZ	1 8	OHI	WARRANT HANDED TO	100
Alra Alra	N S		3 0	D J	TH.	1
hose No.		1 3	A.C.	HAR	ERAN SERVIN	1
F		334		RICI	WA J	
Ē		Name	Disability Amount, \$	-	8	
! !	SS	Name	Dis			

1,	hereby authorize
	r the pension paid hereon and request that he remit sa
1000	by
at	
IN WITNESS WHE	EREOF, I have hereunto set my hand and seal, this
day of	1899.
Executed in prese	nce of
	<u> </u>
	,
	J. 1899.
	PERDIUM DE TRAIN TRAIN TRAIN 186 JOHNSON, Commissioner of Prusions RANDED TO
Cone section 124. (For These Aiready Enrolled.) No. 3257 INVALID LAIREN'S DEMETING	1899. 1899. NECHALIN De Kall by Atha Word commissioner of Commissioner of WARRANT HANDED TO COMMISSIONER
TO A STATE OF THE	SO COMMISSION OF THE ANDER
CODE SE ANT No. 3	S W LS S S S S S S S S S S S S S S S S S

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Lack County.
personally appears : " Gothing of De Rich
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
federate States (or of the State of &) during the war between the States, and served as a 2 2 2 7 7 7 6 in Company , of 3c th Regiment
of Volunteers, Schulling's Brigade; that whilst engaged
in such military service in the State of La , on the 24 day
of 1864, he was wounded, injured or diseased as follows:
11- The hattle Derow levek www
Juperedid is the sight usus
ractivity borce rendering the
As in sul & lantiaccy underentialey
- "seiched
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 All Rach county been allowed an invalid pension of Dollars, for the year 189 2.
Swbrn to and subscribed before me, this, the
The day of March 1898. POST-OFFICE
Norze-State fully the nature of wound or character of disease which cases the disability, and explain particularly the extent
Nork-State fully the nature of wound or character of disease which cases the disability, and explain particularly the extent/ of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
S. Rack County.
I, //// Cardicia Turk Ordinary of said County,
do certify that I am well acquainted with 1/1/1/2. the applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 Masah 1898.
(AMX)
your seal bere.
Ordinary S.C. County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
personally appears Alin Will, of Destall
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
lay of 18 29; that he enlisted in the military service of the Con-
ederate States (or of the State of) during the war between the
of Volunteers, Englishing 's Brigade; that whilst engaged
n such military service in the State of Ja, on the 25 day
of Oet 1864, he was wounded, injured or diseased as follows:
It battle of Crow creek was shor
m right arm causing loss of
vore and sendering said arm
substantially and exentially
useless.
The back the second
Edition (1)
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
County been anowed an invalid pension of
Dollars, for the year 189 8
Sworn to and subscribed before me, this, the
day of lan 1899. POST OFFICE
Mar O O O O
KMA resserve Ordinasu.
Note-State fully the nature of wound or character of disease which causes the disability, and explain particularly the xtent of the disability resulting from the wound or disease.
xtent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
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Alexanty.)
· Mul Pareles
1, If the Cagallace, gran G prinary of said County,
the certify that I am well acquainted with I in I. Allows the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
7.
Given under my official signature and seal, this
day of Say. 1899.
AME AME
here
Ordinary De Malh County.
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	PON GEORGIA,	VER O	F ATTO	ORNE	Y.	· m· · t
Ι,						
	receipt for th					remit same to
	Control of Marine, 1986	8P				
	NESS WHER		hereunto set	my hand	and seal,	this
ay of		1900.				
Execut	ed in presence	of	*			[L. S.]
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(Figure 1)	SIO		100	119	Y, of Penation	4
For Those Aiready Enrolled.)		0	Alb	4	JOHN W. LINDSEY,	WARRANT BANDED TO
Se Aiready E	/AI		司士	m	W. L.I	NT HAN
Those No.Z	E.S.		A	penss	NHC	WABRA
For	1 (3)	Name	County	Amount, \$ 5	Σ	. 8
	S	Nan	Cou	Am Wa		

-		D THEFT WELL	hereby a	uthorize		,
	and receipt for				t he remit	sam

IN W	TITNESS WHE	EREOF, I has	ve hereunto sei	my hand and	seal this	
day of		190		1 . P 1		
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Med.	9		()			- 1
Enrolled.			- 2 8	EN Co	OL TO	
on section 130. (Avenue, 130.)	SABLED	01.	AMIN	INDSEY.	Commissioner of WARRANT HANDED TO	

Name W" C. A.
County De Ma SOLDIER'S P WARRANT HAN Amount, \$ 3.0,

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
inc lack County,
personally appeared a letter of he lack
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 All 1827; that he enlisted in the military service of
the Confederate States (or of the State of A) during the war be-
tween the States, and served as a
Regiment of Volunteers, Company 's Brigade; that whilst
engaged in such military service in the State of , , on the 2.5
day of
- vi the buttle to serverule sons short with
minuice bage in the sight using
sind his site fene and rendering the
were into to whatig and issentially
- Light of
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 County been allowed an invalid pension of
Dollars, for the year 189
Sworn to and subscribed before me, this, the
day of 1900. POST OFFICE DELLERAY
- We bir deer Midigary
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,
ne call County.
I, 16 M. Cey delice Ordinary of said County,
do certify that I am well acquainted with I am Well acquainted with I the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
AME day of 1000
your peal
here. S - it Magdace.
Ordinary D.C. Celle County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Personally appears NG ABin of Se Fell
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 letter day of the substantial o
States, and served as a Volunteers, while the State of the Congramy of the While the State of the States and served as a Volunteers, while the State of the State
Was wounded estator Creek Ga.
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 County been allowed an invalid pension of Dollars, for the year 1900. Sworn to and subscribed before me, this the The day of 1901. Postoffice Described
County. I, County. Ordinary of said County, o certify that I am well acquinted with County the population in the foregoing affidavit, and am well satisfied that the statements made by him this said affidavit are true, and I know he is the individual he represents himself to be not that he resides in this County.
Given under my official signature and seal, this day of 1901. Agents Ordinary & Kall 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

POWER OF ATTORNEY.

I,	hereby authorize	
•	of	
	eipt for the pension paid hereon and request that he remit s	ame to
in witnes	WHEREOF, I have hereunto set my hand and seal this	
	3 WHEREOF, I have hereunto set my hand and seal this	
		[L. S.

Mine William &

(FOR THOSE ALREADY ENROLLED.)

SOEDIER'S PENSION 1903.

Aiklin Wilky Be Kill Regiment 36

JOHN W. LINDSEY,

WARRANT HANDED T

nd bater

F. F. JECIA

DISABLED

SOLDIER'S

CODE SECTION 1546. (FOR THOSE ALREADY ENROLLED.

AFTERCANDS TERETOFORE ALLOWED PENSIONS

JOHN W. LINDSEY,

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Le Kalh County.
Personally appears Min S. Sidering 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
day of 1829, 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 lin Company , of 36 th Regiment
of A Volunteers, Outputsing 's Brigade; that whilst engaged
of He 1864, he was wounded, injured or diseased as follows:
has shot in sigh arm al halled
Crowlerich da ficelurina bone
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
rendering a em substantially as
Commence of the second
Here the state of
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1902. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1901.
Sworn to and subscribed before me, this the) // " 4 . This
16 day of lan 1902. Post-office Du newoody.
Nove State fully the nature of the wound or changing
Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
CTATE OF CHORDS
STATE OF GEORGIA,
Le Kalk County.
I. W. May solace Jum & Ordinary of said County,
do certify that I am well acquainted with I williams
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under My official signature and seal, this
day of 1902.
(Amx)
goal bere
Ordinary De Nalle County.
Norg.—Fill all blanks and of Company and Regiment. Norg.—All vouchers and affidavits must bear date after January 1, 1902.
Land V.L.LOS W
The state of the s

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

The state of the s
STATE OF GEORGIA,
De Kall County.
Personally appears Mm G. Aikin of De Kell
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 1829; 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 Sivate in Company E, of 36 th Regiment
of Ja Volunteers or your 's Brigade; that whilst engaged
in such military service in the State of, on the
of the 1864, he was wounded, injured or diseased as follows:
las shor arthe bettle of Coor Proch in The
sight arm prosturing bone readering
the teast
arm sursiamially and essentially notless
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
County, been allowed an invalid pension of
Dollars, for the year 1902.
Sworn to and subscribed before me, this the
day of kay 1903, Post-office
Will and dee
Nors.—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 Kall County.
M m O
I, Magsdale me grainary of said County,
do certify that I am well acquainted with / 11 54 /98 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.
be and that he resides in this County. Given under my official signature and seal, this
Given under my official signature and seal, this
Given under my official signature and seal, this

POWER OF ATTORNEY.

•			
STATE OF GEORGIA,	1		
,	_County.		
I	14		hereby authorize
A STATE OF THE STA	of		
to receive and receipt for the	pension paid hereon, and	request that	ne remit same to
	by	-	
at.	C-4-04104717777812-14-04447888888		1
IN WITNESS WHEREOF, I have	ve hereunto set my hand and	soal, this	
day of	.1904.		
			[L. 8.]
Executed in presence of	,		
· ×			
		(

Disability Shuff Len Negfle Cassed Amount, \$ 500.

Name Win & Contin

Certall

1304.

JOHN W. LINDSEY, Commissioner of Pena

WARRANT HANDED TO

POWER OF ATTORNEY.

STATE OF GEORG	County.		
I,	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to the second second	hereby authorize
Summer and the contract of the	of		
to receive and receipt	for the pension paid herec	on, and request t	hat he remit same to
	by		
at			
In WITNESS WHE	REOF, I have hereunto set n	ny hand and sea	l, this.
	1905.		
day of	10001		
day of	10001		[L. 8.]
	he presence of		_[L. 8·]
•			[L. 8·]
day of			[L.
•			[L. 8

W. G. Willing

SOLDIER'S PENSION

1905.

DISABLED

no date

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.) 192 Roll County No. 7 269 DISABLED SOLDIER'S PENSION

1904.

no data

WARRANT HANDED TO

many

\$ \$500

Disability

JOHN W. LINDSEY,

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEO	RGIA,		
OESTALL	County }		
Personally appears (My Garci	n of DE	Kall
County, State of Georgia, who	being duly sworn, says	on oath that he is a bo	na fide citizen
and resident of said State, and day of	has resided therein con	ntinuously ever since th ed in the military servi	ce of the Con-
federate States (or of the State	of	during the w	ar between the
	in Co	mpany J, of 36	th Regiment
in such military service in the	served as a Rri in Company F, of a Lth Regiment Volunteers Constituted's Brigade; that whilst engaged litary service in the State of day		
of Febr	1864 , he was wou		
bous sign	an wine	graeuse	neg
	(80000000000000000000000000000000000000	A STORE OF THE PROPERTY OF THE PARTY OF THE	
		<u> </u>	
E			
Deponent makes applies			
		under said law, as been allowed an inva	
Lifty	Dolla	rs, for the year 1903.	na pennion or
Sworn to and subscribed		71/2 Es.	4/2014
Janua R General	10 /:	Post-office Faring	soedy ya
NorsState fully the nature of particularly the extent of the disability	of the wound or character of resulting from the wound or d	disease which causes the disa isease.	bility, and explain
STATE OF GEO	RGIA,)		
Restal 6	_ County		
1. Kerius	1124059		said County,
do certify that I am well acquithe applicant in the foregoing			L/C
by him in his said affidavit are			
to be, and that he resides in th			
(/ 0)	ny official signature and	d seal, this 14	
day of	many g	_1904.	
Affix your Heal here	- jam	us / glorg	
V	Ordinary	~ Mule	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.

TOM MIT BIOMMID	IDRIDIOND ADDOM DV 1 DROIVAD.
STATE OF GEORG	IA,)
Mestalb o	OUNTY.
Personally appears.	1. J. a Kins of Destall
County, State of Georgia, who, b	eing duly sworn, says on oath that he is a bona fide citizen
	as resided therein continuously ever since the
	8 ; that he enlisted in the military service of the Con-
	during the war between the
States, and served as a	in Company 9, of 3 6 th Regiment
of Ja Volunte	ers Curring's Brigade; that whilst engaged
in such military service in the	State of Qa , on the 25 day
Right Com	864, he was wounded, injured or diseased as follows:
ACTION MARKET TO THE TOTAL	* 15 5 11 5 0 10 0 0 0 0 0 0 0 0 0 0 0 0
	to the state of th
	The second secon
- Control	1

	I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1904. Core me, this the
~ / -	Post-office June 00 44
Note.—State fully the nature of the particularly the extent of the disability resu	ne wound or character of disease which causes the disability, and explain siting from the wound or disease.
STATE OF GEORGE	DUNTY.
do certify that I am well acquai	inted with elling, Culture
the applicant in the foregoing a	ffidavit, and am well satisfied that the statements made
	rue, and I know he is the individual he represents himself
to be, and that he resides in this	
/ 1	official signature and seal, this
day of Ca	James P Granes
your Sent Shere.	Ordinary DIATATE

Note.—Fili 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,
TUESC COUNTY.
1.4. 4 District hereby authorize
I the chill of commenced
to receive and receipt for the pension paid hereon, and request that he remit same to
W.G. alking by
at
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of Product 1908.
for 4 Mind [L.s.]
Executed in the presence of
James Regions
of the Total of

SOLDIER'S PENSI

POWER OF ATTORNEY

	Dir Ai	· Omi	
STATE OF GEORGIA, DEKALB.	COUNTY		
J. M. Chy	Kins .	nword	hereby authorize
to receive and receipt for the		on, and request th	nat he remit same to
atIn Witness Whereof, I	have hereunto set m	v hand and seal. t	his 10-Th
day of January	1907	in g Ale	
Executed in presence		(<u> </u>
Ordin	ion	*	
	-	7	
	17	1907.	Train.
ED ENS	3604	u. Sieso	DED TO

1906.

M. Linkson & Control of the C

atim William 19 Ester J. Co.

CODE SECTION (FOR THOSE ALREAD

No. 34€ DISABLED

SOLDIER'S

1907.

JOHN W. LINDSEY,
Commissioner of

Commissioner of

かんか

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
L. Half County.
Personally appears M. G. Kins of D. Kall
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 Accessing 1829; that he collisted in the military service of the Con-
federate States, (or of the State of) during the war between the States, and served as a in Company, of _3C th Regiment
of Mongan Volunteers 's Brigade; that whilst engaged in such military service in the State of Granges, on the day
in such military service in the State of State of any on the 25 day
of Hebruary 1864, he was wounded, injured or diseased as follows:
Right form disabled at 61000
everk George a.
The state of the s
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
the country, been allowed an invalid pension of
Dollars, for the year 1905.
Sworn to and subscribed before me, this the
15 day of famuar 1906.
Damin R Grand Vision Post-Office & (1) 41/41
Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain
NOTE.—State fully the nature of the wound or characterior disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
State of Georgia,
County.
1, Jane P. George Ordinary of said County
do certify that I am well acquainted with 21 & A feine
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 I a new ary A 1906.
Janus R leimai)
AME TOUT AREN SILVEN
ordinary a Kathe County.
Nors.—Fill all blanks and of Company and Regiment. Nors.—All youchers and affidavite must bear date after January 1st, 1906.

	LOWED PENSIONS
State of Georgia,	
DeKALB. County.	
Personally appears W. G. Akine	
County, State of Georgia, who, being duly sworn, says on oath and resident of said State, and has resided therein continuous day of 18.2 f; that he enlisted in the federate States for of the State of States, and served as a Soldier in Company of States, and served in the State of 's British in such military service in the State of 186 he was wounded, in Right arm at itabled of lerow.	military service of the Con- during the war between the f, of 96 th Regiment rigade; that whilst engaged , on theday jured or diseased as follows:
Sworn to and subscribed before me, this the 15 day of Sundy 1907. Market Subscribed before me, this the 1907. Postoffice	y Akny
Note.—State fully the nature of the word or character of disease white of the disability resulting from the would or disease.	ich causes the disability, and explain
DeKALB. County.	
	Ordinary of said County
lo certify that I am well acquainted with Mr. J. A A he applicant in the foregoing affidavit, and am well satisfied	that the statements made
to certify that I am well acquainted with North A A che applicant in the foregoing affidavit, and am well satisfied by him in his said affidavit are true, and I know he is the indi	that the statements made
to certify that I am well acquainted with DW A A A che applicant in the foregoing affidavit, and am well satisfied by him in his said affidavit are true, and I know he is the indicate that the resides in this County.	that the statements made ividual he represents himself
the applicant in the foregoing affidavit, and am well satisfied by him in his said affidavit are true, and I know he is the indicto be, and that he resides in this County. Given under my official signature and seal the	that the statements made ividual he represents himself
do certify that I am well acquainted with North A A the applicant in the foregoing affidavit, and am well satisfied by him in his said affidavit are true, and I know he is the indicto be, and that he resides in this County.	that the statements made ividual he represents himself

Nors.—Fill all blanks and of Company and Regiment.
Nors.—All vouchers and affidavits must bear date after January list, 1937.

GEORGIA, DEKALA County.	
1. James Reference	
that I personally know Mr. Coling Child.	The Mind the applicant, and that she
is the lawful widow of	2, and was on
the Pension Roll of said	
a Pension from Renalb	
of his death on theday of. R.	there was due to
him and unpaid his Pension of	Dollars from the State
of Georgia, and I know. J. Douals	deon 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 Moreh 1914
/	Den Distalle County.
	County.

AL KALLS C.

1913

No.

1913

Application for Pension Due Deceased Soldier
UNDER ACT 1891

To be paid by When or Dependent Children
BY

Mrs. Eligablish W. Mrs.

of Market County
Co. R. Regt. Height Vols.

Approved and paid

191.

1. W. LINDSEY,
Commissions of Pension.

GEORGIA County.

I hereby authorize and constitute. County.

I hereby authorize and county, my
lawful attorney to collect and receipt for me in my name the Pension due me for 19/4, through my
deceased husband, Lawful who was on the Market.

Witness my hand this day of Market. 19/4

Attested before me:

Application for Pension Due Occeased Soldier To be paid to his price of departed different UNDER ACT APPROVED OCTOBER 9, 1891

~>\&\&\

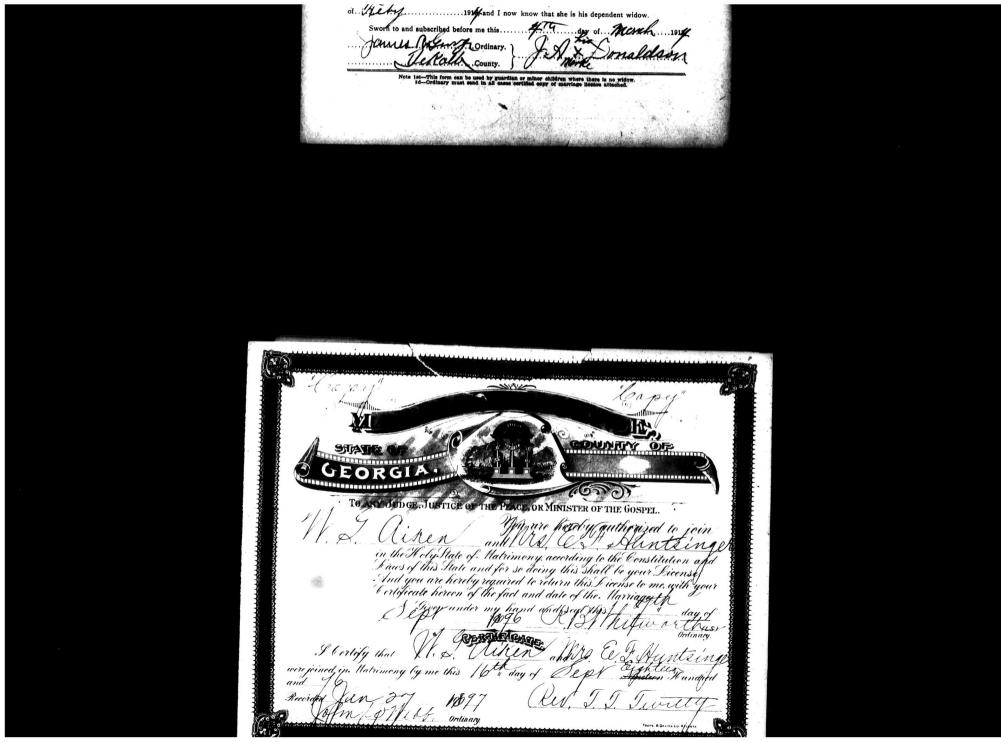
CHARL ACT AFFROVED OCTOBER 9, 1891
STATE OF GEORGIA Destallo County
Personally before me comes Mrs. Collagebeth The Strang, of said county.
after being duly sworn, on oath says that she is the widow of Wal Alana
who was duly enrolled as a Pensioner from the county
of Millalle and was paid a Pension of Juffly \$50 00
Dollars from
W. G. Alfrin died in Nestall county on
the. D. day of Astonesis 1914 and at the time of his death a Pension of A. D.
was due him from
Applicant further swears that she married the said . W. Y. Mins
the 16 day of September 1894, in Guinnet
State of
as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be
Sworn to and subscribed before me this 4 day of March
1. 80
famels to Cycliff Ordinary. Also E. J. othins (L.S.)
County.
County.
AFFIDAVIT OF WITNESS.
AFFIDAVIT OF WITNESS. GEORGIA, County.
GEORGIA, County. Personally before me comes. An Danaldson., who
AFFIDAVIT OF WITNESS. GEORGIA, County. Personally before me comes. A Danaldson, who on oath says that he knew. W. J. W
AFFIDAVIT OF WITNESS. GEORGIA, AND County. Personally before me comes And Andrew White in life and that he knows. the above applicant; that he knows, that the said. AFFIDAVIT OF WITNESS. County. Mrs. Glander Grand Andrew White in life and that he knows. Mrs. Glander Grand Andrew White and County Were in due form of law married in the county
AFFIDAVIT OF WITNESS. GEORGIA, County. Personally before me comes. A Danaldson, who on oath says that he knew. W. J. W
AFFIDAVIT OF WITNESS. GEORGIA, County. Personally before me comes. On oath says that he knew. While in life and that he knows. The above applicant; that he knows, that the said. When the said were in due form of law married in the county.
AFFIDAVIT OF WITNESS. GEORGIA, County. Personally before me comes. On oath says that he knew. While in life and that he knows. that he knows. that he said. While above applicant; that he knows. that he said.
AFFIDAVIT OF WITNESS. GEORGIA, County. Personally before me comes
AFFIDAVIT OF WITNESS. GEORGIA, County. Personally before me comes
AFFIDAVIT OF WITNESS. GEORGIA, County. Personally before me comes

Note 1st—This form can be used by guardian or minor children where there is no widow.

3d—Ordinary must send in all cases certified copy of marriage license attached.

the ... Iday of Machinery ... 1914 and at the time of his death a Pension of . J. J. ... Applicant further swears that she married the said. Way Misses the 16 day of September 1896, in Guinnet county and State of Junyica ,, 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 Mes & J. Akins ... (L. S.) AFFIDAVIT OF WITNESS. GEORGIA, Peralle County and that he knows Mrs. Elizabeth Golfins the above applicant; that he knows, that the said. and Elizabeth O. A. A. ... were in due form of law married in the country of Comments in the State of Current the day of Layor 1896, and that they resided together Sworn to and subscribed before me this 47. day of ... Newsch 1914 Janus Mary Cordinary. Wellally 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.



June 1. W. Ordinary. TO STORE JUSTICE OF THE PLACE, OR MINISTER OF THE GOSPEL. May are heady authorized to join with the form in the Holy State of Matrimony, according to the Constitution and Laws of this State and for so doing this shall be your Licenses and you are hereby required to return this License to me, with your Cortificate hereon of the fact and date of the Marriagy of Typy under my hand and segl this Secretify that were joined in Matrimony by me this and I 6 16 " day of Sept

Largia, Guinniet locunty for said County do hereby cirtify that this Copy of markings hierope up to Clisten and Mrs let Hightsingel is a true and carrier capy as appears on heert in this affect what recarded in marriage recast 8" significance, and sear of the church 9, 9 Robinson Swinness Coupty

akins, William &. Hetall De Kall Antack Maimed Soldiers. Maimed Soldiers. Audited Feb. 14 Voucher No. 206 oucher No. 1340 Maimed Soldiers. Amount. \$ 100 mount & if O Voucher No. 1573 Paid to muly Aking and wo string A Kine Amount \$ 50 For Right ann Com disabled Paid to Mil A King Disabled For Com dise Hebry 14 Deby 3 1/ 1891. Included in Warrant No. ichiled in warrant No. issued to Treasurer Included in warrant No. issued to Treaturer. issued to Treasurer. 1891. WARRANT CLERK W. J. Campbell, State Printer, Constitution Job Office. WARRANT-CLERK. applicant Upplicant, applicant,

STATE OF GEORGIA, EXECUTIVE DEPARTMENT.

Allanta, Ca. Heby

Amy Akins having filed his application in the Executive

Skulf

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

Dec. 24, 1888 and the same having been allower for Right arm Desalle

He wentitled to receive the sum of Region for such disability, the same being the allowant for the year ending October 24, 1889.

_Dollars

The Treasurer will pay the same and hold his wind this you ler, and return same to Executive Department for warrant.

GOVERNOR.

By the Governor Clock Hamsin

CLERK EXECUTIVE DEPARTMENT.

158,

CEIVED OF STATE TREASURER, R. U. HARDEMAN,

Hifly +ou

No. 1340

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Allanta, Sa., Kely

Mr. Miny Aking

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

ann disabled

He is entitled to receive the sum of

for such disability, the same being the allowance decided the gear ending October 24, 1890.

The Treasurer will pay the same and hold his felecition this same, and return same

to Executive Department for warrant.

By the Governor,

MA Harrison

CLERK EXECUTIVE DEPARTMENT.

RECELVED OF STATE TREASURER, R. U. HARDEMAN,

Dollars,

per above voucher, this

No. 1.5 -1.3
STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. \ Allanta, Ba. 50 by 94 1891.
Mr. Of McCo of the County of having filed his application in the Executive
of the County
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
Min die
He is entitled to receive the sum of 1. Dollars
for such disability, the same being the allowance such for the car ending October 24, 1891.
The Treasurer will pay the same and hold his receipt on his voucher and return same to
Executive Department for warrant.
Il & now win.
By the Governor, Governor.
by the Governor,
SEC'Y EXECUTIVE DEPARTMENT.
SEC'V EXECUTIVE DEPARTMENT.
.50
RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.
3/4/
per above voucher, this of Etchy, 1801
per above voucher, this of Grefy 1891.
Vm. G. Akins

NAME, Akins, William G. YEAR 1889 COUNTY Dekalh

WHEN AND WHERE BORN?

ENLISTED WHEN AND MEERE?

RANK.

1

COMPANY AND REGIMENT? Frivate Co. F, 36th. Regt. Ga. Vols.

Cumming's Brigade.

NAME OF CAPTAIN AND COLONEL?

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

CAPTURED, MIEN AND MERLY

RELEASED.

WHEN AND WHARL OUT K. NDEKED?

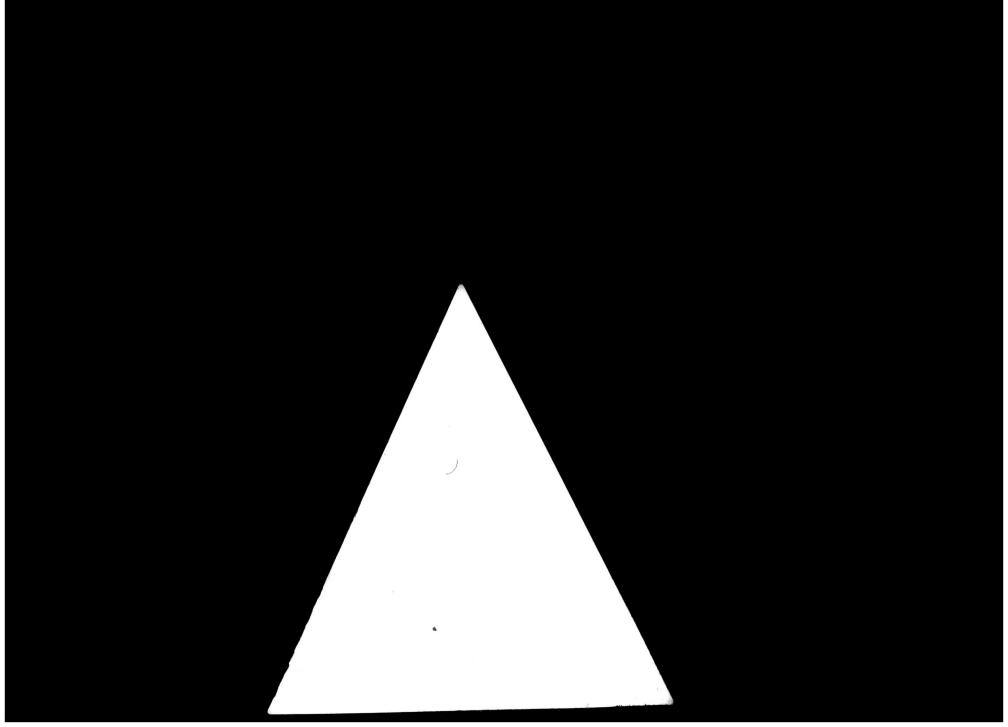
IF NOT IRESENT AT SURRELDER, WHERE WARL YOU?

None

DIED, WIEN AND ALREY

BURIED.

WITNESSES.



Rusin of Confederate Soldier's Application Enlawy Flines County Descalt that appl interted Name W. H. Albright 10-19 3 - Del hat profonul as much Regiment 2 M. C. Battation as king mounter relu al Milleony Ferains mouther trans A Call yporon with any other toumand In Feeleley Cares of Rhun

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

Ordinary's Certificate

STATE OF GEORGIA,	4
The Kall- COUNTY.	
Maries IPK, Me	•
Ordinary of said Co	ounty, certify that I know
the applicant was a strength or pension is the person be rep	presents himself to be and
resides in said county. That 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 forego-
ing affidavit and they are all truthful and trustworthy and their statements are	e cutitled to full faith and
eredit.	
Swon under my hand and official seal of office this. 24 day of 45	A19
Jevi Ja Ordinary	١
of Kall County.	
(SEAL)	

NOTES: 1 Refere any questions are answered the Ordinary shall owers 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 Got."

2. Additional affidavits may be attached it 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.

Soldier's Application As Amended by Act of 1919. Confederate

Application for Soldier's Pension Under Act 1910 Amended by Act 1919

Questions For Applicants to A

STATE OF GEORGIA,
DeKalb COUNTY.
,
for the pension precided by Art of 1910
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 Read. Dakalb.CoGa.
2. How long and since when have you been a continuous resident citizen of this State 1
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†
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. "E", 2nd N.C. Bot
5. How long did you remain in the actual military service with Anii Conv. Grave Boginants (Clim
date of discharge) _Eron_July_1_ 1861_to_Jan_10, 1862, over_six_months
6. When and where was your Company and Regiment surrendered or discharged from the Samilat
Whole surviving campany captured in Raanaka Mackey, Va. in Feb. 1862
7. Were you actually present with your command when it was surrendered or discharged 1 _ 110
8. If you were not actually present, state specifically and clearly where you were L was discharged
in Jan 1862 on account of physical disabilities
a. Where was your command when you left it? Ricomond, Va.
b. When did you leave the command? January 10, 1862
c. For what cause did you leavet . Physicial disability (Insipiant tuberculosis)
d. Hy whose authority did you leavet Commanding officers
e. For how long was your leave granted! In what way! Discharged from all further
ERRYLOR IN CONFEDERATE ATMY
f. Why did you not return to your command after leave expired? _ Discharged
g. in what way were you prevented? Was at hone until regained health and then trong and regained health and then trong and regained health and then
h. What effort did you make to return; troops and served six months and discharged.
h. What effort did you make to return; troops and served six months and discharged. IM ANG: 1864 joined regular state troops and served to end of war.
I If so when and whoma! In what will
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 1 N9
9. Are you drawing a pension of any amount from this State or the United States?
9. Are you drawing a pension of any amount from this State or the United States?
9. Are you drawing a pension of any amount from this State or the United States?N9
9. Are you drawing a pension of any amount from this State or the United States?N9
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 of allowed? Never applied. Sworn to and subscribed before me, this the
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 of allowed? Never epplies. Sworn to and subscribed before me, this the day of September 1919
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 of allowed? Never applied. Sworn to and subscribed before me, this the
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 epplies. Sworn to and subscribed before me, this the day of Georgia Pension and had it refused? and for what cause it was not allowed? Never epplies.

Questions for Witness as to Service

STATE OF GEORGIA,)		
Fulton	COUNTY	.}		
W.P.Brac	k	of sold S	tate and Country to bu	
as a witness in support of t	he application of	H Albright	for the ner	eby presented
by the Act of 1910, as amen	der by the Achor 1989 to	anid State and	fton being some	sion. provided
make to the questions propo			siter being sworn tri	le answers to
1. What is your name an				
W P Brook, 7	5 Highland View	. Atlanta. G	8.	
2. How long and since wh	en have von known	W H Albr	1 ght	
	Since the year	1858	AGHY	ne applicant?
3. Where does he now res	ide, and since when has h	ie been a bona fide	continuing resident	in this State
and how do you know !				
Springdal	e Road, Atlanta	Lived in G	s since I hav	e known him
4. When, where and in w				
war from 1861 to 1865? (C				
5. How did you obtain yo	our information of this	ervice 2nd	d N. C. Bat. I	nf.
I was membe	r of same compan	v	ii.	
6. How long within your	own personal knowled	ge did he perform	actual military serv	rice with this
Company and Regiment?	Give date)From_Ju	ly_11861.	to Jan. 10. 1	862
7. When and where was				
Entire company of	ptured in Roam	Island ke Medaber	a. in Feb. 18	62
8. Were you personally pr	esent at the surrender 1 _	Was captured		
9. If not, where were you	and how came you there?	company		
10. Was the applicant pe	rsonally present with hi	s command at surr	ender ! No	
11. If not where was he a	The second secon			
12. When did he leave his				
when he left it ! Richmor				
By whose				
long was he granted leave!				
all that you have stated to be				
of_same_company_an				
13. In what way was he pre				
How do you know?				1/4
14. What effort did he make				
whole had been cap	tured and applic	ant previous	sly_discharged	
15. Was applicant captured				
	In what prison	was he held?		and
when released				
Sworn to and subscribed be	fore me, this the	Je de	Buch	
10 day of Se	ptember19_]			
Sandeloma	would Ordinary)			ů.
ofFultan				
(SEAL)	ounty.		f	

DISAPPROVED.

MAR Albright #. H.

YEAR1919 COUNTY Dekalb

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

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

RANK:

COMPANY AND REGIMENT? Co. E. 2nd N. C. Battelion.
and later volunteered also Regular State Troops.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? Entire command in Acanoke, Vi. Feb. 1362.

Applicant was not present.

RELEASED: Does not state.

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

IF NOT FRESENT AT SURRENDER, WE'ERE WE'RE YOU? With Regular State
Troops.

DIED, WHEN AND WHERE?

BURIED:

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

Widow's Application

Under Act of 1910-As Amended by Act of of 1920.

1930, Cig. & C. Tax.\$ OTAL

TO PAY-

1919, and Constitutional Amendment County DeKall Name M. M. E. aldre

Widow of Machan & aldredge Date of Marriage Nov. 9 th 18 69

Company 6 - 45

Regiment of Ful

JUN 1 : 1933 VETERAN SERVICE OFFICE A. L. HENSON, Director

> JOHN W. CLARK, Commissioner of Pensions.

mon

he is the person she represents herself to be January 1st, 1920; that I also and that she has be

Given under my hand entitled to full faith seal of office this

by

signing the

ears to the

of husband; that both of them

resident citizen

do

(SEAL OF ORDINARY)

Ordinary.

County

Instructions:

Before any questions are answered the Ordinary shall swear applicant and the witness in the You on solemaly swear that you will true annual to each of the questions asked you a Additional sifficiatis may be attached if bainty some are instituted. Only widness who married prior to January 1st, 1sst, are artitled. All afficiarits must be made before the Ordinary of the County in which the applicant or witness be certified by such Ordinary. The state of the County in which the applicant or witness of Attach certified opines of marriage heense if obtainable. If not, prove marriage, by some person point the back of the application carefully.

Fill out the back of the application carefully. following words: and the evidence

-100 10 + 1010

or by general

6/14/33

	TO PAÝ-	
KOR MAY 4933	Widow's Application Under Act of 1910 As Amended by Act of 1919, and Constitutional Amended by Act of 1919, and Constitutional Amended by Act of 1919. Widow of Maringe Tool, 4 Ar. 18 64. Date of Maringe Tool, 4 Ar. 18 64. Regiment of Aug. Approved Approved JOHN W. CLARK, Commissioner of Pensions.	
	Ordinary's Certificate.	
	COUNTY. I. V. A. T. C.	t d

6A 4A

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 COU	NTY,
Personally appears before me	of said State and County of 1910, as amended by the Act of 1919 and the Con- y to support the same, and after being duly aworn true s as follows, to wit: Give Post Office and County) Mrs.M.E. Aldredge, 26 Springdale Road, DeKalb, Co., Ga. uously, a bona fide resident citizen of the State of are,
 When, where and to whom were you married? LaGrange, Tropse Co., Ge. 	Nov. 9, 1869, Nathan G. Aldrædge,
a. Have you married since the death of first and so	oldier husband? No
4. When, where and in what Company and Regime	ent did your husband enlist as a soldier in Confederate
1 do not know, he enlisted before	of Service, and give name of Colonel and Captain.) 8 W6 W8 R6 married.
5. When and where did the commands of your hus	band surrender or discharge from the Service?
6. Was your husband personally present with his	command when it was surrendered or discharged?
7. If he was not present, state specifically and clear	ly where he was?
8. When did he leave the Command?	
a. For what cause did he leave? 1 undrestar	nd he was paroled.
b. By whose authority did he leave? 1 do not	t know
	In what way?
e. What was his physical condition when he left his	command? I cannot say nd? I don't know
g. In what way was he prevented from going back t	to Command?
h. Was he captured by the enemy at any time?	Jes -
i. If so, when and where? In what prison was he	old and when was he released?
j. When and where did your first husband die?A! k. Were you residing together when he died?Ye.8 l. If not, how long had you resided apart? m. Are you now a widow?Ye.8. 9. Have you or your husband heretofore been paid if so, when and for what cause were you or your husl	a pension by the State? No band placed on the roll?
Sworn to and subscribed before me, this the 13th day of June 1953 7 A May of Ordinary f DeKalb County.	Mis. M. E. Applicant. For want of knowledge of the facts applicant cannot answer several of the questions asked

Instructions: 1. Before any questions are answered the Ordinary shall awear 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. 1881, 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 copies of marriage license if obtainable. If not, prove marriage, by some person, or by general
reputation.

be certified by such Ordinary.

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

Attach certined copies of marriage neems it commission. If not, prove marriage, by some person, or by general reputation.

Fill out we 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



STATE OF ALABAMA DEPARTMENT OF ARCHIVES AND HISTORY

FOUNDED BY THOMAS M. OWEN, LL. D., 1801

MONTGOMERY

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 commends from that section of North Russell County in which Selem 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.

(SEAL OF ORDINARY)

applicant cannot answer several of the questions asked

Congress of the United States Boude of Represe

June 2, 1933.

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

My dear Judges

I am handing you herewith a communication received today from the Adjutant Cameral's effice; which is in response to your communication of May 25th.

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

With highest personal regards, I am

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

MoK

A. G. 201 Aldredge, N. G. (5-27-33) ORD

WASHINGTON June 1, 1933.

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, Georgis, 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 Infentry, Confederate States Army was enlisted at Columbus, Seorgis, 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 G, 1st Alabama Infentry, 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 Cavelry 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 Nathen George Aldredge or N. 3. 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.

Brigadier General, Acting The Adjutent General.



VETERANS SERVICE OFFICE

THE PENSION COMMISSION

THE ROSTER COMMISSION THE VETERANS SERVICE OFFICE

LILLIAN MENDERSON.
ASST. DIRECTOR
G. M. GLARK,
LIAISON OFFICER

STATE CAPITOL ATLANTA

IN RE: Application for pension for Mrs. M. E. Alredge, 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 marclled as a pensioner of DeKalb County, Georgia, for the month of May, 1933, and therefeter.

This the 20th day of July, 1933/2

SEAL

A. L. HENSON, DIRECTOR

G. ARTHUR GHEATHAM.

State of Georgia, Troup County

Ordinary's Office---ss:

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 there
from, 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 193 3
Lang Selesen
Marine Millian

Marriage License

Nathan G. Aldredge

M. E. Davidson

Waiver of Parent

COUNTY, GEORGIA:

Issued Nov. 2.

and recorded on page 41

Book F of Marriage Licenses

H. H. Cary

Ordinary.

18369

84902 MARSHALL & BRUCE CO., NASHVILLE



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

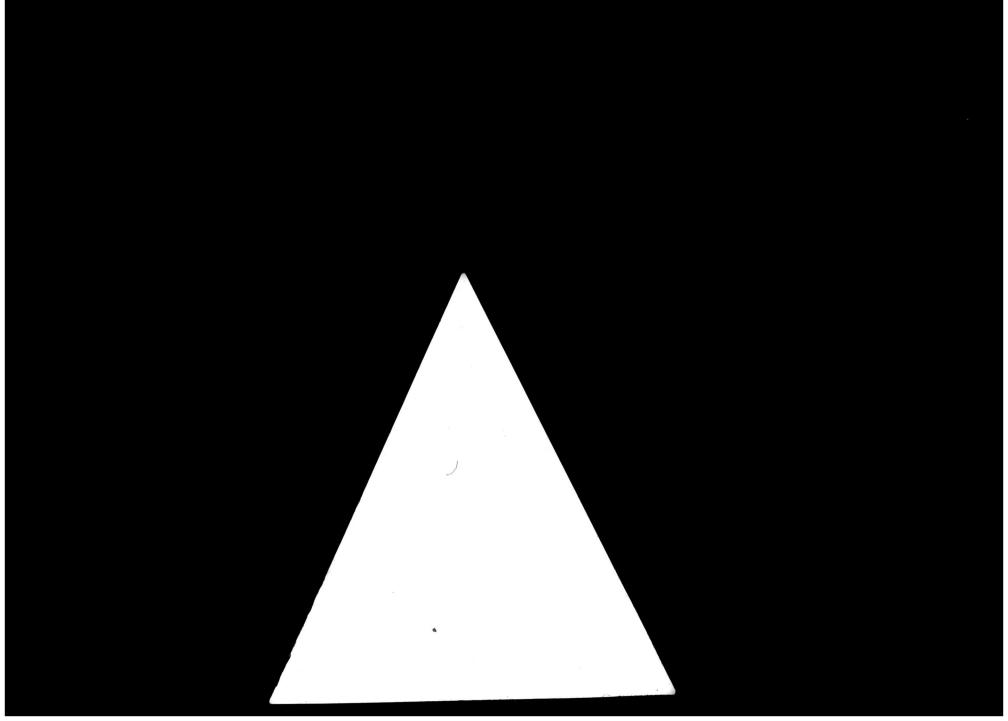
Nathan G. Aldredge and M. R. Davidson in the Holy Rate of Matrimony, according to the Constitution and Laws of this State and for so doing this shall be your Ficense. Ind you are hereby required to return this License to me with your Certification of the fact and date of the Marriage.

Given until the fact and seal this 20 day of November 18 69 H. H. CARY

STATE OF GEORGIA CERTIFICATE. TROUP COUNTY

Secretify that Nathan G. Aldreage and M. E. Davidson Sighteen Wundred and Sixty Nine

Herorded December 11, /269 J. S. SAFPINGTON, M. G.



SOLDIER'S APPLICATION

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

Callaway S. Alexander,
Private, Co. G? End 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 withcut leave since 14th. Tab.

out leave since 14th. Feb.,

(Washington Record)

1865. No later record."

DEKALL Name Calvin S. alyander Company & Regiment 7 - Q C. Rifles

Approved John W. Clark

614-29

JOHN W. CLARK.

Commissioner of Pensions.

3-8-29 5

COUNTY

Ordinary's Certificate

the applicant for pen , Ordinary of said County,

on; that he is the

State since January 1st, 1920; that I also know represents himself to be, and that he has been, service; that both of them

ne before signing the foregoing affidavits, and they are entitled to full faith and credit

said County and

(SEAL OF ORDINARY.)

ered the Ordinary shall swear applicant an ou will true answers make to each of the que help you God."
tached it blank spaces are insufficient, ore the Ordinary of the County in which the

fide resident citizen of said ьу

resides and

SOLDIER'S APPLI

W

Ordinary's Certificate

STATE OF GEORGIA,	
LEKalh	
71 1 500	,

COUNTY.

., 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. 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.

(SEAL OF ORDINARY.)

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."

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.

4. 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

(SEAL OF ORDINARY.)

DeKalbCOUNTY.	
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 1910 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:	f
1. What is your name and where do you reside? (Give County and Post Office) Calvin S. A Clarkston, Clarkston, DeKalb Cpunty, Ga.	lexa
 How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? 	
 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 	
4. When and where, and in what Company and Regiment did you enlist? (State the arm and	í
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. 	
7. Were you personally 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. Home on furlough.	
a. Where was your Command when you left it? About 7 Miles from Richmond, Va	•
b. When did you leave the Command? About 30 days before the surrender.	
c. For what cause did you leave? On 30 day furlough	
d. By whose authority did you leave? The Commanding Officer	
e. For how long was your leave of absence granted? In what way? 36 days Furlough	
f. Why did you not return to your Command after leave expired? Surrender took place	
g. In what way were you prevented? The authorities, wouldn't furnish transport	orte
h. What effort did you make to return? I was told to go to Greenville S. C are inin another Company. I went but the surrender took place before i. Were you captured by the enemy at any time?	and I co
j. If so, when, and where? In what prison were you held and when were you released?	
 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 tnot allowed?Have never applied for any pension. 	
Sworn to and subscribed before me, this the 7th day of March 1929	
V. D. Morgan, Ordinary	

County

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.

4. Fill out the back of the application carefully. uay or mer ou V. D. Morgan, Ordinary (SEAL OF ORDINARY.) E. ALEXANDER CALVIN. A. S. Turner DeKalb County Juneral Birector and Embalmer HIGHT AND SUNDAY PHONE DE. DOSS Application for 828-27 N. MCDONOUGH ST. Prompt Ambulance Serbice DEC 13 1934 **Expenses of Last** Becatur, Georgin. December 8th, 1934. Illness and Funeral (UNDER ACT OF 1919) TO PAY-1930. Y. S. Morgan , Ordinary Clarkston, Georgia. Cig. & C. Tax, \$60 December 1, 1934. For: Calvin Alexander (Name of Tensioner) To Casket and Burial Box WAL. Embalming Date of Death: November 30, 198 4 Funeral Notices Hearse Service and Service Rendered PAID TO ORDINARY ON THIS CLAIM: DATE FUND FROM WHICH PAID | 5

Funeral Expenses of Callaway Smith Alexander,

\$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.

Novary Public St. to at Large, Decatur, Ga.

My Comm. on Expires Nov. 1, 1937

al Turne

W. I. HENSON, Director, Veterans Service Office.

Approved, and ordered paid,

TOTAL.

60 . n

60 pa).

120 00

2.25 0 00

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 du	uly sworn, on oath savs
that he knew Calvin S. Alexander late of	
erate pensioner, and that said person is the identical person named and der	
certified copy of burial certificate; and that said pensioner LEFT NO WIDO	
ANY KIND OR VALUE sufficient to pay the expenses of last illness and fu	neral, which amounted
to the sum of \$120.00, as shown by sworn statements FULLY	and COMPLETELY
ITEMIZED, hereto attached.	
8worn to and subscribed before me, this the 11 day of December 198.4.	
this the 11 day of December 198.4.	mu
V. A. Margan, Ordinary.	
CERTIFICATE OF THE ORDINA	RY
GEORGIA, DeKalb County.	
I certify that A. S. Turner	who subscibed
to the foregoing affidavit is known to me to be a person whose statement is e	ntitled 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 regularly enrolled as a pensioner on the records of file in my office. I furth ceased pensioner is the identical person named and described in the attached certificate, was not survived by a widow and left no estate of any kind suffici of last illness and burial for which claim is made.	s at the time of death er certify that said de- certified copy of burial
Given under my hand and seal of office, this the 11 day of	
(Seal of Ordinary)	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 acco	aunta la della transfera d
giving each item and the value of it, and each date.	unce in fully itemized form,
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 funera-	l evnenues on the cor-
be) of, who died without owning sufficient prop	
4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, all attached neatly to this blank, after this blank has been properly completed and signed as	
5th. The completed voucher—this blank and the bills—must be sent to the Veterans and no money must be paid out until it is returned to you as your authority to make the pay	
6th. Return this application, and attached bills, properly receipted, to the Veterans Ser	
7th Ordinary should see that the back of this blank when folded in 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 authorise 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.



HEADOUADTED

South Carolina Division

United Confederate Meterane ADJUTANT GENERAL'S OFFICE

Anderson, S. C.

March 20th 1929

Mr A.A.Dean. Starr S.C. R F D # I.

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 gaven.

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.

March 22 1929

Mr J B Sewis Anderson 86

Sdo not resolved whether balvin & Alexander was the overender at Appointter or not A & Dean

W. H. CELY

W. H. CELY Major General Commanding GREENVILLE, S. C.

J. B. LEWIS

Adjt. General and Chief of Staff

ANDERSON, S. C.

HEADQUARTERS

South Carolina Division

United Confederate Beterans

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 I5th inst-

Absence ob!Official Business! at Columbia 8.C. prevented an earlier reply.

In the matter of Calvin.S.Rlexander 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-

MB, Lewis,



GREENVILLE, S. C.

eneral and Chief of Staff ANDERSON, S. C. HEADQUARTERS

South Carolina Division

United Confederate Beterans

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 I5th, in the Rifles. With reference to your letter of March I5th, in the 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 Ist 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 I86I-I865 shows that Calvin S.Alexander was listed as beging a member of Co 'G' 2nd S.C.Rifles, and that he was at the surrender. 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 foward 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. Adjt Genl

Box 401. Anderson 8.0.

Sterr 86 April/1929

I B Livio Anderson & 6
Sir since writing to you last week I have been Thinking a great deal about The case of balloway & Hagan oder and as I wrote you That I did not recelled whether he was at The surrender or not and I can not say yet That he was but I think he was get That he was on not I am ours that he is entitled to a pension and surprised That he has not got it long ago

Ind if we can aid him in geting one I will certainly be glad I Dear

Control of Struck

Control of Struck

Profile, prinshing at

sent 142 fet, 1865.

No. sen 142 fet, 1865.



HEADOUARTER

South Carolina Bibision

Mnited Confederate Beterans
ADJUTANT GENERAL'S OFFICE

Anderson, S. C. Feby 25th 1929.

Mrs W.C.McCord. Clarkston Ga.

eneral and Chief of Staff ANDERSON, S. C.

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 gut 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 Subrender. 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-

P 0 BOX 401. Anderson S.C.

Adjt Genl. S.C.Div. U C V.

ns. su des & m

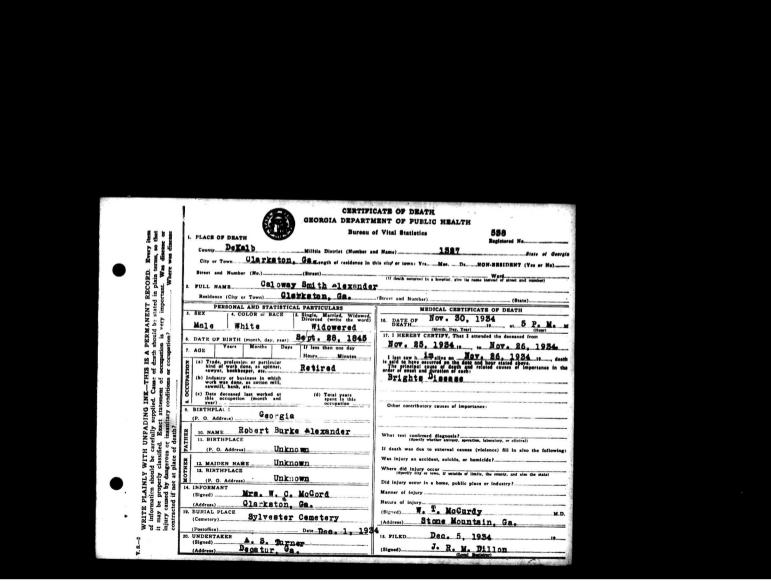
Co S. alexanderi Co S. 2 nd 1.6. Reflerices & Jenkino Brigade Atenders on Co. S. C. 1861 Reyes Namo Caft A. A. Deane St. Decatur, Ga.

Dec. 12, 1934

TO WHOM IT MAY CONCERN:

This is to certify that the death certificate on the reverse side is a true and correct copy as filed in this office.

J. R. Evans, Comm. of Health, DeKalb County, Ga.



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. C. End. 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 affidewit as to the whereabouts of Mr. Cal Alexander at the end of the War.

Alexander may be enrolled, as the official record of this soldier furnished by the War Department is as fellows:

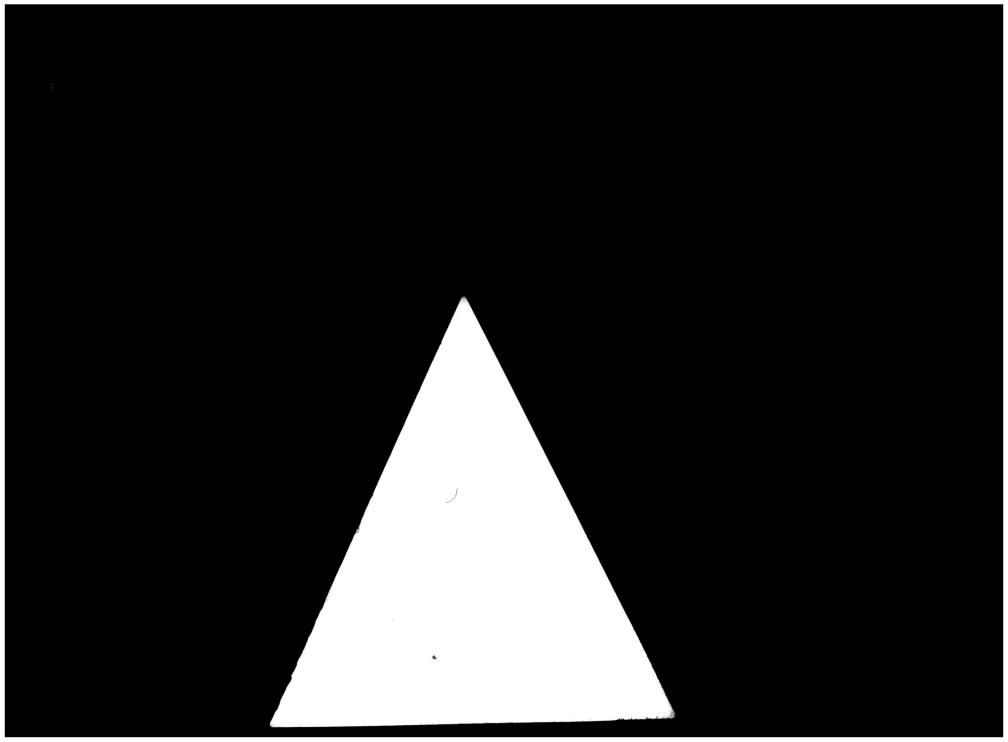
"Callaway S. Alexander, Private Co. 0, 2nd Regiment South Carolina Rifles, C. S. A., enlisted January 11, 1868, at Anderson, S. C. Roll Jan, Feb., 1865, last on file, shows his absent without leave since 14th, Feb., 1865.

I am sure that you will do what you can to clear up this adverse report from the Mar Department.

With kind regards,

Very truly yours,

Wommissioner of Pensions



Ale Kall Co Olin, James Dallin 1496 ACT OF 15 DEC., 184. (For Those Already Enrolled.)		at IN day of
No. 376	Execute	MITNESS
INDIGENT	Call din p	1//, 1000
Soldier's Pension.	Executed in presence of Charles Charle	HERB
1897.		OF, I ha
Name James Allen County De Kalb.)\$	WHEREOF, I have hereunto set my hand and seal, this
1/ 1897.		my hand a
RICHARD JOHNSON,		nd seal, th
WARRANT HANDED TO		E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
No data		s.

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

hereby authorize

STATE OF GEORGIA,

POWER OF ATTORNEY.

		POW	ER	OF ATTO	ORNEY.	
	STATE OF C	with co	1216	of Hull	authorize. L Ven co f	9.78 in.
					-	he remit same to
	at GO	Si.i	clir	_by.	.hi	1/18
		4			my hand and sea	al, this
	day of _ 7	dir My		1897.	6	4/len [L. S.]
	J. J. C.	and in presence	Cc,	} .		
					1	
He Kall &	(For Those Aiready Enrolled.)	INDIGENT oldier's Pension.	1897.	Name Jannes Allen County De Kalb.	RICHARD JOHNSON,	WARRANT HANDED TO WARRANT HANDED TO WARRANT HANDED TO SET IN MISSION, STREET, STREET,

	POWER OF ATTORNEY.
	State of Georgia, County.
	Ihereby authorize
	of
	to receive and receipt for the pension paid hereon and request that he remit same to
	by
	L.
	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
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	[L. S.]
	Executed in presence of
	en estation in
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	And the second s
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310	INDIGENT INDIGENT INDIGENT INDIGENT ISSOS JOANG AREA WARRANT ISSUED // 3 RICHÁRD JOHNSON, COMMINICATION WARRANT HANDED TO WARRANT HANDED TO ### ### ### ### ### ###############
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122	SOL Name County

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,
Leliable County.
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continously ever since the State of County and State, and has resided in said State continously ever since the State of the State of the Confederate States (or of the State of the State of the States) during the war between the States,
and served for the term of S. 2. 1/2 in Company A, of Is the Regiment of the Company A, of Is the Regiment of the Company A, of Is the Regiment of the Company A, of Is the Regiment of that his physical condition is as follows: Rhumulum in left foot & L& & Company and and the Rand. Concl. Johnson as the to have a company and the harman manual lubor a company of the
that his property consists of the following items of fellow 200 and 20
Deponent desires to participate in the benefits of the Act, approved December 16th, 1801, 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 the pension to which he is entitled for the year 1807. I have heretofore as a resident of the year 1807. I have heretofore as a resident of the year 1807. I have heretofore as a resident of the year 1807. I have heretofore as a resident of the year 1807. I have heretofore as a resident of the year 1807.
May dale Ordinary.
Ordinary of said County, I. County. Ordinary of said County, o certify that I am well acquainted with ordinary of said County, the population in the foregoing affidavit, and am well satisfied that the statements made by him or his said affidavit are true, and I know he is the individual he represents himself to be not that the project of the county of the cou
ad that he resides in this County

Given under my official signature and seal, this

day of. - - - - 1897.

For Applicants Heretofore Allowed Pensions. County. Personally appears fries Allen of De Kalk 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 1224; that he is 68 years old and by occupation a fa 2 2222; that he enlisted in the military service of the Confederate States (ovol the State of 24) during the war between the States, and served for the term of 3 Lears in Company f, of 35 th Regiment of follows: () L as going that his physical condition is as follows: () La as in a living that his property consists of the following items Your 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, 1804, 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 Nach county been allowed a pension for the year 189 % Sworn to and subscribed before me, this, the Imagaday, State of Georgia,

State of Georgia,

County. Ordinary of said County, do certify that I am well acquainted with free cost flich applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this 1374 Thirthagsdace Ordinary Inc Rach

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County.

POWER OF ATTORNEY

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	494 VDIGENT R'S PENSION,	1899.	668	RAST HAS DED TO
4.	Those Aircady Enrolled No. 494 INDIGENT IER'S PENSION,	1899.	668	WARRANT HANDED TO WE HANDEN SHARE FIRME ASSETS
SOIL County	DIG DIG	_ 40	WARRANT ISSUED 1899 RICHARD JOHNSON,	WARRANT HAS DED TO WARRANT HAS DED TO ON W. Harrion States France Assess.

	County.					
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receive and rece	ipt for the pension	allowed, and	request	that he	remit	same
	Marine and outstand and the state of the sta	at	-			
Witness my l	nand and seal, this	day of_				1900
		Mark to the second of the second of			(1 - (1 - (1 - 10)) (Man)	[L. S
Executed in	n presence of					
			-			
11.00 P. (10.00)						

SOLDIER'S PENSION, 1900. INDIGENT

CODE SEC. 1284. (For These Aiready Enry

NO. 211

JOHN. W. LINDSEY,

WARRANT ISSUED

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally appears ones Affew of Me Kall 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 May 1829; that he is 70 years old and by occupation a Massace ; that he enlisted in the military service of the Confederate States (or of the State of day of during the war between the States, and served for the term of dynamic in Company of 35 th Regiment of that his physical condition is as follows: Africated with Run was listen and follows:	ed
that his property consists of the following items Aoucy	
that his property consists of the following frems Court	
of the value of OO 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 He Kalh	
county been allowed a pension for the year 189 8,	
Sworn to and subscribed before me, this, the	
Sworn to and subscribed before me, this, the	
Mil Ragedale, Ordinary.	
State of Georgia,	ī
De Kalk, Coupty.	/
Marine Mr.	
I, MM Cagsdaley Ordinary of said County,	
do certify that I am well acquainted with some the	
applicant in the foregoing affidavit, and am well satisfied that the statements made by him	
in his said affidavit are true, and I know 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 12 1800.	
(Ania)	
(your seal)	
Ordinary Winach County.	
Norg The blank spaces must be filled.	
Note.—Affidavit should not be attested before January 1st, 1899.	

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
LE /al/~ County.
Dersonally appears since a flere of the flech
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 1824; that he is years old and
by occupation a fasical that he enlisted in the military service of the Confed-
erate States (or of the State of) during the war between the States,
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and served for the term of delivering in Company , of 35 th Regiment of that his physical condition is as follows:
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that his property consists of the following items
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of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1900. I have heretofore as a resident of 3 - 101/2
Sworn to and subscribed before me, this, the
day of Jan 1900. S Maggadace Ordinary.
Ordinary.
State of Georgia,
L.C. Call- County.
I, 16. 1. (aaike C Ordinary of said County,
do certify that I am well acquainted with Access of Ille 11. the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 1900.
here.
· V / / / / /
Ordinary A County.

Note.—The blank spaces must be filled, Note.—Affidavit should not be attested before January 1st, 1920.

Ordinary William County. Note. -- The blank spaces must be filled.

Note. -- A fildavit should not be attested before January 1st, 1899.

Ordinary A. Mall

County.

Nors.—The blank spaces must be filled, Nors.—Affidavit should not be attested before January 1st, 1920.

WIDOW'S Indigent Pension. Name Resecca Allen County De Kalls Widow of James Allen Approved Approved John W. Lindsey, and and a series and residence of the died of a series and residence of the se	
WIDOWS Indigent Pension. 201012 Allen County De Kalb	2.
Indigent Pension. 1901. Name Rebecca Allen County De Kalb	
Name Rebecca Allen County De Kalb	
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	J
JOHN W. LINDSEY, Confinitesioner of Pensions.	7
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T. T. T. S. H. T. S.	
Geo. W. Hardson, State Printer, Affairla, Ga. 20 20 20 20 20 20 20 20 20 20 20 20 20	

*	OF ATTORNEY.
STATE OF GEORGIA. Sellach Likeheela Sellen	Part is ever series; - seemant Ty
recall of	County.
emit the same to me at	unty, to receive and receipt for the pension allowed and that he
Witness my hand this day	of 2/2/2 0/2 190/_
Executed in presence of	
Ordinary,	Believe Allera L.S.
Coun	nty.) 13 29
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Questions V foot Applicant

STATE OF GEORGIA, ALIGNOS TO STATE
Sul all County James
And hear Oll
wall heared of the Pension allowed to Indigent Widows of Confederate Boldlers, under Act of General Assembly, passed 1900, hereby submits her proofs faild after being dally sworm true entwer and the following quaestions, deposes and assembly, and proofs faild after being dally sworm true entwer and the following quaestions, deposes and assembly the following quaestions depose and assembly the following quaestions depose and assembly the following quaestions and assembly the following and since when have you been a reddent of this faith that the following and since when have you been a reddent of this faith that the faith of the faith that the faith the faith faith the faith that the faith the faith fait
2. How long and since when have you been a resident of this State? Lamand O Con 1 5 2 1
3. When and where were you born? Att 15 th 1827
4. When and where was your husband born—state his full name, and when were you and he married? and Allen was Borner 31 as May 1928 in Million to be was Married 832 22 Feb 1861
5. When and where, and in what Company and Regiment did your husband enlist or serve during the year between the States? Rolling on their 1862 1864
8. Fan Aughnut 6. How long did your husband serve in said Company and Regiment? world had 5 days
7. When and where did your husband's Company and Regiment surrender and was discharged?
8. Was your husband present at the time and place when his Company and Regiment surrendered? Her
9. If not with his command at surrender, state clearly and specifically where he was, when he left com-
for Englin at Paint workered him & the 1860
10. When and where did your husband die? at stone husband aim to
11. Which of the following grounds do you base your application for Pension, viz: First—Age and overty; Second—Infirmity and Poverty, or Third—Blindness and Poverty? On the first form
12. If upon the first ground, state how long you have been in such a condition that you cannot earn our support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight.
13. What has been your occupation since your husband's death? Notherns.
14. How much can you earn gross, by your own exertion or labor? Rothing 15. What property, real or personal, or income do you have or possess, and its gross yatus? Rothing
16. What property, real or personal, did you possess at death of husband or he left you, and of the year
99-1900, and what disposition, if any, by sale or gift, have you made of the same? Nothing
in Dulash les
by my on inhaw
19. How much did your support cost for each of those years, and how much did you contribute by your nabor or income? My some for Supported & d. of Itthe law Cost
20. What was your employment during 1899 and 1906—how much did you receive for each year?
21. Have you a family? If so, who composes such family? Give their means of supports. Have they by lands or other property?
22. Have you ever made an application for pension before? Me
orn to and subscribed before me this
day of March
of Age County,

Questions for Witnesses.
STATE OF GEORGIA,
JUMALLINET County. of said State and County, having
2 Whelevelle & F Devell of said State and County, having
Geen presented as a witness in support of the Application of Mrs. Subuten Vellen
for a Pension under the Act of 1900, and after having been duly sworn true answers to make to the following questions, deposes and answers as follows:
1. What is your name and where do you reside? All Whilwarth and
A F. Privill we reduce at Lewis wille ger
A. Are you acquainted with the applicant, Mrs. Rulli A. Alleri. If so, how long have you known her? Let 5.0 years.
3. Where does she reside, and how long and since when has she been a resident of this State?
Vikala Colla, all sin like
4. When and where was she born? 1 12 Walton & La 26-11-1881 5. Were you ever acquainted with her husband? A 4111 Aller
6. Where did he reside in 1861? All Switch County Que
When and to whom was be married? To beat 1864 Steles on forher with
9. How long have you known him? Let Gen 50 offered &
10. When and where did A Coss Los Allers enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this ton 1862
the States, and in what Company and Regiment did he enlist and how do you know this? in 1862 in Ev It 35 Reys Su Vol
11. Were you a member of the same Company and Regiment? Auc Aucas
P. V.
12. How long did be perform regular military duty? for about 3 years
13. When and where was his Company and Regiment surrendered and discharged from service?
21 seprenaddox EN va April 9 1865
14. Were you with the command when it surrendered? Note 10-03 15. Was Adviced 4 Clara the husband of applicant present?
110
16. If not present, where was he? he was n'n Privare 45'1841-
17. When and where did he leave his Command? a bout the last of 1864 a The from
By whose authority he left?
How do you know all this? (State fully and clearly.) We tures There Research
300
18. When and where did A Girry Allery die?
m The Afring of 1900 at SI Mountain Ga 19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
M of sunday ta, all his life
20. Do you of your own knowledge know that applicant is the lowful widow of James Allin
21. Has she remained unmarried sings for soldier Ausband's death, and je now his widow?
The sue was. She is
22. What property, effects or income has the applicant, If any, and how do you know this of your own knowledge? How I Was a
our resourced as the state of t
23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she
make of it? Ain Januar Nove
24. Has applicant conveyed any property in last two years os given and away, if so what was it and to
whom? Som Know She Mas more was to and to

25. What is applicant's physical condition and her chances and subject to earn a support?

infirm and make to make a make a company.

	er, sue	A de la
27. How was she support	ed for 1899 and 19002	Just Frank
28. Now much did applic	ant contribute to her sup	poort for last two years ? Joseph French
29. Give a full and compl	iete statement of applicar	nt's physical condition? Done / honor
make to	au and	suffermely she is
30. What interest have yo	ou in the recovery of this	pension by the applicant
Sworn to and subscribed befo	re me this 5	1
of Murch		James O. Whitworth
Julin DM	Mr Ordinary,	John To Bruett
2 Steve	nett County	6.a Beauchamp,
mogetie	in as to EA to	eand,
Affic	avits of	Physicians.
TATE OF GE	ORGIA,	
De Kall	County.	
Personally before me com		and Street and
SV 1 Mile	urde	both known to a large to
sicians of said county, who	being severally sworn, s	ay on oath that they have examined carefully Mra
		applicant for a Pension under Act of 1900, and after
personal examination say tha	4 her physical condition	is this UKA War and seeded
man sper ones	umque le	more a support
	20 0000	
we have no interest in said pen		
Sworn to and subscribed befor	e me this	160
of Mirsell	190 /	Hotaquen Stales ent
222 Muguela	Ordinary	0 7 2 4
3. Eliaia		y) Il I My Bready ill al
ORI	DINARY'S CI	ERTIFICATE.
TATE OF GE		
e Kall	County.	
M M	/	
I, // /// Na		/// Ordinary in and for said county, hereby
fy that the applicant, Mrs.		70 -
ty, and has been a bona fide re	sident of this State since	15 gay of Cel
, and that the witnesses, N		earchenge,
entitled to full faith and credit		are of trustworthy character, and that their statements
I do further certify that before	re answering the foregoing	ng questions, the applicant and said witnesses took the
herein prescribed, and the full signed and subscribed.	text of the affidavits was	read to the applicant and witnesses before the same
I further certify that the ta		1 01
rned for taxation in her own n		
		dollars worth of property.
		And the property.
operty, and in 1900_		day of March 100
		day of March 190/
roperty, and in 1900		and day of March 190/
witness my band and officing	l seal, this 6 M	gedale Ordinary,
witness my hand and officin	l seal, this 6 M	galale Ordinary,

POWER OF ATTORNEY.

STATE OF GE	ORGIA,			
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To Those Heretofore Paid.				For year ending Dec. 31, 1903 PAID TO	16 /e	N OF	Ľ,	*	9
					3	Widow of			
					•	> 0	į II	i	1 11

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

The state of the s
STATE OF GEORGIA, PERSONALLY COMES MRS.
County of De Malh
C. IV. c. 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. ((4) 15 1137
That she is the Widow of
of the 55 He Regiment of A
Volunteers, that he culisted in said regiment on or about the month of Living 1862
186 2, and served in the Army up to Vicile 186.5. Thur he died
on the 19th day of Acie Joe.
The water a riggerit sta is made
Wer
To the second
Demonstration of the second of
Deponent swears that see was the wife of said deceased soldier, during his service in the Army as a soldier, and that the law to be law or 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 ℓ
There been allowed an Indigent pension as a resident of La Ma Ch
County, under Act 1990, for the year 1902, and now apply for the pension provided by law for the
ven ending December 31, 1902
Mis 15 day den 1902 B. B. Allen. MMRegolace Ordinary Post-Office Stone Min
h 11. 0
State of Georgia, 1. // /// Rogadace. State of Georgia, 1. // /// Rogadace. State of Georgia, 1. // /// Rogadace.
equainted with Mrs. Rober ca Allen , who made the above utilidavit and
in satisfied that the facts therein stated are true, and I know she is the individual she represents
ereself to be, and that she has continuously resided in this State since the
ay of 18
Given under my efficial signature and seal, this the 16 day of tan 1902
Omeiat , Sout . Mill Regulacy
Ordinary of Dee Kalk County.
NOTE All blanks must be filled. Vouchers and affidavits must been dote offer to the state of

FOR INDIGENT WIDOWS HERBTOFORE ALLOWED PENSIONS.

Note the second second	
STATE OF GEORGIA,	PERSONALLY COMES MRS.
County of Al Kall	- Scheeea Allen
	n oath, that she is a bona fide resident of said County of tate of Georgia, and that she has RESIDED in said State
continuously ever since Dex 15 /	627
James Allen	
F_ of the 357h	who was a soldier in Company Regiment of
Volunteers, that he enlisted in said regiment	on or about the month of Many
186_2, and served in the Army up to	
on the 1974 day of	April 800.
Similage and le	weste she is mable
Mean a supp	as .
Deponent swears that she was the wife of said	d deceased soldier, during his service in the Army as a
soldier, and that she has never married sinc	e his death aforesaid, and that she became his wife in
the year 18.6/	
I have been allowed an Indigent pension	
County, under Act 1900, for the year 1903, and	l now apply for the pension provided by law for the
year ending December 81, 1908.	P
Sworn to and subspribed before me,	1 /D / reg
this day of an 1908.	Celeaca X Allen
Magsolag , Ordinary.	Post-Office Lower Litter
, Ordinary.	1 sat office 2. The first Property
State of Georgia,	I. M. M. Ragsdace
90 42.00	
County.	Ordinary of said County, certify that I am well
equainted with Mrs. Celegred	Afflet, who made the above affidavit and
	true, and I know she is the individual she represents
nerself to be, that she has continuously re	esided in this State since the/3
lay of Set 1/37	0
Given under my official signature and seal	, this the day of All
and my omein signature and seal	, this the day of 1908.
Official Seal.	IIIII Ogsdace
	Ordinary of Sel Cally County

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

POWER OF ATTORNEY.

l	
of Stime h	hereby authorize
at Store	Himmlein &
1904. Rebio	o hur Ellen [L. S.]
	1
	we hereunto set my hand and sea

tal 6 counts.

Widow of

Certal6

mes 1

WIDOW'S PENSION FOR YEAR ENDING DECEMBER 31, 1904 Rebuga allen

INDICENT

170

TO THOSE HERETOFORE PAID.

1904.

3 & Regiment

JOHN W. LINDSEY, Commissioner of Pen

WARRANT ISSUED

AND HANDED TO

POWED OF ATTORNEY

FOWER OF ATTORNEY.
STATE OF GEORGIA, Lulagh County.
I, he becca file , hereby authorized
to receive and receipt for the pension paid hereon, and request that he remit same to
In Witness Whereof, I have hereunto set my hand and seal, this // day of
J Executed in presence of
Janus Rivery Ordinary
ा । । — अं अथसा दा खंाा।`
SION SION County County W.Y. County W.Y. Of Provious S. 1905
BOS. DIGERAT PIGERAT PIGERAT OF CONTROL 31, 1905 PAID TO CONTROL OF CONTROL OF LIAM CONTROL 3 J S S Region OF LINDSEY, COMMISSION OF LINDSEY, COMMISSION COMMI
POC NO HARMY

Mitall

Widow

To Those Heretofore 1905

No. 20

Ribeces (INDICE WIDOW'S PEN For year ending Dec. 31 mes!

JOHN W. LINDSE WARRANT ISSUED

AND HANDED TO

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

		(4)	-	
STATE OF G	EORGIA,	}	PERSONALLY COM	()
County of	O E Mall		Wolcea (ollen
Le Kal	6	State of Georgia, a	bona fide resident of	
continuously ever since	. CCCY	5,1837	. That she	is the Widow of
Jane .	allen			digr in Company
of the _		35"	Regiment of	matter and a second and a
Volunteers, that he en				
186 2 , and served	in the Army up	to apri	186 5	. That he died \
age and	day of	april	18/900	
ageano	1 poor	ty		
, J		/		
Deponent swears that s	the was the wife of	said deconsed soldie	or during his service i	n the Army as a
soldier, and that she l)		
the year to 6/	and mover interred	Since his treath kilor	estra, and that she be	entile the who in
			. DEITE	066
		sion as a resident o		
County, under Act 1900		i, and now apply for	r the pension provide	d by law for the
year ending Decomber			,	
	bscribed before me	1 /3/	ecca hort	When .
this 18day of	, fany	1904.	Marofa	200
formaLR. S	cosse ord	Post Offic	e)
(1201
State of Georg	ia,	I.	Janus.	11 Deng
DER	all, co		of said County, certi	
acquainted with Mrs.	Rebecc		, who made the abo	
am satisfied that the				
herself to be, and that			9480	15
day of QC			and since the	
uay or			8 day of Jac	111 1001
Given under my	omcial signature ar	na seal, this the/	- 4/1	,
Official		+GIIW	REGIA	_
(seal)		Ordinary o	LEMA	County
NOTEAll bla	nks must be fillers and Affidavit	ed. s must bear date	after January 1st.	1904.

FOR INDIGENT WIDOWS-HERETOFORE ALLOWED PENSIONS.

-	
STATE OF GEORGIA,	PERSONALLY COMES MRS.
County of Witall	Rebice aller
who, being sworn says	on eath, 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	
Junes (Uller	who was a soldier in Company Regiment of
Volunteers, that he collisted in said regimes	nt on or about the month of
186 📜 , and served in the Army up to	186 . That he died on
the day of	
age & Paverly	
<i>f</i>	, , , , , , , , , , , , , , , , , , , ,
	- C C C C C C C C
President and Colorado at 1 1 2 2 2 2	
* Commence of the Commence of	** *** *** *** *** *** *** *** *** ***
Sec. 11 11 11 11 11 11 11 11 11 11 11 11 11	
Daywant swape that she was the wife of or	tid deceased soldier, during his service in the Army as a
	e his death aforesald, and that she became his wife in
the year 18	
	islan as a resident of . Liellach.
County, under Act 1900, for the year 1901,	and now apply for the pension provided by law for the
year ending December 31, 1905	
Sworn to and subscribed before me	? Rebiccaping telin
day of / (111) 190	J. 7
Janua Rluorge Brinary	y. Post-Office
State of Georgia,	Jumust Lunge
State of Georgia, County	Ordinary of said County, certify that I am well
normalistad with Mrs 19,16400	College, who made the above affidavit and
	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 of18	i i i
Given under my official signature and	seal, this they day of feety 1905.
(Official)	James Ruser
Seal.	Ordinary of Destalle 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, 1905.

WIDOW'S APPLICATION

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

County Dexall Name Mis aria almost Child

JUN 161927

JOHN W. CLARK,

Commissioner of Pensions.

Regiment 16 th Bal Ya Date of Husband's Death Out 19 1902 Date of Marriage Dec 19 1867
Approved Juliu W. Glank

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

DeKalb

COUNTY.

٧. S. Morgan Ordinary of said County, do certify that

she represents herself to be, and that she is continuously a bona fide resident of said County since know Mrs. Arra Shaddox (now Mrs. Arra Almand) for pension; that she is the pen

John F. Green

as to

January 1st, 1920; that I also know.

davits, and that they are truthful and trustworthy and their staten and that both the foregoing were duly sworn by me before entitled to full faith

(SEAL OF ORDINARY)

Given under my hand

seal of office

day

V.D. 19th

DeKalb

County

and credit.

f the

Before any questions are answered the Ordinary shall swear applicant and works: "You solemnly swear that you will true answers make to each of the evidence you shall give will be the 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 of residence 4. Only widows who are maried pior to first January, 1881, are entitled.
 Attach certified copies of marriage license if obtainable. If not, prove many the county of the

5-20-27

in Her of Hus

STATE OF GEORGIA

ORDINARY'S CERTIFICATE

or dedicate,	
DeKalb	COUNTY.
1, V. S. Morgan	Ordinary of said County, do certify that I
know Mrs. Arra Shaddox (now i	Mrs. Arra Almand) for pension; that she is the person
she represents herself to be, and that s	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 se	al of office this 19th day of May , 1927.
(SEAL OF ORDINARY)	V. B. Morgan Ordinary, DeKalb County
	DeKalb County
the second secon	

Sworn to and subscribed before me,

this 19th day of May, 1927.

Notary Public, State of Georgia at Large.

Instructions.

JOHN W. CLARK, missioner of Pensi of Pen

ex

0 d

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.

8. 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 ". 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.

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia.

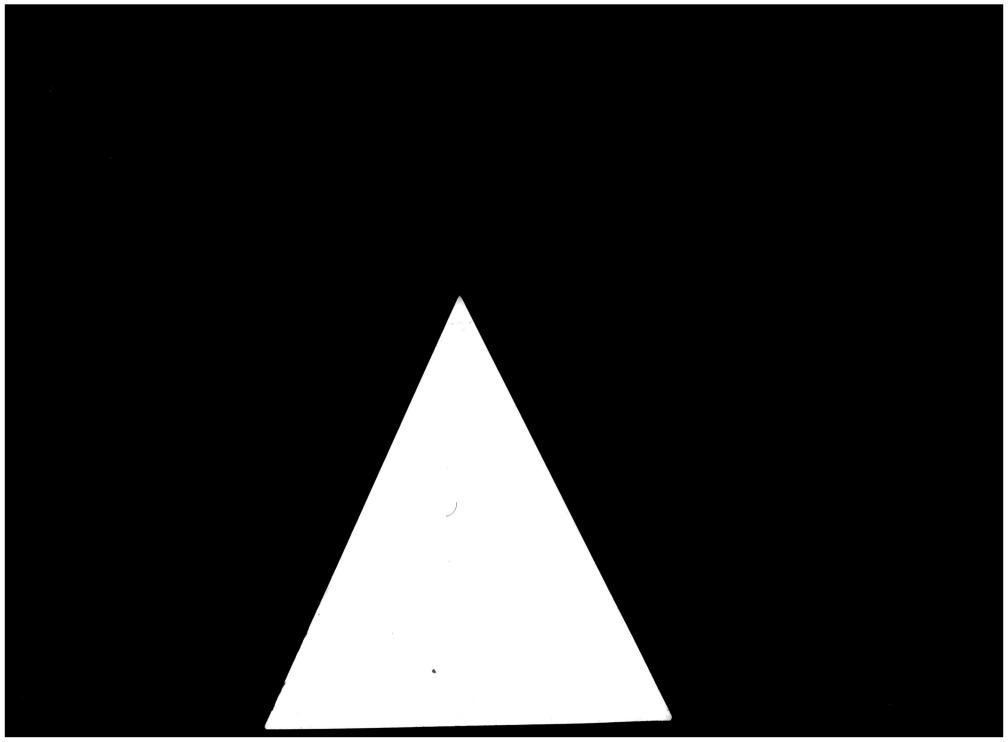
STATE OF GEORGIA,		
DeKalb	COUNTY.	
	es Mrs. Arra Almand	(formerly Mrs.Shaddog Count
who, after having been duly s	worn, says that she is the wid	dow of J. C. Shaddox
to whom, in the County of	alton State of	Georgia she was married o
the 19th day of Dec.	18.67, and that she remai	ined his wife, and resided with him
the date of his death in Dec	ember 1902 and that s	she has not since his death remarried;
the time of his death he was	a resident of DeKalb	County, in said Star
of Georgia, and he was on the	Indi'gent Pens	sion Roll of the State and paid a pension
		annum), on account of being a soldier
Company B. 16t	h Regiment Ga. Cava	lry (Volunteers or State Militia
That she is now a bona fid	e resident citizen of said State	e of Georgia and sh
as, continuously, resided ther	e since the day of he	er birth 19
Sworn to and subscribed b		*
19thday of 19 May 7	. 19.27	
/	a, Ordinary	General of
		(Applicant) (/
f DeKalb	County.	. Shadel
(SEAL OF THE ORDIN	JARY.)	A DELICATED
Affidavit of Witness to	Prove Marriage and	Date of Death of Husband.
DeKalb	COUNTY.	
		known to b
		who after having been duly sworn, say (formerly Shaddor a) lmand, who made the foregoing
idavit, is the lawful widow of	J. C. Shaddox	who died in DeKalb
		of December , 19 02
		wife of J. C. Shaddor on
		nd he had resided together as husband
d wife, continuously, since1	th day of Dao. 186	7ge until his death he
as the same man who was on t	the pension roll of said State.	from DeKalb
unty Georgia	when he died.	
Sworn to and subscribed be	fore me, this the	
9thay of May	, 1927	
V.A. may	Ordinary for	Im & Somer
DeKalb	County.	
(SEAL OF ORDINARY)	-	

(SEAL OF ORDINARY) TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL. You are hereby authorized to join James & Shaddex and ara Huff in the Holy Plate of Matrimony, according to the Constitution and Faces of this Hale and for so doing this shall be your Ficense. And you are hereby required to return this Fivense to me with your Certificate hiron of the fact and date of the Marriage Siven under my hand and soul this 14 when 1867 Lease Milchell Recember 1867 Ordinary. STATE OF GEORGIA CERTIFICATE WALTON COUNTY I Certify that James & Shaddox and lina Hull were joined in Hatchnery by me this Reverly Mrs

PARTY PERFORMING CEREMONY RETURN TO ORDINARY TO BE RECORDED.

-396

No. 23. State of Georgia, Walton County ORDINARY'S OFFICE ss. , Ordinary and ex-officio Clerk of the Court 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, have hereunto set my hand and affixed the seal of the Court of Ordinary, Ordinary and ex-officio C. C. O.



Widow's Pension UNDER ACT 1910. Name Syssilian A Almond
Widow of J. C. Alexand J. 42. In J. W. LIMPER,

Widow's Pension

Widow's Pension

Widow of J. W. Lapper,

Commissions of Francisco

	ication for Pension by a Widow Under Act of 1910Question for Applicant.
STAT	E OF GEORGIA,
1	Stall County.
and aft	Personally before me comes. A Market Market Market and County or being duly sworn, on oath sys that she desires to apply for a pension allowed under the Ac
04	
	What is your name, and where do you reside? Juliu A Miniano
89	How long and since when have you been a communing resident in the State of Georgia?
	When, where and to whom were you married Africa 1.3 7817 - Puwley C.
4	When, where and in what Company and Regiment did your husband enlist as a soldier in Con
lederate	Army, or Georgia Militia? (State the
Val	When and where aid the Commands of your husband surreager or discharge from the army
Nh	when and where and the Commands of your husband surreader or discharge from the army
6	Was your husband no and the same all the sam
	was your namonal personally present at the time of the surrender of discharge of this Command
7.	If he was not present state clearly where he was?
8.	
a.	and the leave his command?
b.	and the leave his Command?
c.	For how long was he granted leave of absence?
е.	What was his physical condition when he left his Command
f.	and the make to recurs to his command?
g. h.	In what way was he prevented from going back to Command?
n.	Was he captured by the enemy at any time?
ensed?	If so, when and where captured and where held as a prisoner, and when and for what cause re-
j.	When and where did your husband die? Were you residing together when he died." If not,
low long	and you resided apart? Victor Lo - 1401 of 112 100 16
Vov. 4. 1	What property of any description did you own, hold or control for your use and its cash value, 908. (State same by items.)
	bos. (State same by items.)
10.	What property of any kind have you sold or given away since Nov. 4, 1908? What was received
or 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? Mulhing
ive nst i	what are your annual earnings or in an additional and a second and a s
	What are your annual earnings or income and their value?
13.	Have you heretofore been paid a pension by the State? I have not
so, whe	n and for what cause were you struck from the Roll?
g	
owo	orn to and subscribed before me this the
rici	1 Day
PIPL	of Phinary Kalb County.
-	
	ons for the Witnesses as to Service of Husband and Marriage.
neore	

.

2 M 1 1
1. What is your name and where do you reside? E. L. Juguer Rockslale.
2. How long and since when have you known flore & suffice Alegea applicant?
3. How long and since when has she continuous presided in this State? (Give date.)
5. How long and since when did you know
husband? all his like know programmer her
M. 6. When where and in what Company and Regiment did
May 12 786 2 Weeland Ridge Jem Constany
9-42 ga Ryx
7. Were you a member of the same Company?
8. How long within your personal knowledge did he perform actual military service with his Com-
pany and Regiment?
When, and wheel did his Command surrander, and was discharged?
10. Were vor Desonally present when it was supported by
The state of the s
and how came you there?
11. Was the fine and of applicant personally present at surrender?
where was he?
cause did he leave Command? (Give date.)
authority did he leave his Command?
long was he granted leave?
Do you state if of your own personal knowledge? (State all you know lully, and how you know it.) 12. For what cause, if you know of your own knowledge was he prevented from returning to his
Command?.
13. What effort did he make to return to his Command and how do you know this? Of you
own knowledge or how?
Sworn to and subscribed before me this the
day of 191
Ordinary.
County.
AFFIDAVIT OF TWO FREEHOLDERS.
STATE OF GEORGIA.
Delvant
County. A B Morton
Personally before me comes WW Williams who on oath says that they
are freeholders of said County and that they know MM Symbol of Said County and know what property she owned the Nov. 1908, and its cash value to be as set out by
of said County and know what property she owned of 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows
Personal property
Notes and accounts due
Totel
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 with
Acres of land worth
Horses and Mules
Cows and Hogs
Other property.
income and earnings
Total Value of all property and free can

..Ordinary of said County do certify County and was in the 4th Nov., 1908. That I also know. to the service of husband, and an Martin Yel in Jessian 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 That the Tax Returns Stalle Commence Returned for Tax is for some for 1910 s. The first state of the state of full faith and credit. 1908 8. Marce Sworn under my hand and official seal of office this. 191 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 the spaces are insufficient.

All affidavits must be made before the Ordinary.

Only widows who married prior to first January 1870, are entitled.

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

grand

County.

Total Value of all property and Almand, Cynthia (Mrs.) Dekalb Co. PROPRIETOR OF Lithonia, Ga., Albly gst 1916 1915 11 Application for Pension Due TO A. J. ALMAND DR. Deceased Pensioner DEALER IN GROCERIES. HARDWARE, FARMING IMPLEMENTS, LUMBER, SHINGLES, LATHS, Under Act 1904. LIME, DOORS, SASH, UNDERTAKERS GOODS, CASKETS AND COFFINS, AND STANDARD BRANDS OF FERTILIZERS. 1916 Juy 2270, Cash of alekall County of Co..... Regiment Approved and ordered paid J. W. LINDSEY, Commissioner of Pensions.

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, Ne Kael County.
Personally before me, the Ordinary of said County, comes
he knew
the alate low And and Pension Roll Al Last love to County at the
time of his death, which occurred in McKalla Garanty County, in this
State, on the 22 day of 1916, and that
a Pension of Doubley
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 2.25 day of Clearly Ordinary All Later County
Georgia, County.
that I personally know . More . The
citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and
I also knew. Also Cognetic Colonian day, while in life; that he
was the same person whose name appears on the all all all
Roll of County, and was paid a Pension
of Dollars in said County for 1914, and
I now believe him to be dead.
Given under my hand and official seal, this
James N. George Ordinary,
Meltalle 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. Almand and Cynthia A.E. Chafin in the Holy State of matrimony according to the constitution and laws of this Sate ,and for so doing this shall be your sufficient license. Given under my hand and seal this 8th day of April 1851.

WmD.Luckie C.C.O. (L.S.)

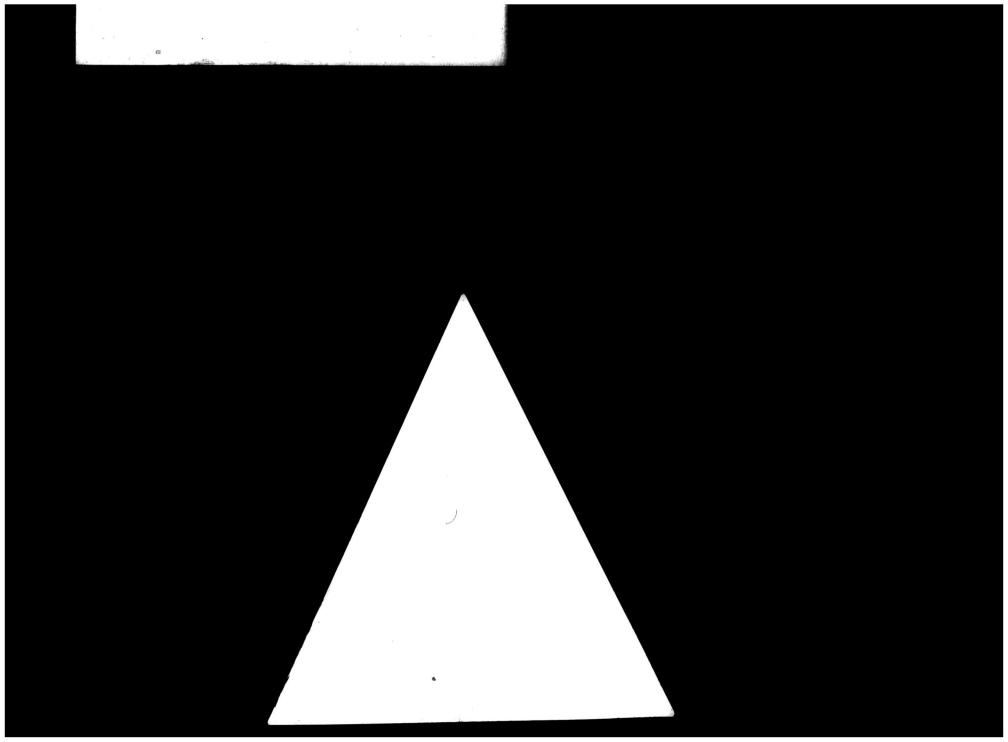
Georgia, Newton County; I do certify that James T. Almand and Cynthia A.E.Chafin were duly joined by me in matrimony the 13 th day of April 1851. T.Phillips M.G.

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 li--cense and ceffificate of marriage of the above named parties as appea--rs of record in book 1845 to 1865 page 77.

Witness my hand and official seql of office this Sept 9, 1910.

Ordinary Newton County.



hereby authorize of of and receipt for the pension paid hereon and request that

OF GEORGIA,

POWER OF

Puchash 1596
AUT OF M OUT., IM.

AUT OF M OUT., IM. INVALID SOLDIER'S PENSION. 1897. Name H.P.Almand County De Nalh Disability Amount, \$ RICHARD JOHNSON, No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
personally appears He Almand 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 day of the last of the State of the Confederate States (or of the State of the States, and served as a live of the State of the Company Food 12th Regiment of the State of
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 county been allowed an invalid pension of Dollars, for the year 1896. Sworn to and subscribed before me, this, the Sworn to and subscribed before me, this, the 1897. POST OFFICE Nove-State fully the nature of wound or character of disease which cannot the disability, resulting from the wound or disease.
STATE OF GEORGIA,
I, Ordinary of said County, to certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the individual he represents himself to be
nd that he resides in this County.
Given under my official signature and seal, this
day of 1897.
Aftix pour les
Ordinary & County

Ι,				h	ereby autho	rize		
	-			of		***************************************		
					reon and i	request t	hat he	remit same
				. b	y			
*	TNESS			ave heren	nto set mu	hand an		
day of				_1898.	ato set my	nand an	u seai, t	ihis
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F	ecuted in	presenc	e of)				
Policy In the Management of the				-				
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olled.)		SION.	7	5	5	189	f Pensions	l z
r Enrolled.)	e e	ENSION.	S.	man ().	<i>y</i>	189 NSON.	mioner of Pensions	E mana
iready Enrolled.)	ALID	S PENSION.	De mand	dman	9	189 JOHNSON.	Commissioner of Pensions	ANDED TO
For Those Aiready Enrolled.)	VALID	R'S PENSION.	898.	Aldman	3	RICHARD JOHNSON.	Gammissioner of Pensions	Affection of the state of the s

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Sie Lette County
personally appears Hellmand 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
day of 1821; 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 Child in Company Bot of 42th Regiment
of Nolunteers, Stavall 's Brigade; that whilst engaged
in such military service in the State of, on theday
of 186, he was wounded, injured or diseased of follows:
initie in service had left hand
michila in egre in for 1664
-stone which he loss three fingers
And the second of the second o
and the same
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
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 Le Ce county been allowed an invalid pension of
Dollars, for the year 1896.
Sworn to and subscribed before me, this, the 1. It of Mondard &
day of Charles 1897, POST OFFICE
16111 Cagsdece. 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,
Sie Rack County.
1, Ordinary of said County,
do certify that I am well acquainted with Milliand the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 1897.
(Affix)
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Ordinary S.C. No. M. County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Lach County
personally appears H. Almand of Selleth
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 1821; that he enlisted in the military service of the Con-
federate States (or of the State of a during the war between the
federate States (or of the State of Ca) during the war between the States and served as a living in Company of 61/2th Regiment
of La Volunteers, Stovalls 's Brigade; that whilst engaged
in such military service in the State of, on theday
of Dec
has he cars while in service
as Cherohee Ma and had the
lest hand masked lausing
lais of three ringers
the second secon
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
entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of County been allowed an invalid pension of
entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of county been allowed an invalid pension of Dollars, for the year 189
entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of County been allowed an invalid pension of
entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of county been allowed an invalid pension of Dollars, for the year 189
entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of county been allowed an invalid pension of Dollars, for the year 189 . 'Sworn to and subscribed before me, this, the A. P. Harris S.
entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of Cold Cold Cold Cold Cold Cold Cold Cold
entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of county been allowed an invalid pension of Dollars, for the year 189 . 'Sworn to and subscribed before me, this, the A. P. Harris S.
entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of Cold Cold Cold Cold Cold Cold Cold Cold
entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of county been allowed an invalid pension of Dollars, for the year 189 . Sworn to and subscribed before me, this, the day of the disability of the disability, and septoin particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA,
entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of county been allowed an invalid pension of Dollars, for the year 189 Sworn to and subscribed before me, this, the day of Leave me, this, the day of Leave which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County.
entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of county been allowed an invalid pension of Dollars, for the year 189 Sworn to and subscribed before me, this, the day of 1898. POST-OFFICK Norz-Meate fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County. Quinary of said County,
entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of county been allowed an invalid pension of Dollars, for the year 189 Sworn to and subscribed before me, this, the day of Leave me, this, the day of Leave which causes the disability, and explain particularly the extent of the disability, resulting from the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County. Ordinary of said County, do certify that I am well acquainted with the
entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of county been allowed an invalid pension of Dollars, for the year 189 . Sworn to and subscribed before me, this, the day of the disability of the disability, resulting from the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County. I, Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him
entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of county been allowed an invalid pension of Dollars, for the year 189 Sworn to and subscribed before me, this, the day of Leave me, this, the day of Leave which causes the disability, and explain particularly the extent of the disability, resulting from the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County. Ordinary of said County, do certify that I am well acquainted with the
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entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of county been allowed an invalid pension of Dollars, for the year 189 . Sworn to and subscribed before me, this, the day of the disability of the disability, resulting from the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County. I, Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be
entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of county been allowed an invalid pension of Dollars, for the year 189 . Sworn to and subscribed before me, this, the day of 1898. POST-OFFICE Norz-Maie fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County. I, Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of 1898.
entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of county been allowed an invalid pension of Dollars, for the year 189 . Sworn to and subscribed before me, this, the day of the disability of the disability, resulting from the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County. I, Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this

STATE OF GEORGIA,	ER OF ATTORNEY	
	ounty.	
I,	hereby authorize	
	of	A
to receive and receipt for th	e pension paid hereon and request that	he remit same to

at .		
IN WITNESS WHERE	EOF, I have hereunto set my hand and sea	al, this
day of	_1899.	
		[L. S.]
Executed in presence	of	
Executed in presence	01	1
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	E .	
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G	DD. 1) 1. A 1. B 1/4 CB 1/4	LANTA
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ER C	AR LY S. GAD A. A.	Son. S
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	e //	GEO. W.
20	Name A County Disability Amount,	3

Clenand, B. O.

STATE OF GEORGIA,	inty.			
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o receive and receipt for the	pension p	paid hereon	and request the	t he remit same
t		_		
IN WITNESS WHERE	OF, I have	e hereunto se	t my hand and	seal, this 3
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Executed in presence of	1			
1)) Magsda (Ord)			18	
(Ord)	nas	3-		

CODE SECTION (For Those Airedy Enrolled.)

No. 3424

SOLDIER'S PENSION INVALID

Name H.P.A. Man. A. County De Kalb
pisability Fingers
Amount, \$ 15. 1900.

Warrant issued Much 2/ 19 JOHN W. LINDSEY,

WAERANT BANDED TO

A O PARACE

ON W. Barbon, Base Printer, Atlante.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
county.
personally appears A. A. Almano of Ashalh
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 Jun 7 182/; that he enlisted in the military service of the Con-
federate States (or of the State of A) during the war between the
States and served as a Private in Company of 1/2 th Regiment
of Ja Volunteers, Stovalls 's Brigade; that whilst engaged
in such military service in the State of Ja, on the day
of Nea 1864, he was wormded, injured or diseased as follows:
A Cherokee Ald in a Sailroad
egelision while in service had left
hazed masked Causing loss of
3 Linger
Deponent makes application for the pension to which he is entitled for the year end-
october, 20th 1809. I have heretofore under said law as a resident of
County been allowed an invalid pension of Dollars, for the year 1898.
Bollars, for the year 1993.
3,
day of Acc 1899. POST-OBFICE
Will Consider Co Ordinara
Nork 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,
A. Malh County.
Mille
1. Il Ill Cagada Ce Ordinary of said County,
do certify that I am well acquainted with. All wand the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 Aun An 1899
Affix 1991 (1/1/2/Canadio.
() ()
Ordinary Le / Let County,

For Applicants Heretofore Allowed Pensions.

TATE OF GEORGIA,		
Letalk Cour	nty.	
	Uniand of De Kall	
ounty, State of Georgia, who being	duly sworn, says on oath that he is a bona)	<i>fide</i> citizen
nd resident of said State and County	y, and has resided therein continuously ever	since the
day of	187/ that he enlisted in the military	service of
ween the States, and served as a	Record during the Private in Company Bot.	of #2 th
Regiment of ZA Vo	lunteers, Stovall 's Brigade; t	hat whilst
ngaged in such military service in	the State of Ala , on the	
ay of see 1864,	he was wounded, injured or diseased as followasked in Sail South	ows:
reciding while	il rescie causing	loss
of these piety csi		
MINISTER STATE OF THE STATE OF		
Deponent makes application to	or the pension to which he is entitled fo	r the year
Sworn to and subscribed before a	County been allowed an invalid p Dollars, for the year 1807. me, this, the 1447 County 1900. POST OFFICE	esident of ension of
Sworn to and subscribed before and subscribe	County been allowed an invalid p Dollars, for the year 1807. me, this, the AFF Council.	esident of ension of
Sworn to and subscribed before a day of	County been allowed an invalid p Dollars, for the year 1807. me, this, the 1447 County 1900. POST OFFICE	esident of ension of
Sworn to and subscribed before and subscribe	County been allowed an invalid p Dollars, for the year 1899. me, this, the Alfred County POST OFFICE Arracter of disease which causes the disability, and explain pa	esident of ension of
Sworn to and subscribed before a day of the disability resulting from the wound or cheen of the disability resulting from the wound or cheen of the disability resulting from the wound or disability resulting from	County been allowed an invalid p Dollars, for the year 1897 me, this, the Arp County post office 1900. Post office paracter of disease which causes the disability, and explain pa	d County,
Sworn to and subscribed before a day of day	County been allowed an invalid p Dollars, for the year 1897. me, this, the 1990. POST OFFICE paracter of disease which causes the disability, and explain pa lisease. Ordinary of said with 2	d County,
Sworn to and subscribed before a day of day	County been allowed an invalid p Dollars, for the year 1897. me, this, the 1900 POST OFFICE paracter of disease which causes the disability, and explain paracter of disease which causes the disability and explain paracter. Ordinary of said with 2	d County,
Sworn to and subscribed before a day of day	County been allowed an invalid p Dollars, for the year 1897. me, this, the 1990. POST OFFICE paracter of disease which causes the disability, and explain pa lisease. Ordinary of said with 2	d County,

POWER OF ATTORNEY

	Coun	ty. }		
I		hereby auth	orize .	
		of		
to receive an	d receipt for the pen	sion paid hereon and	request that he	remit same to
	to the latest and the second the second terminates the second sec	by		***************************************
at				27
IN WIT	NESS WHEREOF,	I have hereunto set m	y hand and seal	this
		X		[L. s.]
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Exec	uted in presence of			
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Enrolled.	SI	2 3		n ta
" E	DISABLED IER'S PEN 1901.	202	SEY	TO To
Those Already	ER'S PE	100	ND	WARRANT HANDED WHATHOD, SIARE PIRICE
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Those No.	S & W	237.2		ZANT 7
		20,	H	H.
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For The	[Q]	Name A County Disability Amount, \$	Of	W. Geo. W

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	2,	hae.	GEORGIA,	Count	}				•	
	to recei	ve and	receipt for the	e pens	sion paid h	ereon and	request t	hat he r	emit same	to
	IN day of Ex	WITNI	ESS WHERE	OF, I			hand and	mula		5.
De Table	OODE SECTION 120. (FOR THOSE ALREADY ENROLLED.)	No. 3.1 -4	SOLDIER'S PENSION	1902.	Name H.P. Almand, County D. & Kalle	Co. The Regiment 11 2-ch. Disability 3 Fing c r 8	Amount, \$ 5	JOHN W. LINDSEY,	WARRANT HANDED TO	71, data

I Smand, Hom 1/2 1/0 1

For Applicants Heretofore Allowed Pensions.

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 7" day of 1871; that he enlisted in the military service of the Confederate States (or of the State of 1824; that he enlisted in the military service of the Confederate States (or of the State of 1824; that he enlisted in the military service of the Confederate States (or of the State of 1824; that whilst engaged in such military service in the State of 1824; he was wounded, injured or diseased as follows: 1824; he was wounded, injured or	STATE OF GEORGIA, Le Kalh County.
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 7" day of 1824 1827; that he enlisted in the military service of the Confederate States (or of the State of 1901) during the war between the States and served as a 1901 1901 1901 1901 1901 1901 1901 19	Descending appears It P. Smank of De Kalh
and resident of said State, and has resided therein continuously ever since the day of the the telephone of the telephone of the confederate States (or of the State of the States of the Confederate States (or of the State of the States and served as a tripped in Company B for #2 th Regiment of the Wolunteers, total the in Company B for #2 th Regiment of the Wolunteers, total the springed in such unlittary service in the State of the day of the would of the would of the would be the world of the would of the would of the would or the pension to which he is entitled for year ending October, 20th, 1901. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1900. Sworn to and subscribed before me, this the day of the would or character of the associate to the disability resulting from the would or disease. STATE OF GEORGIA, Let Man Regulace Ordinary of said County, do certify that I am well acquined with the would or disease. STATE OF GEORGIA, Let Man Regulace Ordinary of said County, do certify that I am well acquined with the would or disease. STATE OF GEORGIA, Let Man Regulace Ordinary of said County, do certify that I am well acquined with the would or disease. STATE OF GEORGIA, Let Man Regulace Ordinary of said County, do certify that I am well acquined with the would or disease. STATE OF GEORGIA, Let Man Regulace Ordinary of said County, do certify that I am well acquined with the would or disease. STATE OF GEORGIA, Let Man Regulace Ordinary of said County, do certify that I am well acquined with the would or disease. STATE OF GEORGIA, Let Man Regulace Ordinary of said County, do certify that I am well acquined with the would or disease. STATE OF GEORGIA, Let Man Regulace Ordinary of said County, do certify that I am well acquined with the would or disease ordinary of said County, do certify that I am well acquined my office ordinary ordinary of said County, do certify that I am well acquined my office ordinary ordinary ordinary ordi	
Deponent makes application for the pension to which he is entitled for year ending October, 26th, 4901. I have heretofore under said law as a resident of Dollars, for the year 1900. Sworn to and subscribed before me, this the pension to the day of the year following the extent of the disability resulting from the wound or character of diseases the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, Learn County. Given under my official signature and seal, this 12 " day of Learn Given under my official signature and seal, this 12 " day of Learn County. Given under my official signature and seal, this 12 " day of Learn Given under my official signature and seal, this 12 " day of Learn County. Given under my official signature and seal, this 12 " day of Learn County. Learn County. Learn County. Given under my official signature and seal, this 12 " day of Learn County. Learn County County County County of Said County. Learn County	and resident of said State and has resided therein continuously ever since the 7"
Deponent makes application for the pension to which he is entitled for year ending October, 20th, 4901. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1900. Sworn to and subscribed before me, this the law of the application of the wound or disease. STATE OF GEORGIA. County.	
States and served as a Volunteers, Stork in Company B 70f #2 th Regiment of Ha Volunteers, Stork is Brigade; that whilst engaged in such military service in the State of Hard mass wounded, injured or diseased as follows: Hard learn hard measured which he is entitled for year ending October, 26th, 4901. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1900. Sworn to and subscribed before me, this the 1901. Postoffice I replicated which eauses the disability and explain perticularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, Learn County. County. County. County. Ordinary of said County, do certify that I am well acquinted with Hold statements made by him in his said affidavit are true, and I know 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 May of May 1901. Given under my official signature and seal, this 12 " day of May of May 1901. Half Ragadale. Given under my official signature and seal, this 12 " day of May of May 1901. Half Ragadale.	College States for of the State of (1) during the war between the
Deponent makes application for the pension to which he is entitled for year ending October, 26th, 4901. I have heretofore under said law as a resident of County been allowed an invalid pension of Sworn to and subscribed before me, this the Sorre state fully the nature of the wound or character of disease which causes the disability, and explain purificularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, Le Kall County. Given under my official signature and seal, this 12 "day of the signature of the disability are true, and I know 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 the	States and served as a 15 2 rate in Company B for 42 th Regiment
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 County been allowed an invalid pension of Dollars, for the year 1900. Sworn to and subscribed before me, this the Jay of Language October, 26th and 1901. Postoffice Inglicated STATE OF GEORGIA, STATE OF GEORGIA, I, Mandal County. I, Mandal County. County. County. Given under said law as a resident of Dollars, for the year 1900. Sworn to and subscribed before me, this the Jay Carial State fully the nature of the wound or character of Afrease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, Je Kall County. Given under my official signature and seal, this 12 " day of Man 1901. Given under my official signature and seal, this 12 " day of Man 1901. The Register of the statements made by him in his said affidavit are true, and I know 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 Man 1901.	of La Volunteers, Stovall 's Brigade; that whilst engaged
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 County been allowed an invalid pension of Bollars, for the year 1900. Sworn to and subscribed before me, this the '' day of lan 1901. Postoffice I registered Norre, State fully the nature of the wound or character of the man which causes the disability and replain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, I. M. Ragedace County. I. M. Ragedace Ordinary of said County, do certify that I am well acquinted with H. H. H. M. M. L. H. L.	in such military service in the State of Ala , on the day
Deponent makes application for the pension to which he is entitled for year ending October, 26th, 4901. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1900. Sworn to and subscribed before me, this the July of Law 1901. Postoffice July Levisla. Norre, State fully the nature of the wound or character of the man which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, July Ragidace County. I, Man Ragidace Ordinary of Said County, do certify that I am well acquinted with H. H. Harmand the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Man 1901. The Ragidace County of Said County of Said County. Given under my official signature and seal, this 12 " day of Man 1901.	
Deponent makes application for the pension to which he is entitled for year ending October, 26th, 4901. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1900. Sworn to and subscribed before me, this the John Postoffice of Agracial Magalace Character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, Je County. I. Magalace Ordinary of said County. Ordinary of said County, do certify that I am well acquinted with And Manage of the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this 12 " day of 1901. The Ragadace Manage of the middle of the individual herepresents himself to be and that he resides in this County. Given under my official signature and seal, this 12 " day of 1901.	and de't hand masked while on
Deponent makes application for the pension to which he is entitled for year ending October, 26th, 4901. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1900. Sworn to and subscribed before me, this the John Postoffice of Agracial Magalace Character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, Je County. I. Magalace Ordinary of said County. Ordinary of said County, do certify that I am well acquinted with And Manage of the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this 12 " day of 1901. The Ragadace Manage of the middle of the individual herepresents himself to be and that he resides in this County. Given under my official signature and seal, this 12 " day of 1901.	Pare landing lose of Three fingers.
County been allowed an invalid pension of Dollars, for the year 1900. Sworn to and subscribed before me, this the day of Long Leavest 1901. Postoffice Inglesially and explain perticularly when extent of the disability resulting from the wound or disease. STATE OF GEORGIA, Leavest County. I. May add County. County. Ordinary of said County, do certify that I am well acquinted with And well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this 12 " day of Long Louty. 1901. 1901. 1901. 1902. 1903. 1904. 1905. 1906. 1907. 1907. 1908.	
County been allowed an invalid pension of Dollars, for the year 1900. Sworn to and subscribed before me, this the day of Long Leavest 1901. Postoffice Inglesially and explain perticularly when extent of the disability resulting from the wound or disease. STATE OF GEORGIA, Leavest County. I. May add County. County. Ordinary of said County, do certify that I am well acquinted with And well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this 12 " day of Long Louty. 1901. 1901. 1901. 1902. 1903. 1904. 1905. 1906. 1907. 1907. 1908.	the second secon
County been allowed an invalid pension of Dollars, for the year 1900. Sworn to and subscribed before me, this the day of Long Leavest 1901. Postoffice Inglesially and explain perticularly when extent of the disability resulting from the wound or disease. STATE OF GEORGIA, Leavest County. I. May add County. County. Ordinary of said County, do certify that I am well acquinted with And well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this 12 " day of Long Louty. 1901. 1901. 1901. 1902. 1903. 1904. 1905. 1906. 1907. 1907. 1908.	· .
County been allowed an invalid pension of Dollars, for the year 1900. Sworn to and subscribed before me, this the day of Long Leavest 1901. Postoffice Inglesially and explain perticularly when extent of the disability resulting from the wound or disease. STATE OF GEORGIA, Leavest County. I. May add County. County. Ordinary of said County, do certify that I am well acquinted with And well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this 12 " day of Long Louty. 1901. 1901. 1901. 1902. 1903. 1904. 1905. 1906. 1907. 1907. 1908.	MARKET AND THE SECOND S
County been allowed an invalid pension of Dollars, for the year 1900. Sworn to and subscribed before me, this the day of Long Leavest 1901. Postoffice Inglesially and explain perticularly when extent of the disability resulting from the wound or disease. STATE OF GEORGIA, Leavest County. I. May add County. County. Ordinary of said County, do certify that I am well acquinted with And well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this 12 " day of Long Louty. 1901. 1901. 1901. 1902. 1903. 1904. 1905. 1906. 1907. 1907. 1908.	, and a second of the second o
County been allowed an invalid pension of Dollars, for the year 1900. Sworn to and subscribed before me, this the day of Long Leavest 1901. Postoffice Inglesially and explain perticularly when extent of the disability resulting from the wound or disease. STATE OF GEORGIA, Leavest County. I. May add County. County. Ordinary of said County, do certify that I am well acquinted with And well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this 12 " day of Long Louty. 1901. 1901. 1901. 1902. 1903. 1904. 1905. 1906. 1907. 1907. 1908.	Deponent makes application for the pension to which he is entitled for year end-
County been allowed an invalid pension of Dollars, for the year 1900. Sworn to and subscribed before me, this the 1901. Postoffice 1991 County 1901. Postoffice 1991 County 1901. Postoffice 1991 County 1901 Postoffice 1991 Postoffice 1991 County 1901 Postoffice 1991 Postoffice	ing October, 26th 1901. I have heretofore under said law as a resident of
Dollars, for the year 1900. Sworn to and subscribed before me, this the 13" day of An 1901. Postoffice I reg Consider Norse. State fully the nature of the wound or character of disease which causes the disability, and replain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County. I, May Regarder Ordinary of said County, do certify that I am well acquinted with Andreward the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1901. 1901.	Se Kalh County been allowed an invalid pension of
Sworn to and subscribed before me, this the 1911. Postoffice I registered Normal 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, Le County. I, White Registered County. Ordinary of said County, do certify that I am well acquinted with Honder Hongard the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1901. 1901.	Ghiffeen Dollars, for the year 1900.
Age of Land 1901. Postoffice I reglicial to be and that he resides in this County. Ordinary of said County. I, May along the nature of the wound or character of disease which causes the disability, and replain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County. I, May along the County. Ordinary of said County, do certify that I am well acquinted 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 12 " day of 1901. The County of the disability, and replain particular	
Nore.—State fully the nature of the wound or character of disease which causes the disability, and explain porticular by the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, Jee County. I.— White Rogadace Ordinary of said County, do certify that I am well acquinted with How How well satisfied that the statements made by him in his said affidavit are true, and I know 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 1901. The Rogadace Ordinary of said County, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this 12 " day of 1901.	17" day of Sem 1901. Postoffice I ngleside
STATE OF GEORGIA, Je Kalk County. I, Milk Ragadace Ordinary of said County, do certify that I am well acquinted with Hold statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this /2 " day of 1901. 1901.	Nore State fully the nature of the wound or character of disease which causes the disability, and explain partic-
do certify that I am well acquinted 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 / 2 " day of 1901.	ularly the extent of the disability resulting from the wound or disease.
do certify that I am well acquinted 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 / 2 " day of 1901.	STATE OF GEORGIA, Le Kalh County.
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this / 2 // day of 1901.	I, Will Ragsdace Ordinary of said County,
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this / 2 " day of 1901. The base of the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.	do certify that I am well acquinted with Hold fraud the
in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this / 2 " day of 1901. This tage date	
and that he resides in this County. Given upder my official signature and seal, this / 2 " day of	
day of lan 1901.	
day of lan 1901.	Given under my official signature and seal, this /2 "
AME Just	//
Ant Just Ordinary Deltath County.	Thinks la
	And South Ordinary Destath County.

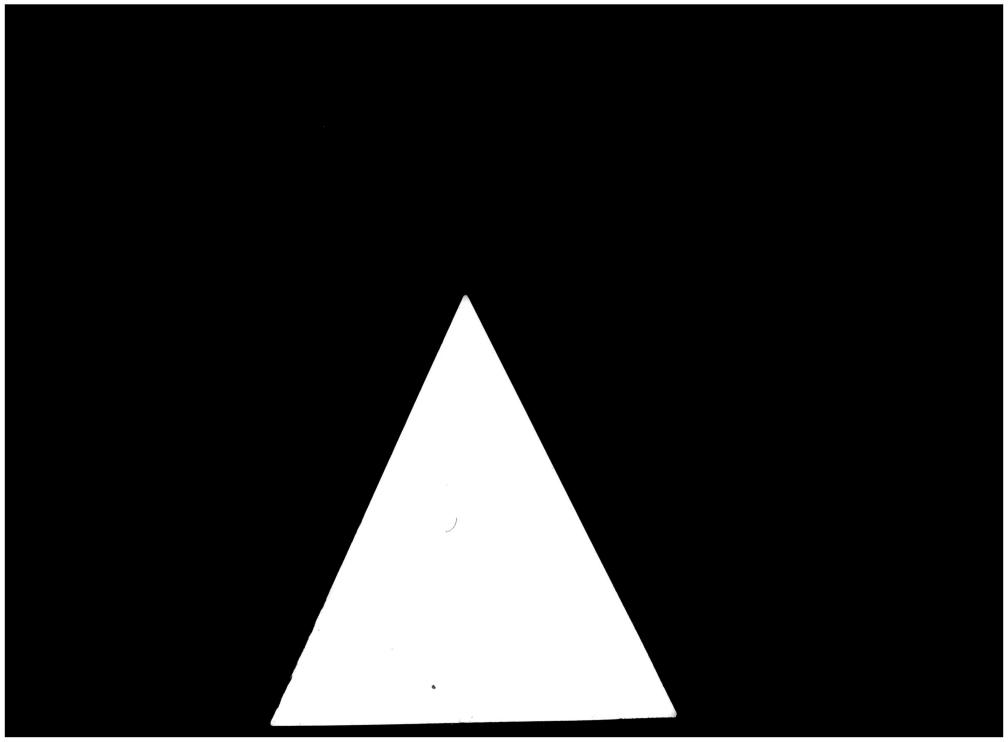
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, See Nath County.
Sie Malle County.
Personally appears A. P. Sindel of De Kalh
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and reside of said State, and has resided therein continuously ever since the
day of 182/; that he enlisted in the military service of the Con-
federate States (or of the State of Ja during the war between the
States, and served as a Child in Company & Fofes th Regiment
of A Volunteers, Stovalls 's Brigade; that whilst engaged
in such military service in the State of _ // , on theday
of A. C
had left hand marked in sail son.
Caccinian while in service as
Cherofice Ria. Tod/ three frieger
The second of th
The state of the s
Deponent makes application for the pension to which he is entitled for the year
ending October 28th, 1902. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
This Ite U Dollars, for the year 1901.
Sworn to and subscribed before me, this the
13
day of 1902. Post-office parallel of the
NOTE -State fully the nature of the wound - the wound -
Nors.—State fully the nature of the wound or character of disease which causes the disability, and explain carrieralarly the extent of the disability resulting from the wound or disease.
STATE OF CEODOLA
STATE OF GEORGIA,
X((\A (h County.)
I, Allaco good a County, Ordinary of said County,
do certify that I am well acquainted with A. If mand
he applicant in the foregoing affidavit, and am well satisfied that the statements made by
im in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this
day of 1902.
AMIX YOUR AMIX AMIX AMIX AMIX AMIX AMIX AMIX AMIX
Ordinary De Ma County
North - Fill all blacks and of Commerce and D. C. C. Ca. Cha. County.

Note.—All vouchers and affidavits must bear date after January 1, 1902.

day of Kan MIMagadace your seal here Ordinary_ Nork.—Fill all blanks and of Company and Regiment.
Nork.—All vouchers and affidavits must bear date after January 1, 1902. County. Office of . . Ordinary, Rookdale County. Conyers, Ga., 189 Lengia (I do hereby certify that-Buskaale County ? HP. Almond drew a framin of hifteen Dollars for the loss of Three fingers, as an est confederate Soldier for the year 1896, and no a resident of Rockdale county. Witness my hand and seaf This Fely 164877 A.M. Helmo Ordinany

De Mach



POWER OF ATTORNEY.

STATE OF GEORGIA,

Dekalla							1				
(For Those Aiready Enrolled.)	4		r	×	day of	State of States (s in my m be comit	er.	County, State	•	×	STAT
From Josper en 1894		u money to		Executed		Georgia or of this ame for a ng to me WITNI		State of		KNOW ALL	STATE OF (
SOLDIER'S PENSION.		to me as follows, by		Executed in presence of us		by reason of an inj State) as stated in My Warrrant that 1 for the reason afort SSS WHEREOF,		of Georgia, do hereby appoint	P	MEN BY	GEORGIA
1895.		ows, by	-	of us				hereby app		County THESE P	Ā
Name He & Munde	County, Georg	2	DIRECTIONS		1895.	receipt for what received as the foregoing aff that be issued be said. I have hereunts		oint		County.) BY THESE PRESENTS, That	~
Disability Houseked Hand.	. congress		TIONS.	1		for whatever amount of money I m for whatever amount of money I m fived as aforesaid in the military a going affidavit; hereby anthorizing or issued by the Governor, or for any issued by the Governor, or for any hereunto set my hand and seal, this			of.	That I,	
Amount, 8 23 6				e Fig.		amount of money I said in the military t; hereby authorizing Governor, or for au my band and seal, th	_my true				
RICHARD JOHNSON, Secretary Executive Department.						ny sery	my true and lawful attorney				
WARRANT HANDED TO						be entitled to rice of the Co said Attorney am of money w	attorney i				
Geo. W. Harrison, State Printer, Atlanta.	7 1 1	P. O.		F F		titled to from the f the Confederate Attorney to receipt money which may	in fact, for	-			

For Applicants Heretofore Allowed Pensions.

personally appears (County) 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 (12) 1841; 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 11000 in Company B, of the Regiment of Volunteers, 1660 or 's Brigade; that whilst engaged in such military service at the battle of on the 30 day of Say 1862 he was wounded as follows: 1100 to the a military to the left of the confederate States (1200 to the State of A such that a military to the left of the confederate States) and the left of the confederate States (1200 to the State of A such that a military to the left of the state of A such that a military to the left of the left of the state
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 local form of dollars, for the year 189 for Sworn to and subscribed before me, this, the land the disability of the year and subscribed before me, this, the land the disability and explain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA, County. I. Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of the table of the county. Ordinary de table County.

your seal here W.M. Kogselaci Ordinary De Kalk ___County.

POWER OF ATTORNEY. STATE OF GEORGIA,

Wrote for a on				a			to receive		
INDIGENT PENSION,	1	,	10		Executed	Witness my	ve and receipt	I,	
1902.			NA COLON		E.	band and	pt for the		
Name Anderson J.J.	-				presence of	seal, this	pension		
County De Mall Co. B 34h Gareg'm't	41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		complete contraction				allowed, and re	COUNTY	
Approved1902,		J				day o	of		_
JOHN W. LINDSEY, Commissioner of Pensions.	The control of the co					f	remit same to		
WARRANT HANDED TO	Transport of the state of the s								٠
Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.	n-undrissentialery.				35	1902.		hereby s	
Geo. W. Harrison, State Printer, Atlanta.					[L. s.]			authorize	
			Ž.					,	

	. *	1	
No.		and the second s	man agus ann air an - manachailteachailteachailteachailteachailteachailteachailteachailteachailteachailteachai
	W.		ī

Questions for Applicant.

Questions for Applicant.
STATE OF GEORGIA,
De Kally of County.
to avail himself of the Pension Act (Section 1954 Code) hereby submits his people and of our being
to avail himself of the Fension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to pake to the following questions, deposes and answers as follows: 1) White you man and where do you reside? (give State, County, and, post office)
Janderson, indestallates, Tilles piata,
How long and eince when have you been resident of this State? Sixty light
3. When and where were you born? Our 20" 1833, in the Kell Cata,
4. When and where and in what company and regiment did you enlist or ago 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. How long did you remain in such company and regiment? The will Surrende
in April 1863
6. When applyhere was your company and regiment surrendered and discharged?
7 Ware you present with your company and regiment when it was surrendered?
7. Were you present with your company and regiment when it was surrendered?
and by whose authority?
9. How much can you earn (gross) per annum by your own exertions or labor Not overflow
10. What has been your occupation since 1805? Talming
second, "infirmity and poverty," or third, "blindness and poverty"
second, "infirmity and poverty" or third, "blindness and poverty"? 12. If upon the first ground, state how long you have been in such sphillion that you solid not earn good support! If upon the second, give a full and complete history of the infirmity and its extent. It upon the third,
state whether you are total blind and when and whore you lost your sight
for hast his means was to
make a sommon make lo
13. What property, real or personal, or hoome, do you possess, and its gross value?
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? The same of same?
mones to
1. why Copyry did not reside varing those years, and what property did you then return for taxation?
16. How were you supported during the years 1899, 1809 and 1891? Long what I Could
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? John March
nothed on farm some wall over 25 Bu Com
19. Have you a family? If so, who composes such family? Give their means of support? Have they a
homested? the work somethat
20. Are you receiving any pension? If so, what amount and for what disability i
21. Have you ever made an application for pension before?
22. How many applications have you ever made and under what close?
Sworn to and subscribed before me this the
23d pay of July 1802. Mark Applicant.
unifagla dee Thinary,
of State County.

QUESTIONS FOR WITNESS.

	6	
	STATE OF GEORGIA,)	
	D. 71201	
	De Mair (County.)	
	John C. Delife of of said State and County, having been presented	
	as a witness in support of the application of the application of the section 1254, Code, and after being duly proper type appwers to wake of the following questions, deposes and	
	answers as follows:	,
	1. What is your worke and where do you reside! John N. Melorge, in dithout	'
	2. Are you acquainted with the surface the applicant; if so, how	
	long have you known him? Ten Pittu Me Acal	
	3. Where does he reside, and now long and since when has he been a resident of this state?	
	When, where and in what company and regiment did he enlist, and how do you know?	
	In Aug 1862 In Attanta leo B. 5th Ja Ros	
	5. Were you a member of the same company and regiment? Was	1
	6. How long did he perform regular military duty? The Surrender in Shil 1865.	
	7. When and where was his panmand surrendered? 1863, at	
	JAN C	
	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?	
	And the state of t	
	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 and 1901, and	
	what disposition, if any, did he make of same? Make, Make Ms	
	disposition of any	
	13. Has he conveyed away any of his property in the last four year, if so, what was it, and to whom?	
	Hac not	
1	11. What is the applicant's occupation and physical condition? The mile, by is	
	in felt and fleen from Rhumation	
	15. Is the applicant unable to support himself by labor of any sort, if so, why?	
	Tex, on recount of his disease	
	16. How was he supported during the years 1898, 1899, 1900 and 1901?	
	17. What portion of his support for these four years was derived from his own labor or income?	
•	MAN MAN WALL TOUR STEEL A SHEET	
	18. Give a full and complete statement of the applicant's physical conditions that entitles hips to a pension under Section 1254, Gode?	
	Weller and look and for the formations	
-	Torrecel near has ween so	
8	19. What interest have you in the recovery of a pension by this applicant?	
	that interest have you in the recovery of a pension by this applicant?	
	Sworn to and subscribed before me, this the	
	8 worn to and subscribed before me, this the	
	Sworn to and subscribed before me, this the	

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Personally came before me Wy Hauthy and
both known to me as reputable physicians
of said County, who, being severally sworn, say on oath that they have examined carefully
such personal examination say that his precise physical condition is as follows:
Muscular Munitim (Chamie) Brushiti.
divilley
and that we have no interest in said pension being allowed.
Sworn to and subscribed before me, this the 23d day of feely 1902. Torley S. aurly Turk
23d gay of sely 1902. Torley J. aurely mid
M. Magsolle Ordinary.
OPDINARYIO OPPEIRIOAET
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
I, M. M. Laguaball Ordinary in and for said County, hereby certify
that the applicant
been a bona fide resident of this State since the day of Oly 188.9,
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 send that a
returned for taxation in his name in 1899 Your
property and in 1900
In my existing the Court of the
Witness my hand and seel of office this
day of day of 1902.
Ordinary,
of A. Call County.
Rotes and quarters are assumed the second
words: "You shall true answers make to each of the questions are applicant and the witnesses in the following the whole truth, so help you God," 1. Hefore any questions are answers make to each of the questions asked of you, and the evidence you shall give will be a considered the second of the constant of the const

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

POWER OF ATTORNEY.

STATE OF GEORGIA,	}
Se inthe Count	
I. I lududerson	hereby authorize
- f. Noston	of De Walk County
to receive and receipt for the pension	n allowed and request that he remit same to
	at
by	
Witness my hand and seal, this	day of Jan 1903.
Executed in presence of	lina (h
1.11.3000	1
Will legelace,	
ast inay	•

CODE SECTION 1234.

(FOR THOSE ALREADY ENROLLED.)

No. SAY

SOLDIER'S PENSION

INDIGENT

DEVEALL Cornety the pension allowed and request that he remit same to

Witness my hand and seal, this

POWER OF ATTORNEY.

Fixeented in presence of family In George

SOLDIER'S PENSION 1904. INDIGENT

Regiment Name

JOHN W. LINDSEY.

no data

JOHN W. LINDSEY,
Commissioner of Pension Name ANDEY SON J.J. WARRANT HANDED TO 1903. WARRANT ISSUED 2 Vellin Regiment

(FOR THOSE ALREADY ENROLLED.)

No. 5 % 9

500

WARRANT ISSUED

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	STATE OF GEORGIA,
	Touchalle County.
	Personally appears for Gullet Golden of Die Kalle
	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 County
	since the FO day of C Cf 1853; that he is 20 years old and
	by occupation a da smell, that he culisted in the military service of the Con-
	States, and served for the term of J Cals in Company B
	of Hall of that his physical condition is as
	follows: I som Age and I refermed unales
	follows: I rom spiced I referredly make
	that his property consists of the following items: 1206
	The state of the s
	of the value of OO Dollars that he was \$1.1.1.
	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 2007/2015
	consists been all and a second of the second
	Sworn to and subscribed before me, this the
	Sworn to and subscribed before me, this the day of the 1903.
	Sworn to and subscribed before me, this the day of Add 1903 Production Ordinary Production
	STATE OF GEORGIA,
	Yie Market
	Lie Rath County. I. Nill. Regarde Co J. Ordinary of said County do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well spicefed that the attenual
	I, Will, Ragsde Co 1) Ordinary of said County
0	do certify that I am well acquainted with
1	
,	him in his said affidavit are true, and I know he is the individual he represents himself to
ı	be and that he resides in this County.
	Given under my official signature and seal, this
(day of 1903.
}	Alla Jour Soul Mill Capadace
(9 74 06
	Note—The blank spaces must be filled.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Destall County.
Personally appears & Widerson of Stall
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 Wer . 1833; that he is years old and
by occupation a farmer, that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of 3 Mars in Company of of the Regiment
of that his short his short his
follows: age and Infirmity from Usease
Cough
that his property consists of the following items:
Koru
AND
of the value 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 Serrals
County been allowed a pension for the year 1 403
Sworn to and subscribed before me, this the
day of January 1904. \ Mark
Janus R. Reces Te Ordinary.
STATE OF GEORGIA,
DEKall County.
1 PHa
I, James M. Jeorge Ordinary of said County,
do certify that I am well acquainted with
the applicant in the foregoing affidavit, and any well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.
Given under my official signature and seal, this
day of January 1904.
Can Place
your Seel Colored
Ordinary A) Estato 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 WHILE?

RELEASED.

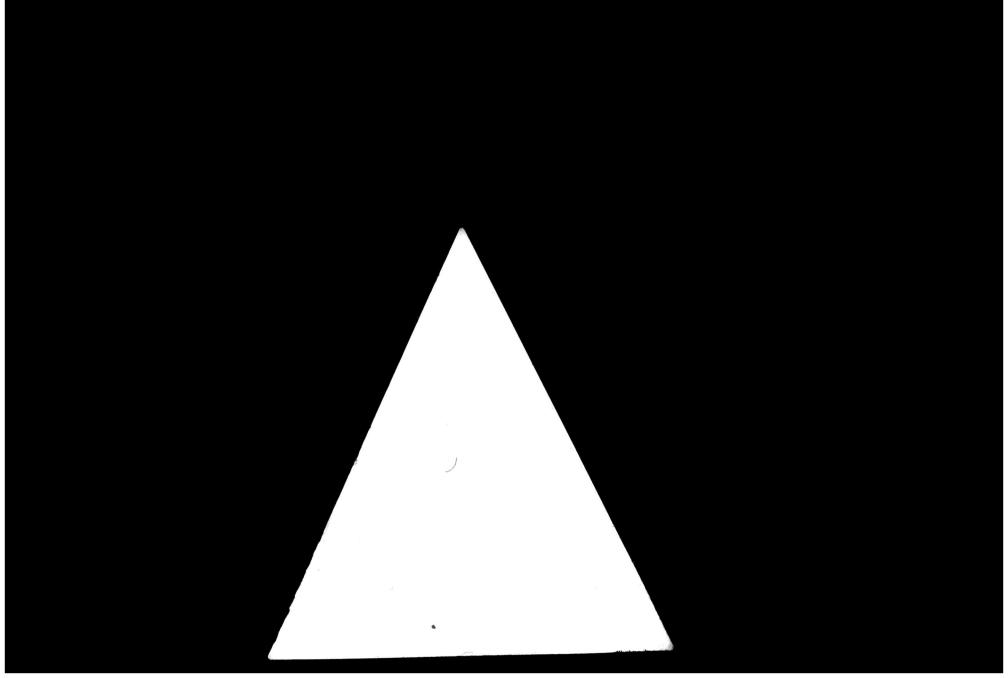
WHEN AND WHERE SURRENDERED? April 1865 - Greensboro, North Carolina

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. John R. George, same command -- Nodata.



POWER OF ATTORNEY. STATE OF GEORGIA.

all Men by these Presents, That I,

jo County, in said State, do hereby appoint.

me and in my name, to receive and receipt for whatever amount of money I may be entitled 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 ne for the reason my true and lawful attorney in fact, for

and my hand set have hereunto WITNESS WHEREOF, N

day of

189

Executed in the presence of us:

2

and oblige,



oceum Mo.1411

\$100.00.

Warrant Issued

AND HANDED TO

1891

POWER OF ATTORNEY. FORM NO.

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

to

me at

, and oblige,



Widows' Pension Widows' Pension Widows' Pension What Rudissing Court. Salobabara Sued 1891 AND HANDED TO 1891

Affidavit to be Made by the Widow. Form No.

STATE OF GEORGIA.
County of Se Kall in and for the County of Se Kall
Mrs. I finderson , who being sworn according to law, says under oath that she is the widow of Political of 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 Lerragica Volunteers; that he enlisted in said
service on or about the 1th day of Long 1862, and was in the Confederate Army up to Many 1868 That while in the
Army, he was on the 16th day of May 1863, (See Note No. 1) Billed in The Batter & Bakers Creek
Miss.

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 /2, the 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 the least 1891. Charles.

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.

STATE OF GEORGIA

In person came before me, the undersigned Ordinary

and Ino, P. Maddex

Seach known to said Attening Officer as truthful, reliable and poputable citizens), who severally say under oath, that, from their own personal knowledge,

Mrs. All Anderson State of Georgia, is the widow of Man 13 Anderson, who was a soldier in

of the County of De Kall

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 186 2 That while in said service, or by

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

The was tilled in the Bottle - A Baker breek, miss. hier on the field. On the 16th day of may 1863.

We further swear that Mrs. S. Anderson soldier during the service, and that she has not intermirried since his death, and that she resides in De Kath County of the State of Georgia.

Sworn to and subscribed before me, this, the

Emtithedge Mot Ridling John or Madalon

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

STATE OF GEORGIA.

County of De Kalk in and for said County of De Kalk

State of Georgia, hereby certify that I am acquainted with Mrs. S. Janderson 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 band and affixed the seal of my office; this, the

day of Aprico Mille goraic.

Ordinary.

Form No. 4.

The pension is only payable to certain classes of widows

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish tull 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 our 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. II. HARRISON,

Sec. Ex. Department.

M.M. ogsdac.

John or Madalox

By order of the Governor.

W. II. HARRISON,
. Sec. Ex. Department.

6

For DEKalb **Application for Pension Due Deceased Pensioner** (UNDER ACT 1919)
(To pay expenses of last illness and funeral) Date of Death Jan 4th 1924 Amount \$ /00 Approved and ordered paid JOHN W. CLARK, 18 Febr 29 Commissioner of Pensions. One Hundred Traft Deleans
Juneary Stephens. June 19 29

Morewell Steve Breezen Biestop

Ordinary: Fill out above in full and send
this blank to Penaion 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 Penaion
Department with your receipted payrolls to
be permanently filed with them. Do not keep
this application in your office.

ANDERSON, SUSAN (me)

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)

0

	RGIA, Convice Personally before me, the		d County, comes	4.2	2/40	Keth
SECRET	n 1	,	of said	County, who	, after being	sworn, on oath
says	that he kneed to ske	con ac	decon	of said Cou	nty, and that	said Pensione
	on the Pension Roll of sai					
Coun	ty, in this State, on the	70 g	day of	any	***************************************	192.9
and t	hat pensioner left no wide	ow surviving, ar	nd no estate of a	ny value sui	ficient to pay	these funera
exper	nses, which amounted to t	he sum of \$./	03 = per av	vorn statem	ents fully a	and completely
	HZED hereto attached.					
-	orn to and subscribed bef	Ordinary	1 A	S A	acke	the second
	LaKell	County	X	<i>x</i> //		<u>-</u>
- 2	(Seal of Ordinary)	•	Contres	, Eave	man	
-			2.0.2	taliat	Large	f
					F	
	CE	RTIFICAT	E OF OR	DINARY	7	(4
GEOR	RGIA, LIEN	all	County			
I.	2. d. m	vrae	u	0.11		
	personally know \mathcal{A}	LN	acret	,, Ordinary	or said Cou	inty, do certify ho is a resident
citizer	of said County, and that	said person is	of truthful and to	ustworthy	character, er	ntitled to full
faith	and credit; that I also kn	ew / Mx Dux	an ander	ou w	hile in life an	d that this was
the sa	me person whose name at	pears on the Pe	nsion Roll of,	X415	all	County, and
was p	aid a Pension of	es Auc	ed us	-	(8.2	Zoo Dollare
in said	County for 192 8, and	d I now believe a	said pensioner to l	e dead; and	that the inst	ructions at the
foot o	f this voucher have been	carefully observ	ed in making up	this voucher	and the bills	which are at-
	hereto.					ure ure
G	iven under my hand and o	official seal, this	75	day of	Jan	192 9
	Seal of Ordinary)		7. J.	Ind	Lyan	, Ordinary
	*		0	(EITA	16	County

ROSWELL, GA Jan 15 19 29

Mr RQ anderson

Burial expenses of Mikat Busan anderson

ROSWELL STORE

TO MERCHANDISE Kan 10 Casket + box hose Juneral notice

Personely Comes before me a. L. Hockett cirkestoken for Rousee Store & state the Danbarg Fravenson Lindentoker

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.) y "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may

be) of from fure and every 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.

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 outcher—this blank and the billi—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.

6

anderson, 3. C

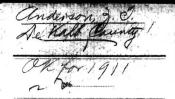
Confederate Soldier's Application.

UNDER ACT 1910.

Count Denalh

Name J. J. Andrewson

W. LINDSEY,



Confederate

Soldier's Application.

UNDER ACT 1910.

Count Denall

Name J. J. Andrewson

W. LINDSEY,

J. W. LINDSEY,

Confederate

Soldier's Application. UNDER ACT 1910.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

+ 2	Q uestions for	A	plicants	to	Answer
STATE OF	GEORGIA,	1			

County.)
To Anderson of said State and County, hereby applies
his testimony to make out the same, and after being duly sworn true answers to make to the questions
propounded, answers as ionows, to wit:
 What is your name and where do you reside? (Give County and Post-office). Z. T. Anders. Edgewood Avenue, Atlanta, Dekalb County, Georgia.
2. How long and size when he
2. How long and since when have you been a continuous resident citizen of this State?
3. Did you enlist in the Army of the Confederate States on of the Confeder
of the Commediate States of the Organized Militia of this State
from 1861 to 1863. Organized militia of this Statu. 4. When and where, and in what Company and Regiment did you emistingly the run and class of Service) April 1864. Atlanta. Ga. Company I. 4th Ga. 1865.
of Nervice) April 1864, Atlanta, Ca., Company I. 4th Ca. Regard to
5. How long did you remain in the actual Military Service with said Company and Regiment?
(Give date of discharge)12.months
o. when and where was your Company and Regiment surrendered or discharged from the Service?
Solma, Alabama, April 1865.
7. Were you actually present with your Command when it was surrendered or discharged 1.68.
8. If you were not actually present, state specifically and clearly where you were. Wes. present
probett
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 garmond area
Jon Control of the Co
- Dy whom nathority that 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?
In what way were you prevented?
b. 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 dissription was some limits
9. What property of every discription was owned, in the use, possession and control of yourself
and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.)
I have no knothery thing of any Thin
10. What property of any kind have you or your wife disposed of and for what
1908. To whom and for what price?
11. What property of any discription of any kind, and of any value now owned and in the use,
possession and control of yourself and wife and its cash value? (Make itemized list). No.thing
(Make termized list). NO.RILLIN.
•
12. What annual or monthly income or earnings of yourself and wife and the source derived have
you? I sarn 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?
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 the
30 Kinderson
Ole and Difference of the control of
Ordinary
County.

•	QUESTIONS FOR WITNESS AS TO SERVICE.
3	STATE OF GEORGIA,
	County.
×	Halland 6 Comell
	as a witness in support of the application of the application of the application of the pension provided by the Act of 1910, in said State, and after foing sworn true answers to make to the questions propounded, answers as follows:
	by the Act of 1910, in said Minte, and after being sworn true answers to make to the questions propounded,
	Cold What is your name and where do you reside? A. H. July morella
T.,	9 How long and family 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
,	Sy years low since 1865 of brush the applicant?
	3. Where does he now reside, and since when has he begges honeside continuing resident in this
	State and how do you know? March to all the life
	war from 1861 to 1865? (Give date and place) After 1864, Kuwhon B. Levi B. & W. Rey
	5. How did you obtain your information of this Samines of Marie and Marie an
	to 1 Lyenus
	6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) Involved Involved Multi about 12 A april 1865
Cabent a	When and where was his Command surrendered or discharged (give date and place)
	8. Were you personally present at the Surrender? 412
	9. If not, where were you and how came you there? I was present
	10. Was the applicant are all the second of
	10. Was the applicant personally present with his Command at surrender?
	and the same and now came and there is a few parts of the same and the
	12. When did he leave his Command? Sussender affect 12 Where was his Command
= 0,1	when he left it Danmandons at Silma alla for what cause did he leave? " Turnender"
12	By whose authority did he leave and how
	long was he granted leave? How do you know
4	all that you have stated to be true? If of your own knowledge (Tell clearly and opening all you was for the first own the Same Co Keymout
	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?
, 8	
	15. Was applicant captured as a prisoner L. If so, when and where?
	In what prison was he held? and when released?
	Sword to and subscribed before me, this the) A.H. Jall
	5 day Sephendrone
	M. Garre Ordnery
	of Coth
	AFFIDAVIT OF TWO FREEHOLDERS.
S	TATE OF GEORGIA.
	County
88	ys that they are free holders residing in said County and we know
th	e applicant for pension and we know the property that is now in the use, possession and control of himself
ar	nd 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.

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? was it made to obtain a pension? Sworn to and subscribed before me, this the day of 191 Oftinary. ORDINARY'S CERTIFICATE.		· · · · · · · · · · · · · · · · · · ·
3. What was the price paid or stated to be paid? 4. What clastion 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 191. Ordinary. Ordinary. Ordinary of said County. certify that I know a applicant of the witness swearing to the vice and the witness swearing to the vice and the sale of the witness swearing to the vice and the sale of the witness swearing to the vice and the sale of the witness swearing to the vice and the sale of the witness swearing to the vice and the sale of the witness swearing to the vice and the sale of the witness swearing to the vice and the sale of the witness swearing to the vice and the sale of the witness swearing to the vice and the sale of the witness swearing to the vice and the sale of the witness swearing to the vice and the sale of the witness swearing to the vice and the sale of the witness swearing to the witness swearing to the witness swearing to the vice and the sale of the witness swearing to the witness sweari	2. When and to whom was it sold or given to	1
4. What relation is the party to applicant? 6. What disposition was made of the proceeds of the sale? 6. Was the disposition of this property made in good faith and full values? 9. Was it made to obtain a pendon? 9. Ordinary. Ordinary. Ordinary. Ordinary. Ordinary of said County. certify that I know to applicant and all witnesses swearing to the witness awaring to the vice and. 1. What relation is the parson he represents himself to be and resides in decounty. That I also know the wall of the witness swearing to the vice and. Who are free holders, that by are all residents of said County and were duly sworn by me before signing the foregoing affidavit and by are all truthful and trustworthy and their statements are entitled to full faith and credit. That the x Results of shows that and wife use for tax is in 1908 \$ Swoon, under use hand and official seal of office this day of party and the evidence you shall give shall be the whole truth; so help you God. 2. Additional safidavits may be attached if blank spaces are insufficient. 3. If applicant has no property at all in his powession, use or control of self and wife, affidavits of Free holders unnecessary. All of the property of the property shall swear applicant and all wite, affidavits of Free holders unnecessary. All of the property shall swear applicant and shall wite affidavits of Free holders unnecessary. All of the property shall we answer anake to each question saked you and the evidence you shall give shall be the bloodinary and accretined by heart of such control of self and wife, affidavits of Free holders unnecessary. All of applicant has no property at all in his powession, use or control of self and wife, affidavits of Free holders unnecessary. All of applicant has no property at all in his powession, use or control of self and wife, affidavits of Free holders unnecessary.	3. What was the price paid or stated to be paid	7
6. Was the disposition of this property made in good faith and full values? Sworn to and subscribed before me, this the day of 191. ORDINARY'S CERTIFICATE. TATE OF GEORGIA, Ordinary of said County, certify that I know to another the subscribed before the ordinary and were duly sworn be represented himself to be and resides in do county. That I also know the training to the vice and who are free holders, that may are all residents of said County and were duly sworn by me before signing the foregoing affidavit and my are all truthful and trustworthy and their statements are entitled to full faith and credit. That the extra county are all truthful and trustworthy and their statements are entitled to full faith and credit. That the extra county are all truthful and trustworthy and their statements are entitled to full faith and credit. That the extra county are all truthful and trustworthy and their statements are entitled to full faith and credit. That the extra county are considered by the county of the cou	4. What relation is the party to applicant?	and the state of t
swas it made to obtain a pension? Sworn to and subscribed before me, this the day of. ORDINARY'S CERTIFICATE. TATE OF GEORGIA, County. Ordinary of said County, certify that I know be applicant. The county of the person is the person he represents himself to be and resides in do county. That I also know the subscribed before and who are free holders, that may are all residents of said County and were duly sworn by me before signing the foregoing affidavit and my are all truthful and trustworthy and their statements are entitled to full faith and credit. That the x Results of some shows that and wife were for tax is in 1908 \$ Swoft under my band and official seal of office this day of Shows that you will true answers make to each question asked you and the evidence you of the shows that the statements are control of self and wife and solidary to the statement of the shows that the shows t	b. What disposition was made of the proceeds	of the sale?
Sworn to and subscribed before me, this the day of 191. OFfdinary. of County. ORDINARY'S CERTIFICATE. TATE OF GEORGIA, County. Ordinary of said County, certify that I know supplicant and all residents of said County and were duly sworn by me before signing the foregoing affidavit and yare all truthful and trustworthy and their statements are entitled to full faith and credit. That the x Results of show that shows that shows that and wife use for tax is in 1908 \$ for 1909 \$ for 1910 \$ sworn by me before signing the foregoing affidavit and wife use for tax is in 1908 \$ for 1909 \$ for 1910 \$ sworn by me before signing the foregoing affidavit and ware free holders, that is shown that and trustworthy and their statements are entitled to full faith and credit. That the x Results of shows that and wife use for tax is in 1908 \$ for 1909 \$ for 1910 \$ sworn by many and and official seal of office this day of particular the following words while we shall give shall be the whole truth; so help you God. TES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words while we shall give shall be the whole truth; so help you God. TES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words while we shall give shall be the whole truth; so help you God. TES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words while we shall give shall be the whole truth; so help you God. TES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words while we shall give shall be the whole truth; so help you God. TES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words while we shall give shall be the whole truth; so help you God. The proposed of	a. Was the disposition of this property made	n good faith and full values?
Sworn to and subscribed before me, this the day of 191. ORDINARY'S CERTIFICATE. TATE OF GEORGIA, County. Ordinary of said County, certify that I know a supplicant. Ordinary of said County, certify that I know a supplicant. Ordinary of said County, certify that I know a supplicant. Ordinary of said County, certify that I know a supplicant in the witness swearing to the vice and. Who are free holders, that it yare all residents of said County and were duly sworn by me before signing the foregoing affidavit and yare all truthful and trustworthy and their statements are entitled to full faith and credit. That the x Results of shows that and wife use for tax is in 1908 \$ for 1909 \$ for 1909 \$ for 1910 \$ swoods, under my band and official seal of office this day of solomaly swear that you will true answers make to each question saked you and the evidence you shall give shall be the whole truth; so help you doo. TES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words shall give shall be the whole truth; so help you doo. TES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words shall give shall be the whole truth; so help you doo. Ordinary. Ordi	was it made to obtain a pension?	
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ORDINARY'S CERTIFICATE. TATE OF GEORGIA, County. I County. Cou		Fdinary.
Ordinary of said County, certify that I know a supplicant for Pension is the person he represents himself to be and resides in a County. That I also know the subject of the witness swearing to the wice and the wine and wife and the wine and the wine and wife and the wine and the wine and the wine and the wine and wife and the wine and wine	of	County.
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County. I M January (Sea applicant of Pepsion is the parson he represents himself to be and resides in de County. That I also know the supplicant of the witness swearing to the wive and the wind are free holders, that year call residents of said County and were duly sworn by me before signing the foregoing affidavit and year call truthful and trustworthy and their statements are entitled to full faith and credit. That the x Results of shows that and wife wife to tax is in 1908 for 1909 for 1909 for 1900 for 19	TATE OF GEORGIA	3
Ordinary of said County, certify that I know a spiciant of County. That I also know the transfer of County. That I also know the transfer of County. That I also know the transfer of County. The transfer of County of		
of Pension is the parson he represents himself to be and resides in do County. That I also know the second of County and were duly sworn by me before signing the foregoing affidavit and y are all residents of said County and were duly sworn by me before signing the foregoing affidavit and y are all truthful and trustworthy and their statements are entitled to full faith and credit. That the x Results of shows that and wife use for tax is in 1908 \$ for 1909 \$ for 1910 \$ sword under my band and official seal of office this day of County. TES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words shall give shall be the whole truth; so help you took as the county of the shall give shall be the whole truth; so help you took as the county of the shall give shall be the whole truth; so help you took as the county and the evidence you shall give shall be the whole truth; so help you took and the structure of the shall affidavits must be made before the fill hank spaces are insufficient asked you and the evidence you are shall give shall be the whole truth; so help you took and the structure of the shall be	O. M. G. County.	
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y are all residents of said County and were duly sworn by me before signing the foregoing affidiavit and y are all truthful and trustworthy and their statements are entitled to full fath and credit. That the shows that shows that and wife use for tax is in 1908 \$ for 1910 \$ for 1910 \$ Sworth under my hand and official seal of office this day of County. FEST: 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 answer make to each question asked you and the evidence you shall give shall be the whole truth; so help you God." Additional affidavits must be made before the Ordinary and certified by him. All affidavits must be made before the Ordinary and certified by him. All affidavits must be made before the Ordinary and certified by him. The form of the country of	applicant for Pension is the	person he represents himself to be and resides in
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ya rea all truthful and trustworthy and were duly sworn by me before signing the foregoing affidavit and ya rea all truthful and trustworthy and their statements are entitled to full faith and credit. That the x Results of shows that and wife use for tax is in 1908 \$ for 1909 \$ for 1910 \$ swofn under my hand and official seal of office this day of for 1910 \$ swofn under my hand and official seal of office this day of for 1910 \$ swofn under my destinant and all witnesses in the following words shall give shall be the ear that you will true answers make to each question asked you and the evidence you shall give shall be the made before the Ordinary shall swear applicant and all witnesses in the following words shall give shall be the made before the Ordinary and certified by him. 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. 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. 4. Additional fill applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary. 4. Additional fill applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary. 4. Additional fill applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary. 4. Additional fill applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary. 4. Additional fill applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary.	vice and	/
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Swoft under my hand and official seal of office this Ordinary. O	y are an truthiul and trustworthy and their statemen	ts are entitled to full faith and credit. That the
Swoft under my hand and official seal of office this Ordinary. Ordinary. Office 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 Additional afflicative may be attain being you dot. Additional afflicative may be attain to help you dot. All afflicant must be made before the Ordinary and certified by him. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary. All afflicants are property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary. AND COUNTY SAID COUNTY LINE THAT AND THE ADDITIONAL AND THE ADDITIO		
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TES 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 saked you and the evidence you 2. Additional affidavite mable truth, so help you tod." 2. Additional affidavite mable before the Ordinary and certified by film. 4. All affidavite mate be made before the Ordinary and certified by film. 4. If applicant has no property at all in his possession, use or control of self and wife, affidavites of Free holders unnecessary. ALL Special Sp		,
128 I. 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 answer make to each question asked you and the evidence you shall give shall be the whole truth; so help you (od." 2. All affidavits must be much a stacked if blank spaces are insufficient. 3. All affidavits must be much as the hordinary and certified by him. 4. If applicant has no property at all in his possession, use or control self and wife, affidavits of Free holders unnecessary. 3. All affidavits must be much as the hordinary and certified by him. 4. All affidavits must be much as the hordinary and certified by him. 4. All affidavits must be much as the hordinary and certified by him. 5. All affidavits must be much as the hordinary and certified by him. 4. All affidavits must be much as the hordinary and certified by him. 5. All affidavits must be much as the hordinary and certified by him. 6. All affidavits must be much as the hordinary and certified by him. 6. All affidavits must be much as the hordinary and certified by him. 6. All affidavits must be much as the hordinary and certified by him. 6. All affidavits must be much as the hordinary and certified by him. 6. All affidavits must be much as the hordinary and certified by him. 6. All affidavits must be much as the hordinary and certified by him. 6. All affidavits must be much as the hordinary and certified by him. 6. All affidavits must be mu	Ord	inary. DIL
shall give shall be the whole truth; so hely you was not a set of each question asked you and the evidence you shall give shall be the whole truth; so hely you was not make to each question asked you and the evidence you are shall give shall be the was no properly at all in his passession, use or control of self and wife, affidavits of Free holders unnecessary. The factory said county that the was a constant that the way that the passession was a control of self and wife, affidavits of Free holders unnecessary. The factory said county that the way that the passession was a control of self and wife, affidavits of Free holders unnecessary. The factory said county that the passession was a control of the passession was a con	res 1. Before any questions are answered the Ordinary shall	
If applicant has no property at all in his possession, use or control of self and wife, affidavite of Free holders unnecessary. It of Georgias I farmed Records overlinear Kolb County Said County certify that I want the 18th plicabil 30 Knobber of the 19th plicabil 30 Knobber of The 19th plicabil 20 Knobber of The 19th Diget of Dekally county show	"You do solemnly swear that you will true answers shall give shall be the whole truth; so help you God.	make to each question asked you and the evidence you
the Georgia S James R George overlines kolb county said County entity that I will the Diget of Dehald Show	 Additional affidavits may be attached if blank space All affidavits must be made before the Ordinary and 	es are insufficient.
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Ordinary	OCT 1817910	Jumes 11. Delong
Country	110 / //	Overson
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NAME Anderson, Z. T.

YEAR 1911 COUNTY BOKELD

THEN AND MIERE BORN? Resident of Georgia all my life.

NALICAED WEEN AND WHERE? April 1864, Atlanta, Georgia.

EAN.I

COMPANY AND REGIMENT? Company I. 4th Georgia Regt. Reserves.(12 menths)

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED? WHEN AND WHERE?

RELEASED

WHEN AND WHERE SURRENDERED? April 1865, Selma, Alabama.

IF NOT PRESENT AT SURRENDERS WHERE WERE YOU'?

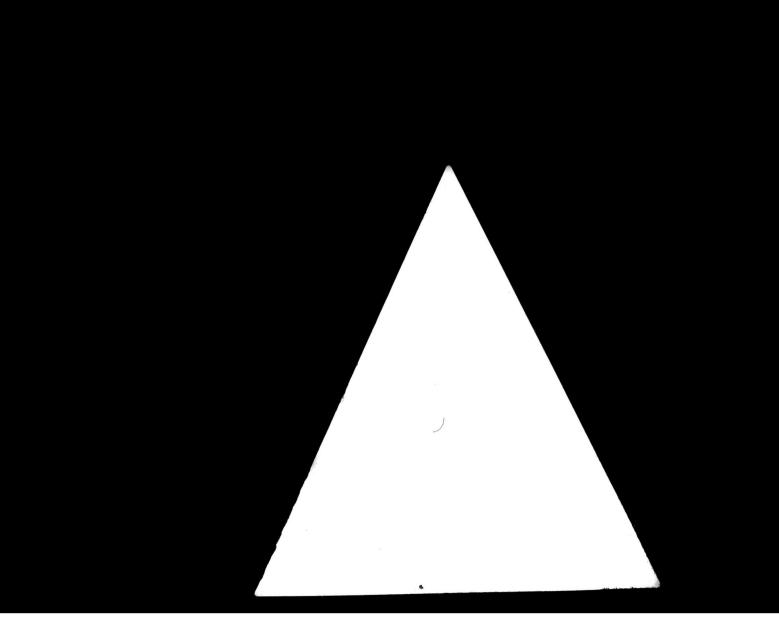
DIEDS, WEEN AND WHERE?

BURIED?

WITHESEES? A. H. Talley, Same command-J. C. Jargell,

No data.

CB



aneley, A. H. De Kalt. Co No: 22.4 APPLICATION FOR ALLOWANCE FOR YEAR ENDING, OCT. 20, 1889. Applicant & He Flesley
County & Kalb Amount & O Date of Warrani Hely Sfg Entered on Record,

Secretary Executive Department. applicans

APPLICATION FOR ALLOWANG

STATE OF GEORGIA,
STATE OF GEORGIA,
PERSONALLY appears De Anslay of Ge Hack county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resi-
dent of said State, and has been such continuously since the day of
States (or of the State of served as a in Company of th Regiment of Volunteers Volunteers Digade; that whilst engaged
in such military service, at the battle of lunsurnay Kings in the
State of June, on the M. day of Medicaline, 1863, he was
wounded as follows:
Court of mande olife & leg . Will Knee Ving
with for waite oliff A remove the link
substantially I resolved tereless, 1)
and the state of t
and the same of th
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 the Judy of Child 1889

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

STATE OF GEORGIA, Personally comes before me county, has Mid and AN freen 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. T. Justin and after such examination have carefully examined D. T. In seem and after such examination say that the applicant has been injured as follows: By a hall that broke left thingh, causing shortening of lines, a stiff there is a partially stiff life joinst, runding said lines on betautially of executively useless.

Sworn to and subscribed before me, this 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 1, do certify that I am well acqua applicant in the foregoing affid in his said affidavit are true, and the individual he represents his that the foregoing witnesses, t	avit, and am well satis I that he is disabled to it mostly to be, and that he	fied that the statement the extent he claims, at	id I know he is
			. *
are persons of respectability, at I further certify that affidavits were made and power of said county, and that the said Given under my choical sign	of attorney was signed	before whom	n the foregoing
		1	to the factor
PC	OWER OF ATTO	RNEY.	
STATE OF GEORGIA	County:		
KNOW MA. MES BY THESE			
	of		
county, in said State, do hereby	appoint	I	
of me and in my name, to receive to from the State of Georgia by vice of the Confederate States to authorizing my said attorney to the Governor, or for any sum of In witness whereof I have	and receipt for whatever reason of the injury receipt of this State), as state receipt in my name for money which may be c	eived as aforesaid in the ed in the foregoing aff r any Warrant that ma oming to me for the re	nay be entitled ne military ser- idavit; hereby by be issued by
day of	. 188		
	, , , , , , , , , , , , , , , , , , , ,		
Executed in the presence of	f us:	2	(L. S.)
,)		. 4.
)		
Send money to me as follo	DIRECTION:		e 2

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

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,

County.

I,

County.

I,

County.

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

Ordinary

Ordinary

County.

Application for Allowance

In in the money in.

Soundy.

Amount,

Date of Warrant, Reby 37,

Entered on record

Secure record

Secure record

Maraner Historic ro

Warrant Histor

Ordinary of said County.

of said County, and the said affidavits and

STATE OF GEORGIA,

I further certify that

signatures thereto are genuine.

do certify that I am well acquainted with DI Angle

the individual he represents himself to be, and that he resides in this County.

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

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

Given under my official signature and seal, this 27" day of Gel

APPLICATION FOR ALLOWANCE.

TO THE STATE OF STAT

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
Di tall ocounty.	0 - 10
PERSONALLY appears D. F. Ansley of	
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	
federate States for of the State of	the military service of the Con-
States, and served as a Major in Comp) during the war between the
of Econoca Vounteers	's Brigade; that whilst engaged
in such military service, at the battle of Mission a	ry Ridg C in the State
of Lenn on the 215" day of	186 3 he was
	minnie ball
through the left things	1
rendering the same sur	
shorter and mesescitat	, , , , , , , , , , , , , , , , , , , ,
a Srutch	ong since we
Deponent desires to participate in the benefits of the and the acts amendatory thereof, and makes application	Act, approved October 24, 1887, for the allowance to which he is
entitled for the year ending October 26, 1890. I have he of August 1	eretofore been allowed a pension
Sworn to and subscribed before me, this the	W. Insla
day of Sel 1890	no de marry
- W.M. Tageda C. Ord inns	
NOTE. State fully nature of wound or character of disease which causes the disability.	ability, and explain particularly the extent of
POWER OF ATTO	RNEY.
STATE OF GEORGIA	
County.	
KNOW ALL MEN BY THESE PRESENTS, That I,	
of	
county, in said State, do hereby appoint	
of my tru- me and in my name, to receive and receipt for what ever am	e and lawful attorney in fact, for count of money I may be entitled
to from the State of Georgia by reason of the injury receiservice of the Confederate States (or of this State), as s	ved as aforesaid in the military
hereby authorizing my said attorney to receipt in my nan issued by the Governor, or tor any sum of money which ma	ie for any Warrant that may be
aforesaid.	,
IN WITNESS WHEREOF, I have hereunto	set my hand and seal, this
and the second s	L. s.
Executed in the presence of us:	[16 16]
)	
1 (
DIRECTION.	
Send money to me as follows, by	P. O.
	ity, Georgia.

For Applicants Heretofore Allowed Pensions

Tot approans holosolole Allowed religious.
STATE OF GEORGIA,
De County.
PERSONALLY appears DH Justey of De Koff
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 /a ta
federate States (or of the State of) during the war between the States, and served as a
States, and sarved as a Staff in Company, of the Regiment
of
in such military service at the battle of Michael and Mandal in the State
of
wounded as follows: Lit A marine fall in 1
-Lett Thealth. Bone balle the
-the left les left and juch shorte
THAIL OHLE AND SICK in belles
and pastially in left thigh by which
The said leg is practically substante
-All loventially molar
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 ways and ing. October 36, 38, and 1887, the ways and ing. October 36, and a supplication for the allowance to which he is entitled
for the year ending October 26, 1891. I have heretofore been allowed a pension of
dollars, for
Sworn to and subscribed before me, this, the
27th day of Feb 1801
1 Mill Road fall Colins
Nors. State fully nature of wound or character of disease which caused the disability, and esplain particularly the extent of the disability, resulting from the wound or disease.
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 authoriz-
ing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
nor, 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 of1891.
Executed in the presence of us:
Executed in the presence of us.
DIRECTION.
Send money to me as follows, by
P. O.
County, Georgia.

STATE OF GEORGIA. applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he repesents himself to be, and that he resides in this county. Given under my official signature and seal, this 112 day of 1/23 0/1 County. SOLDIER'S PENSION

Know all Men by these Presents, That I. County, State of Georgia, do hereby appoint my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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 multiplication of the state of Executed in the presence of us : Send money to me as follows, by ... County, Georgia.

For Applicants Heretofore Allowed Possi as

POWER OF ATTORNEY.

STATE OF GEORGIA,

TALE OF GEORGIA, 1

STATE OF GEORG	Heretofore Allowed Pensions.
Personally appears	County Street Pile 12 Cost
of the capia	County, State of Georgia, who being duly sworn and
on oath that he is a bona fide citize	n and resident of Georgia and has been such assistant
since the	ay of 1. 12 1828: that he enlisted
in the military service of the Confe	ederate States (or of the State of
of th Regiment of	and served as a
Brigade : that whilst engaged in su	Volunteers Via Company
in the State of 25	ch military service at the battle of Mission A. Solder, on the day of
	1863, he was wounded as follows:
Bug Bay Buch	1863, he was wounded as follows: 1/1/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2
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	e in the benefits of the Act, approved October 24, 1887, and takes application for the allowance to which he is entitled for I have heretofore been allowed a pension of
111111	Dollars for 2 / ' -
Sworn to and subscribed before	one this the
Sworn to and subscribed before	1892.
. 1 - 1 - 12 Co. 7 . 1 . Ca i	Ordinary
NOTE.—State fully nature of wound or content of the disability	haracter of disease which causes the disability and exercise protocolorly the
POWE	OF ATTORNEY
STATE OF GEORGIA	A. 1
	ounty.
Know all Men by these Pres	ents, That I.
	of
County, in said State, do hereby app	point
the Confederate States (or of this S my said attorney to receip: in my no or for any sum of money which may	my true and lawful attorney in fact, for I receipt for whatever amount of money I may be entitled to of the injury received as aforesaid in the military service of tate), as stated in the foregoing affidavit, hereby authorizing me for any Warrant that may be issued by the Governor, be coming to me for the reason aforesaid. I have hereunto set my hand and seal this
lay of	=1892.
	[L. S.]
Executed in the presence of us:	
	, <u> </u>
Send money to me as C !!	DIRECTION.
Send money to me as follows,	1
	to P. OCounty, Georgia.
	-county, Georgia.

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County, State of Georgia, who, being duly sworn, says on oath that he is a come fide citizen and resident of said State, and has resided therein continuously ever since the... 1828; that he enlisted in the military service of the Confederate States (or of the State of____ during the war between the of Lerigia Volunteers fra liser 's Brigade; that whilst engaged in such military service at the battle of Missionary Ridge Deponent desires to prathernate 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 Note-State fully nature of wound or character of disease which causes the disability, and esplain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, Ordinary of said County, do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County. I further certify that before whom the foregoing affidavite, were made and power, of attorney was signed, is a of said County and the said affidavits and signatures thereto aid genuine. In parent, it was a Ordinary Se Zo Ch Cou

POWER OF ATTORNEY.

Terror Transfer de MA. J

POWER OF ATTORNEY.

	1.0		
STATE	OF	GEORGI	Α.

Know all Men by these Presents. That I,

ounty, State of	Georgia, d	o hereby	appoint.
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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 bereunto set my hand and seal, this,

Executed in the presence of us

DIRECTIONS

Send money to me as follows, by

P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint

my true and lawful attorney in fact, for

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

DIRECTIONS.

Send money to me as follows, by

SOLDIER'S PENSION

County, Georgia.

[L. S.]

For Applicants Heretofore Allowed Pensions.

ATE OF GEORGIA,
D. N. U- county.
PERSONALLY appears It. Lausley of the Kalk
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 fan 1828; 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 Major in Company of Joth Regiment
of I'd Volunteers flech yord 's Brigade: that whilst engaged in
such military service at the battle of Missioners in the State
of on the 25th day of Nov 1869 he was
wounded as follows; hith a receive ball in the
leff lingh breaking bone causines
the lig to become shorter and the
fince join that hendering the
leg substantiately andersentially
-2 included.
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
dollars, for the year 1895,
Sworn to and subscribed before me, this, the
12th day of March 1894. Latterstey
Min Cagsdale, 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.
the would of disease.
STATE OF GEORGIA.
De Kall county.
Quinary of said County.
do certify that I am well acquainted with DAMSless the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this /2
day of March 1894.
Amx (
ber Willagsdale,
Continue Da No Ch
Ordinary De County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Service County.
personally appears -ON Ansley 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 methods of the State of that he enlisted in the military service of the Confederate States (of of the State of) during the war, between the States, and served as a military service at the battle of success, such service at the battle of success, such service at the battle of success, such service at the battle of success of success of service at the battle of service
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 Juffy pool dollars, for the year 1895
Sworn to and subscribed before me, this, the sword of the subscription of the disability, and explain particularly the extent of the disability, resulting from the wound or claracter of disability, resulting from the wound or disability.
600 600
STATE OF GEORGIA,
1/1 1/2/12
County.
I, M. Mogsalle, Of Gordinary of said County,
lo certify that I am well acquainted with his wiley the
pplicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said halldavit are true, and I know he is the individual he represents himself to be
nd that he fesides in this County.
Given ander my official signature and seal, this
day of 1895.
All Joseph Man Manshale
and a little

POWER OF ATTORNEY. STATE OF GEORGIA, De Nall County. 1. Dit waley hereby authorize In Register. De Nall 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 124 day of let 1896. Executed in presence of us William of the transfer of the t

SOLDIER'S PENSION

at	and receipt for the pens		by		
day of	ITNESS WHEREOF, I	have hereu 1897.		hand and seal, t	
Alexander 1	tecuted in presence of)		,	8
(A. K)			
Marley, M. H. (For Those Already Enrolled.) No. 2670	INVALID SOLDIER'S PENSION. 1897.	Name Ditt Ansley County De Kalb	Disability Led Wound Amount, 8 20 cm	RICHARD JOHNSON,	WARRANT HANDED TO CLA GEO W. HARRIBON STATE PROTER, AT MOTA

POWER OF ATTORNEY.

of De lack

hereby authorize 1116 Cayadece

STATE OF GEORGIA,

Je Call County

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, (
La Rall County.
personally appears It dresting of De Kaik
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 287's
day of 1825; that he enlisted in the military service of the Con-
federate States (or of the State of Ja) during the war between the
States, and served as a ///// in Company , of I th Regiment
of 's Brigade; that whilst engaged
in such military service in the State of, on the 25 day
of 1 / 1 1863, he was wounded, injured or diseased as follows:
Al ita battle of Missionary Ridge was
somuched in the left thigh shallesing
The bone and rendering . The les
- Lute Toutiany and executionly necess
Leginising now the constant use of a rule
and Tiek
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
2. county been allowed a pension of Filty
dollars, for the year 189).
Sworn to and subscribed before me, this, the
Nore-State fully the nature of wound or character of disease which causes the disability, and ecolain necticularly the action
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.
OT . TO OT OT OT OT OT O
STATE OF GEORGIA,
D-c Kall County.
I, What I am well acquainted with DH Suskey the
do certify that I am well acquainted with & Hausley the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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
Time day of
your pour prosessing and prosessing
B 11.0
Ordinary D.C. Call County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Le Call County.)
Dersonally appears , to enciley of de reach
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 1828; 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 Man in Company, of th Regiment
of Volunteers, 's Brigade; that whilst engaged
in such military service in the State of Leun, on the 22" day
of 186.2, he was wounded, injured or diseased of follows:
at the fattle in hilliciones did se
Level 100 anded with a mile soil ball in
The list thick more to sing the bone and
- causicity - the is of The and insect thates
There tile the Coardering the line
saleta eliación and existina morde
D 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a
resident of county been allowed an invalid pension of
Dollars, for the year 1894
Sworn to and subscribed before me, this, the
day of 1897. PORT OFFICE
The il Consider Wildings
Norm-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,
Die Kall- County.
I, Il M. Ragu dace of Ordingry of said County,
I, Ordingry of said County, do certify that I am well acquainted with A. July of the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this 2424
day of Mile 1897.
Anx pour
ordinary Le Mach County.
Ordinary County.

ansley, D. H. 83. Tall Maimed Soldiers. Maimed Soldiers. Audited Feb. 8th 1889. 1891. Voucher No. 229 Woucher No. 109 Maimed Soldiers. Amount. \$ 50. Amount & OFO Paid to De Husley Voucher No. 1902 Paid to Al H Ausley Amount \$ 66 For Seft Ley dwalled For hoft leg Paid to A St. Trestay Desabler, For Son des Hely 4 Included in Warrant No. Included in warrant No. issued to Treasurer Included in warrant No. issued to treasurer. issued to Treasurer. WARRANT CLERK WARRANT CLERK J. Campbell, State Printer, Constitution Job Office. applicant WARRANT-CLERK applecant

No.274
STATE OF GEORGIA, EXECUTIVE DEPARTMENT. } Atlanta, Ga. Metry 8. 1889,
No.
of McKath having filed his application in the Executive
of Malb 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 Life High abled
He is entitled to receive the sum of Olifty I 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 in this yeacher, and return same to
Executive Department for warrant. Governor.
By the Governor Harrison
CLERK EXECUTIVE DEPARTMENT.

Dollars.

RECEIVED OF STATE TOEASURER. R. U. HARDEMAN,

Olifly & Ool

per above voucher, this of Make,

11 000

```
STATE OF GEORGIA.
                            Allanta, Ba., Itte 4 10 1096
    EXECUTIVE DEPARTMENT.
   Mr. W H ausley
of DeKalk
                                  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
Leftleg dis
He is entitled to receive the sum of Hefty toof
                                                                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 total in receipe on this voucher, and return same
to Executive Department for warrant
By the Governor,
    COH Hamson CLERK EXECUTIVE DEPARTMENT.
RECEIVED OF STATE TREASURER, R. U. HARDEMAN
```

No. 109

YEAR 1889 COUNTROKALD

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? Missionery Ridge, Tenn. November 25th. 1863. Shot in the left thigh.

CAPTURED, July Allo allaca?

RELEASED.

WHEEL IND WHEEL GOT KENDERED?

IF NOT PRESENT AT SURRENDER, WHIRE WELL YOU?

DIED, WHEN AND ALRE?

BURIED.

WITNESSES.

STATE OF GEORGIA. EXECUTIVE DEPARTMENT.

of Delath havin 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

Dollars for such disability, the same being the allowance due for the year ending October 24, 1891.

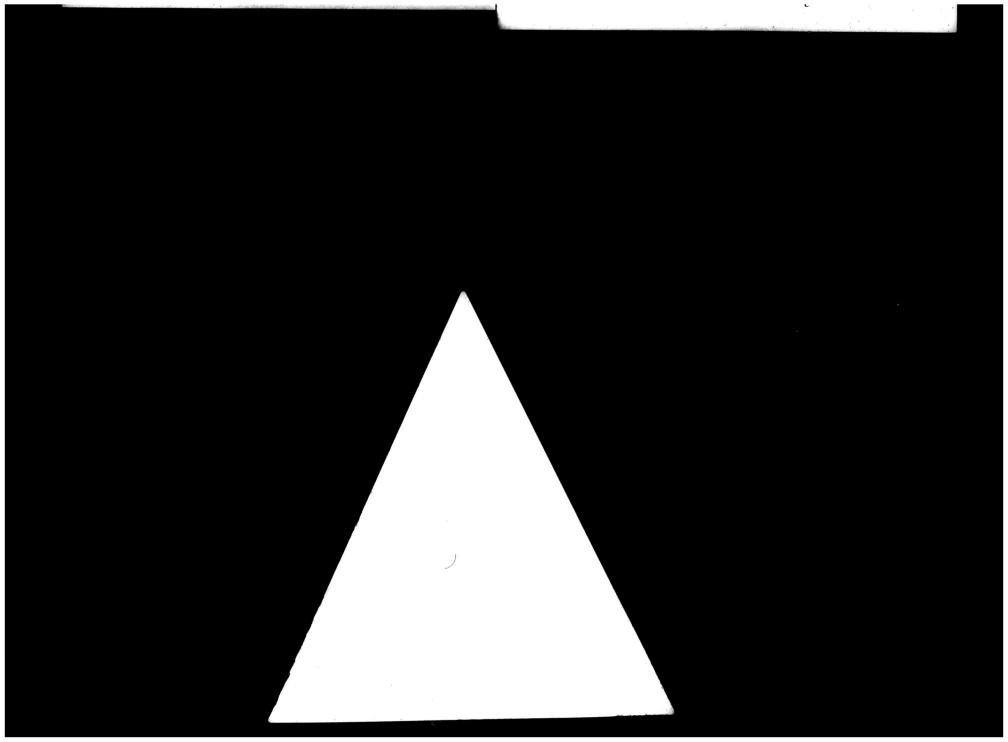
The Treasurer will pay the same and hold his receipt on the Theorem and return same to Executive Department for warrant.

By the Governor,

SEC'Y EXECUTIVE DEPARTMENT.

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

per above voucher, this 2') of Claly 1891.



RICHARD JOHNSON,

Widow's Pension,

189

Mrs. Sarah Meal ausly

Widow of May 2 H ausly

County of DeKalo

ACT DEC. 16, 1895.

1/12.1698

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalk County.

1. Narah Heal Andly of De Kalk County

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

at Decelia De Kalk G by

Witness my hand and seat this a set day of De Caraba he 189

Executed in presence of

[SEAL]

Widow's Pension,
189

Widow's Pension,
189

Warant issued 2/9 Keedly
Warrant issued 3/9 (Marky)

Warrant issued 3/9 (Marky)

Weeken Johnson,
See Et Days

WIDOW'S AFFIDAVIT.

STATE OF CEODEIA A Personally come Mr. Sarah Head Condi
STATE OF GEORGIA, Personally came Mrs. Sarah. Heal Questing COUNTY OF Dekalb who says on oath she is the
widow of Major. David Neury ausly to whom, in the County of
- Newston State of Recognition
Mewton State of Georgia , she was married on the Belember 1857, that she remained his wife up to the 14th
any or fraction of the 14 th
duy of feely 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, per annum on account of (here state the grounds of his disability) his small
received at balthe of Missionery Redge
I die mound was the breaking of his thigh bone Know as the
to canter from which he was permanently disabled for over 30 years.
that the cause of his death was as follows there set out fully the facts connected with and causing death;:
Paralysis resulting from his round having has there
altacks chath following immerially after the 3th attack
His mond was such as to proved amputation but his leg come put
into plante Case & recession so for newly three mouth. When orsered
chi Knee j'rich has taken on Quehyloxis & so remains till death
the was rees andly helplefo requiring the apriland of a nure
daily during his life while mounded, the had three attacks
of Paralysis never recovering from the last me
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 facing 1839
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 Die 1897
Managed all Walls

Nore-All blank spaces must be filled before signing.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, Personally came farmed A Boned Though
COUNTY OF Fiellier Schack and Deon's Richman
known to me to be reputable and truthful persons who severally say on oath that from
their own personal knowledge Mr. Sarah Neal Unsly , who made
the foregoing affidavit is the wislow of May David Henry anely , who died
in De Kally County and State of Georgia on the 14
day of feely 1897, and that she has not since married, that she became his wife
on the 15 day of Documber 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 facuracy 1837
Deponents further say that the cause of his death was as follows there set out fully the facts connected with and causing death, giving your opportunities for knowing such facts. He former ally there we may be
Parid Henry andy talis the service of confident Slate.
as first Leentrack of Chink Refle & Munti out derice at
Macon Spec to Company A. 5th Georgia Regiment in which
Capacity be some with private to the rank of major 5th Gio la
He was daugemely bounder at ball of historing hidge 1863
We have no personal interest in the pension asked for The Miller of Melan of Mille Clarite
We have no personal interest in the pension asked for
Swarn to and subscribed before me this 16 th day of Letter 1899
The Tienery
Ordinary County, Georgia

Physicians' Affidavit.

STATE OF GEORGIA. Personally came before me for photoff pelm County of Dekall on D and John Hyous MD.

both of whom are known to me to be reputable physicians, who say on oath that they personally knew Meyers David Hong Clashy mentioned in the foregoing affidavit, that he died on the MB day of Jerry 1874, and that the cause of his death was no follows state duence time of treatment, etc. General Paralysis is nursed from Mount would driving the call cital War hard here suck and priphled over armose securing raised work and priphled over armose securing raised work and prophled over a since of treatment with the county of the call cital of the same armose securing raised work and prophled over a since of treatment of the second of the s

Sworn to and subscribed before me this 13" day of Dec 1847

MA2 Rag 2 dates

Ordinary of Dellath County.

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

STATE OF GEORGIA. I, Whe Raysdale Ordinary COUNTY OF Delay and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. Sarah Meal, Rushy 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 19 day of January 1837, and has not lived out of the State since that date. I also certify that the witnesses, to wit: January 1837, and has not lived out of the State since that date. I also certify that the witnesses, to wit: January 1837, and has not lived out of the State since that date. I also certify that the 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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 27th day of 3 c C 1897.

SEAT. Thilling odecc.

NOTES.

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

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

Affidavits must be made in presence of the Ordinary.

to read or hear read the proofs they sign.

The second secon
State of Georgia,
De Rall County.
I and he is freely hereby authorize Hiles, to Arrola
11 the July of Decalus , Lefelt by 2/
to receive and receipt for the pension paid hereon and request that he remit same to
at 11
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this S
day of Jerice 200 1899.
[L. S.]
Executed in presence of
and the state of t
Cly bah From Nul
1
8
8 2 3 4 4 4 4
ON, 899.
81. S.
PENS ISSUED ISSUED TO CONTRACT
Hereto
MWO.
DO OF TAKE
MIDON For year e For year e Midow of Carlo RICI RICI RICI WAN WAN
a contract of the contract of

andly, &a

POWER OF ATTORNEY

- C. HITOMMEI.	1
STATE OF GEORGIA,	
County.	
I, Just Naus leg hereby authorize W. M. Ray & d.	·
- Colinary of Schult & by	
to receive and receipt for the pension paid hereon and request that he remit same to	
- The tolice of at the alu.	
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	
day of Jan Maria 1900	
- line 1 1 holes [L. S.]	
Executed in presence of	
Junia Ly whey	
Willy Allenery	
*	
ON, 1900.	
1900. 1900. NO. 637 NO. 637 NO. 637 Salt F. LINDSEY, Commissions of Commiss	
1900. 637 NO. 637 NO. 637 OW'S PERS OR OF PAID TO PAID TO OF P	
MYS PE WO 637 WO 637 WYS PE O. W. LINDS Committee, Sure Finer, C. See d. C. C. See Triber, C. See Tr	
HE A STEEL A S	
NO. V AND AND WEEK	
1900. 637 No. W. LINDSEY, Commissions of Pension	
Widow of Widow of Widow of Widow	
-6" " " "	

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally Comes Mrs. County of Le Kall.	
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. 17.4. 1 18 3 9 That she is the Widow of	
Die ce de	
of the 5th Regiment of 3 the state of the	ć.
Volunteers, that he enlisted in said regiment on or about the month of	
186 and served in the Army up to. L 5 Let Let les 186 9 . That he lost his	
life on theday of	
Juli particulars of the hashand's death, when supere and from what causes)	
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 5 7.	
I have been allowed a pension as a resident of C	
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 day of the success of the	
State of Georgia, Je Kalk County. Ordinary of said County, certify that I am well acquainted	
with Mrs. se 12 ale 17 9; which 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 day of 1 4	
Given under my official signature and seal this the 26th day of Saze 1899.	
Official) Seal.) Ordinary of De Kalk County.	

For Widows Heretofore Allowed Pensions.

TATE OF GEORGIA,	Personally Comes Mrs. A'Aistley
County of De Rul	C- Standley
Te Rali- who, being sworn	s, 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
ntinuously eyer since	18. That she is the Widow of
of the 2/11/1/2	who was a soldier in Company Regiment of
plunteers, that he enlisted in said regiment on o	or about the month of Mery
6 A and served in the Army up to	
e on the 14 th day	of July 1897 (State here
rticulars of the husband's death, when, where	and from what cause)
da luc la es	'ac a' Porala te's the
seffense va	broken this f som
hivener 20	who Ball?
April 1 1 1 Lune	Non 25
18 8 1 1)
, , , , ,	
eponent swears that she was the wife of said dece	ased soldier, during his service in the army as a soldier, and that
e has never married since his death aforesaid, an	d that she became his wife in the year 18 5
I have been allowed a pension as a resident	4-
bruary 15th, 189 7, and now apply for the p	ension provided by faw for the year ending February 15th, 1900. 🤏
Sworn to and subscribed before me, this	1 In finely
17 day of 12 1900	
Millago La Ce Ordinary	Post Office aca (u.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
State of Georgia,	1 11. I'm Magdece
	Ordinary of said County, certify that I am well acquainted
th Mrs. dasale Dissist	
d that the facts therein stated are true, and I kn	ow she is the individual she represents herself to be, and that she
s continuously resided in this State since the	day of D. ary 18
Given under my official signature and sea	12
	Will Cogsday
Official Seal.	0 (11 11
	Ordinary of County.

STATE OF GEORGIA,
County. S Ansley hereby authorize
to receive and receipt for the pension paid hereon and request that he remit same to
day of ferree (L. S.)
Executed in presence of
Thile & Merely

For year cading February 15th, 1901.
Thus. Savah N. Amalles.

Widow of DH. Anale JOHN W. LINDSEY,

WARRANT ISSUED

AND HANDED TO

WIDOW'S PENSION,

1901

To Those Heretofore

NO. 349

POWER OF ATTORNEY.

_			
STATE OF GEORGIA,	}		
Jaroh W. Sarah W. Snage W. M.		, her	eby authorize
	/	Λ	
to receive and receipt for the per			
file		Desulu	Section L
In Witness Whereof, I have I	nereunto set my har	nd and seal, this	
day of January 14 Th	Porc	h N Ans	L. S.]
Executed in presence of		. 0	
Willy & ausling	N-10.40		
J. J. Curningham.			
	-		
ON THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN			

For year ending Dec. 31, 1902.

Mu. Areley Sarah K.

ge Kulk County,

JOHN W. LINDSEY,
Commissioner of Pensi

Regiment 5 Th

WARRANT ISSUED

AND HANDED TO

BOOL,

WIDOW'S PENSION,

1902.

To Those Heretofore

No. 634

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
Le Kalk who, being sworn, say	s 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. 1837 May D, H. Link	
Volunteers, that he callisted in said regiment on or	Men Len 186 7 That he lost his
particulars of the husband's death, when, when bong wornded in	re and from what cause). The left leastracturing
	in Decation, July
Deponent swears that she was the wife of said decease	ed soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and I have been allowed a pension as a resident	
Sworn to and subscribed before me, this	Post Office Decasur
State of Georgia,	Ordinary of said County, certify that I am well acquainted
with Mrs. Sarah. V Ansley	, who made the above affidavit and am satisfied
has continuously resided in this State since the.	day of Ja 1111 51 1807
Official / Seal.	Ordinary of De Kalh County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Del Kall
County of He Kall Sarah H. Smaley 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 Leve 1914 1837 . That she is the Widow of
A of the 5 th Regiment of La 2.
Volunteers, that he enlisted in said regiment on or about the month of
186 , and served in the Army up to 10 10 186 3. That he loss his
the on the Ith day of lace 1897. (State here
parficulars of the husband's death, when, where and from what cause)
The suffering from tractured thigh
died of paraller Charles 163.
wound! Cause a from me
and the second s
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 5 7.
I have been paid a pension as a resident of Le KalkCounty 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 land 1902 Land of Ansley
M. P. M. godac, Ordinary.) Post Office Secalur Lan
State of Georgia,
Te County. Ordinary of said County, certify that I am well
acquainted with Mrs. Jarah I. Azerley, who made the above attitavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
hereself to be, and that she has continuously resided in this State since the
day of 1. idy 1x37
Given under my official signature and seal, this the 16 day of the 1902.
1 Official 1
Ordinary of Se Math County
. County.

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

STATE OF	₹EORGIÁ,	1			
Judge	Till Page	N'Ansler doce Che	lenaz D	talo Y	ez
- She	receipt for the pension	at Se	Calie	-	е то
day of	ness Whereof, I have b	000			. s. 1
Execute	d in presence of	Their as	clinic	ic.	•
	1	Nº		U	1
	(A)				
		\$, sus.	છ]	
e Paid.	NSIO) 31, 1903.	County	EY, soner of Peasi) <u>81</u>	8
To Those Heretofore Paid 1903.	DOW'S PENSIC	Ch OF Ch Azes 8 H. Azes Regiment 5	JOHN W. LINDSEY (**Dimmis sheer**)	AND HANDED TO	, STATE PROMPER, ATLA
Those H	OW'S r year endir		JOHN W	AND	000. W. HARRIBON,
Ě	WII F.	De 1/2 Widow of ,		***************************************	

POWER OF ATTORNEY.

The second secon
STATE OF GEORGIA, COUNTY.
I. Sanah A Cusly hereby authorize
for w. S Wally of Pekally Courts to receive and receipt for the pension paid hereon, and request that he remit same to
day of January 1904. Tarah N Anelog [L. S.]
James Recover Ordinary

Cusky Souch M. Jeffeld, Cont. TO THOSE HERETOFORE PAR. 1904.	WIDOW'S PENSION POR POR NOR DECEMBER 31, 1804 Thus Larray Milling lay	Widow of C.M. Called. Co. C. Regiment 5" JOHN W. LINDSEY, Commissioner of Persons	WARRANT ISSUED AND HARDED TO MACHINED TO
---	---	---	--

30 5 4 PMISIONS

For Widows Heretofore Allowed Pensions.

6
STATE OF GEORGIA, PERSONALLY COMES MRS.
County of De Kall \ Sarah No Insley,
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 121/51/37. That she is the Widow of May 2. At (2115) 4 who was a soldier in Company
Many A. A. Artistic y who was a spldier in Company A of the Oll Regiment of A
Volunteers, that he enlisted in said regiment on or about the month of Many
186 and served in the Army up to 186 3. That he lost his
life on the 141 day of line 1897 (Stage here
particulars of the hashand's death, when, where and from what cause.) Died with
Allysis caused from wound received
· · · · · · · · · · · · · · · · · · ·
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 18 5 7.
I have been paid a pension as a resident of De /Valh
year ending December 31, 1902, and now apply for the pension provided by law for the year ending
December 31, 1903.
Sworn to and superibed before me, I was to 1 Aug 16 5
this- day of lay 1903
Magalace, Ordinary. Post Office De Cal 11 4 Ja
M(102 D) 1
State of Georgia, I. M. Rogsdoee
Le Ralk County. Ordinary of said County, certifiy that I am well
acquainted with Mrs(Ad 2d M. N. And Sty., 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 191
day of 18 37,
Given under my efficial signature and seal, this the day of day of 1908.
(Official) MMagsdale
(Seal.) Ordinary of De Mall County.

NOTE.—All blank Spaces must be filled.

Voucher and Affidavit must bear date after January 1st, 1903.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

Management and the second
STATE OF GEORGIA, PERSONALLY COMES MRS.
County of While Sarah & ansley
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 Jan 19. 1837 That she is the Widow of
A. Clustey who was a goldier in Company
of the Regiment of Storgie (
Volunteers, that he enlisted in said regiment on or about the month of May
1861 and served in the Army up to 25 1863. That he lost his
life on the 14 day of killy 1847 (State here
particulars of the husband's death, when, where and from what course.)
Paralysis result of High wounds
e i
The second secon
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 18.57 I have been paid a pension as a resident of Destall County for the
year ending December 31, 1903, and now apply for the pension provided by law for the year ending
December 81, 1904.
Sworn to and subscribed before me,
this S day of Jany 1904. Post Office. Per a control of the second of th
State of Georgia, Chase County Ordinary of said County, certify that I am well
acquainted with Mrs. Sarah, M. Cursley, who made the above adidavit 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 Jaury 18.37
Given under my official signature and seal this the S. day of Jaury 1904.
James Rylonge
Ordinary of Defalls County.

NOTE.-All blank spaces must be filled.

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

STATE OF GEORGIA,	
Lekall COUNTY.	
I, Mr Sarah N. Cusley , hereby auth	orjze
W. S. analy of Disaturga	J
to receive and receipt for the pension paid hereon, and request that he remit san	ne to
Mrs Sarsh. n. auslig at Disatur Ga	
In Witness Whereof, I have hereunto set my hand and seal, this 137	_
day of January 1905. And Tarah 1 Analy [1	1
]
Executed in presence of	
Ordinary	
W W	

Nidow of N. M. Musley, Co. A. Regiment 5 & a

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

Mrs. Sarah R Austey

WIDOW'S PENSION,

2/5

No.

To Those Heretofore Paid.

1905.

For year ending Dec. 31, 1905.

The Manager of the state of the

POWER OF ATTORNEY.

STATE OF GEORGIA, Sulfalle County.
I, Syrah M. andly hereby authorize
to receive and receipt for the pension paid hereon, and request that he remit same to
In Witness Whereof, I have hereunto set my hand and seal, this 3
Jaroh N Ansly [L. S.]
Janua Ryeorye Ordinan
Graman

£ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Straight		 			
To Those Heretofore Paid. 1BOG. No. 26 6 No. 26 6 WIDOW'S PENSIO For year ending Dec. 31, 1908. PAID TO Thus Struck Millows Co. Regiment County JOHN W. LINDSEY, Commissioner of Prasis WARRANT ISSUED 23 180	andley Sarah II.	Those Heretofore	year ending I	Chay A. H. C. Kegiment	W. LINDSE	

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of MITALL Sarah De Causley
who, being sworn says on oath, that she is a bona fide resident of said County of
continuously over sings 18 18 18 18 18 18 18 18 18 18 18 18 18
Volunteers, that he enlisted in said regiment on or about the month of Man
1861 and served in the Army up to 1254 1862. That he lost his
life on the
water and the sector, when it, where that from what cause.)
a proper from 25th for fille of huseforey
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 7
year ending December 31, 1904, and now apply for the pension provided by law for the year ending
December 31, 1905.
this 13 day of Jacop 1905. Mis hach hamley Ordinary. Post-Office Decalur Ga
State of Georgia, James & Russ
Meltally County. Ordinary of said County, cortify that I am well
acquainted with Mrs. Sarah Mausley No made the above affidavit and
am satisfied that the facts therein stated are true, and I know sho is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of January 18 37
Given under my official signature and seal, this the /3 day of facing 1905.
Official Soul. County.

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

For Widows Heretofore Allowed Pensions. FORM No. 1.

STATE OF GEORGIA, PERSONALLY COMES MRS.
County of D. Kall Sarah Mansley
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
Maj D. W. Unsley who was a soldier in Company
Congress that West a soldier in Company Volunteers that I was a soldier in Company
Volunteers, that he enlisted in said regiment on or about the month of
186 /
life on the
particulars of the husband's death, when where and from what
Hounded at Missionary sidge
Dud at Decalus on July 14/1 891 from Brolypin
mene on and therage No 25th 1863
the same of the sa
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 18
I have been paid a pension as a resident of Se Mall County, for the
Year ending December 21, 1005
and a second of the second of the pension provided by law 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 end subveribed her
December 81, 1906.
Sworn to and subscribed before me Anis 3 day of flatter 1906. Sworn to and subscribed before me Anis 1906.
Sworn to and subscribed before me last of Angley Janua Saury 1906. Post Office Decatur gr
Sworn to and subscribed before me Ansley Ansley Post Office Decature State of Georgia, State of Georgia, Janes R. Cenner R. Cenner R.
Sworn to and subscribed before me Shis 3 day of factor 1906. Annual County Post Office Decalur Gr State of Georgia, County Ordinary Ordinary Ordinary Ordinary Ordinary
Sworn to and subscribed before me And Analog Post Office Decalus State of Georgia, County. County
Sworn to and subscribed before me phis 3 day of place 1906. Post Office Decatur ge State of Georgia, County. Ordinary of said County, certify that I am well acquainted with Mrs 2 at a h 1 County, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she are a satisfied that the facts therein stated are true, and I know she is the individual she are a satisfied that the facts therein stated are true, and I know she is the individual she are a satisfied that the facts therein stated are true, and I know she is the individual she are a satisfied that the facts therein stated are true, and I know she is the individual she are a satisfied that the facts therein stated are true, and I know she is the individual she are a satisfied that the facts therein stated are true, and I know she is the individual she are a satisfied that the facts therein stated are true, and I know she is the individual she are a satisfied that the facts therein stated are true, and I know she is the individual she are a satisfied that the facts therein stated are true, and I know she is the individual she are a satisfied that the facts therein stated are true, and I know she is the individual she are a satisfied that the facts therein stated are true, and I know she is the individual she are a satisfied that the facts therein stated are true.
Sworn to and subscribed before me dust 3 day of flexing 1906. State of Georgia, County. Ordinary of said County, certify that I am well acquainted with Mrs. 2 at a life Management, who made the above affidavit, and am satisfied that the facts therein stated are true, and I show she is the individual she represents herself to be, and that she has continuously resided in this State since the
Sworn to and subscribed before me dust 3 day of flatter 1906. State of Georgia, County. Ordinary of said County, certify that I am well acquainted with Mrs. 2 at a life of Manual Manual State of the facts therein stated are true, and I show she is the individual she represents herself to be, and that she has continuously resided in this State since the 1837
Sworn to and subscribed before me Ansley Post Office Dealth State of Georgia, County. Ordinary of said County, certify that I am well acquainted with Mrs. 2212 & Mars. Cuy, 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
Sworn to and subscribed before me his 3 day of flexing 1906. State of Georgia, County. Ordinary of said County, certify that I am well acquainted with Mrs. 221 a. h. M. Grusley, 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 January 1837. Given under my official signature and seal, this the 3

-All blank spaces must be filled. Voucher and Addaylts must bear date after January 1st, 1906.

Official | Seal. ordinary of Stall County.

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

Ordinary of De Rall County

NOTE.—All blank spaces must be filled. Voucher and Addaylts must bear date after January 1st, 1906. "Mita" b for the comparation and the state of the control of the c

MPEN AND MATTER ACEN? March 12,1838, DeKalb County, - Georgia.

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WIST ATE LOTER BUILD CLEED? April 9,1865, Appomattox Court House, Virginia.

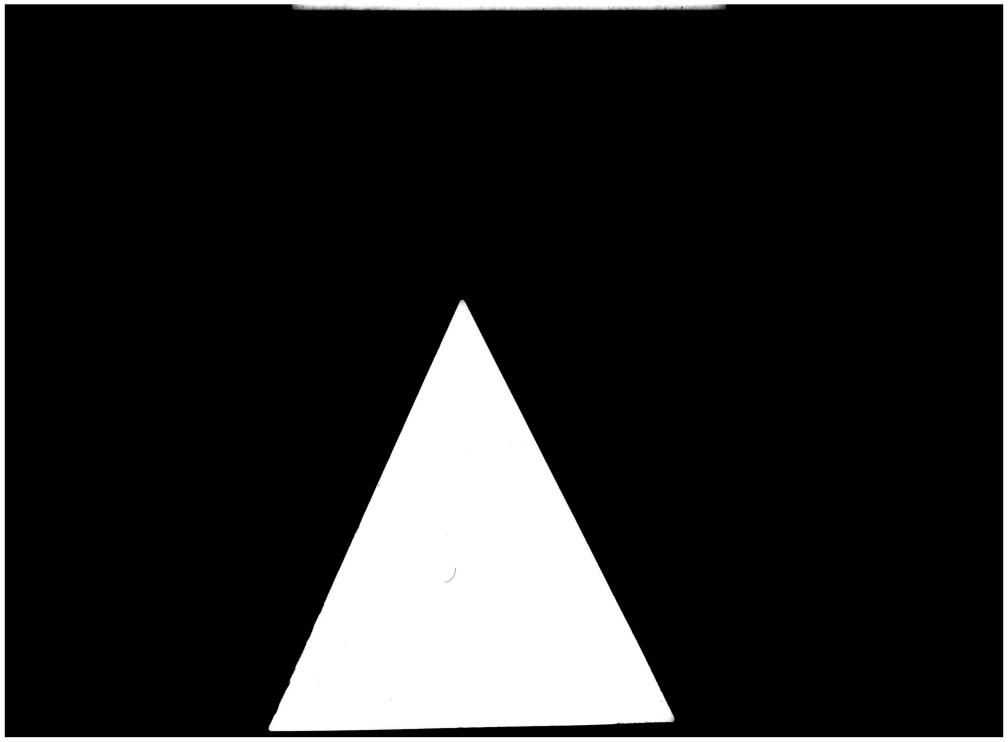
TE NOT ESCUENT AN SUBJECTED BY MARK WHERE WERE YOUR

DIED, WHEN ALD WERE?

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THIFTED,

WIND TABLES. G.L. Robertson, J.I. Marbut, - Same Command- No data.



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MDIGENT PENSION			Executed i	1	receive and re		STATE OF
De Kalb Co			y hand and seal		reipt for the pens		F GEORGIA,
unty De Kalb			this		on allowed and	County	Ā
Jul 96		-	der of		of request that he	<u>, , , , , , , , , , , , , , , , , , , </u>	_
RICHARD JOHNSON, Secretary Executive Department.	,		•	_by	remit same to		*
WARRANT HANDRID TO		·	26		ьетеву		

POWER	OF ATT	DRNEY.	
STATE OF GEORGIA,	inty.		
1, @	of	*	. hereby' authorize
to receive and receipt for the pension allowed	and request that I	ne remit same to	
, at		by	191
Witness my hand and seal this	day of	,	1895.
Executed in presence of)		
	.)		-,
10°			
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RICHARD JOHNSON,

QUESTIONS FOR APPLICANT. STATE OF GEORGIA, Nelkelle County. George W Annable 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 sworm true answers to make to the following questions, deposes and answers as follows:
What is your name and where do you reside? (give State, County and post office) Telry Manufacture of the County of the call of the State? Where did you reside on January 1st, 1894, and how Jone have you been a resident of this State? When and where were you born? Wallow County 17 August 1833. Did you volunteer in the Confederate Army or in the Georgia Militia? Confeder
9. For how long a period did you discharge regular military duty? May 1862 to africe 1863. 10. When, where and under what circumstances were you discharged from service? 5
11. What is your present occupation? 12. How much can you earn per annum by your own exertions or labor? Unable to Should 13. What has been your occupation since 1865? 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? 15. What is your present physical condition and how long have you been in such condition? 16. What is your present physical condition and how long have you been in such condition? 17. Heart house & Salar your present physical condition and how long have you been in such condition?
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 Infurnity and Poverly
18. What property, effects or income do you possess. ** ** ** ** ** ** ** ** ** ** ** ** **
20. In what County did you reside during those years and what property did you then return for taxation? LUNCILLUM C. I had no profusely to selection for taxation? 21. How were you supported during the years 1893 and 1894? What portion did you contribute thereto by your own labor or income? I suffered to the your own labor or income? I suffered to the your excite in order year? 23. What was your employment during 1893 and 1894? What pay did you referve in order year? The supported and have you a family? If so, is your wife living and how many children have you?
Give age and ex of children and their means of support? Yes and have furnity My wife is still living but has been affective for 20 years from the helapie of means to Our Chica a Sozz

25. Are you receiving a pension under any law of this State, if so what amount and for what disability? I am not receive any persion from any source Sworn to and subscribed before me this the George, W. Armistead 2 day of , april 1895. Mill ogshale. of De Kall QUESTIONS FOR WITNESS STATE OF GEORGIA DeKell-County. Francis L. Guess , of said State and County, having been presented George W annitered for pension as a witness in support of the application of 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: What is your name and where do you reside? My name is Frances L There and reside in Deball County 2. Are you acquainted with George or annited to the applicant, if so bow long have you known him? Yes for Thirty over years-3. Where does he reside, and how long hambe been a resident of this state ? He resides Do you know of his having served in the Confederate army or the Georgia militial How do you know this? I know he was a member of to 19 7 7 18 allaller for three years. as I was a member 5. When, where and in shat company and regiment old he enlist? He culisted 6. Were you a member of the same company and regiment?. 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 bocaier any who with us to the end Surrendering at appromation Va 8. What property, effects or income has the applicant? (Give your means of knowledge.) His han none, I am acquainted with all The Tax Payers in Wellall Co. and have len 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 Carpenter by trade. His Health is very back 11. Is the applicant unable to support himself by labor of any sort, if so, why? unable to support ou vectrout of hist age. and affections 12. How was he supported during the years 1893 and 1893. hrungifully by
the help of and, your 8 or
13. What portion of his support for these two years was derived from his own labor or income? a riging small amount 14. Give a fall 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 have a Heart houble also ulcer attack legs a much an extent as he is under to work 15. What interest have you in the recovery of a pension by this applicant? Francis & Therese Sworn to and subscribed before me, this - day of afree 1895. Applicant.

AFFIDAVIT OF PHYSICIANS.
STATE OF GEORGIA, DEHalb County.
Personally came before me A. B. Mays as & JHEO and , both known to me as reputable physicians
of said county, who being severally sworn, say on oath that they have examined carefully. Settings. W. Answisse of personal examination, say that his precise physical condition is as follows:
Indobent when I various vine incompe for both legs, undering him incompe tent to perform the usual avocation
tent to perform the usual avocation
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 2 of day of AMM (1895.) ASM OF COLUMN (1895.)
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA, Deleality County
1, -1.11. Candacio, Ordinary in and for said County, hereby certify that the applicant Leo M. Sunta d, resides in said County, and was a bona
ide resident of this State on the first day of January, 1894, and that the witnesses, viz: JULISA, JY JOLA, MD, THE MILLSON, MIL
I further certify that the tax digests of De Rolf County show that applicant
Witness my hand and seal of office, this dead of Man and seal of office, this dead of Man and seal of office, this dead of Man and seal of office of the dead of Man and seal of office of the dead of
of He Kalk County.

MOTE

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

STATE OF	GEORGIA,	}		
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receive at	id receipt for the		on and request that h	e remit same to
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	NESS WHERE	OF, I have hereunto	set my hand and seal,	this
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POWER OF ATTORNEY.

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Du Kal	ady	2	INDIGE	þ		4	8	~	OH!	WARRANT HANDED
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131	F-			\equiv		Name County		1 1	-	

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For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De No Ch County.
personally appears Les MAssustrados De Kalh
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continously ever since
the /7 day of 42.9 1839; that he is 63 years old and
by occupation a ; that he enlisted in the military service of the Confed-
erate States (or of the State of) during the war between the States,
and served for the term of Mi see years in Company B, of th Regiment of
Leorgia Batalilon; that his physical condition is as follows: Booth legs, affected with
follows: Dooth legs, affected with
I welling and except in from which
As population unable to the for a supportales that his property consists of the following items
No brokerty
of the value of 12 URles 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 Koell county been allowed a pension for the year 1896.
Sworn to and subscribed before me, this, the
The state of the s
11.114. Lg V. LCC, Ordinary.
STATE OF GEORGIA,
De Noth County.
(1)
do certify that I am well acquainted with Les. M. Armstead . the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 12 1897.
This and the this was do ce.
Ordinary As As As a
Ordinary County.

For Applicants Heretofore Allowed Pensions

tot whytioning meterotote with men lengionis.
STATE OF GEORGIA,
De Kach County.
Personally appears Lea Matricosteads fee Hall
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 ; that he enlisted in the military service of the Confederate States (a.e. C.)
erate States (or of the State of during the war between the States,
and served for the term of By in Company B, of f th Regiment of that taken with the sphysical condition is as
; that his physical condition is as
follows: Disease settled in legs recides
sum undule to make a support
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that his property consists of the following items
Fouch
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th.
1894, and the acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1898. I have heretofore as a resident of De Kalk
county been allowed a pension for the year 189 7
Sworn to and subscribed before me, this, the
Sworn to and subscribed before me, this, the 11th day of lan 1898.
7
11,111 Regulace, Ordinary.
St. 1 - 1 C 1
State of Georgia,
Aclast County.
I, Will Ragsdace, Ordinary of said County,
do certify that I am well acquainted with Seo, 11 (friested the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of 1898.
AMI
here.
Ordinary N.C. Nath County.

STAT		GEORGIA,	Cour	ntv.			
	Ι,			2000	_of	, he	reby authori
to rec				sion allowed,	and request		
by					_at	ACTOR OF THE PARTY	***************************************
		my hand and		da	ıy of		1899.
	Execute	ed in presence o	f				(L. S
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ed.)	y I	SION,		Stead	<u>**</u>	N, T Pensione	
(For These Already Enrolled.	34	NDIGENT ER'S PENSI	6	Arn 16	ISSUED	RICHARD JOHNSON,	WARRANT HANDED TO
code sec. 1254. ase Already En	8	DIGEN R'S PE	668	Z. Z	ABBANT	SD JO	NT HAN
	No.		3	25	WARE	ICHAI	WAERA W. Barris
<u>.</u>		OFD		ame		2	કુ

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, Le Rall County.
Personally appears Les M. Asmolectis De Kalh
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 Yee Z 1833: that he is 66
by occupation a Hu ellamie; that he culisted in the military coming of it
during the war between the State of Jan) during the war between the State of the S
and served for the term of I seems in Company B of 9, Marketon of 11
follows: Is dislased in lega are constants
sore and suring a the constant
way and runing contracted in
that his property consists of the following items Anuc
of the value of CO Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion as 1-1
that he receives no pension but the one herein applied for
Deponent desires to participate in the benefits of the Act, approved December 15th,
and the acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1800. I have heretofore as a resident of
county been allowed a pension for the year 180 %,
Sworn to and subscribed before me, this, the day of day of 1899
La transfer de la companya della companya della companya de la companya della com
Ordinary.
State of Georgia,
De Kalk County.
· Mul M
I, MM Nagoda Ce L Mr Ordinary of said County,
do certify that I am well acquainted with Les Mussusteal the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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°
1809.
Pour June 1
Ordinary 1 Lact County
Ordinary 11 Lact County.

Nors. — The blank spaces must be filled.

Nors. — 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.

. . Sole Proprietor .
OF THE CELEBRATED SWEET

HOME AND BRIGHT STAR

Attanta, Sa.,

189

K

Gents' Furnishing Goods
and MILLINERY

BOUGHT OF C. M. MORRIS,

-IWHOLESALE AND RETAIL DEALER INS-

DRY * GOODS * AND * GROCERIES,

FLOUR AND STRUCERIE

I frow this to be

Marmolead

Mu 13/19

¥

Armstead, George N.

YEAR 1896 COUNTY

DeKalb

WHEN AND WHERE BORN?

Walton County August 17, 1833.

ENLISTED WHEN ALL WHERE?

May 1862 Atlanta, Ga.

HANK.

COMPANY AND REGISENT? Co. E, Oth. Dattalion of Artillery.

NAME OF CAITAIN AND COLONEL?

MOUNDED?

CAPTURED, WHEN AND J.A.E?

RELEASED.

WHEN AND WHERE SURRENDERED?

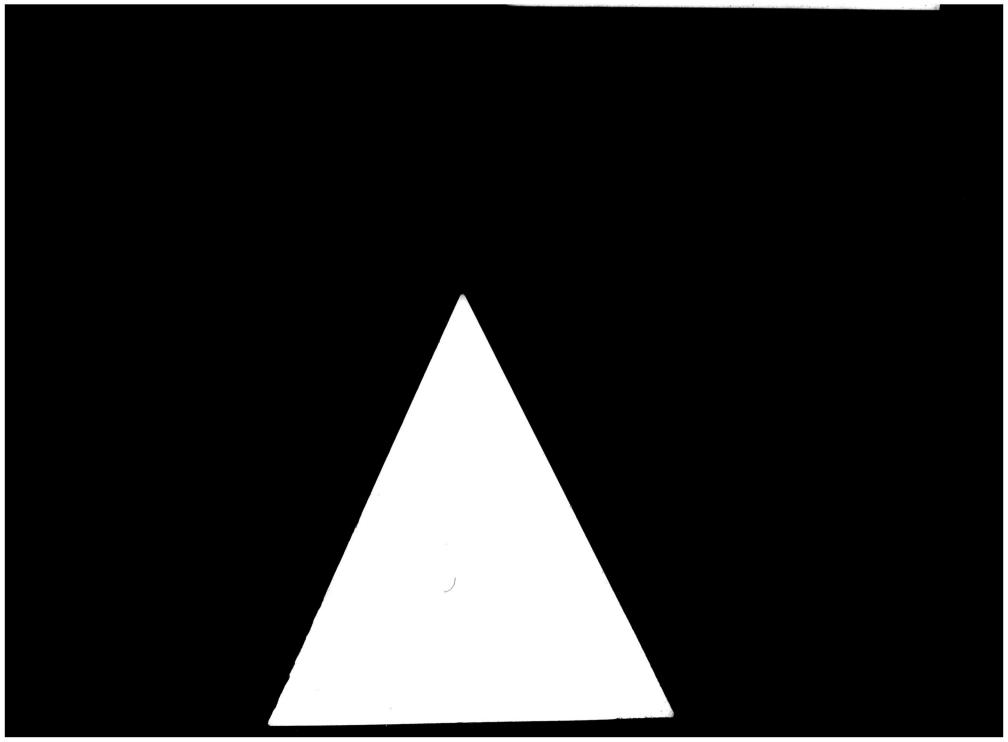
Appormattox, Va. 1865.

IF NOT PRESENT AT SURRENDER, WHITE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Ip neis L. Muss. No data.



armi	Track J. M. On Kall Co
(), N. No.	/ · · · · · · · · · · · · · · · · · · ·
INDIGE	NT PENSION.
16	903.
Name of Me	1. Amusted
Co. E 1.5	Funzia Regt.
Approved	1903.
јони	W. LINDSEY, Commissioner of Pensions.
WARRAN	T HANDED TO
Ordinary will wri	te Name of Applicant, Company

Geo, W Harrison, State Printer, Atlanta.

I,	Соп	STATE OF GEORGIA,	POWER OF ATTORNEY.
	COUNTY		R
	-	~	\mathcal{F}
			AJ
			J.T.
)RI
			E
			.7
here			

	County.)	
Ι,	*	hereby au
	ot	
	allowed and request that he remit same to	

WARRANT HANDED TO

JOHN W. LINDSEY,

INDIGENT PENSION.

1903.

	QUESTIONS FOR APPLICANT.
	STATE OF GEORGIA,
	COUNTY
	of said State and County, desiring true furers to make to the following questions, depose and answers as follows: What is your name and where do you reside? (give State, County and post-offspe)
/	Mr. Assistead InDe Kalk, Leader,
0	2) How long and since when have you been a resident of this State? Seventysing
	8. 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 Jusquest!
de	a d been before that time in Amunityon shops
	5. How long did you remain in such company and regiment? Wall Me Sussemble
್ದ	
nswered	6. When and where was your company and regiment surrendered and discharged?
B	
ģ	7. Were you present with your company and regiment when it was surrendered? 8. If not present, state specifically and clearly where you were, when you left your command, for what cause
Ä	and by whose authority? Jegy Company, in familiary 1865
4	sich and was in prospetel as time of suren
0	9. How much can you earn (gross) per annum by your own exertions or labor? gift 10. 10. What has been your occupation since 1865?
ρ	10. What has been your occupation since 1865? 11. Upon which of the following grounds do you base your application for possion, viz: first, "age and poverty,"
βH	second, "infirmity and poverty," or third, "blindness and poverty"? 12. If upon the first ground, state how long you have been in such condition that you could not earne your support? If upon the second, give a full and complete history of the infirmity and jig extent? If upon the third,
þ	state whether you are totally blind and when and where you lost your gent? Two years
Ą	ago mad strong of Garalysis
Н	Jana gard very under to work
ď	13. What property, real and personal, or income, do you possess, and its gross value?
쉬	Mr marrie
Question	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?
ğ	(made no disposition of any
G	15. In what County did you reside appling those years, and what property did you then return for taxation?
Ь	In Dellate. Nove
Every	16. How were you supported during the years 1899, 1900, 1901 and 1902?
Ď	17. How much did your support cost for sach of those years and what portion did you contribute thereto by
A	your own labor or income? Hay to sixty years
	18. What was your employment during 8882 199, 1901 and 1903 With you find you provive in each year? 19. Have you a thailly 1 so, who composes such family? Give their means of support? Have they a
	homestead, or other property? Their ages and how employed?
	20. Are you receiving any pension? If so, what amount and for what disability?
	21 Harmon de la Maria della Mar
	21. Have you ever made an application for pension before?
	is M Amis Lead
	Sworn to and subscribed before me this the
	Applicant.
	Of

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
105 Kall-
COUNTY.
W Western Museum of said State and County, having been presented
88 8 Witness in support of the application of
under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and
and the same of th
1. What is your name and where do you beside?
william. Consilla. X
2. Are you acquainted with J. M. armsta
long have you known him? Sant - 66 2000
3. Where does he reside, and how long and since when has the been a resident of this State?
4. When, where and in what company and regiment did he enlist and how do you know &
The state of the s
1064. Sousselle La Compay & I ar Ga Russian Tus
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty? Quy MI 1864 To Surpender
7. When and where was his command surrendered? Questions of C. 1865
was not was his command surrendered? Julianian VI. 6. 1860
8. Were you present when it gorrendered?
9. Was applicant present? he was wat
10. If he was not present, where was he? he was in Washillal
W
How do you know all of this?
I was then thom by my and knowledge
6 6
11. What property, effects or income has the applicant? (Give your means of knowledge.)
10 mohinin 110 marine
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? More was ash welling
and what disposition, if any, did he make of same? Work was no dispusition
13. Has be 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? has loscululin
very from and feable to
15. Is the applicant unable to support himself by labor of any sort, if so, why?
ne is made to support hindly warme he is
for fiable
16. How was he supported during the years 1898, 1899, 1900, 1801 and 1902? by what little
e ded and his Children helped his
17. What portion of his support for these four years was derived from his own labor or income?
18. Give a full and symplete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
Section 1254, Code? he is and grable not able To work
Who composes family? What property have they? Children's age and their earning capacity?
has no family Ohildren all marries
V
20. 111.
20. What interest have you in the recovery of a pension by this applicant? Nous
Sworn to and subscribed before me, this the
G day of Sept 1903.) William asmisser
Via D
Ordinary.

AFFIDAVI	T OF PHYSICIANS.
STATE OF GEORGIA,	i
Descully Cour	NTY. 6- 10
Personally came before me	2000
The state of ore me	and
7.0	, both known to me as reputable physicians
of said County, who, being severally sworn, say	y on oath that they have examined carefully
such personal examination say that his precise n	, applicant for pension under Section 1254, Code, and after obysical condition is as follows:
personal examination say that his precise p	hysical condition is as follows:
June Car	man hammely
Partial Bonely	min Red any 2
and francisco	delik Total
• • • • • •	July -
Wales The for	in long a Carrie
and that we have no interest in said pension bei	ng allowed 04/04/ Q 24/95
Sworn to and subscribed before me, this	The state of the s
// C./V	the }
day of the	1903. } Wandy 241
Jan 11 Gurgs	Ordinary.
7	
ORDINARY	I'S CERTIFICATE.
STATE OF GEORGIA.	,
10cH 11	
Count	ry.)
I day 18 Gungs	Ordinary, in and for said County, hereby certify
nat the applicant	17.
een a bona fide resident of this State since the	resides in said County, and has
111:11 -	day of NOV 18
nd that the witnesses, viz.: Willie	m Cennue
e of trustworthy character, and that their states	month are artifuld at 6-11 6-14 at 11 at 11
	se foregoing questions the applicant and each witness took the oath
mon prescribed and should full the full to the first	e loregoing questions the applicant and each witness took the oath
	idavits was read to the applicant and witness before same was signed.
I further certify that the tax digest of	County show that applicant
turned for taxation in his name in 1899	Nurse Dollars of
operty, and in 1900	Dollars of property, in 1901
11	0.44.471.4.4
	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	day of Soft 1903
	Jac Rying Ordinary
	10001 ///
	of County.
1 Refore any questions are account the	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
2. Additional affidavits may be attached if blank spaces are insufficient.
 In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof
as above set out.

STATE OF GEORGIA,	}		
*	County.		
I,		y authorize	
America a	of		
to receive and receipt for	the pension allowed	and request that	he remit same to
• • • • • • • • • • • • • • • • • • •	at		
by			
Witness my hand and sea	I, this day	of	1904.
			[L. 8.]
Executed in presence of			[11. 5.]
executed in presence of	I		
\(\frac{1}{2}\)			
٧.,	30°		
			7
	100	. #	. N TH
	13	961	LIN DEET, Commissioner of Pensions HANDED TO
_ 2 <u>.</u>	1 3 1		of Pen
E L		i gen	JOHN W. LINDSET. Commissioner of WARRANT HANDED TO THE COMMISSIONER ALMER GOO W. Harrings, State Printer, Almen
SSE ALREADY ES. No. CC	O4	WARRANT ISSUED	JOHN W. LINDSEY. Commissioner Commissioner WARRANT HANDED TO
SE ALREAI NO CHEN	0 7 2 3	, Y	State State
P D C	\$ \$ \$ \$ \$ \$ \$ \$ \$	RRA	TANT THOOR.
		WA!	ARB A
THOSE ALREADY ENROLLED, No. V. C. INDIGENT LDIER'S PENSIO	of the		J Geo. W
(FOR THOSE ALREADY ENROLLED.) No. V (3 INDIGENT	Name County Co.		
	Name County		

POWER OF ATTORNEY

	EORGIA, I, eccipt for the pe	ofof	and request	1000	by author
		at			
•	y hand and seal,		day of		1905
Executed in	the presence of	•	×		[L
	***************************************	***************************************			
·					
-1 1	o i di come		1 - 0 - 0	18. 3 4 4 4 7	Factory 1
W (A)	SIO	3	2 2	(Pensiona	IRE, ATLANTA.
	Control of the second		dr. 0	F, 2	
NOY ENROCLE		ment .	ISSUE	issione	W
(FOR THOSE ALREADY ENROLLE No. J. J. 3	ERS PE	Malian. Regiment	WARRANT ISSUED	JOHN W. LINDSEY, Commissioner of	

STATE OF GEORGIAN

FOR APPLICANTS REHEROFORE ALLOWED PERSONS

no date

	The same of the sa	
STATE OF GEORGIA,	}	
	. County.)	
Ι, -	hereby authorize	
	of	C Section of Contract
to receive and receipt for th	e pension allowed and request th	at he remit same to
	_at	a 100 carana mana amin'ny fivondrona
by		
Witness my hand and seal,	this day of	1904.
		75 2 1
		[L. S.]
Executed in presence of		
· ·		
Y	\$6°	
		1
	₩ ± 1	
FOR THOSE ALREADY ENROLLED. No. C. C. INDIGENT OLDIER'S PENSIO	1 81	LINDSEY. Commissioner of Pencions HANDED TO
INDIGENT	• 3 7	of P
	The state of the s	JOHN W. LINDSEY. Commissioner of I. MARRANT HANDED TO
OSE ALREADY EN No. CC INDIGENT IRR'S PE	M. Com Segiment. Regiment. WARRANT ISSUED	IND ANDE
Fig. 2	S S S E S	T H W
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	■ ~~~ *	JO JO
	() ()	3
	Name County	
6 2	200	11 1 1

POWER OF ATTORNEY.

	Ι,	COUNTY.			
•		ension allowed,			
-		this	-		
Executed is	n the presence of		4		[L.
- / 3					
LLED.	SION	inta 194	5 1905.	ensions.	ATLANTA.
COR METON 1884 FOR THOSE ALREADY EMPOLLED No. VES	PENT OF SERVICE OF SER	Tall	ISSUED	JOHN W. LINDSEY, Commissioner of Pensions WARRANT HANDED TO	W. HARRISON, MANAGIN, P.OR STATE PRINTER. ATLANTA
CODE SECTION 1254 SE ALREADY 18	IER'S 1900	LIT. Regi	WARRANT ISSUED	JOHN W. LINDSEY Commissioner o	N, MANAGER, FOS
THOSE TO THE		Name County Au	B	JO	GEO. W. HARRISO

no dota

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DENalb County.
Personally appears Abaronstel of Detall
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 I have said to a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever since the 6 day of Novumber 1827; that he is 75 years old and
by occupation a Farmer that he enlisted in the military service of the Con-
federate States (or of the State of Herrican) during the war between the
States, and served for the term of 1 years in Company 6, of the Regiment
of Ga Require
of Ga Mark ; that his physical condition is as follows: and Paverty & Parelysis
The source of translysis
Market Control of the American Control of the Contr
that his provide the first transfer of the f
that his property consists of the following items:
wow
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 Sexuelo
County been allowed a pension for the year 1
Sworn to and subscribed before me, this the
15' day of Jany 1904.
Janus Regeorge Ordinary.
V ·
STATE OF GEORGIA, \
Chalb county.
I, James Plurge Ordinary of said County,
do certify that I am well acquainted with A Comstell
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 fluy 1 1904.
Adia Janus Kyutyge
bere. Ordinary Derralb 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, County. Personally appears J. M. Correstica of Selection County, State of Georgia, who, being duly sworn, says on oath that he is a bonu fide citizen and resident of said County and State, and has resided in said State continuously ever
Personally appears J. M. Cos mos led of Deltalle County, State of Georgia, who, being duly sworn, says on oath that he is a bonu fide citizen
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
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 continued.
and resident of said County and State, and has resided in said State continued
said State Continuously ever
since theday of; that he isyears old and
by occupation a, that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of in Company & of / th Regiment
of that his physical condition is an
follows: age y Portily
that his property consists of the following items:
And the second s
of the value of Dollars, Lam now earning
Tam now earning,
by my labor,
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 the pension to which he
0
1/1
,
day of 1905.
Janus R Gebrge Ordinary.
STATE OF GEORGIA,)
Leftull county.
I, James It Record Ordinary of said County,
do certify that I am well acquainted with J III Us 2018 Lea
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
o be, and that he resides in this County.
Given under-my official signature and seal, this /8
day of 1905.
Janua Cuorge
your Seal Ordinary LITALE County.

Norg.—The blank spaces must be filled.

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

STATE O		GIA, C	OUNTY					
	Ι,						_hereby	authorize
to receive	and receip	ot for the p	of_ pension allowe		quest		e remit	same to
WITN	NKSB my h	and and seal	, this	day	of			
Exect	ated in the	e presence o	ſ					[L. S.]
			E .					1
I	11	-	T × 1	d .		-4. *		
(FOR THOSE ALREADY ENFORCED.)	INDIGENT	OLDIER'S PENSION 1906.	amod M arnoted	Regiment T MOV		JOHN W. LINDSEY. Commissioner of Pensions.	WARRANT HANDED TO	The Papertan Pressins and Designing Co., GLO. W. Harragon, Mon.

POWER OF ATTORNEY.

ř		rov	WER OF A	IIOKI	NEI.		Α,
	STATE OF	Dekalb.	COUNTY.			hereby autho	rize
	faul to receive	and regeipt for	the pension allow	tean req	lus	J.	
		ress my hand and	41	G Ling day	pi Sam	190°	7.
J	anus !	xecuted in presen	cuanj	W. W.			
					,		
	ROLLED)	NOISN	a led	6.	1907.	TO	
100	CODE SECTION 1254. FOR THOSE ALREADY EMBOLLED		30Z	Regiment /	JOHN W. LINDSEY, Commissioner of Pensions	WARRANT HANDED TO	
in the second	CO THOSE	OLDIE	16 June Do	É. ,	ЛНОГ	WARRA	`

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

TOW WITH HOUSE IN HERE LANDING WITH HER I PROJUND.
State of Georgia,
Personally appears M. Urn ted 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 County and State, and has resided in said State continuously ever
since the 16 day of 200 1827; that he is 79 years old and
y occupation a , that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term ofin Company / , of 42 th Regiment
of Lerz qua ; that his physical condition is as follows: Infurnity and poverty
follows: . I referretly and poverty
that his property consists of the following items:
· · · · · · · · · · · · · · · · · · ·
of the value ofDollars. 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 X. Kall
County, been allowed a pension for the year 1905.
Sworn to and subscribed before me, this the
day of farmary 1906. It Ill & Comsted
James Ordinary.
State of Georgia,
County.)
I, Janes P. George Ordinary of said County,
do certify that I am well acquainted with & M. Constead
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 th
day of farmany 1906.
James I George
foor Seal County.
Note.—The blank spaces must be filled.

Co H. 42nd Right Sa. Inf to E. 1st So Regulare

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Kallalb County.
Personally appears All Connected of Restall
County, State of Georgia, who, being duly sworn, says en 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 Mot 1824; that he is years old
and by occupation a, that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of in Company 6, of / Sath Regiment
of that his physical condition in
follows: Ciga & Sarvale,
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 DeKALR
County, been allowed a pension for the year 1906.
Sworn to and subscribed before me, this the
January 1907.
Samuel Charge Ordinary.
State of Georgia,
DeKALB. County.
I, felines fr Secret Ordinary of said County,
do certify that I am well acquainted with I !! Chinisted
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal this
day of 1907.
Aller Range
And Jour Ordinary DeKALB County.

Nove.—The blask spaces must be filled. Nove.—Affidavit should not be attested before January 1st, 190

County.

arnistead, J. M. 1908

Application for Pension Due Deceased Pensioner Under Act 1904.

Regiment.

Approved and Ordered Paid

J. W. LINDSEY,

Commissioner of Pensions.

FRANK HILBURN

J. SID HOLLAND

atlanta Ga. 7 - 27 1905

Mrs 6 6 Timms for

56 HILBURN & HOLLAND, 91.

UNDERTAKERS AND EMBALMERS.

BOTH PHONES 772.

THIS BILL IS DUE WHEN PRESENTED.

102 SOUTH FORSYTH ST.

Personaly opposed before me + a Thillen who upon out says the oben will is true correct or unfind (a Tosh
Notary Public
Fulton (o Tu.

Application for Pension Due to a Deceased Pensioner,

UNDER THE ACT OF AUGUST 15, 1994, TO BE PAID TO THE ORDINARY FOR FUNERAL EXPENSES AND EXPENSES OF LAST ILLNESS.

70k.10	
J 11,	unty.
Personally before m	e, the Ordinary of said County, comes
	id County, who, after being sworn on
oath, says that he knew	of said County, and
that he was on the Pendigue Pendigue	sion Roll Dekall
County at the time of his death, which occurred in	County,
in this State, on the day of	1908, and
that a Pension of Thirty	Dollars was due him and
unpaid at the time of his death. That he left no w	ridow or dependent children surviving
him, and no estate of any value sufficient to pay his	funeral expenses, which amounted to
the stum of 331 Thirty fin	Dollars, as per sworn statement,
itemized, hereto attached.	1
Sworn to and subscribed before me, this	
3/ day of July 1908	Trumm)
auna Raine Ordinary,	
Petrally County.	
,	
St. 11.11	
Georgia, Nultalle Con	•
I, farma grange	adinary of said County, do certify
that I personally know hornes	, who is a resident
citizen of said County, and that he is of a truthful	and trustworthy character, entitled to
full faith and credit. 1 M	
I also knew	while in life;
that he was the same person whose name appears on	the Miguel
Pension Roll of Roll	County, and was paid a Pension of
Sixty 600	Dollars in said County for 190
and I now believe him to be dead.	
Given under my hand and official seal, this	day of July 1908
James	Ordinary,
· · · · · · · · · · · · · · · · · · ·	County.

NAME Armistead, J. M.

YEAR 1903 CCUNTY Deka

WHEN AND WHENE BORNY

Nov. 16, 1827, Georgia

ENLISTED WHEN AND MIRE? Aug. 1864, Atlanta, Georgia

RAIK

COMPANY AND REGIMENT? Co. E, 1st Georgia Regulars

NAME OF CAPTAIN AND A LOUBLY

WINDED?

r a

NAC STANDARDS

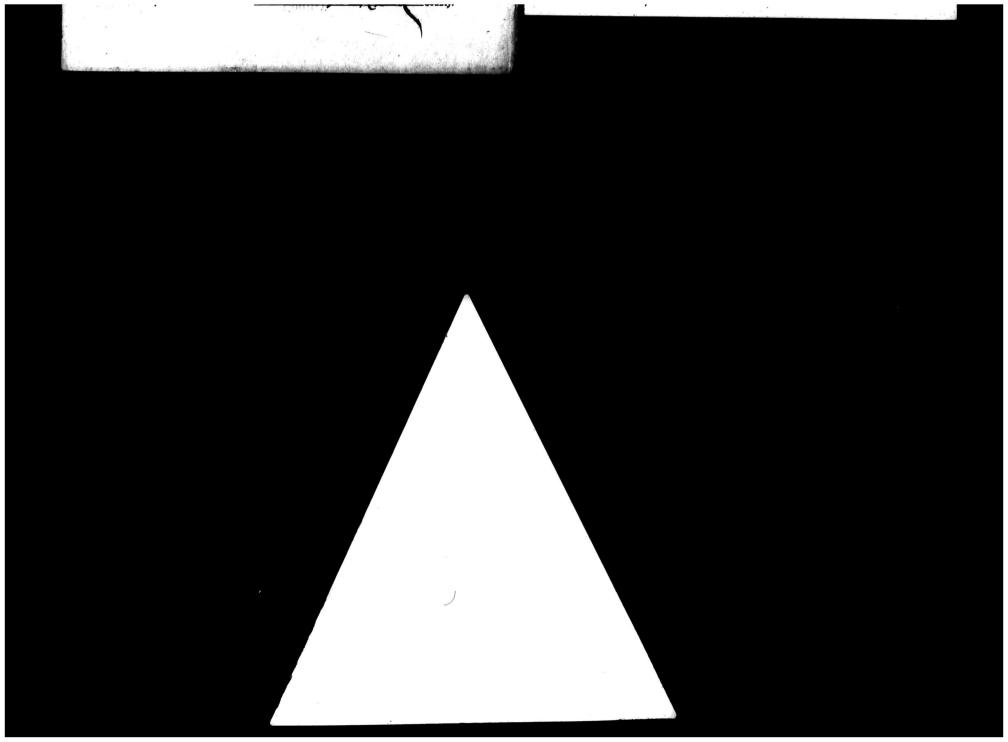
IF NOT PRESENT AT STRENDER, W.T. W. W.L. (CU? In hospital - Left command Jan. 1865 on account of sick-

ರಿ.ಇ. ೨ : ಬರಿಸಿಕಾ**ಪ?**

Edin D.

WITTHESSES. William Armistead - same comman

No data



POWER OF ATTORNEY. STATE OF GEORGIA.

Know all Men by these Presents, That I, County. 1

County, in said State, do hereby appoint.

me and in my name, to receive and receipt for whatever amount of money I may be entitled 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 my true and lawful attorney in fact, for

IVITNESS WHEREOF, I have hereunto

day of

and seal, this

hand

Executed in the presence of us:

, and oblige,

6

Vidows' Pension

Manustry

Dension

Manustry

Dension

County.

\$100.00.

Warrant Issued

1891

AND HANDED TO

STATE OF GEORGIA,

County.

Know	all	Men	by	these	Presents,	That	-

O

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

١to

me at

, and oblige



Widows' Pension Widows' Pension Widows' Pension What Court Warrant Issued 1891

Affidavit to be Made by the Widow. Form

	ide by the widow.
TATE OF GEORGIA.	*
County of De Kall in:	In person came before me, the undersigned Ordinary and for the County of Se Kall
rs. A Min 42 mstrong	, who being sworn according to law, says under
th that she is the widow of Bezejam	in Find hong, who was a soldier in
e service of the Confederate States, and served a	as a member of Company
1100	Yolunteers; that he enlisted in said
rvice on or about the day	of March 1862 and was in the
Confeder at Army up to C	The 186 3 That while in the
rmy, he was on the #" day of	That withe in the
Had Small for	
Trege of Vichs	tues mist and
died a bout	The Bull 18/12
The state of the s	24 1068,
	* * *
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E 6.8	It is twenty g

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 22 th day of 1867, and that she has resided in Georgia continuously since the 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 the fur frame from the day of flerif 1891. I the strains from the subscribed before me, this, the things are the subscribed before me, this, the subscribed before me, the subscribed

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 Among positively to have resulted from the service of the soldier in the Army and not from any other cause.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary

Form No. 2.

County of in and for said County, witnesses

and Cleveland Calon (each known to said Attesting Officer as truthful,

reliable and reputable citizens), who secerally say under oath, that, from their own personal knowledge, Mrs. Reliefrens hong, of the County of the Roll.
State of Georgia, is the widow of Registration of the County of the Rolling the Rolling in the soldier in

of the 3424 Regiment of Leading Volunteers, That said soldier enlisted in the service of the Confederate States (or the Gorgia State Troops) on or 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 Smail how chiring The siege of Lichsburg Miss A was en and is hospital where 1863. The haire menters of - Jame co and Reginer and -hours personally of death.

As to witness & H. Elask and H. Kongress do not know us to marriage sino We turker swear that Mrs. R. M. Franking

soldier during the service, and that she has not intermurried since his death, and that she resides in 1.1.11-12

County of the State of Georgia.

Sworn to and subscribed before me, this, the day of May

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

STATE OF GEORGIA.

1, M.M. Rogsdale Ordinary County of De Rall in and for said County of De Hall

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

M.M. Nagsdale.

Form No. 4.

The pension is only payable to certain classes of widows

Those whose husbands were killed in service.

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

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

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

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

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

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 tull 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 he 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.

STATE OF GEORGIA, County of De Kall Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. AM Crustions 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 By Armskong 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 Markopelace. BRAL 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.]

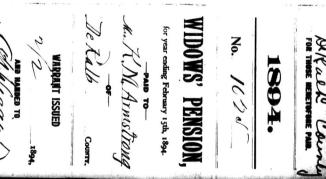
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For Widows' Heretofore Allowed Pensions.

STATE OF GEORG		Derson	ally comes Mrs
County of De Ka	16.	M. Arm	strong
who being sworn, says on oath, that	t she is a bona fide resi tate of Georgia, and t		150
continuously ever since. Bell Irrus trong		847 That she	is the Widow o
D of the 420	Regiment	of Lear,	lier in Company
Volunteers, that he enlisted in said	Regiment on or about	the month of	The F
186 $\mathcal G$ and served in the Army up t	o June-	1864	That he lost his
life on the	day of	.18.	(State here
full particulars of the husband's dec	ath, when, where and fr	rom what cause.) (
Sied with In. Seige at Vio. 4th day of leis	haterg Mi ce 1864.	during	or the

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 & 2; 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

23 day of Lan 1894.

1894.

Post-office Kirkwood La

STATE OF GEORGIA, County of	Tall-	
State of Ge	Ordinary in and corgia, hereby certify that I am ac the applicant for a pension	for said County of quainted with Mrs. on in this case, and
	- Francisco to me my m	mitaine withesses),
that she resides in this County, and that she 1800, and has not lived out of the State since	that date. That she is the wid	ow of
pension for the year ending February 15th 18	Nga.	
In Witness Whereof, I have hereunto set	t my hand and affixed the seal of	my office, this, the
day of	ne/- 1803	
· (***)	Marting.	Ordinary.
POWER O	F ATTORNEY.	Form No. 8.
•		
STATE OF GEORGIA,	County.	
KNOW ALL MEN BY THESE PRESENTS, That	t I,	
	of	
County, in said State, do hereby appoint		
of	my true and lawful at	
me and in my name, to receive and receipt for from the State of Georgia as a widow of a Co davit; hereby authorizing my said Attorney to issued by the Governor, or for any sum of mo- iforesaid.	ontederate Soldier, as stated in to o receipt in my name for any Wa oney which may be coming to m	the foregoing affi-
In Witness Whereof, I have hereunto se	et my hand and seal, this	14
day of		
		[1 8.]
Executed in the presence of us:	1	
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Send amount by		to
ne at	, and oblige	
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STATE OF GEORGIA, County of M. Raguda C. 0 Ordinary in and for said County of DelCall State of Georgia, hereby certify that I am acquainted with Mrs, It M. Arnis trong 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, 1899, and has not lived out of the State since that date. That she is the widow of Bell 83 111/180119 deceased, and as such has heretofore been allowed a pension for the year ending Pebruary 15th, 1854. In Witness Wherefof, I have hereunto set my hand and affixed the seal of my office, day of 12 12 12 1 1 1895. Form No. 3 POWER OF ATTORNEY. STATE OF GEORGIA, Dellath KNOW ALL MEN BY THESE PRESENTS, That I of Nellation of Ne 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 fancas 12. 1895. // // Executed in the presence of us: The DIRECTIONS. Send amount by me at , and oblige

893

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally comes Mrs.
STATE OF GEORGIA, County of De Roll- Running comes Mrs.
who being sworn, says on oath, that she is a bona fide resident of said County of State of Georgia, and that she has resided in said State
continuously ever since 11334 That she is the Widow of
Dof the 112 11d Regiment of Livery
Volunteers, that he enlisted in said Regiment on or about the month of 186 3 and served in the Army up to 1822 186 4 That he lost his
life on theday of18(State here
full particulars of the husband's death, when, where and from what cause.) (a find Directle of Accel died in -1 End bite at Dichefres Mine -1 the 1sta of 12006

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 186%; that Georgia is her home and she resided in this State 23d day of December, 1890, and his not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this	
day of hel 1893.	K. M. X Juntong
Markey & dair, Ordinary.	Post-office

For Widows' Heretofore Allowed Pensions.

10 - P - 2 : 0 2 tot par as firm;	1 N. N. M. 1
STATE OF GEORGIA,	Dersonally Comes Mrs
County of DelCall The	m. Irmstrong
Joseph John Character and the state of the second s	- commoning
Whitehelms aware and an make about the fact to a second	
who being sworn, says on oath, that she is a bona fide resid	27.
Delaw State of Georgia, and the	pat she has resided in said State
continuously ever since all her life 18	That she is the Widow o
Dosthe 422	who was a Soldier in Company
D of the 42 d Regiment	of Georgia
Volunteers, that he enlisted in said Regiment on or about t	
186.3 and served in the Army up to	That he lost his
life on the day of knie	1864 (State here
full particulars of the husband's death, when, where and from	m what cause.)
Had small pox a	
while in Wicksbur	
which the the test of the test	9 11111
while in service	
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name and the state of the state	other the state and an additional and a state and a
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Deponent swears that she was the wife of said depeased sole	dier during his samilar to a
army as a soldier, and that she has never married since his de	ares, during his service in the
his mife in the control of the state of the	eath aforesaid, that she became
his wife in the year 1862, that Georgia is her home and sh	
of December, 1890, and has not lived in any other State or le	
peen allowed a pension for the year ending February 15th,	1894, and now apply for the
llowance provided by law for the year ending February 15th	
Sworn to sud subscribed before me, this) 1/, her	,
1/2 day of land 1895. MXC	Irmskong
1	The state of the s
Mind psele Ordinary. Post-office &	deewood.

STATE OF GEORGIA, County of Se Kall

Ordinary in and for said County of

1. M. Mags Loce, De Kally Hin K.M. Frusting State of Georgia, hereby certify that I am acquainted with Mrs.

the applicant for a pension in this case, and

know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of 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 bereunto set my hand and affixed the seal of my office, this

(SEAL)

POWER OF ATTORNEY.

STATE OF GEORGIA. County. hereby authorize I. to receive and receipt for the pension paid hereon and request IN WITNESS WHEREOF, I have bereunto set my hand and seal, this day of

[1..8.]

Executed in the presence of

IDOW'S PENSION 1896. Certificate of Ordinary of the County of Applicant's Residence,

STATE OF GEORGIA, County of De Nath

Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs.

the applicant for a pension in this case, and

know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Barustran deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

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

Millogodae,

POWER OF ATTORNEY.

STATE OF C	EORGIA,	County	.
I,	hereby au	athorize -	
of	to receive and	receipt for the pension p	aid hereon and reques
that he remit same to	Le company of the second of th		1
IN WITNESS WE	EREOF, I have hereunto set my hand	and seal, this	
day of	1897.		

Executed in the presence of

RICHARD JOHNSON

didoat's pension 2184

2681

ARRANT ISSUED

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
County of Sic Nall	11.M. Simstring
who being sworn, says on out	h, that she is a bona fide resident of said county of Georgia, and that she has RESIDED in said State
Ne Mall State of	
continuously ever since acc fice he	
Do of the 42 d	.who was a Soldier in Company Regiment of
4 Architecture and the second and th	1/ 1
Volunteers, that he enlisted in said regiment on or about 1863 and served in the Army up to	
186,5 and served in the Army up to	186 4 That he lost his
full particulars of the husband's death, when, where and free	, ,
Hat I was bor after	ica in the
Had Smace pox who	1: 6 d the line
in late girs	rea if the actions
THE ZARCE GIRAGE	
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	The second secon
-	S I I I I I I I I I I I I I I I I I I I
Deponent swears that she was the wife of said deceased sol	dier during his terroice in the sum as a caldi-
and that she has never married since his death aforesaid,	
that Georgia is her home and she resided in this St	
lived in any other State or locality since that date.	
y */ //	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	2. her
27th day of lan 1896. 1.	Mix or instrong
Mill Roger &cc. Drdinary. Post	office Kirlelood

For Widows Heretofore Allowed Pensions.

The state of the s
STATE OF GEORGIA, County of Se Kalk M. Armstrong
who being sworn, says on oath, that she is a bona fide resident of said county of
De Noth State of Georgia, and that she has RESIDED in said State
continuously ever since May 24th 1837. That she is the Widow of
Wolunteers, that culisted in said regiment on or about the month of
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life on the day of live 1864 (Neate here
full particulars of the husband's death, when, where and from what causes
be lead Imace for while in Desiree
"21 June 4th 1864.
s I sys
20 MA S S S S S S S S S S S S S S S S S S
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 County for the year ending February 15th, 1896, and now apply for
the pension provided by law for the year ending February 15th, 1897.
/
Sworpto and subscribed before me, this 1807. 1807. 1807.

POWER OF ATTORNEY.

State of C	Seorgia, D	stack	y authorize	Ex.	Pounty.	strano
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that he remit sam	e to		nt			
	у́пекеог, I have here	ounto set my hand		174	f	
day of		1898.	1.	Pi	•	
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For Those Heretofore Paid 1898.	100W'S PENSIO	\angle	J the	RICHARD JOHNSON	™	AND HAND S. J.L. G.
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POWER OF ATTORNEY.

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Paid.			NOI!	, 1899. STONG	County	rang	N, of Pensions.		1899.
etofore Paid.	.66	564	PENSION,	A MS 1014	County	rmstrang	JOHNSON,	ISSURD	7 CER
For Those Heretefore Paid.	.899.	NO. 2564	W'S PENSION,	Cor year ending February 18th, 1899.	alb County	3. F. Armstrang	RICHARD JOHNSON, Commissioner of Persons.	ARRANT ISSUED	27/ 1899.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
County of De Kall	1.M. drusting
6	
Lie hall	on oath, that she is a bona fide resident of said county of tate of Georgia, and that she has resided in said State
continuously ever since 1214	18 37 That she is the Widow of
13.6.6.6.5.2.4.6.6.4	who was a Soldier in Company
	Regiment of 2
Yolunteers, that he enlisted in said regiment on or about	
186 J. and served in the Army up to	
life on theday of .	
full particulars of the husband's death, when, where an	
Lied a' Vichsbury	
ar late about	givest.
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	,
Deponent swears that she was the wife of said deceased sold she has never married since his death aforesaid, and that she	
	County for the year ending
I have been allowed a pension as a resident of	
	et by he for the year ending residually 15th, 1555.
Sworn to and subscribed before me, this	Ull X drawhorg
17 the play of Jack 1898.	Post-Office
- Part and gold College Ordinary.	Post-Office
State of Georgia,	W.M. Kasseldee
Schall , County. O	rdinary of said County, certify that I am well acquainted
with Mrs. A. 11112 12 12 12 150.	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	day of
Given under my official signature and scal this the	17th day of lazy 1898.
Official Seal.	of Se Nail County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Nalk	Personally Comes Mrs. 1. M. Armstrong
ontinuously ever since May 24 District May 24 of the 42 d Volunteers, that he enlisted in said regiment on or able 863 and served in the Army up to 1222	Regiment of Help out the month of Help That he lost his funce 1864 (State here
	burg Miss,
he has never married since his death aforesaid, and the I have been allowed a pension as a resident of. February 15th, 1898, and now apply for the pension p Sworn to and subscribed before me, this	0 1/16
State of Georgia, County, Still Mrs. K. Mark 1899.	Post-Office I. M.M. Rugs Lac. Ordinary of said County, certify that I am well acquainted who made the above affidavit and am satis-
ed that the facts therein stated are true, and I know as continuously resided in this State since the	the is the individual she represents herself to be, and that she that the day of 1837 the day of 1899. Magazae , 1899.
Seal.	Ordinary of XC A&A County.

POWER OF ATTORNEY.

E OF	GEO		County	,.}					
,					by author	orize			
ve and	receip	t for the	pensio	of n paid h	ereon a	nd reque	st that	he ren	nit same
N WIT	rness	WHER	EOF, I	have here	unto set	my hand	and se	al, this	
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Evecu	ted in r	resence	of						[L. S
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		$\overline{\mathbf{x}}$	Ē.	12.	Vidow				
	ve and	ve and receip	ve and receipt for the N WITNESS WHER Executed in presence	S PEND OF STREET OF THE PEND OF STREET OF STRE	ve and receipt for the pension paid heat. N WITNESS WHEREOF, I have here 1900. Executed in presence of	hereby authors of we and receipt for the pension paid hereon a at NWITNESS WHEREOF, I have hereunto set 1900. Executed in presence of	Thereby authorize OW'S PENSION Thereby authorize Of The standing February 15th, 1900. Executed in presence of The standing February 15th, 1900. Executed in presence of	Mo. W. LINDSEN, County, Commissioner of Personal Science of Person	Mo. W. LINDSER, Wo. W. LINDSER, VARRANT ISSUED VARRANTES V

		P	OWE	R OF	ATI	ORN.	EY.	
De Dro	Mai	GEORG VI., Visa receipt f	Mich	frn	of De A	and reque	hereb	
day of	//	`NESS '	WHERE	EOF, I ha	h	la	and and seal,	this 19
1 144,		d in prese		ay,	m	uh		
To Those Heretofore Paid.	1901.	No. 345	WIDOW'S PENSION,	For year cading February 15th, 1901. Thus L.M. Arms Too Rg	Widow of Path Armstrores	JOHN W. LINDSRY,	WARRANT ISSUED	Ore. W. Marrison, state Printer, Atlanta, Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally Comes Mrs.
County of Secretary Asian Secretary
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
who was a soldier in Company Of the 1122 (Regiment of 12121)
Volunteers, that he enlisted in said regiment on or about the month of
186 and served in the Army up to
life on the
particulars of the husband's death, when, where and from what cause)
The second of th
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 184
I have been allowed a pension as a resident of
Sworn to and subscribed before me, this day of A. 1900. Ordinary. Post Office
State of Georgia, County. County. County, ortify that I am well acquainted
with Mrs. , 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
Given under my official signature and seal, this the day of 1900.
(Official) (Beal.) Ordinary of C. C. C. C. C. County.
Ordinary of ALCALL County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
County of De Kall	1 K.M. Asmetrons
who being sworn eav	s on oath, that she is a bona fide resident of said County of
Il Nella	· · · · · · · · · · · · · · · · · · ·
M	State of Georgia, and that she has RESIDED in said State
continuously ever since.	1837 That she is the Widow of
B. G. Asmitting	who was a soldier in Company
D of the #24	Regiment of Seorgia
Volunteers, that he enlisted in said regiment on or	about the month of Hebrulas
186 3 and served in the Army up to Ann	
No.	
	/
particulars of the hysband's death, when, where	
Had Small from	while in service
and died at	whilein service
	*
	A CONTRACTOR OF THE CONTRACTOR
	A STATE OF THE STA
Deponent swears that she was the wife of said decease	ed soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and	that she became his wife in the year 1862
I have been allowed a pension as a resident	of De Mach County for the year ending
	-
-	asion provided by law for the year ending February 15th, 1901.
Sworn to and subscribed before me, this	1 // hus / +
// day of Jan 1901.	16 Mix of rustrong
MMassage Ordinary.	,
W.Magsalle Ordinary.	Post Office
	M.M. Ragadale
State of Georgia,	
De Walk County.	Ordinary of said County, certify that I am well acquainted
with Mrs. N. M. Asmetsa	, who made the above affidavit and am satisfied
that the facts therein stated are true and I know a	he is the individual she represents herself to be, and that she
has continuously resided in this State since the	
Given under my official signature and seal,	maril 1
(Official)	Ill Cysdal.
Beal.	Ordinary of D.o Keek County

POWER OF ATTORNEY.

9	STA	TE OI	F GEO	RGIA,	Cour	ty. }						
	*	I.					of			, h	ereby a	uthoriz
	to re	ceive a	nd recei	ot for the	e pensio			and re	quest th	at he	remit	same t
							at					
		In Wit	ness Wh	ereof, I h	ave her	eunto se	t my har	ıd and	seal, this			
	day o	f.			1902							
					•							[L. S.
		Exect	ated in p	resence o	f .							
	*											
				1								
,												
1				Z,		X	Sounty,	K.	Pensions.		1902	
12	ald.			2	902.	12	Cou			0		
3	2		2	S	For year ending Dec. 31, 1902.	31	31	4	CINDSEY,	WARRANT ISSUED		1
20	To Those Heretofore	Ŋ	1	X	, ec. ;	12	12	#	JOHN W. LINDSEY	ISS	/// AND HANDED TO	The
Z.	ere		13		ding D	g #	d	ent	7 %	L	N. Spirit	2
18	H			S	endi PA	1.	1, 2	Regiment 4	A	PAI	H C	W. HARRISON, STATE
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									The state of the state of	Green	**************************************	PETER PROGRAMMY

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, PRIBADNALLY COMER MIRE.
County of se Ract 1 K.M. As reastrong
who, being sworn, says on oath, that she is a bona fide resident of said County of
continuously ever since 1/144 24"/837, That she is the Widow of
13 th of the state of
D of the 42 & Regiment of La
Volunteers, that he collisted in said regiment on or about the month of
1803, and served in the Army up to 12222 1864. That he lost his
life on the first day of . 1864. (State here
passicular of the husband's death, when, where and from what cause). Seed while in Service with small pay of ticks bring 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 Detalle 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 5 to of an 1902. All X Frankford
MMagsdac Ordinary.) Post-Office mark
State of Georgia, I. M. Kagadace
De Kelly County. Ordinary of said County, certify that I am well
acquainted with Mrs. / 1/1/ Juno Trong, who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
here self to be, and that she has continuously resided in this State since the 24
day of May
Given unfor my official-signature and seal, this the 13 day of the 1902.
Official (Neal)
Ordinary of A-e/Gally County.

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

Ordinary of Dellaca County

INDIGEI 18

Name W.J.	Arnold
County Dika	111111111111111111111111111111111111111
co. B 425	Regt.
Approved	190_

JOHN

WARRAI

Ordinary will write and Regiment on bac

Franklin Printing and I

POWER OF ATTORNEY.

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NT PENSION.						itness my han	said receipt		E OF GE
908	# 12					nd and scal	for the per		GEORGIA,
J. Arnold			Section of the sectio			this	pension allowed		
Wall- 2 Ga Regt.							and request	,	COUNTY
190_					i	day of	that be		
W. LINDSEY, Commissioner of Pensions.		. المحارفة					remit same to		
NT HANDED TO		1							
te name of Applicant, Company			The second secon					hereb	
Publishing Co., Geo. W. Harrison, Mgr., Atlanta, Georgia.			ightenance and a			[L. S.]		nereby authorize-	
	7		0						

		of		hereby authorize
ive and receipt for the pension		st that he remit san	ne to	
Mitness my hand and seal, thi		day of	y	190
N II	(A)	atternion and description to the section of	material different (a.e.). I minimize	[L. 8.]
Executed in presence of		•		
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্বাংলা ব্যক্তিক প্রচাননাক্ত	months force days and upp.	and an incident		A Commence of the Commence of
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	Reg Reg	190	8	Compa
S 24 6	23	SEY,	ED 1	plicant, bove.
	234	LINDSEX,	IAND	name of Applicase as indicated about the bishing Co. We sale, decorate.
	グダイ	OHN W. LINDSEY	WARRANT HANDED TO	back as indicate ad Publishing Co.
	NO	- E	AZ	1 2 3

QUESTIONS FOR APPLICANT.

QUESTIONS FOR APPLICANT.
STATE OF GEORGIA,
DIRALL SOUNTY
of said State and County, designing
to avail himself of the Fension Act (Section 1954, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:
to avail himself of the Pension Act (Scotlon 1264, Oods), hereby sugmits 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 to you reside? (Give, States County and Pestoffice.)
and white contact to ya wealings
2. How long and since when have you been a resident of this State?
8. When and where were you born and register tild you enlist or serve?
march 1862 Comban B-42 Gr Richard
Management of the state of the
5. How long did you remain in such company and regiment? Wallet Classe or who
or 3 grand
the state of the s
6. When and where was your company and regiment surrendered and discharged?
april 1865 Bulous Ville Il
7. Were you present with your company and regiment when it was surrendered?
8. If not present, state specifically and clearly where you were when you left your command, for what cause
and by whose authority? I was from from
at 2000
9. How much can you earn (gross) per annum by your own exertions or labor?
10. What has been your occupation since 1865? ** Charmonian for pension viv. first there and recent "
11. Upon which of the following grounds do you base your application to pension, viz: first, "age and poperty," second, "infirmity and poverty," or third, "blindness and poverty"?
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmfly and its xtent? If upon the third,
state whether you are totally blind and when and where you lost your sight? It have trained to the way to want to the way
and Holsey
13. What property, real and personal, or income, do you possess, and its gross value? Hulking
14. What property, real or personal, did you possess in 1901, 1903, 1904 and 1905, and what disposition,
if any by sale or gift, have you made of same? Mulhing had work
to dispose of
15. In what County did you resided with the second of the
15. In what County did you reside during those years, and what property did you then return for taxation?
16.7 How were you supported during the years 1901, 1902, 1903, 1994 and 1905?
I could do to my abildren
How much did your support can for each of those years, and what portion did you contribute thereto by your own labor or income?
18. What was your employment during 1901, 2002, 1903, 1904 and 1905? What pay did you receive in each year
many la Harry M MARILLE TO TOM to be be les it
19. Have you a family? If so, who composes such family? Give ther means of support. Have they a home-
66 years and a co
A second
20. Are you receiving any pension? If so, what amount and for what disability? Dan not
0.0
21. Have you ever made an application for pension before?
22. How many applications have you ever made and under what class?
Sworn to and subscribed before me this the
A day of august, 1908 Mark Applicant.
Harries Pylorgy Ordinary.
of Detall-County.

MITST Be

Question

Every

OUESTIONS FOR WITNESS.

£0_0_101,0_101, W1111200.	
STATE OF GEORGIA,	3.6
Dikolk	
County.)	
Of said State and County, having been presented	
1/1/2 *	
as a witness in support of the application of A 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 regule? W. Lanin	
Dekall County	
2. Are you acquainted with	
long have you known him? LOD YLO 1-1	
3. Where does he reside, and how long and since when has he been a resident of this State?	
DeKall County 90 70 years	
When where and in what company and regiment did he entite, and how do you know?	
March 62 B. 42 Ga Regermen	
7 1	
5. Were you a member of the same company and regiment?	
6. How long did he pefrorm regular military duty? 3 4121	
7. When and where was his compland surrendered? Christ 1865	
J. Junious ville M. C. J.	
8. Were you present when it surrendered? Was	
9. Was applicant present? Ye was 1)	
10. If he was not present, where was he? The was faresun	
When did he leave his command? That 1865 For what cause? War Clay	
By what authority he left 7. Wan was and and I low do you know all of this?	
E. I was present It now it of My own Know	Pala.
The state of the s	Leigh
11. What property, effects or ignore has the applicant? (Give your more of knowledge)	
The second of the second of the second of the second	1.1.
12 What property, effects or become did the applicant person in 1901, 1902, 1903, 1901 and 1905, and what	lage
Marie Committee of the	
disposition, if any, did be make of same? Mulhing .	
<u>a</u>	
13. Was be conveyed away anytof his property in the last four years; if so, what was it, and to whom?	
The had not had none to sconney	
(14. What is the applicant's occupation and physical condition? he has Ino oculate	A .
	4
me my h to y arrest his sengued condition is	
venay frable not able to make a living	
15. In the applicants unable to support binnelf by labor of any sort; it so, why?	
The it on account of his Thineal	
MA A T	
Conceller.	
16. How was he supported during the years 1991, 1902, 1903, 1904 and 1995? What title	
The 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 & 200	
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under	
Section 1274, Gode his Physical Condition is very	
reable he is not able to make a living tax as	
19. Who composes family? What property have they? Children's ages and their earning capacity	Y
1	Z,
the track a wife	5.
	منتخ
20. What interest have you in the recovery of a pension by this applicant? 10011	-9
Sworn to and subscribed before me, this the)	3
11 Charles Colonial C	2
Tank D	5
Ordinary.	3

AFFIDAVIT OF DUVCICIANG

STATE OF GEORGIA,		
County.		
2011/1	t-2 0-	
Personally came before me	uston &	ar
Syngos M Da	, both known to me as reputable phy	sicia
of said County, who, being severally sworn, say on oath the	at they have examined carefully MJ Am	se
	North Control of the	
such personal examination say that his precise physical con	dicant for pension under Section 1254, Code, and	afte
<i>a</i>		
Valsy + chrone 2	heumetism contracte	~
during war, Jeneral	- mistance condition	17
Those offer Ola age 70	you see of which rena	2
1	living all any Kning of la	
man mana w marca	uning an any may co	00
and that we have no interest in said pension being allowed.	Jr. J. Houston m. O.	
Sworn to and subscribed before me, this the	Maskons M.D	
day of gray 1908	910 01 = =	1
or or	delary.	
ODDINADING	PDTIPIO A TO	
ORDINARY'S C	ERTIFICATE.	
STATE OF GEORGIA, Dikallo County.	Ordinary, in and for sald County, hereby	rertif
Dukally County.	Ordinary, in and for said County, hereby of the first that County, as the first that the first t	
Dekally County. Status Records that the applicant W. T. Alexand		
Dukatho I. Samu R. Surry that the applicant W. J. Hawwith been a bona fide resident of this State since the and that the witnesses, viz.: W. J. Kan	his Life Tooldon in and County, as	
that the applicant W. T. Haw the applicant W. T. Haw the applicant W. T. Haw the been a bona fide resident of this State since the and that the witnesses, viz.: W. J. Karrare of trustworthy character, and that their statements are experienced.	his Life resident in said County, and Island	od ho
that the applicant W. T. State since the the applicant with the witnesses, viz.: W. T. State and that the witnesses, viz.: W. T. State are of trustworthy character, and that their statements are end of trustworthy character, and that their statements are end of trustworthy character, and that their statements are end of trustworthy character, and that their statements are end of trustworthy character, and that their statements are end of trustworthy character, and that their statements are end of trustworthy character, and that their statements are end of trustworthy character, and that their statements are end of trustworthy character, and that their statements are end of trustworthy character, and that their statements are end of trustworthy character.	ntitled to full faith and credit.	e oat
that the applicant W. A. State since the Atlant the witnesses, viz.: W. A. State since the Atlant the witnesses, viz.: W. A.	ntitled to full faith and credit.	e oat
that the applicant W. J. Haw the applicant W. J. Haw the applicant of this State since the and that the witnesses, viz.: W. J. Karrare of trustworthy character, and that their statements are experienced.	ntitled to full faith and credit.	e oat
that the applicant W. State since the Atlant the witnesses, viz.: W. State state are of trustworthy character, and that their statements are e I further certify that before answering the foregoing hereon prescribed, and that the full text of the affidavits was	ntitled to full faith and credit.	e oat
that the applicant W. J. State since the distribution of this State since the distribution of the State since the distribution of trustworthy character, and that their statements are effort further certify that before answering the foregoing hereon prescribed, and that the full text of the affidavits was: I further certify that the tax digest of returned for taxation in his name in 1901	ntitled to full faith and credit. g questions the applicant and each witness took the read to the applicant and witness before same was a County shows that applicant and witness before some was a Dollars of property; in	e oat
that the applicant W. J. State since the distribution of this State since the distribution of the State since the distribution of trustworthy character, and that their statements are effort further certify that before answering the foregoing hereon prescribed, and that the full text of the affidavits was: I further certify that the tax digest of returned for taxation in his name in 1901	ntitled to full faith and credit. g questions the applicant and each witness took the read to the applicant and witness before same was a County shows that applicant and witness before some was a Dollars of property; in	e oat ignecation
that the applicant	ntitled to full faith and credit. questions the applicant and each witness took the read to the applicant and witness before same was a County shows that applicant and property; in Dollars of property; in	e oat ligned blicar 1900 i 1900
that the applicant W. J. State since the distribution of this State since the distribution of the State since the distribution of trustworthy character, and that their statements are effort further certify that before answering the foregoing hereon prescribed, and that the full text of the affidavits was: I further certify that the tax digest of returned for taxation in his name in 1901	ntitled to full faith and credit. g questions the applicant and each witness took the read to the applicant and witness before same was a County shows that applicant and witness before some was a Dollars of property; in	e oat ligned blicar 1900 i 1900
that the applicant W. J. State since the distribution of this State since the distribution of the State since the distribution of trustworthy character, and that their statements are effort further certify that before answering the foregoing hereon prescribed, and that the full text of the affidavits was: I further certify that the tax digest of returned for taxation in his name in 1901	ntitled to full faith and credit. questions the applicant and each witness took the read to the applicant and witness before same was a County shows that applicant and property; in Dollars of property; in	e oat ignec ilara i 190
that the applicant W. J. State since the distribution of this State since the distribution of the State since the distribution of trustworthy character, and that their statements are effort further certify that before answering the foregoing hereon prescribed, and that the full text of the affidavits was: I further certify that the tax digest of returned for taxation in his name in 1901	ntitled to full faith and credit. g questions the applicant and each witness took the read to the applicant and witness before same was a County shows that applicant and county shows that applicant applicant and county shows that applicant applicant and county shows that applicant a	e oat ignec ilara i 190
that the applicant W. T. State since the distribution of the state of the affidavits was distributed for taxation in his name in 1901	ntitled to full faith and credit. g questions the applicant and each witness took the read to the applicant and witness before same was a County shows that applicant and witness of property; in Dollars of property; in Dollars of property; in Dollars of property; in made in good faith.	e oat ligned in 190 in 190 perty
that the applicant W. A. State since the description of trustworthy character, and that their statements are efforts or trustw	ntitled to full faith and credit. regulations the applicant and each witness took the read to the applicant and witness before same was a County shows that applicant and witness of property; in Dollars of property; in Dollars of property; in Dollars of property; in Applicant and witness before same was a County shows that applicant and witness before same was a County shows that applicant and witness before same was a County shows that applicant and witness before same was a County shows that applicant and property; in Dollars of property; in Applicant and property; in Applicant and property; in Dollars of property; in Applicant and property;	e oat ignec ilara i 190
that the applicant	ntitled to full faith and credit. g questions the applicant and each witness took the read to the applicant and witness before same was a County shows that applicant and witness of property; in Dollars of property; in Dollars of property; in Dollars of property; in made in good faith.	e oat ligned in 190 in 190 perty

Before any questions are answered, the Ordinary shall swear applicant and the winesses in the following
words: "You shall true answers make to each of the questions saked of you, and the evidence you shall give will be
the whole truth, so help you God,"
 Additional sification as the continuation of the proof as a love est out.

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,	· }	
		hereby authorize
· · · · · · · · · · · · · · · · · · ·	of	-
o receive and seceipt for the pension allowed and	request that he remit same to	1
. at	by	
Witness my hand and seal, this	day of	190
Market Street		[L. S.]
Executed in presence of		

1100 000	BMD in interest using		A section to		T	NO.
-	ENSION Z	3 36	7. Pensions.	TO	e. Barrison, M	30-08
e 1500	NE V	Med	INDSEY	NDED	Applica	N
42		of the	W. L.F.	NT, HA	r as indica	
102		200 33	JOHUN	ARRAD	will write int on back	
31.3		Yames Younts	\mathbb{N}	A	Ordinary of Regime	

QUESTIONS FOR APPLICANT.

	STATE OF GEORGIA,
	Lack J Courty.
•	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's your name and where the your reside? (Give, State, County and Postoffice.)
	13. How long and since when have you been a resident of this State?
	3. Then and where were you born? March 12 1 838 RIN 1
	4. When and where and in that company and regiment did you enlist or serve?
	Ind Carry and C-Citte yil
	5. How long did you remain in such company and regiment.
	6. When and where was your company and poriment surroundered and displayed?
,	6. When and where was your open pay and regiment surrendered and discharged?
	7. Were you present with your company and regiment when it was surrendered?
	8. If not present, state specifically and clearly where sont were, when you left your command, for what cause and by whose authority?
	and by whose authority.
	9. How much can you carn (gross) per annum by your own exertions or labor? ** ** ** ** ** ** ** ** ** ** ** ** **
	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" to the first ground, state how long you have been in such condition that you could not sern your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the second, give a full and complete history of the infirmity and its extent? If upon the second, give a full and complete history of the infirmity and its extent?
	state whether you are totally blind and when and sherry you lost your sight? The totally blind and when and sherry you lost your sight?
	State Hall and Marine
	13. What property, real and personal, or income, do you possess, and its gross value?
	14. What property, real or personal, did you possess in 1901, 1902, 1904, 1904 and 1905, and what disposition,
	if any, by sale or gift, have you made of same 2 20012119
	ned none to kingfille fit
	15. On what County did you reside during those years, and the property did you then return for taxation?
	16. How were you supported during the years 1901, 1902, 1903, 1904 and 3605?
	17. How much did your support tool for each of those years, and what portion did you contribute thereto by your own labor or income?
	10 What was your omployment during 1001, 1002, 1003, 100 and 1005? What pay did you receive in each year?
_	19 Aave your Tamily? It is, who composes such family? Give their seams of support. Have they a home-
/	Janghery 20 years and
	20. Are your receiving any pension? If so, what amount and for what disability? I am Dear Secret
	21. Have you ever made an application for pension before? France work
	22. How many applications have you ever made and under what class Trock
	Sworn to and apperihed before me this the
	Applicant.
Ĺ	of Ordinary.
	4

		.1	1 50 life
QUESTIONS FOR	WITNESS.	~	mer litt
STATE OF GEORGIA,			
Della County.			
4 L Materlicky	of said State and County, hav	ng been presented	
as a witness in support of the application of	Avgo	for pension	*
nnswers as follows: Whysis your name and where do you reside:	s to make to the following que	stions, deposes and	
7 & Robertsin Dale	all Co &	7	
2. Are your acquainted with	the n	pplicant: if so how	
3. Where does he reside, and how long and since when has he be	en a readent of this State	(, , , -	
When where and in what company and regiment did he enlis	Sa ali	wife.	7 Fins
August 186/ Lecature	40 corryay	E-Told	1 Region
Were you a member of the same company and regiment? How long did he pefrorm regular military duty?	I was	(a - A	
When and where was his command surrondezed?	and ga	on or	y your
Africe 1865 Approgrante	y CVIII		
9. Was apolicant present?		-	
9. Was applicant present?	4 L. ⁷ .		
m ne	For what cause? Wa	nover	
By what authority he left?	// / .V.	know all of this?	
Ill Man De mand	Kuly if	JU1211	
11. What property, effects or income has the applicant? (Five vo	ur means of knowledge.)	/.	
12 What property, effects or facouse did the applicant possess	1901, 1902, 1903, 1904 and	1905, and what	
disposition, if any, did be make of same? "Mull	ing		
13. Has he conveyed away any of his property in the last four year		hom?	
14. What is the applicant's occupation and physical condition?	west.		
Trat Hove he Trys to you			
15. Is the applicant unable to support hinself by labor of any sort;	0 00	100	
his Priga che Condet	as a die	all of	
16. How was be apported during the years 1901, 1902, 1903, 190	4 and 1905?	Stri	
17. What portion of his support for these four years was derived from	om his own tabor or income?		
18. Give a full and complete statement of the applicant's physical		a pension under	, 9
Section 1254, Code 12 and 1 Maring		1	
19. Who composes family? What property have they? Children't	s ages and their earning capac	ty?	

20. What interest have you in the recovery of a pension by this applicant? It It is sworn to and superfield before me, this the factory of the state of the sworn to and superfield before me, this the factory of the state of the sworn to and superfield before me, this the factory of the sworn to and superfield before me, this the factory of the sworn to and superfield before me, this the factory of the sworn to and superfield before me, this the factory of the sworn to and superfield before me, this the factory of the sworn to and superfield before me, this the factory of the sworn to and superfield before me, this the factory of the sworn to and superfield before me, this the factory of the sworn to and superfield before me, this the factory of the sworn to and superfield before me, this the factory of the sworn to and superfield before me, this the factory of the sworn to and superfield before me, this the factory of the sworn to and superfield before me, this the factory of the sworn to and superfield before me, this the factory of the sworn to an advertise of the sworn to a sworn t

A PEID A WIT OF DURINGE

STATE OF GEORGIA,	
14-16-111	
County.	
Personally came before me M Intelle 118	
(105/1) 712 - 11 - 11 S	and
of sold County, who, being severally sworn, say on oath that they have examined carefully	sicians
fast f. h	after
such personal examination say that his precise physical condition is as follows:	
The is a continewal suffer from Rhungtion	_
the his for several pars, also he he	
a nychened in his spine in a cont	
aux acident in a rima way which ren	
and that we have no Interest in said pension being allowed.	· 60 0
	11
Sworn to and subscribed before me, this the	118
day of Steel 1902	20
January Odinary	
ORDINARY'S CERTIFICATE.	
I. January, in and for said County, hereby co	
been a bona fide resident of this State since the All Titaliay or life 189	
and that the witnesses, viz. John Marbut & J. Robert	100
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
nercon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was sig	gned.
I further certify that the tax digest of DeRald County shows that appl	icant
returned for taxation in his name in 1901 475-20 Dolla	
property, and in 1902 4 7 / Dollars of property; in	
OOC Dollars of property; in 1	
2 I	1905
4.5-00 /906 \$995-00/1907- 127-00 Dollars of property; in 1	
15-00 1906 #995-00/1907=1275-00 Dollars of property; in 1	erty.
Dollars of property; in 1	
Jollars of property: in 1 15-00 150 150 150 150 150 150	
Dollars of property; in 1	
Jollars of property: in 1 15-00 150 150 150 150 150 150	£.

words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God,"

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

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



Georgia Demonally offrond Dekalber before me V. G. George who on oath Says That they stund & LAngo and Know of Their own Knowledge That he does not own any Real Estate mor neven did and The Jakes he has been returning in his name is his wifes Inoperty and not the Property of Ja Argo as the Deads are in her name Swann to and Subscibled bufore mesit not 1900 Januar George & De Storge

Refore any questions are answered, the Ordinary shall swear applicant and the winesses 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 words."
 Additional affective by be attached if blank spaces are insufficient.
 In every case the ordinary must certify to the character of the witness, and as to the execution of the proof
as chose as also.

NAME Arnold W. T. YEAR 1909 COUNTY Dekalb

MATERIAND VALUE BORN? July 9th 1840, Gwinnett County, Georgia.

FRANCISCO AND UMBRE? March 1862, does not state where.

RANG.

CONCLLY AND RECONTENT? Co. B, 42nd Georgia Regiment.

MONTHER Rheumatism contracted during the war, also palsy.

QARTELED, THERE ARE STREET

MAJE CE CAPTAIN AND COLONEL?

Ellensen.

SHEED AND SHEET LEGENDERS DESCRIPTION OF APRIL 1865, Bentonville, N.C.

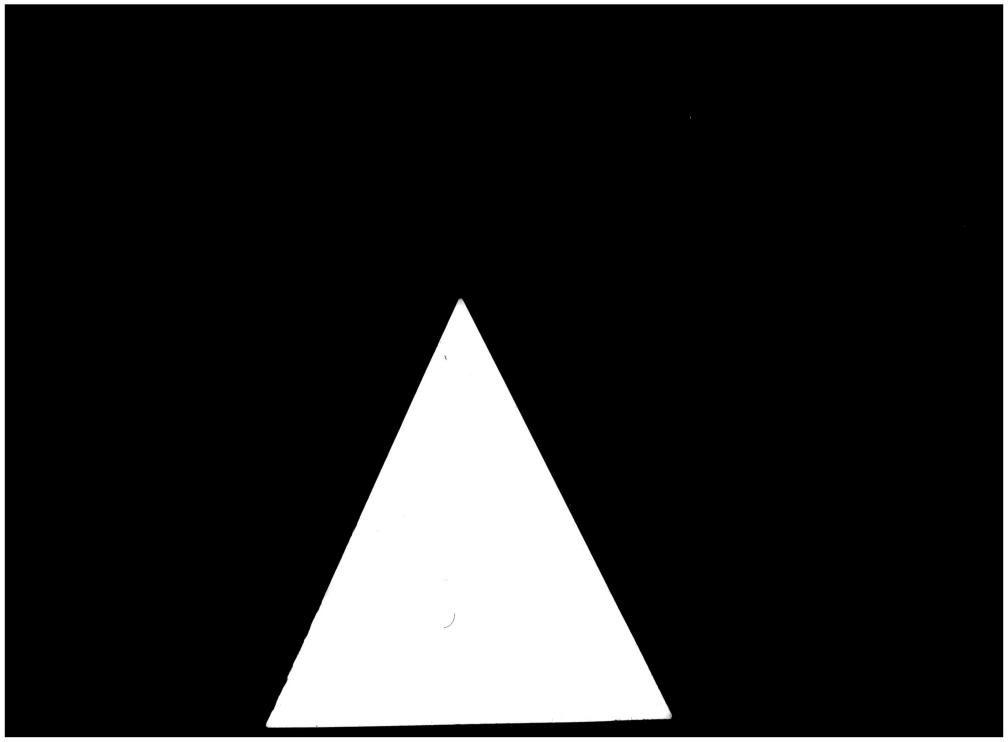
IF MORE FOR THE ACT OF LANDING MINRO MERK YOUR

Dist, West Clawber?

BUDIED,

WITH MISS. W. S. Lanier - Same Command.

No data.



Ordinary's Certificate

De Nalh & L				
Confederate Soldier's Application Under Act 1910—As Amended by Act of 1919. County Pellalb Name Robert J. Ashford Company Ryagiurs Battery Regiment Galtlis Battalins Ashiro	NOTES: 1. Before any questions are answered the Ordinary programs of the Control	Swep under my hand and official seal of office this seal of office the	resides in said county. That I also knowledge the statements are entitled to full faith and trustworthy and their statements are entitled to full faith and trustworthy and their statements are entitled to full faith and	ATE OF GEODEILA AMURA PLA COL
Approved	s make to es are in the cou	22	and were duly	0
	each of sufficient, nty in wi	day	duly sworn	nary
l .	the question the api	\$	orn by me	of said Co
J	tions asked you a	>	ne represents nimedif to be and L. the witness swearing to the by me before signing the forego- by me entitled to full faith and	of said County, certify that I know
J. W. LINDSEY,	follow and thesa		elf wear	E E
Commissioner of Pensions.	ing the ev	L	ing to b	. # . I
Byrd Printing Co., State Printers, Atlanta.	words: vidence es and	۴	aring to the the forego-	kno
	E 8	1	4 9 6 6	. 4

10-30-1919

Ordinary's Certificate

STATE OF GEODGIA ...Ordinary of said County, certify that I know also knowledges. The person he represents himself to be and 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. Swon under my hand and official seal of office this_.. (SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words:

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

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

3. All affdavits must be made before the Ordinary of the county in which the applicant or witness resides and
must be certified by such Ordinary.

Confederate 0

Application for Soldier's Pension Under Act 1910 Amended by Act 1919

Questions For Applicants to Answer

	STATE OF GEORGIA,
	Robert I Ashfordof 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, .
	Chamblee, DeKalb County, Georgia (R.F.D.
	2. How long and since when have you been a continuous resident citizen of this State 1_All_my_life
	_except_2A_years_in_Tennesses_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†Xea
	4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of
	Service) Frazier's Battery, Cabell's -wattalion, 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, 1645
	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-Pstersburg, Virginia.
	b. When did you leave the command 1 April, 1865
	c. For what cause did you leave!Lea!a_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 warfNo
	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
n	ot allowedfNo
-	
	Sworn to and subscribed before me, this the
	200 day of accoper 19.19
•	19.19)
-	TOMILA MANAGE Ordinary
0	Della County,
(1	BEAL)

	Salar Charles	- A	ASS 6 SHEET	Section of the Control of the Contro	1 C. H. L.	2004. 1000	
	Charles .	A 100 CO 100 CO	Au	A STATE OF THE PARTY.	13000	300	Water Street, Street
13/5	Uues	tions:	POR V	Vitaine		460.0	-

STATE OF GEORGIA,
DeRelbCOUNTY.
W.T. Ashford
as a witness in support of the application ofRobert_J, AshCard_sfor 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! - Rail W.T. Ash fard, Chambles, Dakalb. Sun
County, Ceargia(B.F.P.) Heust saress, 602 Grant Building, Atlanta Ca.
2. How long and since when have you known All-his-life the applicant?
the state of the s
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! Chambles, DeKalb County, eargia since 1901 the is
my brother
4. When, where and in what Company and Regiment didR_I_Aghtordenlist during
war from 1861 to 1865 (Give date and place.) _In 1864 in Atlanta _corgia Frazier's
Battery, aboult's Battalion of Artillery B. How did you obtain your information of this Service? He a Rerved 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, 1965 near Petereburg, 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 communital at surrender !Yas.
11. If not where was he and how came him there!
12. When did he leave his command?In-April, 1865
when he left it ! Lear Retershurs or what cause did he leave!
By whose authority did he leaveOf_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 flearly and specifically. Was present
nd 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
In what prison was he held?and
when released
Sworn to and subscribed before me, this the
day of October 1919
The Ordinary
Detall County
SEATA

Applications with the things and the second of the second

NAME Ashford, Robert J.

WEAR 1920 COUNTY DeKalb.

WHEN ! AND WHENEE BOOK ??

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 WEREY?

COMPANY AND REGIMENT?

Frazier's Battery, Cabell's Battn. Art.

NAME OF CATAIN AND COMMENT.

WOUNDIED T

HAME .

CAPTURED WHEN AND WHEREY

RELEASED

WHEN AND WHERE SPREEDERED? Near Petersburg, Virginia in April, 1865.

IF NOT PRESENT AT SURRENDES, PORTE TOTAL TOTAL

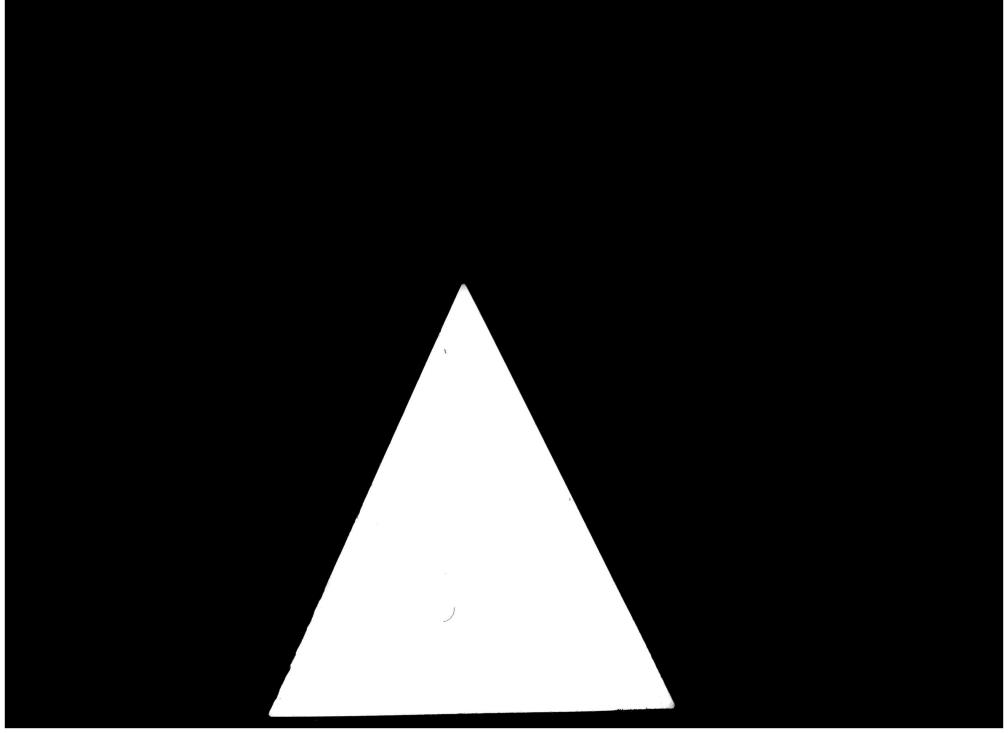
DIED WHEN AND WHERE \$

BURIED,

WITHESSES :

W. T. Ashford - same battalion - - - No data.

SB.



Ordinary's Certificate

...Ordinary of said County, certify that I know

STATE OF GEORGI

La Kall Co	1		
a. 70. 19.20	NOTES:	SEAL)	the applicant AITHAL resides in said county. service; that they are ling affidavit and they credit
Confederate	. Before "You a give sh a 3. All af must l	n under	in sai that davit
Soldier's Application	ore any order of the state of t) A III	d cou they a
Under Act 1910—As Amended by Act of 1919.	olem olem the affid ts m		
- County Descalb	nly swear whole tru havis may ust be max d by such (d and off	the applicant/HIMAL. PARAMETER for pension is the person he represents himself to be and resides in said county. That I also know LULES. How the witness awaring 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 reading
Name William & Ashford	answere that you the So I be attacle before brdinary.	The licial se	also know lents of sai
Company Tough Artitlery	d the Ord will true selp you (shed if bla the Ordi	al of of	said co
Regiment Antillery	answe Jod.", nk spa nary o	and official seal of office this	for per
Approved	make share the c	7	pension is the person he represents himself to be and the witness awaring to the and were duly sworn by me before signing the forego- orthy and their statements are entitled to full faith and
	Y ff ga	100	their duly & the
	applican each of t fficient.	Q.	N A N D
	2 2 2 4	0	sworn statem
7	and the que	~	nent a
	nd witnes questions the appli	8	# 2
	witnessee estions as applican	10	the te bef
	asked	1	nti for w
)	1 4 4 4	<i>Y</i>	tnes tnes e sig
			to This sa
J. W. LINDSEY,			The witness swearing me before signing the sare entitled to full fa
Commissioner of Pensions.	₽ 0 0	L	to he fai
Byrd Printing Co., State Printers, Atlanta.	words: evidence evidence and	19,/	ents himself to be and witness awearing to the ore signing the forego- titled to full faith and
	E. 3 5 1	6	and the

Ordinary's Certificate

STATE OF GEORGIA,
Detalo COUNTY.
i, James County, certify that I know
the applicant Wm Then for pension is the person he represents himself to be and
resides in said county. That I also know Robert . Solf with 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
eredit.
Sopra under my hand and official seal of office this 29 day of Oct 19/5
Thurst Alfary Ordinary)
Rekalb County
(SEAL)

NOTES 1. Refere any questions are answered the Ordinary shall event applicant and witnesses in the following words:

"You do solemnly swear that you will true answer make to each of the questions asked you and the evidence
you give shall be the whole truth. No help you Got."

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

3. All affidavits must be made blaffor the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Soldier's Application Confederate

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	1of said State and County, hereby applies
for the pension provided by Act of 1010 m	as amended by Act of 1919, to Confederate Holdiers, 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	and follows to wit:
	ou reside! (Give County and Post office)
T. Aabford, Chamblae DeKal (Usually set my mail at 2. How long and since when have you be	to County Ceorgia R. P. D. 802 Grant Building Atlanta a) con a continuous resident citizen of this State!
All_my_life	
3. Did you enlist in the Army of the Cor.	nfederate States or in the organized militia of this State from
1861 to 1865†	
4. When and where, and in what Compa	any and Regiment did you enlist? (Give the arm and class of
Hervice) Toup Artillary, Ath	ans Georgia Artillery Service
5. How long did you remain in the actua	al military service with said Company and Regiment! (Give
date of discharge)11 _years 11 as	charged April, 1865
6. When and where was your Company	and Regiment surrendered or discharged from the Service!
Near Peteraburg Virgi	nia
7. Were you actually present with your	command when it was surrendered or discharged?Yes
8. If you were not actually present state	te specifically and clearly where you were.
or any more more actuary present, state	a spectifically and clearly where you were.
	fill Hear Patersburg Virginia
h When did you leave the community	
a For what ones did you leave!	April_1865
d By whose authority did you leave!	Contain W. W. C.
	Captain H.H.Carlton
e. For how long was your leave granted	
f. Why did you not return to your con	mmand after leave expired! \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
g. In what way were you prevented?	₩a₽-wae-ended
h. What effort did you make to return?	4
i Were you captured during the war!	L'O.
i If so when and where! In what price	son were you held and when were you released?
y == so, mad, and where. In what prior	
9 Are you drawing a possion of any	the state of the s
10 Have you ever applied for the Com-	mount from this State or the United States 1No
10. Have you ever applied for the Georg	gia Pension and had it refused? and for what cause it was
ot anowed1NQ	
	2 2 '
Sworn to and subscribed before me, this t	the) D . Lea
291 day of October	19.10 K J takeyord
Hausel IPP	-" /. U
Du Van	Ordinary)
Mistalk	. County.
YEAR A	

(SEAL)

Questions for Witness as to Service

STATE OF GRORGIA,
Perolb county.
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.R.)
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 man
Chamblee, DeKalb County, Georgia
4. When, where and in what Company and Regiment did
war from 1861 to 1865; (Give date and place.) - In 1863 at Athens Georgia - in-Troup
5. How did you obtain your information of this Service 1 Tas with or near him in
the Army, in same Mattalion, Sohell'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)
Mear Petersburg, Virginia in April, 1865
8. Were you personally present at the surrender?Yas
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 once him theref
12. When did he leave his command? In April, 1865 Where was his command
when he left it! in Virginia For what enuse did he leave!
By whose authority did he leavethat of his kaptain and how
long was he granted leave?
all that you have stated to be true! If of your own knowledge, tell clearly and specifically
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
In what prison was he held?and
when released
Sworn to and subscribed before me, this the
day of October 19.19
Clear Je Ordinary)
of Delta B County.
(SEAL)

NAME Ashford, William T.

YEAR 1920 COUNTY DEKalb.

"" AND WHERE BORN?

A resident of Georgia all my life.

enlisted when and whose?

1863, Athens, Georgia

RANK.

COMPANY AND REGIMENT?

Troup's Artillery, Cabell's Battalion

NAME OF CAPTAIN AND COLDUCT

WOUN DED?

CAPTURED. WHEN AND WHERE?

RELEASED?

WHEN AND WELL SURRENDERED? Near Petersburg, Virginia, April, 1865.

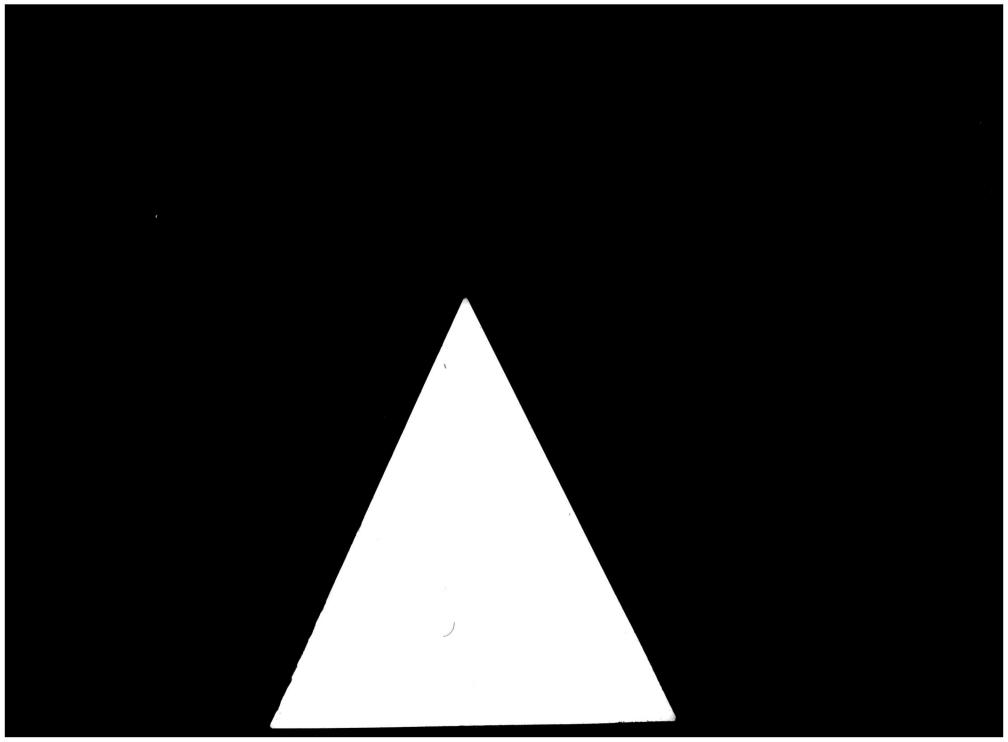
IF NOT PREBLET AT SURGENDER, WHERE WHEN YOU'S

DIED, WHEN AND WHERET

BURIED,

WITHEBSES. R. J. Ashford - same battalion - - - - No data.

SB.



Ordinary's Certificate

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No. 1	NOTES	. w	wer	is t	STA
		Sworn u	e dul	he pe	TATE De-B
Widow's Pension	Bef vou Add Onl) All such Attr	unde	y swo	on ti	E OF Kalb
Under Act 1910—as Amended by Act of 1919.	ida al	тву	orn b	she r ne 4tl	GEORG Lames
County De Kalb	que blem ve w affid affid its m its m	hand an	y me befi tatement	epresents n Novemi	H F
Name/M.n. I Sta & States	are ear the tribe triced e mac of n	Sworn under my hand and official seal of office this (SEAL)	were duly sworn by me before signing the foregoing affidavits and that they both are worthy, and their statements are entitled to full faith and credit.	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	George Ida L. A
Widow of clash Stakens	answered that you will that you will that you will that. So help be attached a prior to Jan lie before the harriage lice	seal	or ng the	that	e (
Company H	the Ore will true will true help you (January e the Ore license :f	of of	fore to ful	and s	CO
Regiment // Ga	Ordinary shall from the answers muon food." The blank spaces a blank spaces of the Ordinary let, 1881. Ordinary of the see of obtainable see of obtainable	fice this	going af	he is a l	COUNTY.
Approved	e ire ke	23rd	fidavits	bona fid	
	swear applicant and the wake to each of the question in insufficient, are entitled, are entitled, are residence of the person. If not, prove marriage,	d day	and	e con	
	ant ar	100	that	Thui.	0
	questions questions person to	SIL	they of n	7	rdina
	. 13 2 4		bet	sident	appl
1	8 . 2.g	1 1 3 E		citiz	said cant
	you an your an worn an person,	W.	said tru	en of	Coun
J. W. LINDSEY,	d the	Ordinary	said County truthful, t	said	linary of said County, do e the applicant for pension.
Commissioner of Pensions. Byrd Printing Co., State Printers, Atlanta.	na aled you and the evidence as aled you and the evidence to be sworn and certified by to be sworn and certified by some person, or by general by some person, or by general	_19.19_ ary, County.	of said County and are truthful, trust	Cour	ñ
11/1. 1000	हे पुरुष्	ά (9	and rust-	- uty	rtify .
' '/'					

110 Ricard

Ordinary's Certificate
STATE OF GEORGIA,
De KalbCOUNTY.
IOrdinary of said County, do certif
that I know Mrs. Ida I. Askew the applicant for pension. Si
is the person she represents herself to be and she is a bona fide continuing resident citizen of said Count
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 an
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 23rd day ofOstoker1919
(SEAL) ANNO ALTERNACIONAL Ordinary,
2 Stolle County
NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words 'You do selemnly swear that you will true answers make to each of the questions asked you and the evidence Additional affidavits may be attached if blank spaces are insufficient. 3. Only widows who may red privile.

- 3. Only widows who marred prior to January 1st, 1881, are entitled.
 4. All affiduits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Pension	ded by Act of 1919.	Dellar When	12 1/2	, , , , ,		W. LINDSEY, seconds of Pensions.	0.0
	as Amendo	a Sing	' h	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Commiss	2
Widov	Act 1910	In Sal	S. C.	2 1	1	Printing 0	//
* A Tries	Under A	Name/Mana.	Company Regiment	Approved		Byrd	

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

Questions for Applicant

STATE OF CECEGIA,
Pulalecounty.
Qua lat a sul
Personally before me comes Jun, Ida, K., Sellus 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! Hun Make Stallen
2. How long and since when have you been a continuing resident of the State of Georgia!
3. When, where and to whom were you married?
nol 4th /875 numan ga John Hakeal
a. Have you married since the death of first and soldier husband? Trans
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Com
federate Army or Georgia Military (State the arms and class of Service.) Can from
10 ya Regiment
5. When and where did the commands of your husband surrender or discharge from the army1
6. Was your husband personally present at the time of the surrender or discharge of this command!
1 Indertand - He Was
7. If he was not present state clearly where he was
8. Where was his command when he left? Survey dev
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!
c. What was his physical condition when he left his command?
f. What effort did he make to return to his command?
g. In what way was he prevented from going back to Command
h. Was he captured by the enemy at any time!Was_May
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! Jafay 9 4907 alland
k. Were you residing together when he died! — we was
If not, how long had you resided apart
m. Are you now a widow! Sam
9. Have you or your husband heretofore been paid a pension by the State! Lane 2001
If so, when and for what cause were you or your husband placed on the roll?
Sworn to and subscribed before me this the
day of Olyphen 19/9
amel Regional Ordinary)
() D. C.M.
(SPATA)

	Questions for Witnesses as to Service of Husband and Marriage
	STATE OF GEORGIA.
	County
	Personally before me comes
	being duly sworn, true answers to make to the following questions, answers as follows:
	1. What is your name and where do you reside? Ny nesse is A.H.Arneld, residing at Heunan, Courte Gounty, Georgia,
	2. How long and since when have you known Mrs. Line L. Asker applicant! I have known the applicant, Mrs. Ida L. Asker for more than ferby years.
	3. How long and since when has she continuously resided in this State! (Give date.)
	4. When and to whom was she married Nev. 1976. Jebn Asker. How do you know! Know her
	5. How long and since when did you know
	husband? I have been him all his life up to his death
	6. When and where did
	the husband of applicant, die ! John Askey died in Atlanta Co. in Sept 1907.
	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 1
	9. When, where and in what Company and Regiment did
	He enlisted in June 1864, at Messan, Sa., in So. " 7 " Leth Ca. Batt, Cay.
	10. Were you a member of the same Company! I was a member of the same Co. and Rec
	11. How long within your personal knowledge did he perform actual military consists with his Go
ŧ	and Regiment! July was at Chri
	19 When and when did to G
	When and where did his Command surrender, and was discharged?
	12. When and where did his Command surrender, and was discharged? April 2 th 1865 at Appendizer C.B.Va., Surrendered.
	13. Were you personally present when it was surrendered! I was present
	13. Were you personally present when it was surrendered! I me present
	13. Were you personally present when it was surrendered? I was present. If not, where you and how came you there?
v	13. Were you personally present when it was surrendered? 14. Was the husband of applicant personally present at surrenders. 15. The present if not, where you have you there?
w	13. Were you personally present when it was surrendered! I me present If not, where you and how came you there! 14. Was the husband of applicant personally present at surrender! He mas present If not here was he! The present When where and for what
w	13. Were you personally present when it was surrendered! I me present
w ca	13. Were you personally present when it was surrendered! I. The Breest
w ea	13. Were you personally present when it was surrendered! L. L. BEGERT
w ea an lo	13. Were you personally present when it was surrendered? I. was present
w ea at	13. Were you personally present when it was surrendered! I. was present
w ca	13. Were you personally present when it was surrendered? Last present
w ca	13. Were you personally present when it was surrendered? Lase present
w ea	13. Were you personally present when it was surrendered? Lase present
w ea	13. Were you personally present when it was surrendered? Lase present
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w er an lo	13. Were you personally present when it was surrendered? Last present
w er an lo	13. Were you personally present when it was surrendered? I. The Breent
w er an lo	13. Were you personally present when it was surrendered? I. The Breent

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1 1 8 11 11 11 11

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63

Sworn to and subscribed before me this the

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 Henorable State of Matrimony Jne. Askew and Ida C.Lundie previded there be no lawful cause to ebstruct the same, according to the Constitution and Laws of this State, and for se doing this shall be your sufficient License.

Given under my hand and seal This 4th day of Nev. 1875.

J.P.Brewster, Ordinary, (L.S)

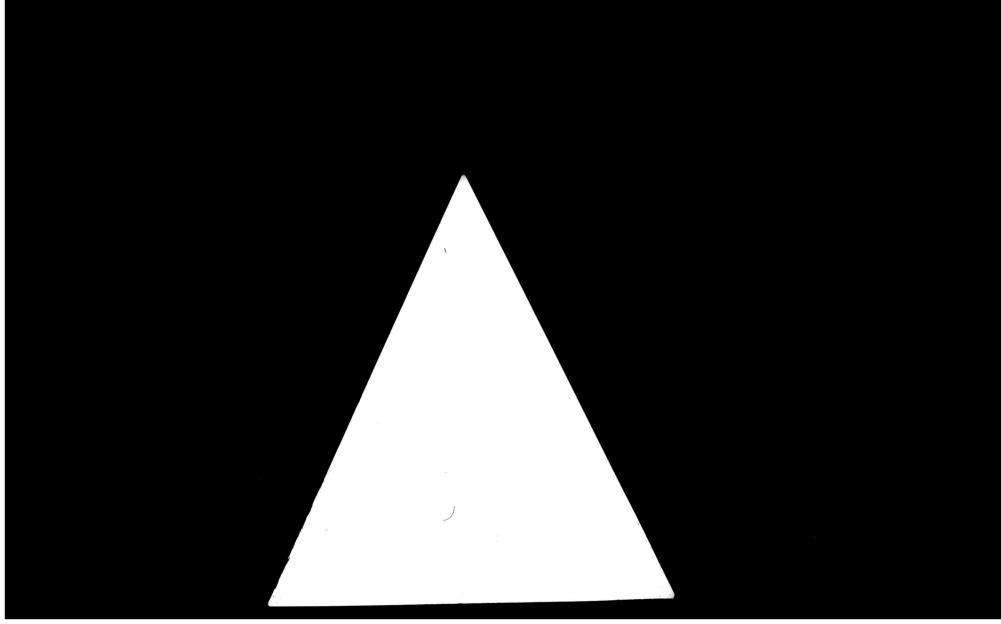
I hereby Certify that Jno. Askew and Ida C.Lundie were joined tegether in the Hely Bonds of Matrimony on the 4th day of Nevr. 1875, by me.

James Stacy, M.G.

Georgia, Coweta County, I,L.A.Perdue, Ordinary in and for said County, do hereby Cortify that the above and foregoing is a true, full and complete Copy of the Marriage License of Jne. Askew and Ida C.Lundie, as the same appears of record in the effice of the Ordinary of said County.

Given under my hand and seal This October 31st, 1919.

Ordinary and Ex.Off. Clk. C.O.C.C.Ga.,



Ordinary's Certificate

Care	Kald / Sur a			
	Widow's Pension Under Act 1910 - a Amended by Act of 1919. County Desgration	NOTES: L. Before any question or one do selemity to the designation of the deficient part of the deficient par	is the person she represents herself to be and she is and was on the 4th November 1908; that I also keep the witness who swears to the service of husband; it were duly sworn by me before signing the foregoin worthy, and their statements are entitled to full father than the statement are entitled to full father than the statements are entitled to full father than the statement are entitled to full father than the sta	STATE OF GEORGIA. 1. James 1. that I know Men.
	Name May A Baskers Widow of & Stakers Company A Regiment 12 Ga 1	ss are answered the Ordinary shall save swear thit you will true asswers make e the truth. So help you God.". The attacked it thank spaces are largely sea statement at, 1881, are be made before the Ordinary of the be made before the Ordinary of the	A Bat Sa	Cle COUNTY.
		The Manual and the vitness in the fate of the questions asked you at immifficient, existent of the person to be sworn as f not, prove marriage, by some person,	bona fide continuing resident citizen of said County A. A. County and them are now residents of said County and fidewits and that they both are truthful, trust and credit. 15 day of C.	Ordinary of said County, do certify
	J. W. LINDSEY, Commissioner of Pensions Byrd Printing Co., State Printers, Atlanta.	County. County. following words: and the evidence and errified by non, or by general	or of said County	ounty, do certify or pension. She

Ordinary's Certificate

Sekalb COUNTY
James Clerrye Ordinary of said County, do certify
that I know Mrs Hary A As Ker 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 known
the witness who swears to the service of husband; that both of them are now residents of said County and
were fully 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 day of Sect.
(SEAL)
Tall County
AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PAR

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 find," "Additional affidiavits may be attached if blank spaces are insefficient, or the property of the property of the property of the present to be swear and certified by such Ordinary loads to the person to be swear and certified by such Ordinary.

such tridinary.

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

w's Pension	as temended by Act of 1919.	Van. A Hallen	stallens.	, 5a	\$,	W. LIN	Co., State Printers, Atlanta.	1.1911	
Widow	Under Act 1910 a	Name May Mo	Widow of G	Regiment 12	Approved	\			Byrd Printing Co.	10-11	

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

Questions for Applicant

STATE OF GEORGIA,	
Dekall COUNTY	
Personally before me comes Mary Mary . A. Kakaa 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! Mr. Mary A ARRIV.	4
2. How long and since when have you been a continuing resident of the State of Georgia 1	
3. When, where and to whom were you marpind!	1
october 27873. Jacksons	1
a. Have you married since the death of West and soldier husband! Lane 211	
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-	
federate Army or Georgia Military State the arms and class of Service	
16 1 1 h ya cankay It at their black as welly	Pia.
5. When and where did the commands of your husband surrender or discharge from the commands of your husband surrender or discharge from the commands of your husband surrender or discharge from the commands of your husband surrender or discharge from the commands of your husband surrender or discharge from the commands of your husband surrender or discharge from the commands of your husband surrender or discharge from the commands of your husband surrender or discharge from the commands of your husband surrender or discharge from the commands of your husband surrender or discharge from the commands of your husband surrender or discharge from the commands of your husband surrender or discharge from the commands of your husband surrender or discharge from the commands of your husband surrender or discharge from the command of your husband surrender or discharge from the command of your husband surrender or discharge from the command of your husband surrender or discharge from the command of your husband surrender or discharge from the command of your husband surrender or discharge from the command of your husband surrender or discharge from the command of your husband surrender or discharge from the command of your husband surrender or discharge from the command of your husband surrender or discharge from the command of your husband surrender or discharge from the command of your husband surrender or discharge from the command of your husband surrender or discharge from the command of your husband surrender or discharge from the command of your husband surrender or discharge from the command of your husband surrender or discharge from the command of your husband surrender or discharge from the command of your husband surrender or discharge from the command of your husband surrender or discharge from the your husband surrender or discharg	V
francisco anni ya san malus and	
6. Was sour firming personally speacent at the time of the surrender or discharge of this command?	
7. If he was not present state clearly where he was	
8. Where was his command when he left! Dorwer len about fu	
a. For what cause did he leave his command?	
b. By whose authority did he leave his command?	
b. By whose authority did he leave his command? c. For how long was he granted leave of absence?	
b. By whose authority did he leave his command? c. For how long was he granted leave of absence? c. What was his physical condition when he left his command?	
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b. By whose authority did he leave his command? c. For how long was he granted leave of absence? c. What was his physical condition when he left his command? f. What effort did he make to return to his command? g. In what way was he prevented from going back to Command h. Was he captured by the enemy at any time? i If so, when and where capture, and where held as a prisoner, and when and for what cause released? j. When and where did your first husband die!	ga)
b. By whose authority did he leave his command? c. For how long was he granted leave of absence? c. What was his physical condition when he left his command? f. What effort did he make to return to his command? g. In what way was he prevented from going back to Command h. Was he captured by the enemy at any time? i If so, when and where capture and where held as a prisoner, and when and for what cause released? j. When and where did your first husband die! **Signal 23.76;7. Clarification** k. Were you residing together when he died!	(m)
b. By whose authority did he leave his command? c. For how long was he granted leave of absence? c. What was his physical condition when he left his command? f. What effort did he make to return to his command? g. In what way was he prevented from going back to Command h. Was he captured by the enemy at any time? i If so, when and where capture, and where held as a prisoner, and when and for what cause released? j. When and where did your first husband die!	(m)
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b. By whose authority did he leave his command? c. For how long was he granted leave of absence? c. What was his physical condition when he left his command? g. In what way was he prevented from soing back to Command h. Was he captured by the enemy at any time? i If so, when and where capture and where held as a prisoner, and when and for what cause released? j. When and where did your first husband die! Mare you residing together when he died? If not, how long had you resided. If not, how long had you resided. Are you now a widow? 9. Have you or your husband heretofore been paid a pension by the State! Fam. M. T. F.	(m)
b. By whose authority did he leave his command? c. For how long was he granted leave of absence? c. What was his physical condition when he left his command? f. What effort did he make to return to his command? g. In what way was he prevented from going back to Command h. Was he captured by the enemy at any time? i. If so, when and where capture and where held as a prisoner, and when and for what cause released? j. When and where did your first husband die! J. When and where did your first husband die! J. When and where did your first husband die! J. When and where did your first husband die! J. When and where did your first husband die! J. When and where did your first husband die! J. When and where did your first husband die! J. When and where did your first husband die! J. When and when and when a wide of the command? J. When and when a wide of the command? J. When and when and when a wide of the command? J. When and when and when a wide of the command? J. When and where did your first husband die! J. When and when and when a wide of the command? J. When and where did your first husband die! J. When and when and when and for what cause released?	(m)
b. By whose authority did he leave his command? c. For how long was he granted leave of absence? c. What was his physical condition when he left his command? f. What effort did he make to return to his command? g. In what way was he prevented from going back to Command h. Was he captured by the enemy at any time? i If so, when and where captures and where held as a prisoner, and when and for what cause released? j. When and where did your first husband die? Were you residing together when he died? If not, how long had you resided apart? M. Are you now a widow? Have you or your husband heretofore been paid a pension by the State? Manual Manu	ful
b. By whose authority did he leave his command? c. For how long was he granted leave of absence? c. What was his physical condition when he left his command? g. In what way was he prevented from going back to Command h. Was he captured by the enemy at any time? i If so, when and where capture and where held as a prisoner, and when and for what cause released? j. When and where did your first husband die! *** ** ** ** ** ** ** ** ** ** ** ** *	gal -
b. By whose authority did he leave his command? c. For how long was he granted leave of absence? c. What was his physical condition when he left his command? g. In what way was he prevented from going back to Command h. Was he captured by the enemy at any time? i If so, when and where capture and where held as a prisoner, and when and for what cause released? j. When and where did your first husband die? Man 23 74, 7 Colombian k. Were you residing together when he died? J. Have you now a widow? 9. Have you or your husband heretofore been paid a pension by the State? Sworn to and subscribed before me this the Aday of J. J. Aday O. J.	Ga)
b. By whose authority did he leave his command? c. For how long was he granted leave of absence? c. What was his physical condition when he left his command? g. In what way was he prevented from going back to Command h. Was he captured by the enemy at any time? i If so, when and where capture and where held as a prisoner, and when and for what cause released? j. When and where did your first husband die! *** ** ** ** ** ** ** ** ** ** ** ** *	Gal
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(SEAL)

STAT OF GEORGIA

I, R. C. Orr, Ordinary of said County, certify that I know R. H. Culp the witness awearing to the service of E. Askew deceased hasband of Mrc. Mary A Askew who is an an discent for pension hereith. That witness is a resident of said County of Clarke and was duly sworn by me, before making ensures that he is truthful and trustworthy and his statements are entitled to full faith and credit.

Sworm under my hand and official seal this 22nd

Oraning, Cinfre County, Ga.

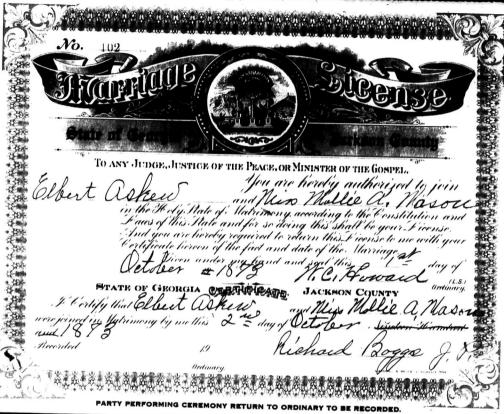
Personally before me comes R. H. Culk who, after being duly sworn, true answers to make to the following questions, answers as follows: 1. What is your name and where do you reside! R. H. Culfe., Othlud, Qa. R. 2. lor or a handle grant Even ser tay be the way there of be long and since who has an continuous vessels in the state! (Give date.) Serves 1888, I have lawren of her living in socker wanty, So. 5. How long and since when did you know & Dalaw husband all tialite. for over sixty years. 6. When and where did & Quillet the husband of applicant, die 1 Dent Junt. 7. Were the applicant and her husband living together as husband and wife at the date of his death? Bout huru. 8. If not, how long did they live apart before his death? 9. When, where and in what Company and Regiment did 2 Color enlist? Dr. 1863, at Others, Carte Grunty ya in 13 the Togenout Jurgio . Starting G. A 11. How long within your personal knowledge did he perform actual military service with his Company and Regiment - Obtat 18 wenths. 12. When and where did his Command surrender, and was discharged t at Others, SA. shortly after survey of april 9 at 1865. were you _____ and how came you there!____ where was he! _____When, where and for what 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 howf Sworn to and subscribed before me this the

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA.

Clarke COUNTY.

(SEAL)



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 or August, 1919. In Clarkeston Likelbeanny Se Sworn to and subscribed before me, this the 27th day of Sept., 1919.

of August, 1919. Lin Clarkiston Likelblooming Se Sworn to and subscribed before me, Of GILCCALERY this the 27th day of Sept., 1919. No. 123 State of Georgia. Jackson County. ORDINARY'S OFFICE,-ss 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 wflereof, I have hereunto set my hand and affixed the seal of the Court of Ordinary, this the 9th day of , 191 9 Tai Willy Grdinury and ex-officio C. C. O.

State of Georgia. Jackson County.

ORDINARY'S OFFICE,-55

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.

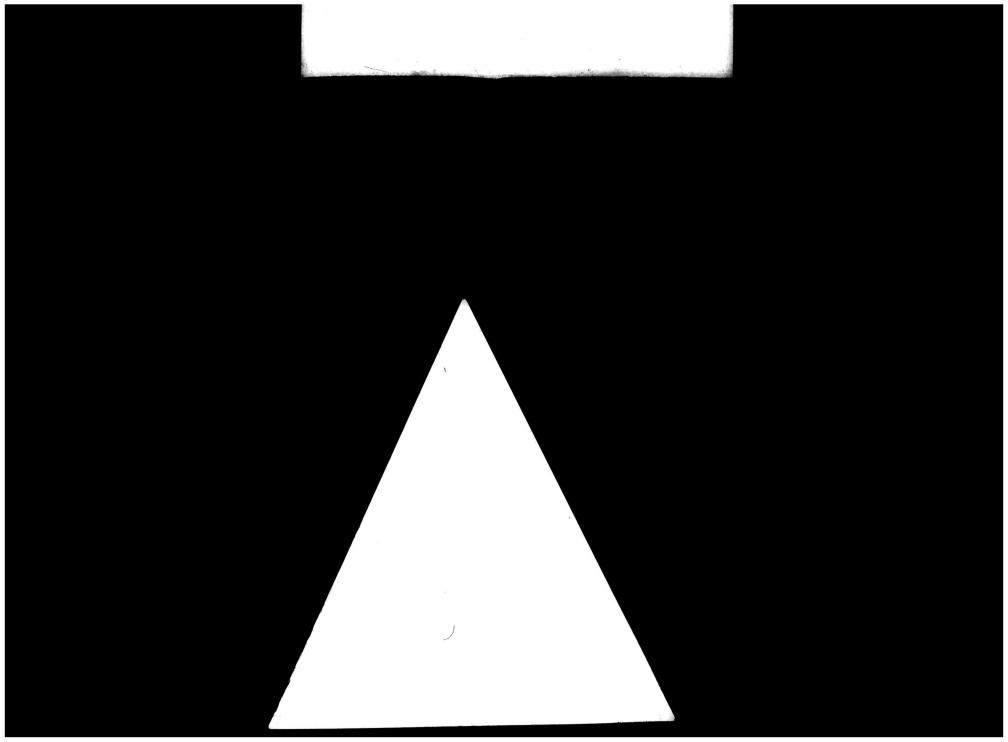
In testimony whereof, I have hereunto set my hand and affixed the seal of the Court of Ordinary, this the 9th. day of , 191 9

I, a, Willy 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 83rd day of August, 1919. In Clarkistan Likelheamy Be.
Sworn to and subscribed before me, Of Gulleries

this the 27th day of Sept., 1919.



Application for **Expenses of Last** Illness and Funeral (UNDER ACT OF 1919) Mergan Ordinary

(Name of Pensioner) Date of Death: Fed. 28, 198 8

ATKINSON, CAROLINE (2000.)

DeKAL b Co.

Amount: \$/4 5-

TO THE ORDINARY: Fill out above, in 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. ment of Public Welfare.

Approved, and ordered paid Confederate Division

State Department of Public Welfare

ATLANTA, GA. February 28th

Miss Eva Atkisson.

239 Moreland Ave., N.E., Atlanta, Ga.,

IN ACCOUNT WITH

HENRY M. BLANCHARD

FUNERAL HOME

1088 PEACHTREE STREET N F

HE | 8984 Funeral Expense Ers Caroline Atkisson

Feb. 28th,1938 - Silver Grey Casket with Polished Burial Case, Preparing and Embalming remains, Grey Silk Dress, Hearse services for Interment in Oconee Hill Cemetery, near Athens, Ga.k Funeral Notices and all services completing Funeral arrangments

\$ 165

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

Henry M. Blanchard Funeral Home, By Surface

Sworn to and signed before me, this day of Mar. 1938

Letter Julia. State of I'm Alanda . . M., Commission Expires Sept. 1. 15.0

Received of V. S. Morgan, Ordinary, the sum of Thirty & no/100

(\$30.00) dollars to apply on funeral expenses of Mrs. Caroline

Henry M. Blanchard Tunned Home By & Blanchard, Deety- Treas.

Atkisson, deceased. This 19 day of March, 1938.

RECEIVED MAR 32 1838 = L. THOS. GILLEN. DIRECTUR

Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919) (To be disbursed by the Ordinary)

GEORGIA,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 knewMrsCarcline Atkissonlate of said County, a Confed-
erate pensioner, and that said person is the identical person named and described in the attached cer-
tified 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 ITEM-
IZED, hereto attached.
Sworn to and subscribed before me,
this the day of March 4, 198 8
Marie Marie Land Street Lines Adjustice Lines
My Commission Septra Sept 1 villa
CERTIFICATE OF THE ORDINARY
GEORGIA,County, C
I certify that Seiny M. Blanchard who subscribed
to the foregoing affidavit is known to be to be a person whose statement is entitled to full faith and
credit. I further certify that I knew I warding Utilian sauce
pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly is the identical person named and described in the attached cartified copy of burial certificate, was not burial for which claim is made.
Given under my hand and seal of office, this the
(Seal of Ordinary) 7. A. Maryani, Ordinary.
) 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, 3rd. Each account must be sween to have a second atte.
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may
4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly to pay this bill." 15th. The completed voucher—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 full the 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 7th. Ordinary should see that the back of this blank, when folded, is filled out.
ou have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be next anneatly filed in the Confederate Division State Desarts payment, return the voucher, with bills and receipts, to be next
9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a utside of the pensioner left any setate of any kind or value sufficient to pay them, nor if the pensioner had been utside 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 authorise the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any setate 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.

1891	affid that the property of the	FE 1	0. 77.57.7.0
	fully set ! I want to the same care of a man	If allowed, send to at	STATE OF STA
No. APPLICATION FOR ALLOWANCE	et forth by applicant of the disability. If a refully stared history the service. The law makes no alle the service. The law makes no alle the service are an answer to the service are no qualification for all pipose by the service are the amendments new the amendments have been Every application must an. The certificate of the Creation and the service are the service are the service and the service are the service are the service and the service are the serv	E o E	POWER ATE OF GEORGIA KNOW ALL MAN BY THESE PRES LALLA LALLA LALLA And in my name, to receive and the State of Georgia by reson confederate States (or of this St aid attorney to receipe in my na my sum of money which may be lix Wirksgas Wheelers, I have h of Market K Executed in the presence of us:
ohn & Alkinson	unt and unt and if applied for a policy of the property of the	nt by nt by lerstan	
County SKalf Co 24 - 16 - 50	in physician, and followed by physician, and followed by physician, and followed by the disease should be given one for an arm or leg, unless that an arm is "substantial to the clause of the Act in to the clause of the Act in the correction and amen made under out to before an act in the continuous physion to. It is not the continuous are specially in the ordinary of the will not be received and physion to the countries are specially in the physion to the continuous physion that the continuous physion the continuous physion that the continuous physion the continuous physion that the conti	DIREO Tr to avoid u the laws-gran the laws-gran the	That That sales into set
Amount,	in disability from disease contracted in the service, should be given, tracing the disability by positi m or leg, unless the arm or leg has been rendered in the service, should be given, tracing the disability by positi m or leg, unless the arm or leg has been rendered in its "substantially useless for ordinary pursuits use of the Act in reference to the arm or leg, be and essentially useless." cition and amendments are added to any of the county of the residence and fiber an officer, and the proofs must show the Ordinary of the County of the residence for the received in any case, are specially requested to call the attention of the stream of the county of the County of the County of the Act and the proofs must show the Act and the proofs must show the Act and the Act and the proofs must show the Act and the A	and oblige. OTES oavoid unnecessary delays to applicants, and to enable laws granting allowances to disabled soldiers, as well as ching the payments provided, the following suggestions	A T'
Entered on Record	scription of the wounds should sllowed by a plain statement of it lity from disease contracted in the distribution of the distribution of the distribution of the Act in reference to the arm sesentially useless." and amendments are added to before an officer, and the proofs Ordinary of the County of the recurved in any case, specially requested to call the specially requested to call the call of the county of the county of the county of the county of the proofs Ordinary of the County of the precipition of the county of the count	and oblige. and oblige. delays to applinces to disable provided, the fo	OF
NABANT HANDID DE	on of the wounds should be carefully ed by a plain statement of facts showing rom disease contracted in the service, a given, tracing the disability by positive unless the arm or leg has been rendered antially useless for ordinary pursuits of Act in reference to the arm or leg, but tially useless. Act in reference to the arm or leg, but tially useless. The amendments are added to any of the re an officer, and the proofs must show many of the County of the residence of crived in any case, ally requested to call the attention of W. H. HARRISON,	and oblige. Form 6. delays to applicants, and to enable ances to disabled soldiers, as well as provided, the following suggestions	A the creb the
teen W. Harrison, that Printer, Atlanta, Go.	hould be carefully not of facts showing and in the service, a sability by positive has been rendered has been regular or leg, but ted to any of the proofs must show of the residence of all the attention of all the attention of all the attention of all the strength.	Form 6. Form 6. Form 8. suggestions	Form 5 Form 5
1/30-1901			

NOTES

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

- 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
- 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 above of the American Control of the control of There is no qualification to the clause of the Act in reference to the arm or leg, but the first must for all puposes be "substantially and essentially useless."
- 4. If the papers are reurned 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.
- The Ordinaries of the several Counties are specially requested to call the attention of the physicians and applicants to these points.
 - No payments can be made for any past year.

W. H. HARRISON,

Clerk Ex. Department.



For Use of Applicants Who Have Not Heretofore Drawn.

STATE OF GEORGIA,	,
Twinnett (ounty.)	
Men Dekath appears John of atkinson of Geor	imet
County. State of Georgia, who, being duly sworn, says on oath that he is a bond	
resident of said State, and has been continuously since the 9th	day of
July 1838 :: that he enlisted in the military ser	rvice of the Con-
federate States (or of the State of) during the	war between the
States, and served as a pricede in Company of the of Grand Volunteers House boths Brigade; that	th Regiment
in such military service, at the battle of	in the State
of Verginia , on the or about 1th wilday of October	186/ , he was
disabled as follows: He became afflicted with Re	heuten atism
and afterwards, toes it : about the 2 orl of 9	10 venter, 1861
the was granted a discharge, and afe	exuands.
when he had portially recovered	from said
allact, towit, about the first day	of may,
1867. he re-inlisted in the service in	Capt)
John son's Company, 12 th Sa. Battaling	u, in
which service he remained during the	Mar. that
has nowined to suffer from said first	allack, and
has never recovered entirely, and of hate of here we would be do manual labor, or to	eary he has
wing by his labor, Continue ally Suffering	sam a
Wheremalis my Continually treating and to	of week
for soid disease, so we to be able Stage abo	J.
The state of the s	,

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the Acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26, 1891.

Sworn to and subscribed before me, this, the

Nork.—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.

Nork. Do not trouble to mention wounds which do not disable.

AFFIDAVIT FOR WITNESSES.

STATE OF GEORGIA,

Our opportunities for knowing that his condition results from the service are as follows:

Soid Mi David and Wright State that they were
in the boughang with applicant, and said offer states
he was in the same Regiment, and all state that they
have been against offsteast from boy hard and believe his
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 day of Mezzech 1891.

Asa Waight

Note.—The Ordinary will see that the full text of the Affidavit is understood by the wilnesses, and that they are legally qualified to the same.

PHYSICIANS' AFFIDAVIT.

, THOO INTO	O VILLIDYALLI
STATE OF GEORGIA,	
Samuell County.	
Personally comes before me fanna	Language Ordinary of said County,
McA Born and C	1 1 1/2
e as reputable physicians of said County w	ho, being severally sworn, say on oath that they
we carefully examined Late & L. (ATA)	* '
y that the applicant has been injured as follo	
2	wa.
Litter it of	(1)
ingfilling from Ca	rome theumatism
	· · · · · · · · · · · · · · · · · · ·
	The second secon
	·
	8 5
	1
e have treated applicant professionally for	Vones
	2 33,000
Sworn to and subscribed before me, this	1 11 12
day of March 1891.	A Man Mich
ORDINARY.	
NOTE-The physicians will state fully the extent of the wor	and, and then give facts to show the extent of the disability result-
therefrom. NOTE 2.—If claim is for disability resulting from disease, ler. Also state how long physicians have known and treate	and, and then give facts to show the extent of the disability result- state how the disease is hnown to result from the service as a d applicant,
	- approximation of the control of th
TAŢE OF GEORGIA,	Form 4
Generalt County.	
11	
I, fazzes I, Jaarelle	Ordinary of said County,
certify that I am well acquainted with	satisfied that the statements made by him in his
i affidavit are true, and he is disabled, as he cla	ims, and I know he is the individual he represents
nself to be, and that he resides in this County sons of respectability, and that their stateme	, I also certify that the foregoing witnesses are
I further certify that	before
ore whom the foregoing affidavits were n	nade and power of attorney was signed, is a
	of said County, and the said affidavits
signatures thereto are genuine.	
Given under my official signature and seal,	this 19A day of March 1891.

411.3

Levimett County, Leongia. Tersonally appears before the under. Signed Ordinary in and for said County, William Hyunghun Lespard and James Dum, each of whom being duly swoon according to law. de verally say under oath, that the are pursonally well acquainted with John herewith presented for a Pension and that they served with him in the army, from about may, 1862 up to the Secrender of the army in 1865. and from our personal dus edge, having served in the same Company with the applicant. We there he was afflicted with Rheumation and Suffered mon or less all during Said Service, and that he has been Suffering more or less ever simo the War with the same trouble and of late years he has been so affected with this trouble that highercarre unable to do manual labor for a living, and oney apportunities for knowing his Condition now and ever sino the war, is, that we have all livedien the same neigh borhood with and near neighbor to the applicant, and

me have no interest in the messenger. Sevan to and subscribed James de James Solut Lattered

DISAPPROVED

NAME Atkinson, John T. YEAR 1901 COUNTY Gwinnett, now DeKalb WHEN AND WHERE BORN? Resided continuously since July 9, 1838, in Georgia.

HANK. Private

RELEASED.

ENLISTED WHEN AND WHERE?

CAPTURED, WHEN AND MIMLE?

COMPANY AND REGIMENT? Company H, 16th Regiment Ga Volunteers on account of disability well Cobb's afterwards Wofford's Brigade discharged May 1, 1862 re-enlisted in Capt. Johnson's Company, 12th Ga Battalion. NAME OF CAPTAIN AND CULONEL? WOUNDED? On or about October 1861 while in service contracted rneumatism

and about November 20, 1861 was granted a d'sonarge - when partially PRESERVED

WHEN AND WHERE SURRENDERED? In service until close of war.

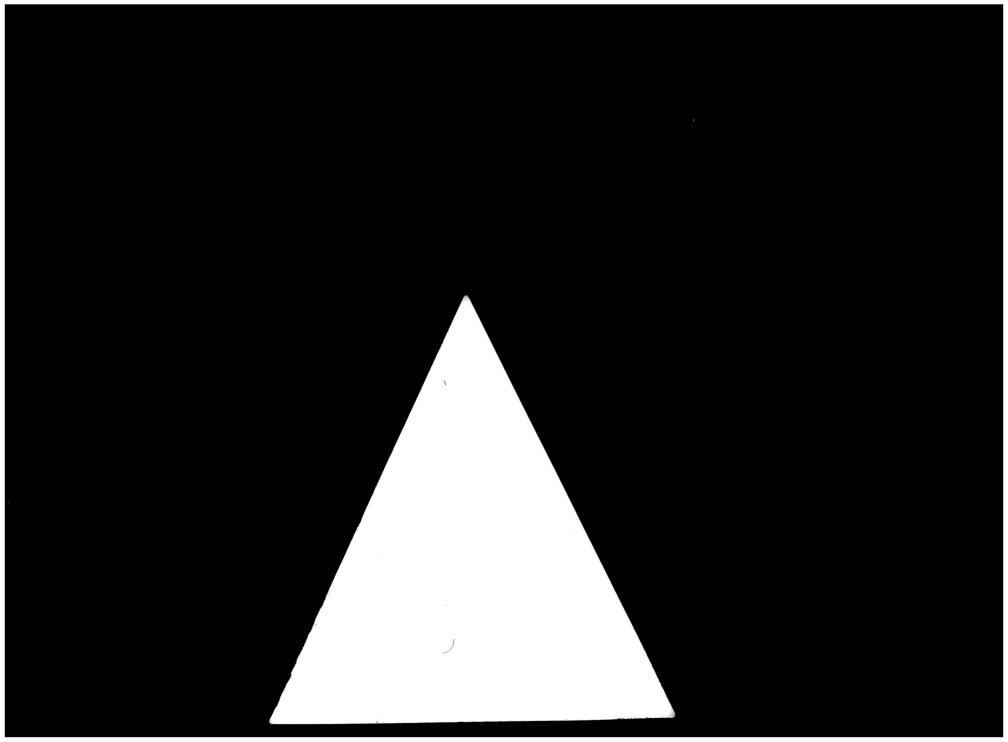
recovered re-enlisted in the service. Never entirely recovered.

DIED, WHEN AND WHERE?

BURLED.

Asa Wright, Same Co.
WITNESSES. E. M. McDaniel, Asa Wright state they were in the Company with applicant. -- No data.
S. Z. Dyer - same Regiment -- No data.
William Wynn, Jonn Leopard, James Dunn state they served in the army with applicant from May 1862 until close of war.

IF NOT PRESENT AT SURREMDER, WHERE WERE YOU?



The least and the Wildow of H.M. Austin

Warrant issued to Warrant issued and handed to

J. W. LINDSEY,
Commissioner of Pensions.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

POWER OF ATTORNEY.

STATE OF GEORGIA, County.	}	
Ι,		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		

The Kalle Chung at the Money No. No. WIDOW'S PENSION,	1907 County of Local Medicine Widow of M. M. Ahlestine Warmet issued 390	J. W. LINDSEY, Commissioner of Pensions Geo. W. Harribon, State Printer, Albana, Ga.
---	--	--

Survey of the su

WIDOW'S AFFIDAVIT.

· ·
STATE OF GEORGIA, Personally came Mrs. Blory Austin
COUNTY OF De Koop who says on cath she is the
widow of W. M. Auslin to whom, in the County of
There state of Dergia , she was married on the
10th day of January 1865, that she remained his wife up to the 10th
day of At which time he died, and that she has not since married.
At the time of his death he was a resident of County, in said State of
4
Georgia, and was on the pension roll of the State of Georgia, having been allowed a pension of 8 60 00 per annum on account of being a soldier in Company
42 ud Regiment, Jan Volunteers or State
What affliction have you and how does it affect you? Kid may Irrushic
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?
What have you acquired since, and what income have you now?
What disposition have you made of any property since 1st January, 1900, and at what price and or what
Mail 11 mile to Air Air Air Air Air Mat
surpose? Had work to dispose of
Deponent further says that she is now a resident of
tously resided in the State of Georgia since the 27th day of December 1844
the applies for the pension provided by Act of the General Assembly, approved December 18, 1901.
Sworn to and subscribed before me, this day of
1 floor T
James Re blory wistin
James Relieved Ordinary of Delta all County

APPIDAVIT FOR THREE WITNESSES

THE TOWN THINDS HITTEDOUD.
STATE OF GEORGIA, Personally came & B. M. Ginnes
COUNTY OF DEKACH Personally came & B. M. Girins,
M. A. Sougen, known to me to be reputable and truthful person, who says
on oath that from his own personal knowledge Mrs. Clary Austur
who made the foregoing affidavit, is the widow of W. Austin
who died in Julion County and State of Reorgia on the
County and State of on the
10th day of August 1907, and that she has not since married; that she became his
wife on the day of the death, and so remained up to the time of his death,
and that she has resided in this State continuously since the 27ch day of 8cc 1844
With what affliction does are suffer? I do not Know, she complains
of her Kidneys
What property or income had she on 1st January, 1900? Nove
What has she in her possession and control now?
How was she supported in 1900 and 1901? By her children
. /
10Bo NEQ
I have no personal interest in the pension asked for
m & Canada
Mogoger
Sworn to and subscribed before me, this 20th day of Sept 1907
James (George
Ordinary Dukalle County, Georgia.
PHYSICIANS' AFFIDAYIT.
STATE OF GEORGIA, Personally came before me
COUNTY OF & a Bay well
417 (1)
physicians, who say on oath that they personally know M. Clary Australia
nentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her parling a support).
debelety - Ila aga Vorlagina retire
16 0 18
Sworn to and subscribed before me, this. / S day of S 190.7
Janus (Crestor)
County of Della County

CERTIFICATE OF ORDINARY OF THE COUNTY OF APPLICANT'S RESIDENCE.

STATE OF GEORGIA, I, James R. Sevre Ordinary,	
COUNTY OF Descult in and for said County of Descult	
State of Georgia, hereby certify that I am acquainted with Mrs. Sofary 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 are	1
tinuously since the / oth day of January 1844 and has not lived out	
of the State since that date. I also certify that the witnesses, to wit: L. B.M. Simue B. A. Runger and M. A. F.	
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 Joek	
day of Sept 1907 James Regional	
Ordinary.	
{ MAL }	
x 5 30	
1	
•	

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 mass have remained unmarried since the death of such husband. Date of marriage is essential and must be submitted, but no locally the property of the pr

POWER OF ATTORNEY.

STATE OF GEORGIA,	
County.	
Ι,	berehy authorize
to receive and receipt for the pension allowed and request that he	
at	
Witness py hand and seal, this day of day of	
	[SEAL]
Executed in presence of	

ACT DEC. 16, 1901.	WIDOW'S PENSION,	1908 San Clary, Husling Comy of Diffalls Warner and Willy Husling Warner and basid to	J. W. LINDSEY, Commissioner of Pensions.
		N O N N	1

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA, Personally came Mrs. Clary . Auslin
COUNTY OF DISCALLA Who says on oath she is the
widow of Mr Halling
Detally State of Georgia, she was married on the
day of farmary 18 65, that she remained his wife up to the
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 Dekall County, in said State of
Georgia, and was on the
a pension of 8.000 per annum on account of being a soldier in Company
42 Regiment, La Volunteers or State La
What affliction have you and how does it affect you? I have a Itidrely
roubby Phenmalika I am
not able to do any worker
What have you been doing to earn a support since 1st of January, 1900?
we to work
What property or effects had you on 1st January, 1900?
What have surrequired since, and what income have you now? Mulhing acquired
morne whatever
What disposition hate you made of any property since let January, 1900, and at what price and or what
NIA no composition had non to
The second secon
Deponent further says that she is now a resident of Rekalle
county, and has continually resided in the State of Georgia since the 27 day of 1844
he applies for the pension provided by Act of the General Assembly, approved Decembor 18, 1901.
Sworn to and subscribed before me, this 2 day of Shlussber 190 C
Clary 1 F
ames R Scorge and Ditally
Ordinary of County,

AFFIDAVIT FOR THREE WITNESSES. Personally came B. A. Burgest STATE OF GEORGIA, who made the foregoing affidavit, is the widow of 18 6 , and so remained up to the time of his death, and that she has resided in this State continuously since the What property or income had she on 1st January, 1900? . . . What has she in her possession and control now?. How was she supported in 1900 and 1901? I have no personal interest in the pension asked for Sworn to and subscribed before me, this PHYSICIANS' AFFIDAVIT. STATE OF GEORGIA, Personally came before me physicians, who say on oathethat they personally know me Clary Austru mentioned in the foregoing affidavit, that she is permanently afflicted with that disease and how it prevents her carning a support) Chronic Kridney and bladde transce for moble work Sworn to and subscribed before me, this....

CERTIFICATE OF ORDINARY OF THE COUNTY OF APPLICANT'S RESIDENCE.	CERTIFICATE O	F ORDINARY	OF T	HB	COUNTY O	F APPLICANT'S	RESIDENCE
---	---------------	------------	------	----	----------	---------------	-----------

	STATE OF GEORGIA, I, James R George Ordinary,
	COUNTY OF DIKALL in and for said County of Dikall
	State of Georgia, hereby certify that I am acquainted with Mrs. Colony author
	the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to
	me by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia con-
	tinuously since the day of day of less than the State of Georgia con- tinuously since the less than the state of Georgia con- tinuously since the less than the state of Georgia con- tinuously since the less than the state of Georgia con- tinuously since the less than the state of Georgia con- tinuously since the less than the state of Georgia con- tinuously since the less than the state of Georgia con- tinuously since the less than the state of Georgia con- tinuously since
	of the State ince that date. I also certify that the witnesses, to-wit: 1 A 1 August
	Ex Marris and M.D. Goodgen
į	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
	day of Allers & Comments
	James R George Ordinary.
	Ordinary.

MEAL

NOTES.

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

The pension Roll at the time of death. The death of such husband was a soldier, and the widow must have remained ufmarried since the death of such husband. Date of marriage is essential and must be submitted.

But it is shown that the same cannot be furnished, but in all cases the widow of accessible will be required, and it is incumbent on the applicant to make out a clear case currently the above points.

Affidavits must be made in presence of the Ordinary.

AFFIDAVIT FOR THREE WITNESSES.
STATE OF GEORGIA, Personally came 3 H. Burgesh
COUNTY OF CONTRACT and
on eath that from his own personal knowledge Mrs.
who made the foregoing affidavit, is the widow of TWM. Authur
who died in Collection County and State of Georges on the
wife on the /D day of January 1865, and so remained up to the time of his death,
and that she has resided in this State continuously singe the 27 day of the 1844
With ment affliction does she suffer? Itidally Troubble and
What property or income had she on 1st January, 1900? Willing
What has she in her possession and control now? What has she in her possession and control now?
How was she supported in 1900 and 1901? Husband Vchildney
Bt Burgers
I have no personal interest in the pension asked for low linearing
Sworn to and subscribed before me, this 2 day of 1904
James R George
Ordinary County, Georgia.
PHYSICIANS' AFFIDAVIT.
STATE OF GEORGIA, Personally came before me
COUNTY OF THE HOUSTON ON D
physicians, who say on onthithat they personally know
mentioned in the foregoing affidavit, that she is permanently afflicted with state disease and how it prevents her
Three yor. Cystilis and witheles. Thry my
and mobile to make a supplort, at any
Amo Trorle
Sworn to and subscribed before me, this 2 pay of Splengley 1908.
James B George
Ordinary of County,

CERTIFICATE OF ORDINARY OF THE COUNTY OF APPLICANT'S RESIDENCE.

STATE OF GEORGIA, I. James R George Ordinary.
COUNTY OF DAKALL In all for said Country of Tike 11
State of Georgia, hereby certify that I am acquainted with Mrs. Colley author
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 A day of Dee 18 44, and has not lived out of the Star dince that their I also certify that the witnesses, to-wit: 19 14 19 19 19 19 19 19 19 19 19 19 19 19 19
of the State Successful state. I also certify that the witnesses, to-wit: 13 13 13 14 14 15
to A Mornis and M.D. Goodger
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
day of September 1908 James R. George
C Coldinary.

NKAL !

MOTES.

The Pension is only payable to those widows whose husbands were on Pension Roll at the time of death. The death of such that 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 curering the above points.

Affiliative must be made in presence of the Ordinary.

Sworn to and subscribed before me, this......

marriage must have existed at the time husband was accident, 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.) Detail C

Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

Old or New Class 1. Amount a/100 Approved and ordered paid.

Commissioner of Pensions.

Bond + Greens

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 is your office.

Index Printing Co., Atlanta, Ga.

IN ACCOUNT WITH

BOND & GREENE, INC.

FUNERAL DIRECTORS PHONE DEARBORN 3215 AMBULANCE SERVICE Nov 23 ml

Georgia, Dekalb County.

The above and foregoing is rendered as funeral expense for Mrs. Clara Austin, who died without swingging sufficient property to pay this bill .

Sworn to and subscribed before me Sworn to and successful this 3rd day of November, 1928. Commetting one V. A. morgan

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.

GRORGIA, DEKALL County.
Personally before me, the Ordinary of said County, comes Eccusett M.
of said County, who, after being sworn, on eath says that he know 2000. Claud Question of said County and that said says
O Demoy, and that said pensioner
County, in this
a Panelon of Fill - Twal
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 a 264
per sworn statement fully and completely itemized, hereto attached.
Sworn to and subscribed before me
as a second of the second of t
Smull W. Bond
Desalla County
County./
AFFIDAVIT OF ORDINARY
GBORGIA, DEKala, County.
I, V. D. Morgan Ordinary of said County, do certify
Ordinary of said County, do certify
that I personally know & mue off. Who
that I personally know Commett Whoul , who is a resident
citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full
that I personally know Commercial Whouse, who is a resident citizen of said County, and that said person is of a truthful and trustworthy character, smittled to full faith and credit.
that I personally know Commetted Whouse, who is a resident citizen of said County, and that said person is of a truthful and trustworthy character, entitled to fell faith and credit. I also knew Mus Colara Custim while in life and that this was the same person whose name appears on the Mile Same person whose perso
that I personally know Commetted Ware, who is a resident citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit. I also knew Mus Colona County while in life and that this was the same person whose name appears on the Market Pension
that I personally know Commetted Ware who is a resident citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit. I also knew Mus Clara Custim while in life and that this was the same person whose name appears on the Pension Roll of County, and was paid a Pension
that I personally know Commetted Ware, who is a resident citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit. I also knew Mus Colara County while in life and that this was the same person whose name appears on the County, and was paid a Pension of County, and was paid a Pension of County for 182 and
that I personally know Commetted Ware who is a resident citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit. I also knew Mus Clara Custim while in life and that this was the same person whose name appears on the Pension Roll of County, and was paid a Pension
citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit. I also knew Mus Colara Custin while in life and that this was the same person whose name appears on the County, and was paid a Pension of County, and was paid a Pension Dollars in said County for 182 and I now believe said pensioner to be dead. Given under my hand and official seal, this 3 day of County for 182 (SEAL)
citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit. I also knew Mus Colara Custin while in life and that this was the same person whose name appears on the County, and was paid a Pension of County, and was paid a Pension Dollars in said County for 192, and I now believe said pensioner to be dead. Given under my hand and official seal, this 3 day of County for 192 (SEAL)
citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit. I also knew Mus Colara County while in life and that this was the same person whose name appears on the County, and was paid a Pension of County, and was paid a Pension Dollars in said County for 182 and I now believe said pensioner to be dead. Given under my hand and official seal, this day of Lee 192 (SEAL) County.
citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit. I also knew Mus Class Musture while in life and that this was the same person whose name appears on the County, and was paid a Pension of County, and was paid a Pension of Dollars in said County for 182 and I now believe said pensioner to be dead. Given under my hand and official seal, this day of County, and was paid a Pension over the without owning ambient property to pay such expenses. The widow of a soldier, if she is living, has prior claim over the without owning ambient property to pay such expenses. The widow of a soldier, if she is living, has prior claim and Regine those claiming accounts for one regime plant. The widow of a soldier, if she is living, has prior claim and the will be of it, and such date. The widow of a soldier, if she is living, has prior claim and the will be of it, and such date.
citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit. I also knew Mus Class Musture while in life and that this was the same person whose name appears on the County, and was paid a Pension of County, and was paid a Pension of Dollars in said County for 182 and I now believe said pensioner to be dead. Given under my hand and official seal, this day of County, and was paid a Pension over these appears many and carried seal, this day of County. County
citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit. I also knew Mus Class Musture while in life and that this was the same person whose name appears on the County, and was paid a Pension of County, and was paid a Pension of Dollars in said County for 182 and I now believe said pensioner to be dead. Given under my hand and official seal, this day of County, and was paid a Pension over the without owning ambient property to pay such expenses. The widow of a soldier, if she is living, has prior claim over the without owning ambient property to pay such expenses. The widow of a soldier, if she is living, has prior claim and Regine those claiming accounts for one regime plant. The widow of a soldier, if she is living, has prior claim and the will be of it, and such date. The widow of a soldier, if she is living, has prior claim and the will be of it, and such date.

attached neatly to this bind. offer this blank has been properly completed as indicated, and properly sworn to, and all 6th. The completed resolution that has been properly completed as indicated as the completed resolution of the fills, must be sent to the Pension Office for approval and no messey that The Ordinary since payers and the bills, must be sent to the Pension Office for approval and no messey that the Ordinary since payers are considered as the ordinary since the money humans't and takes resolution. The contract of the pension of the distinction of the pension papers of each pension papers

No. 10 48 . Application for Allowance Loves of Both Eng Applicant Pullshin County & Half Amount /SO, Date of Warrant Mel 11 Entered on Record. mck 11 1889 Secretary, Executive Department

applicant

a internal

Entered on Record. 1110. 11 1889	Amount 160, Date of Warrant May 1.	Applicant & Mach	Application for Allowance	Wetur ? P.
	1			13

STATE OF GEORGIA,	
De Kall County	
(1) 1 +	3
Personally appears Line Kue in	of the Latt - County,
State of Georgia, who, being duly sworn, says on	oath that he is a hona fide citizen and resident of
said State, and has been such since the	day of Fire 1840: 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	
whilst engaged in such military service, on the be	's Brigade; that
the State of Cornia	in and the state of the state o
mounded as follows (of whilst in said service in t	he year 1864, he contracted disease as follows)
(State fully nature of wound or character of disease	which causes disability i:
Litille on highit he	to ne contracted cold
while littled	this syer . Causing
Hal ?	The siger Cauxing
total wix of sight	
Which wound (or disease) permanently disables dep perform manual labor, and his arm, or leg, or	onent and renders him practically incompetent to
perform manual labor, and his arm, or leg, or Deponent desires to participate in the benefit of	the Act, approved October 24, 1887, and makes
application for the allowance to which he is entitled t	hereunder.
Sword to and subscribed before me, this the	1-Dint
2 day of //14/16 ,004	Holin Xxistin
100/	(made
Magracia	*
Cuma.	* * * * * * * * * * * * * * * * * * *
COMMISSIONED OFF	ICER'S AFFIDAVIT.
,	IODAV S AFFIDAVII.
STATE OF GEORGIA,	
County.	
(many.)	
Personally came before me	of the county
of State of G	leorgia, who, being duly sworn, says that he was
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Regiment of
Volunteers, and that deponent knows	, and that he received the wounds
ror contracted the disease) in the military service as	stated in his foregoing allidavit, and that wounds
or disease permanently disables the said	, as stated by him in said
athdavit. Deponent further states that said	is a bona fide
itizen of this State, and resides in	county.

Lie for goin, addazy, changed to suit the facts, should be made by a commissioned offser of the Company or Regiment From addazy of a clean offser is not obtainable, the following addazit of three responsible citizens should be formished.

Sworn to and subscribed before me, this

Personally came. Personally came. County. Personally came. County. Personally came. County. County. County, in said State, who, being duly sworn, say that they are acquainted with for further 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 Nellal County, and we are well satisfied that all the statements in his affidavit are true. Sworn to and subscribed before me, this Aday of March. 1889 Action Co. County. Co	I, County. I, County. I, County. In an well acquainted with L. Cuestin the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the indual he represents himself to be, and that he resides in this county. I further certify that the signatures thereto are genuine. Given under my official signature and seal, this Thank and the signature and seal, this the signature and seal, the signature and seal, this the signature and seal, the signature and seal, this the signature and seal this the signature and seal, this the signature and seal the signature and seal the
STATE OF GEORGIA, Lounty. Personally comes before me lounty. Personally comes before me lounty, and fire such examined so that they have carefully examined. Lounty: and after such examined say that the applicant has been injured to the extent claimed by him, and that he has been rendered permanently and of the lounty for the performance of ordinary manual labor by reason of said wounds. Oblination (or disease), and that, in our opinion, applicant is entitled to the benefits allowed under the Act, approved Ootober 24, 1887, for the relief of the disabled. Sworn to and subscribed before me, this Lite! day of March 1888	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 scalethis day of [L. S.] Executed in the presence of us:

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 day of MM Paysday

County.

STATE OF GEORGIA,
De Path Connty.
1. W. Millo gsoleleng of Ordinary of said County,
do certify that I am well acquainted with the
applicant in the foregoing afficiavit, 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 6" day of Gel 1891.
- Man Andrews
Ordinary Se Kaffe County.

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, ne Malla PERSONALLY appears & Fourth of he Kall 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 //" 1846; that he enlist d in the military service of the Con-States, and served as a 22/24 States, and served as a 22/24 States of Economy Volunteers 's Brigade; that whilst engaged in such military service, at the battle of wounded as follows: Mille on friether duty in Nacolanles was listerated and which so that in the level causing a tolar lass 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 and the acts amendatory thereof, and makes approaction for the anowance to which he is entitled for the year ending October 26, 180. I have heretolore been allowed a pension of City Article (1997) and Sworn to and subscribed before me, this the POWER OF ATTORNEY. STATE OF GEORGIA KNOW ALL MEN BY THESE PRESENTS. That I. 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 WITTNESS WHEREOF, I have hereunto set my hand and seal, this 1. 8. Executed in the presence of us:

DIRECTION

County, Georgia.

P. O.

Send money to me as follows, by

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. De Rall Personally appears County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said, State, and has resided therein continuously ever since the day of Sico 1840; that he enlisted in the military service of the Confederate States (or of the State of Le Oftompany during the war between the States, and served as a Merate Alfraction Company of Cord's Volunteers Brigade; that whilst engaged in such military service at the battle of Mewton Conny in the State of Corgin , on the Late wart wounded as follows: Had fever - and cold which 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 diende of The dollars, for Norz .- State fully nature of wound or character of disease which causes the disability, and explain furticularly 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 1, 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 [L. S.] Executed in the presence of us: DIRECTION. Send money to me as follows, by County, Georgia.

Xstall-Delalt Maimed Soldiers. Maimed Soldiers. Voucher No. 1040. Voucher No H98 Amount. \$ 150. Amount \$ 150. Paid to J. P. Neestin Paid to JP Gustin For Loes of both For Lass of Eyes bock Eyes meh 11 Included in Warrant No. Included in warrant No. issued to Treasurer. issued to Treasurer. 1880. WARRANT CLERK W. J. Campbell, State Printer, Constitution Job Office

applecant

applicant

Audited Mich 4

1891.

Maimed Soldiers.

Voucher No. 15')

Amount \$ 150.

Paid to L.P. (((slin))

For Lee of heart

(Ceffer S)

Chef (c. 1891.)

Included in warrant No.

issued to Treasurer.

Oppleant.

Mr. J. P. Austin 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 does of dight He is entitled to receive the sum of alle Hundred fifty voor Dollars for such disability, the same being a had being for the year ending October 24, 1889 The Treasurer will pay the same and odd his receipt on this voucher, and return same to

Executive Department for warrand

-Ca H Harrison

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Cuchundred & fifthe voor

4 of March

By the Governor

150.

per above voucher, this

Atlanta, Ja. Mck 4

CLERK EXECUTIVE DEPARTMENT.

J Pt Mistin

No. 1045

ass of sock Eyes He is entitled to receive the sum of Westundree of teffit Dollars for such disability, the same being the allowance due for the year ending October 24, 18 90.

The Treasurer will pay the same held his fee at on this voucher, and return same to Executive Department for warra By the Governor, M H Hanson : 150 1 100 One Accuraced v Dufty 100)

STATE OF GEORGIA,

Allanta, Ja., Hory of 1090 EXECUTIVE DEPARTMENT. Mr. & austin 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 sllowed for

WHEN AND WHERE BORN?

ENLISTED WHEN AND M.ERE?

RANK.

COMPANY AND REGISERT? Private Steadman's Home Guard Georgia.

NAME OF C. PILIN AND COLOMBL?

WOUNDED? Georgia 1864. Cold settled in eyes, causing loss of sight.

CAPTURED, MUSE AND WILELEY

RELEASED.

WHEN AND MILEL OUT IN NORTHED?

IF NOT IRESELT AT CURRENDER, WHERE WERE YOU?

DIED, WHEN AND MERE?

BURIED.

WITNESSES. W.M. Pruitt, F.M. Dobbs and Nelson Dobbs. No data. 1891.

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Allanta, Sa. Hely Co. 1891.

having filed his application in the Executive

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

He is entitled to receive the sum of the Millione & the fly

for such disability, the same being the alloward due to the year ending October 24, 1891. The Treasurer will pay the same and hold his receipt this voucher and return same to

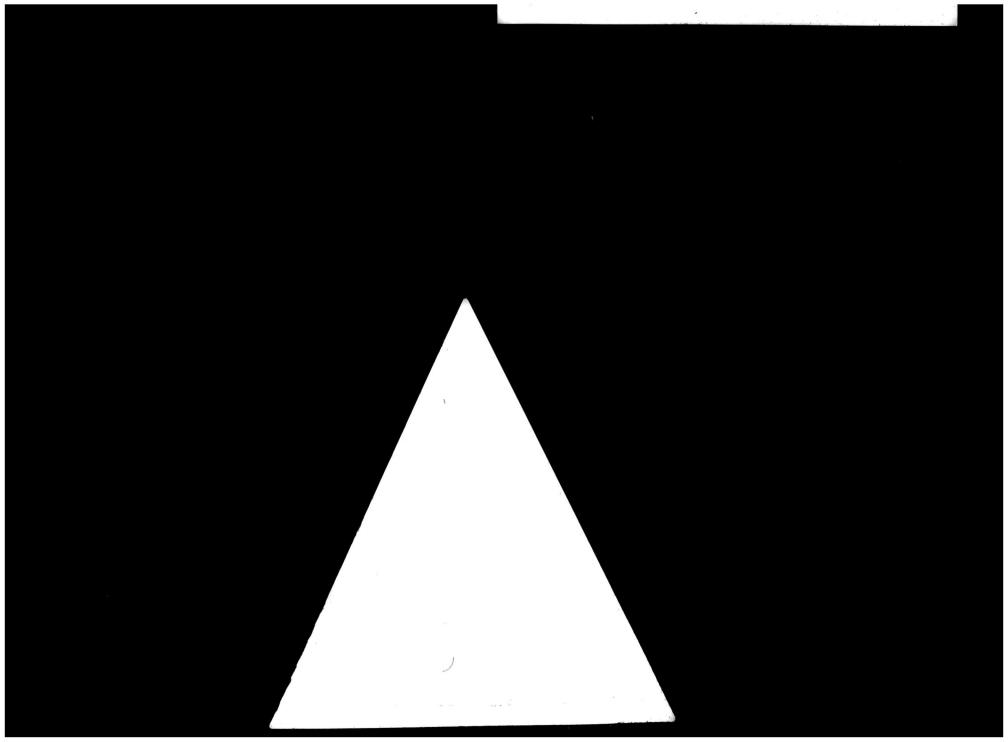
Executive Department for warrant.

Mariesen Sec'y Executive Department.

156

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

Lee Secretary V Fresh 7 0 per above voucher, this O of Dely 18



ORDINARY'S CERTIFICATE

1000	Austin, Margarett Ec	Allow.				Openio	, e manda e e		
	Dekalb County					ے			
	No 511172		NOTES:	(S. Sw	before :		person	TATA I	
	Widow's Application		1. Before You shyou ship you ship 2. Addition 3. All aff 4. Only with 5. Attach reputation 6. Widow service	(SEAL.)	signing the	at I als	Mrs	TO TO	
	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—		e any ques do solemn all give wil ional affida ifidavits mu widows who rectified of tion. s of Disab rs of Disab rs of Disab	er my h	he respec		esents he	GEORGIA Cal	
	As Amended by Act of 1919.		tions are averaged by swear that II be the trust III be the trust wits may be used to married propries of masses of	Sworn under my hand and official (SEAL.)	before signing the respective affidavits, and that they are truthful and trustworthy and their statement are entitled to full faith and credit.	i de	know Mrs IN W. L. Y. M. L. L. L. Life hypifeont for this pension, and that she is a bona fide continuing resident of said County and	Poll	
	County Percoll		nawered the nat you will the So help attached attached to first arriage lice arriage lice proof of proof of	official se	avits, and	100	and tha		-
	Widow of M. C. Sustin		true answe you God." if blank space Ordinary of Ordinary landary, il anse if obtain see the Blue service and	Sau	that the	The	she is a	COUNTY	
	Company Q Regiment 7 GA		shall sweets make ets make aces are of the elestrate inable. I was no	this.	y are tru		the upp		-
	Approved		applicate of fficient of reitled. ot, provot,	(B)	thful and	Z witness	continuin	-Ordin	-
		,	our applicant and the witness in the to each of the questions asked you insufficient of residence, outfiled. If not, prove marriage, by some pers- tirn Blank and fifte and prove full to t required to do so.	day of	y are truthful and trustworthy and their statem	ness as to	r this pension, ing resident of	Dedinary of said County, do certify th	1
			asked brove i	AND S	h were of	marriag	ension, a	id Count	
	J. W. LINDSEY. Commissioner of Pensions.		followi and th on, or	Ordinary	I their st	to marriage, and I also	and that she said County as	y, do ceri	
	Byrd Printing Co. State Politics Address		he evide	nary.	rn by	also k	she is y and	tify th	

			OKDIN	ARY'S	ERTIFIC	ATE		
	STATE OF	Call		COUNTY.				*
	know Mrs.	Mary	any	FEA	uslin		ounty, do certify to	
	persen she re	presents horself	to be, and the	it she is a bor			f said County and	
	on the	day of	2 ~ 0					
	That I a	Nast	ZA P	n	Son	ness as to mar	riage, and I also b	now
	before signing	the respective	affidavits, an				re duly sworn by and their statem	
		full faith and		•	~/	2_	_ \	ents
	Sworn m	nder my hand	and official s	eat of office	this.	day of	C /\ 19	20
	(SEAL.)		/	Zau	Wall	My	Ordinary.	
			(/		MA	Count	y.
	NOTES: 1. Bef	ore any questions	are answered t	he Ordinary sh	all swear another	at and the witness	s in the following we	
	2, Add 3, All 4, Only 5, Att reps 6, Wid	shan give will be to affidavits must be widows who mar- beh certified copies	may be attached e made before t ried prior to firs o of marriage li-	p you God. if blank space he Ordinary of d January, 188 cense f obtains use the Blue A	s are insufficient, the county of re- l, are entitled, ble. If not, prov- tord atten Blank	sidence. e marriage, by se	s in the following we ked you and the evid one person, or by ger we full term of husba	neral
		•		service and w	as not required t	0 do so.		e section of the section of the
μi O		When	Li	1			nons.	
+	. ati	Right t Roll 1910 919.	63	7			J. W. LINDSEY.	Atlanta.
ret	lic		1 3	13			LINI ner of	
, re	Q	Her Own he Indiger of July 11, y Act of 1	9 3	SI.	'A		J. W.	Printers
3.7	<	ll in F on the Act o	70 V	03	64	j.	Comm	State
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7 9	Z 6	As A	K, " E	12	1			Printing
St.	[3] P.	A H	ounty (Widow of	Regiment — Approved	1 7	1	Byrd
五世	3	To	Cou	Wid	Reg	: "	į	
100								

Austin, M.E. (Mrs.) DeKalb Co.

1921

Application for Pension Due Deceased Pensioner (UNDER ACT 1904)

(Topay expenses of last illness or funeral)

James C. Mrs. M.	George E. Avetin	Ordinar
of	DeKalb	County
Old or New Class !	New	
Died January	9th	192_1
Amount \$125.00		

pproved	and	ordered	paid.
16.		20	

J. W. LINDSEY, « Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Office for approval. Do not puy 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. your office.

Index Printing Co., Atlanta, Ga.

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,
Personally before me comes Margarette & Austin of said County,
who, after being duly sworn, says that she is the widow of W. E. Ruslin
to whom, in the County of Dellalle State of Georgia she was married on
to whom, in the County of Allallo State of Georges ashe was married on the 17 day of Auty 1867, and that, she remained his wife, and resided with him to the
date of his death in1924 and that she has not since his death remarried. At
the time of his death he was a resident of Dellast County, in said State
of Georgia, and he was on the the State and pald a pension
of \$ 10000 in Bullall County for 1960 per arnum, on account of being a soldier in
Company 6 = Regiment 7 (Volunteers or State Militia)
That she is now a bonn fide resident citizen of the County of All Call and she
has so continuously resided sinceday of
Sworn to and subscribed before me, this the
James Cheory Ordinary Mangarett 6x Nustin
Jumes Charge Ordinary
ofCounty.
Affidavit of Witnesses to Prove Marriage and to Whom.
Date of Death of Husband
Date of Death of Husband
Date of Death of Husband STATE OF GEORGIA, COUNTY)
Date of Death of Husband STATE OF GEORGIA, COUNTY HUSBAND Personally before me comes. L. J.
Personally before me comes. L. Courty Manual Room to be responsible and truthful persons, residing in said County, who after having been duly sworn, say; that
Date of Death of Husband STATE OF GEORGIA, Personally before me comes. L. J.
Date of Death of Husband STATE OF GEORGIA, COUNTY Months to be responsible and truthful persons, residing in said County, who after having been duly sworn, say; that of their own personal knowledge Mrs. Many or M
Date of Death of Husband STATE OF GEORGIA, COUNTY MANUAL ROWN to be Personally before me comes. I will be present the foregoing affidavit, is the lawful widow of Manual Rown to be so their own personal knowledge Mrs. Manual Rown to be so their own personal knowledge Mrs. Manual Rown who made the foregoing affidavit, is the lawful widow of Manual Rown to be so their own personal knowledge Mrs. Manual Rown who died in Manual Rown to be so their own personal knowledge Mrs. Manual Rown who died in Manual Rown to be so their own personal knowledge Mrs. Manua
Date of Death of Husband STATE OF GEORGIA, Personally before me comes. Rown to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Many of Many who died in Della County in said State of Land on Land
Date of Death of Husband STATE OF GEORGIA, Personally before me comes. Rown to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Personally before me comes. Rown to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Personally before me comes. Rown to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Personally before me comes. Rown to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Personally before me comes. Rown to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Personally before me comes. Rown to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Personally before me comes. Rown to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Personally before me comes. Rown to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Personally before me comes. Rown to be responsible and truthful persons, residing truthful persons, residing truthful persons, residing truthful persons. Rown to be responsible and truthful persons, residing truthful persons, residing truthful persons, residing truthful persons. Rown to be responsible and truthful persons, residing truthful persons. Rown to be responsible
Date of Death of Husband STATE OF GEORGIA, Personally before me comes. Rown to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Many of Many who died in Della County in said State of Land on Land
Date of Death of Husband STATE OF GEORGIA, Personally before me comes. Personally before me comes. COUNTY Months and truthful persons, residing in said County, who after having been duly sworn, say; that of their own personal knowledge Mrs. Many January who died in Many who died in Many of Many o
Date of Death of Husband STATE OF GEORGIA, Personally before me comes. Personally before me comes. COUNTY Monoton be responsible and truthful persons, residing in said County, who after having been duly sworn, say; that of their own personal knowledge Mrs. Many Joseph Many Joseph Many Joseph Many of Many
Date of Death of Husband STATE OF GEORGIA, Personally before me comes. Rown to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Many State of Annual State
Date of Death of Husband STATE OF GEORGIA, Personally before me comes. Rown to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Personally before me comes. Rown to be responsible and truthful persons, residing in said County who died in Rown the foregoing affidavit, is the lawful widow of the Rown to any of the Rown to and since remarried. That she became the wife of the Rown to and that she has not since remarried. That she became the wife of the Rown to and the Rown to and subscribed before me, this the Sworn to and subscribed before me, this the

(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, con	steve A. Wells
	ounty, who, after being sworn, on oath says
that he knew Mrs. M. B. Austin	
	DeKalb County at the
time of death, which occurred in	
	Y 192 1, and that
a Pension of One Hundred & Twenty Five	
unpaid at the time of pensioner's death. That he left no wi-	
no estate of any value sufficient to pay these funeral expense	
per sworn statement fully and completely itemized, hereto att	
Sworn to and subscribed before me	acred.
Course Pl	tens a well
Tomas (- George Ordinary.	
County.	
A FEID A VIET OF OR	DIMARK
AFFIDAVIT OF OR	DINARY
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 knew Mrs. M. E. Austin	while in life and that this
was the same person whose name appears on the	1921 Pension
	County, and was paid a Pension
	Dollars in said County for 192, and
now believe said pensioner to be dead.	and county for 192, and
Given under my hand and official seal, this 28thyd.	ay of December 1991
(SEAL)	m /
(Salat)	Ordinary.
	County.
init. For use in all cases where pensioner died attacked without owning sufficient property to pay such assess. The way there are property to pay such assess. The way the superior of the payment of the superior of the payment of th	not been out of State longer than twelve months, idow of a soldier, if she is living, has prior claim of expenses of funeral, to make out their account is last lliness, just before death when pensioner blowing form: (Do not use the terms: "just, true, illness (or for funeral expenses, as the case may mg sufficient property to pay this bill."

the Dedinary must see to it that each bill is perfectly legitimate in every ranged, and properly sworn to, and all attached neatly to this binnik, after this blank has been properly completed as indicated as indicated.

the The completed woucher, this blank and the bills, must be sent to the Pension Office for approval and no money with the Configuration of the pension and the symmetry of the Configuration of the pension and the symmetry of the Configuration of the pension and the pension and the money himself and takes receipts the Accept no bills for nursing until you write the Pension Office, stating the circumstances in very great detail, and of the pension papers of each year.

JAMES R. GEORGE ORDINARY AND PROBATE JUDGE DEKALB COUNTY DECATUR. GA.

DECATUR, GA.

State of Georgia, Dekall County

Judge of Superior Court, Questide of Inderior Court or Questice of the Peace to Celebrate by authorized and permitted to join in

the Honorable State of Whatimony, William C. Questin and margaret E. Farris, according to the Riter 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

Sicense Given under my hand and seal this

15th day of February 186 J. B. Wilson &

I hereby certify that William C. austin and marc E. Farris were joined together in the Holy Bond of matimony on the 17th day of February 1867 by me.

State of Georgia, De Kalb County

ORDINARY'S OFFICE-ss.

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

manige 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 day of October

Georgia, DeKalb County.

In person appeared before me, the undersgned, Steve A. Wells, who being duly sworn, says on oat That the within and foregoing account for the Burial expenses of Mrs. M. E. Austin is just, and trueundwedand unpaid.

Sworn to and subscribed before me, Dec. 28th, 1921.

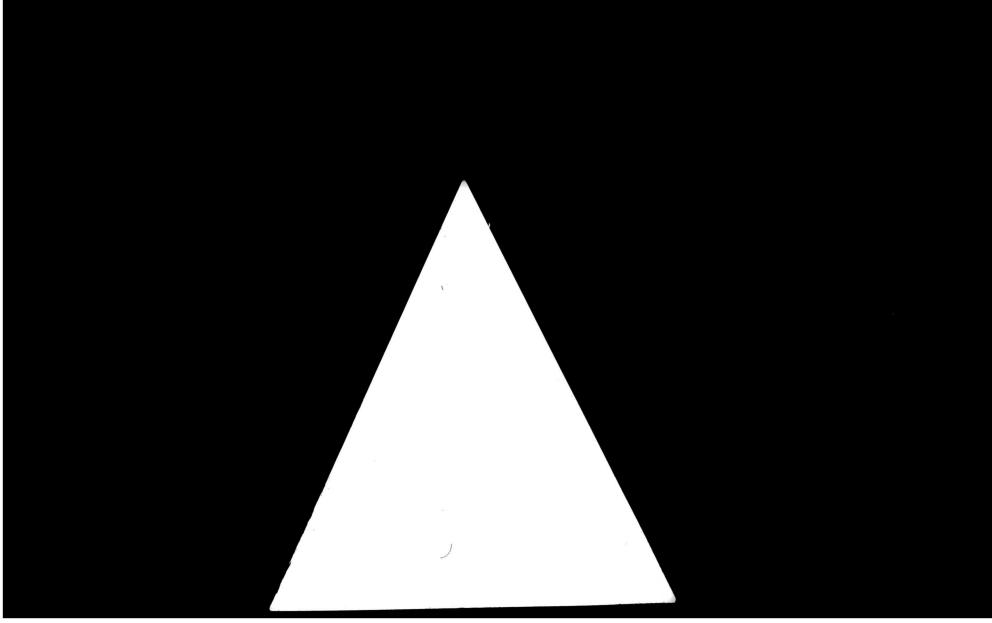
Stone Mountain, Ga., 12/28 1921

Mrs. Margust. E. Austin

Lone Min 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) 11506 Burial Vault (Kind) Burial Robe or Suit Burial Robe or Dress Hose and Underwear Embalming Washing and Dressing Shaving 500 Hearse Lowering Device Grave Lining Grave Vault Opening and Closing Grave 5-00 Automobiles to Cemetery @ Flowers Shipping Charges-Prepaid Removal Charges Folding Chairs Dirt Cover Flower Stands Door Crepe Canopy Cemetery Tent Engraving Name Plate Disinfecting Rooms

Personal Services

Items Checked Furnished With No Charges. Other



Custin, N. C. De Kalle C.

INDIGENT PENSION, 1903.

Name W.E.C	Wastin
County De	44
co. E. 7. Su	rgia Regt.
Approved	1903.
	LINDSEY,

WARRANT HANDED TO

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

ec, W Harrison, State Printer, Atlant

9/15/03.

POWER OF ATTORNEY

STATE OF GEORGIA,

Executed in the presence of		Witness my hand and seal, this.	receive and receipt for the pension
		niaday of	of
	[L.S.]	1963.	

I,		hereby authorize
eive and receipt for the pension allow	od and request that he remit same to-	
	by	
Witness my hand and seal, this	*	1903.
Executed in the presence of		[L. S.]
*		ē
	Y	
	,	
The second of th	The second secon	de edinishipka ingres mentintin
	#* ·	
		3
*	L.	
*		
	* * !	
101	Regt. 1903.	Compa
2 : 3	5 4 B	bore.
	T IND	of App
	1 Thingia oved JOHN W. LINDSBY, Commissions of Pasis WARRANT HANDED TO	e Name of Apples is indicated about State Printer,
The state of the s		ILEM ILE

	QUESTIONS FOR APPLICANT.
	STATE OF GEORGIA,
	MEHOUT-
	COUNTY
	to avail himself of the Print desiring
. 8	to avail himself of the Pension Act (Section 1204, Code), hereby submits his proofs, and after being duly sworn true enswers to make to the following questions, deposes and answers as follows: 1. What is your name absorbers do you fields? (give Siste, County and post-office)
	1. What a your name aby where do you reside (give Siste, County and post-office)
	W.G. Challes Serale
	2. How long and since when have you been a resident of this State?
	65 yers. august 24 538
	8. When and where were you born?
ni	4. When and where and in what company and regiment did you enlist greeve?
ppu	1 1001 ASLECTIVE COUNTRY & TO
	John Steamy Congray & Gurgia Rigining
	5. How long did you remain in such assessment of the last
	5. How long did you remain in such company and regiment?
ď.	
Ĕ	6. When and where was your company and regiment surrendered and discharged?
, L	1865 Opportulated Count House
В	
iq	7. Were you present with your company and regiment when it was surrendered? Was Prisus
Å,	product statement and clearly where you were, when you left your command for what cause
1.3	and by whose authority? I allo was allow gand it was a hours
Y	cone and captured the day before the June lote
0	9. How much can you earn (gross) per annum by your own exertions or labor? About to uo
ይ	10. What has been your commenter does 1905 9
	11. Upon which of the following grounds do you been your and live to
H	second, "infirmity and poverty," or third, "blindness and poverty"? 12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third,
Ŋ	support? If upon the second, give a full and complete history of the left with that you could not earn your
b	state whether you are totally blind and when and where you lost your sight?
Ū	The same was you lost your significant
À	
	Beautiful to the second of the
ď	13. What property real and personal or formal
2	13. What property, real and personal, or income, do you possess, and its gross value? North
Question	14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and
ŏ	1902, and what disposition, if any, by sale or gift, have you made of same?
ğ	grif narro you made of sales (
โล	
	10. In what County did you reside during those years, and what property did you then return for taxation?
Every	Derale County you
Ä	16. How were you supported during the year 1899, 1800, 1901 and 1902? by What I could
Á	CA CLARA MAN 117 AN TILL TO 10
P	17. How much did your support fost for each at those years, and what better did your support fost for each at those years, and what better did your support fost for each at those years.
Ж	Your own labor or income? (MDU)
	18. What was your employment duying 1898, 1899, 1901 and 1902? What pay did you receive in each year?
	10 4
	now yo himila
	20. Are you receiving any pension? If so, what amount and for what disability? 200 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? Work
	And and and what class ! VOU !!
	Sworn to and subscribed before me this the
	1908 W.C. Austin
	Las Residents
	Ordinary,
	of County.

OUESTIONS FOR WITNESS

	r of Physicians.
STATE OF GEORGIA,	in the state of th
DE/Call COUN	ту.}
Personally came before me	Two / Funda
Too. andy	, both known to me as reputable physiqian
of said County, who saing severally sworn, say	on oath that they have examined carefully
uch personal examination say that his precise pl	pysical condition is as follows:
anhy louid n	ghe much well fraction
old age -	
anfixo	Time a uma
2uffint	
and that we have no interest in said pension bein	g allowed.
Sworn to and subscribed before me, this the	he & W. Hauston. m. D.
14 day of Suff	1903. S w.F. andey mis
Jas Remer	Ordinary.
0 10	
TOESTALL COMME	
I, Jas P S at the applicant W. C. Course a bona fide resident of this State since the	Ordinary, in and for said County, hereby certify resides in said County, and has day of State
I, W.C. CM en a bona fide resident of this State since the d that the witnesses, viz.:	Ordinary, in and for said County, hereby certify resides in said County, and has the Series of S
at the applicant. W.G	Ordinary, in and for said County, hereby certify resides in said County, and has read to the county of Superior to the county and has read to the county of
I, W.C. W.C. At the applicant W.C. W.C. W.C. W.C. W.C. W.C. W.C. W.C	Ordinary, in and for said County, hereby certify resides in said County, and has resides in said County, hereby certify resides in said County, hereby certify and has resided to full faith and oredit. In foregoing questions the applicant and each witness took the oath lavits was read to the applicant and witness before same was signed.
I, W. G. W. And the applicant	Ordinary, in and for said County, hereby certify resides in said County, and has resides in said County, and has day of Said Said Said Said Said Said Said Said
I, W. G. W. And the applicant	Ordinary, in and for said County, hereby certify resides in said County, and has resides in said County, and has day of Safata and County, and has nents are entitled to full faith and credit. so foregoing questions the applicant and witness before same was signed. County show that applicant Dollars of
I, W. C. W. And the applicant W. C. W. C. W. W. C.	Ordinary, in and for said County, hereby certify resides in said County, and has resides in said County, and has sents are entitled to full faith and credit. foregoing questions the applicant and each witness took the oath invits was read to the applicant and witness before same was signed. County show that applicant Dollars of property, in 1901
at the applicant on a bona fide resident of this fitate since the d that the witnesses, viz.: of trustworthy character, and that their states I further certify that before answering the recon prescribed, and that the full text of the affic I further certify that the tax digest of curred for taxation in his name in 1899.	Ordinary, in and for said County, hereby certify resides in said County, and has resides in said County, and has sents are entitled to full faith and credit. foregoing questions the applicant and each witness took the oath invits was read to the applicant and witness before same was signed. County show that applicant Dollars of property, in 1901
I, W. C. W. And the applicant W. C. W. C. W. W. C.	Ordinary, in and for said County, hereby certify resides in said County, and has resides in said County, and has day of Safata and County, and has nents are entitled to full faith and credit. so foregoing questions the applicant and witness before same was signed. County show that applicant Dollars of
I, W. C. W.	Ordinary, in and for said County, hereby certify resides in said County, and has resides in said County, and has day of Signature of the special county of the said County, hereby certify the said County, and has a said Coun
I, W. G. W. A.	Ordinary, in and for said County, hereby certify resides in said County, and has resides in said County, and has day of Signature of the specific of the said said said said said said said said
I	Ordinary, in and for said County, hereby certify resides in said County, and has resides in said County, and has day of Signature of
I	Ordinary, in and for said County, hereby certify resides in said County, and has resides in said County, and has day of Signature of the second of the county of the second of the se

words: "You shall true answers make to each of the questions esked of you, and the evidence you shall 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 so the execution as above set out.

POWER OF ATTORNEY

		P	JWEF	COF F	110	RNEY	•		
STAT	E OF G	EORGI.	1, ~	OUNTY.		*,			
I,	J.F.	fash	Min	of	ereby aut	horize	Cor	netj.	- 5 4 7
0400 11 404	eive and	receipt f	or the pe	ension allo	wed and (**)///	request th	at he re	mit same t	
by. W	itness my	hand and	seal, this	18	day of.	ani.	· . (1904	
La	Executed IIUL] (Q:	in presen	ce of		, C. C	CK 27,77	, ([L. S	.1
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NROLLED.)		NOISN		Min.	7"	1904.	LINDSEY.	To Take	*
CODE SECTION 1264.	\$ \$ x	INDIGENT IRR'S PRNSI	904	6.000	Regiment	WARRANT ISSUED	JOHN W. LINDSEN.	WARRANT HANDED TO M. HATTION, State Printer, AND	lota
(FOR THOSE		IUIUS	1	Name K	~		Of .	W. J.	ž
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POWER OF ATTORNEY.

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by.	W. E. C	ny hand and se	~	at A	Ma	unte	1905.
V	Executed i	n the presence	of NGC		Lushm	3	[L. S.
austin, W. C.	(FOR THOSE ALREADY ENROLLED.) No. 67	SOLDIER'S PENSION	Name Und Univers	County Machine 1 Da.	WARRANT ISSUED // 2 > 1905.	JOHN W. LINDSEY, Commissioner of Prasions.	WARRANT HANDED TO SOLD ON WARRINGS, MANGEL, FOR LAR PROPER, TAUTH

20 date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
Derald County.	-4-
Personally appears W.C. Chu	elin of Detall
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 ha	s resided in said State continuously ever
since the 21 day of august	1838; that he is 6 % years old and
by occupation a Paint, that he	enlisted in the military service of the Con-
federate States (or of the State of	during the war between the
States, and served for the term of 4 Zyeur	in Company 6, of 7 th Regiment
follows: age and Pour	rty
0	
Des 11 2 100 10 10 10	
that his property consists of the following item	s:
Thorn	
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
	- and the chertical or labor, and
that he receives no pension but the one herein	applied for.
Deponent desires to participate in the ben	applied for. efits of the Act, approved December 15th,
Deponent desires to participate in the ben 1894, and the Acts amendatory thereof, and mai	applied for. efits of the Act, approved December 15th, ses application for the pension to which he
Deponent desires to participate in the ben 1894, and the Acts amendatory thereof, and mai is entitled for the year 1904. I have heretofore	applied for. efits of the Act, approved December 15th, the same application for the pension to which he as a resident of Destated.
Deponent desires to participate in the ben 1894, and the Acts amendatory thereof, and mai is entitled for the year 1904. I have heretofore County been allowed a pension for the year 1_	efits of the Act, approved December 15th, tes application for the pension to which he as a resident of
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Deponent desires to participate in the ben 1894, and the Acts amendatory thereof, and mais entitled for the year 1904. I have heretofore County been allowed a pension for the year 1Sworn to and subscribed before me, this t	peplied for. efits of the Act, approved December 15th, tes application for the pension to which he as a resident of December 15th, the W. C., William 15th, which he was a resident of December 15th, which is a resident of December 15th, and the resident of December 15th, and the resident of December 15th, and the resident of December 15th, as a resident of December 15th, and the residen
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Deponent desires to participate in the ben 1894, and the Acts amendatory thereof, and mai is entitled for the year 1904. I have heretofore County been allowed a pension for the year 1 Sworn to and subscribed before me, this to have the following of the year 1 1904. STATE OF GEORGIA, County. I, Carmes P. Rong	peplied for. efits of the Act, approved December 15th, tes application for the pension to which he as a resident of December 15th, the December 1
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Deponent desires to participate in the ben 1894, and the Acts amendatory thereof, and mai is entitled for the year 1904. I have heretofore County been allowed a pension for the year 1 Sworn to and subscribed before me, this to have the following of the year 1 1904. STATE OF GEORGIA, County. I, Carmes P. Rong	efits of the Act, approved December 15th, tes application for the pension to which he as a resident of School County, Ordinary of said County, Custim
Deponent desires to participate in the ben 1894, and the Acts amendatory thereof, and mai is entitled for the year 1904. I have heretofore County been allowed a pension for the year 1_Sworn to and subscribed before me, this to the state of the year 1_Sworn to and subscribed before me, this to the subscribed before me, the subscribed befor	efits of the Act, approved December 15th, research application for the pension to which he as a resident of December 15th, research and the as a resident of December 15th, research and the as a resident of December 15th, research and the pension to which he as a resident of December 15th, research and the pension to which he as a resident of December 15th, research and the pension to which he are pension to which he as a resident of December 15th, research and the pension to which he are pension to which he as a resident of December 15th, research and the pension to which he as a resident of December 15th, research and the pension to which he as a resident of December 15th, research approved December 15th, research a
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Deponent desires to participate in the ben 1894, and the Acts amendatory thereof, and mais entitled for the year 1904. I have heretofore County been allowed a pension for the year 1. Sworn to and subscribed before me, this to the year 1. Sworn to and subscribed before me, this to the year 1. Sworn to and subscribed before me, this to the year 1. STATE OF GEORGIA, County. I, Connect Plant County. I, Connect Plant County. In the applicant in the foregoing affidavit, and an by him in his said affidavit are true, and I know to be, and that he resides in this County. Given under my official signature day of Accept	efits of the Act, approved December 15th, research application for the pension to which he as a resident of December 15th, research and the as a resident of December 15th, research and the as a resident of December 15th, research and the pension to which he as a resident of December 15th, research and the pension to which he as a resident of December 15th, research and the pension to which he are pension to which he as a resident of December 15th, research and the pension to which he are pension to which he as a resident of December 15th, research and the pension to which he as a resident of December 15th, research and the pension to which he as a resident of December 15th, research approved December 15th, research a

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,
County.
Personally appears W. C. Custin of Lustact
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since theday of; that he isyears old and
by occupation a, that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term ofin Company & . of Z th Regiment
follows: age Y Parcely; that his physical condition is as
follows: Uge Y Joursey
At the same of the
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
County been allowed a pension for the year 1904.
Sworn to and subscribed before me, this the day of face, 1905.
Table Charge Ordinary.
STATE OF GEORGIA,)
Nattail County
I, fames Burge Ordinary of said County,
do certify that I am well acquainted with W. C. Curstine
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 1905.
James
Amy your See! Ordinary / 17016 County.
hand

Note.—The blank spaces must be filled.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,	DUNTY.) Hustin		
Innach		ne Mount	eby authorize
to receive and receipt for the		-	mit same to
WITNESS my hand and seal		ny of Janua V. C. Lis	
Janua Rywy Grain	ſ		
COST SETIOS 124. (FOR THOSE ALEEAUY ENROLLED.) No. V.V. INDIGENT SOLDIER'S PENSION 1906.	Name / Wegiment 2 Ga	JOHN W. LINDSEY. Commissioner of Persions. WARRANT HANDED TO	In transmission of the same with the same with the same of the sam

POW	ER OF ATT	ORNEY.	
STATE OF GEORGIA,	COUNTY.		
I,			hereby authorize
· · · · · · · · · · · · · · · · · · ·	of		
to receive and receipt for t	he pension allowed,	and request that !	ne remit same to
	at		
by			
WITNESS my hand and s	seal, this	day of	_1907.
			[1. S.
Executed in presence	e of		•
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N N N	N 3 H	SUED SEY Sione	NDED TO
CE CE	Constitution of the segment	MAT ISSUED (24) T. LINDSEY, Commissioner of	HAN
NDIGENT	Reg	\$ 1s	ARRANT HANDED
		WAR	7 Z
	7 121	4	VM .
	Name County		C
2	Name Coun	1 11	P

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(FOR THOSE ALREADY EN

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Personally appears / County. Personally appears / County. County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the / day of County 1835; 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 Hyra in Company E, of 7th Regiment of Far gian ; that his physical condition is as follows:
Personally appears Ite Question of Italian 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 County 1835; that he is of 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 the company and served for the company and served for the term of the company and served for the company and served forecompany and served for the company and served for the company an
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 last 1835; that he is of 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 the company of the served for the term of the company of the served for the term of the company of the served for the term of the company of the served for the term of the company of the served for the term of the company of the served for the term of the company of the served for the term of the company of the served for the term of the company of the served for the term of the company of the served for the term of the company of the served for the term of the company of the served for the term of the company of the served for the term of the company of the served for the term of the company of the served for the term of the company of the served for the term of the company of the served for the term of the company of the served for the term of the company of the served for the term of the served for the served for the term of the served for the served for the term of the served for the term of the served for the term of the served for the ser
and resident of said County and State, and has resided in said State continuously ever since the day of County 1835; that he is vears old and by occupation a had been determined by occupation and
since the day of 1835; that he is of years old and by occupation a high that he enlisted in the military service of the Confederate States (or of the State of high that he is of high that he military service of the Confederate States (or of the State of high that he is of high t
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 # y in Company & , of 7 th Regiment of # 2 fear grad; that his physical condition is as
States, and served for the term of Hyrix in Company E, of Ith Regiment of Fraz quar ; that his physical condition is as
States, and served for the term of the in Company E, of the Regiment of J. Faz qua ; that his physical condition is as
of C. Faz qua ; that his physical condition is as
follows: . age & proverty
•
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 acretofore, as a resident of
County, been allowed a pension for the year 1905. Sworn to and subscribed before me, this the)
January 1906.
Turney Ordinary.
51-10-5 (0
State of Georgia,
County.)
I, fame A George Ordinary of said County,
do certify that I am well acquainted with M. G. Untin
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 farmary \$1906.
Janua Gerice
Amer South Ordinary & Rall County
Norz.—The blank spaces must be filled. Norz.—Affidavit should not be attested before January 1st, 1996.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,]
DUMME. County.	}
1.4	ustin of D. M.B.
	worn, says on oath that he is a bona fide citizen
and resident of said County and State, and	has resided in said State continuously ever
since theday of	
and by occupation a the	t he enlisted in the military service of the Con-
federate States (or of the State of	during the war between the
States, and served for the term of	in Company 6, of Zeth Regiment
follows: Ager Forcely	; that his physical condition is as
ionows. The Torritor	
A.A. I.	
that his property consists of the following it	eins;
The state of the s	
of the value of	
by my labor	Dollars. I am now earning
by my labor,	Dollars per month. That by reason of his
physical condition and poverty he is unable to labor, and that he receives no pension but the	support himself by his own exertion or
Deponent desires to perticipate in the	benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and in	akes application for the pension to the
is entitled for the year 1907. I have heretofo	are as a resident of the pension to which he
County, been allowed a pension for the year	1000
Sworn to and subscribed before me, thi	
day of 190	
well Recience	Ordinal I
	Ordinary.
State of Georgia,	
Gounty.	
10 A	Ordinary of said County,
do certify that I am well acquainted with	a Coloring
the applicant in the foregoing affidavit, and an	n well satisfied that the statements made
by him in his said affidavit are true, and I kno	ow he is the individual he represents himself
to be, and that he resides in this County.	/
	ure and seal this ////
day of January	1907. July S & Laborer
Ana	Vija
li-re Qr	dinary County.

Nors.—The blank spaces must be filled.

Nors.—Affidavit should not be attested before January 1st. 1907

NAME Austin, W. C.

YEAR 1903 COUNTY DeKalb

WHEN AND WHERE BORN? Aug. 21, 1838, DeKalb County, Georgia

ENLISTED WHEN AND WHERE? May 1861, Decatur, Georgia

RANK.

COMPANY AND REGIMENT? Co. E, 7th Regt. Georgia

NAME OF CAPTAIN AND OCICHEL?

.. UNDED?

CAPTURED | THAT AND ATTENDED Captured one day before surrender

RELEASED? Does not say when or where released.

Will as the harm of the markets.

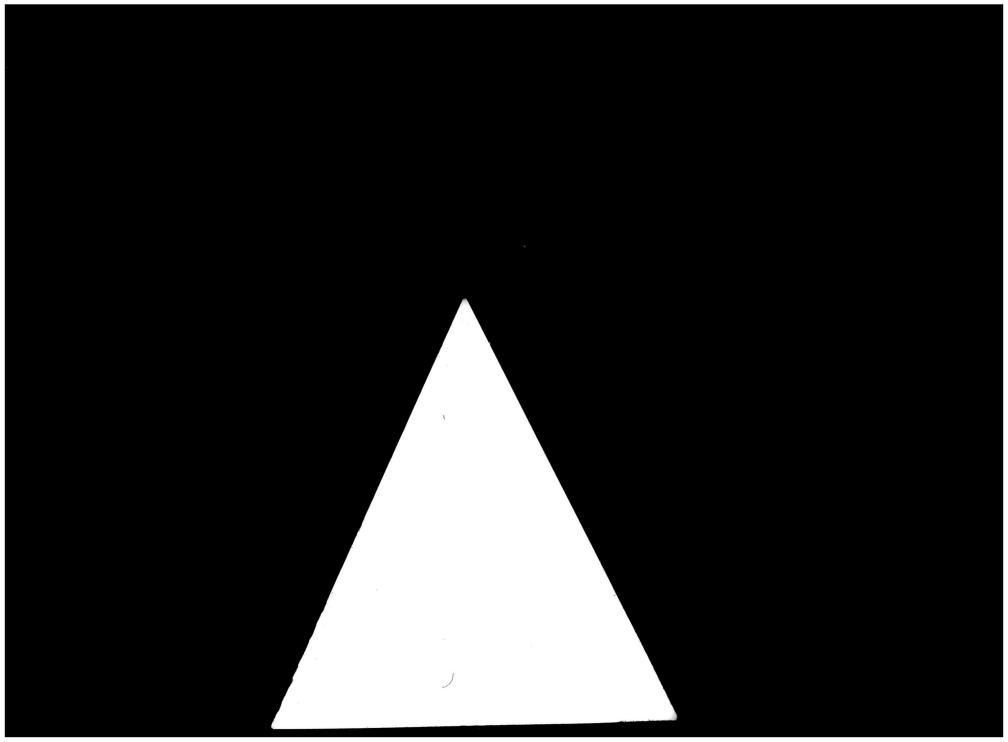
IF NOT PRESENT AT SURRENDER, M.ERE WERE YOU? A prisoner --

D AND WHERE?

5.1- . . .

WITTESSES. Irwin L. Teat same command -

No data



POWER OF ATTORNEY.

STATE OF GEORGIA,

austin, M.M.									_	1
my 190b			3			•	Exec	Witt	to receive	<u>-</u>
INDIGENT PENSION.	And the second second				,		ecuted in prese	ess my hand	and receipt	*
190 /		١					nce of	and seal, this	for the pension	
Name W. M. Austin								at	on allowed	.County.
Co. B. 42 Galleger Rost.	· 有 注							_day	and request 1	
JOHN W. LINDSEY,								of	that he remi	
Commissioner of Pensions.								by	same to	
WARRANT HANDED TO									**************************************	
Orbitary will write name of Applicant, Company and Registers on thek as indicated above.			-				Ę:	190		hereby au
9/8/05		is.)	1			. s			borize .

POWER OF ATTORNEY.

	01 1111	OMITE I.		
STATE OF GEORGIA,	1			
Cou	NTY.			*
Ι,	the second secon		hereby	authorize
	of			
to receive and receipt for the pension all	owed and request that he rer	nit same to		
Witness my hand and seal, this	dny of			
				[L. S.]
Executed in presence of				
6				

WARRANT HANDED TO

JOHN W. LINDSEY,
Commissioner of Pens

INDIGENT PENSION.

7 061

	OUTCOMO TOP 1
	QUESTIONS FOR APPLICANT. STATE OF GEORGIA.
	Dikall COUNTY
٠	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? (Glye State County and post-office).
	2. How long and since when have you been a resident of this State?
	o. When and where were you born?
1	March 1863 Siconapary and regiment did you enlist or serve? Regiment
į	5. How long did you remain in such company and regiment? about our year
3	
) [,]	6. When and where was your commany and regiment surrendered and discharged? [505 at High Paint NC Man Governoon MC
	7. Were you present with your company and regiment when it was surrendered to was 100. 8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose nuthority? A was worseld at Bowster Spanings.
1	but to Hospital in attanta ga by surgeon in change
	Thow much can you earn (gross) per annum by your own exections or labor? That \$200 tages
	10. What has been your occupation since 1865? "Hatture" 11. Upon which of the following grounds do you base your application for mossion, viz: first, "fee and poxerty,"
	second, "infirmity and poverty," or third, "blindness and poverty". 12. If upon the first ground, state how long you have been in such condition that you fould not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the Ahird,
	state whether you are totally thind and when and where you lost your sight? _ Woole from
1	a Suffort destility about four want to make
	13. What property, real and personal, or income, do you possess, and its gross value? No Proplemy
	14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what dispositions if any, by sale or gift, have you made of same? Would the first out of the control of the contro
	15. In what County did you reside during those years, and what present did
	16. / How were you supported during the year 1800, 1000, 1001
	17. How much did your support cost for such of showed years and what portion did you contribute thereto by your own labor or income? 18. What was your employment during 1898, 1899, 1901 and 1902. What was your employment during 1898, 1899, 1901 and 1902. What was your employment during 1898, 1899, 1901 and 1902. What was your employment during 1898, 1899, 1901 and 1902.
	19. Have you a fapolly? If so, who composes such family? Give preir means of support? Have they a
	bongestead, or other property? Their ages and how employed? I have a wife
	20. Are you receiving any pension? If so, what amount and for what disability? I am nut
	21. Have you ever made an application for pension before?
-	22. How many applications have you ever made and under what class? Out Indignal
()	Sworn to and subscribed before me this the day of Applicant.
6	Ordinary,
	of County.

QUESTIONS FOR WITNESS. STATE OF GEORGIA,
Deltall County S Cornside for said Stage and Stage ty, having been presented
as a witness in support of the application of under section 1204, 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. W. W. W. C. S. W. W. C. S. W. W. C. S. W.
long have you known him? Of Ham all his life 3. Where does he reside, and how long and since when has he been a resident of this State? Alkallo 60 Ham all his life
1. When, where and in what company and regiment did he enlist, and how do you know? Murch 7863 Comfany B 42 - Ya Registration 5. Were you a ntember of the same company and regiment?
6. How long did he perform regular military duty? When and where was his command surrendered? 1865 Wigh Third INC.
8. Were you present when it surrendood? I Wal
When did he leave his command? LECTELL 1867 For what equal?
By what authority he lett by Kungson of Regional How do you know all of this
11. What property, effects or income has the applicant? (Give your means of knowledge.) 12. What property, effects or income did the applicant possess in 1898 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 figur years; if yo, what was it, and to whom?
14. What is the appliegan's Separation and physical confliction the host the
De Molidy, at present he low to aver he is Not for 12 and This year not able to 15. I is the applicant unable to support, himself by labor of agy fort; if so phy? Thurical farms
account of his shyrical himself conditions
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1907 by What he what his mannered child have the whole of the property of the whole
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? hil Sugareal is strong feetle.
19. Who compones family? What property have they? Children's age and their earning cappaity? NIS Wife. And is 60 years and May hove
20. What interest have you in the recovery of a pension by this applicant? I have no Individual Sworn to and subscribed before me, this the
17 day of June 1965

AFFIDAVIT OF PHYSICIANS.
SPATE OF GEORGIA,
Bikall- COUNTRY
Personally came before me
, both known to me as reputable physicians
of said County, who, being severally sworn, say on oath that they have examined carefully // M.
Austin , applicant for pension under Section 1254, Code, and after
such personal examination say that his precise physical condition is as follows:
Ite has had been mil
abdomen and he is totally unable to do any manual labor sufficient to early a living via age and
labor sufficient-to early a living. old age and
a general breaking down of system, & boa eye eight.
and that we have no interest in said pension being allowed.
Sworn to and subscribed before me, this, the \ A Jauston mad
· Splay of 3421 1903) (Afford M. D.
fanile George Ordinary.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA.
Dikalla a
Januar Regiones
Ordinary, in and for said County, hereby certify
that the dyplicant. W. M. Caustin resides in said County, and has
been a bona fide resident of this State since the game day of the last the state of
and that the witnesses, viz.: W. V. Chrold. Millon Brownle
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
nereon 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 ofCounty shows that applicant
returned for taxation in his name in 1899
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 day of day of
James R. George Ordinary.
of Dekall County.
NOTE.
1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following tords: "You shall true answers make to each of the questions asked of your shall be witnesses in the following

words: "You shall true answers make to each of the questions asked of you, and the evidence you shall true answers make to each of the questions asked of you, and the evidence you shall be a standard if blank spaces are insufficient.

2. Additional affactive 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

	TATE OF GEORGIA,
	//
88	Millon Brownles of said State and County, having been presented a witness in support of the application of M. M. Saustin
u	order section 1254, Code, and after being duly sworn true answers to make to the fellowing.
an	
	Of ly land is your name and where do you reside? Wellon Osrownle I ruil
	at sloster D. in Swimmer to he
Jo.	Are you acquainted with M Anstria, the applicant; if so, how
3	by have you known him? I Run. have troown him far 40, years. Where does he reside, and how long and since when has he been a resident of this State?
	he sisdir At Redamin Det Eull County
4	where and in what company and regiment did he enlist and how do not be
1	of an Ballon the in 40 18. 42 ha Reel-
5.	Were you a member of the same company and regiment?
6.	How long did he perform regular military duty? I was wounding the polonary Mas
	he 15 day of may and come home
8.	were you present when it surrendered?
9.	Was applicant present? he was not
	If he was not present, where was he" he was at home
	en did he leave his command? & Deret / Eccess. For what cause?
Ву	what authority he left ?
h	Chine home wounded in June 1864, he was not all.
10	Aellun 15 the Garny any moore I was also as - had What property, effects or income has the applicant? (Give your means of knowledge.)
	What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, what disposition, if any, did he make of same?
3.	Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
4.	What is the applicant's occupation and physical condition?
5.	Is the applicant unable to support himself by labor of any sort; if so, why?
	The state of the s
3.	How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
	What portion of his support for these four years was derived from his own labor or income?
	live a full and complete statement of the applicant's physical condition that entitles him to a pension under
otio	n 1254, Code?
1	Who composes family? What property have they? Children's age and their earning capacity?
	and the same of th
	the state of the s
1	What interest have you in the recovery of a pension by this applicant? Nothing
	Sworn to and subscribed before me, this the
2	2 day of Cruy 1905. Millon Vorevoulle
	who Pakella Odinary
9	Ordinary,
9.1	that Millon Secronle is a lisielent of Germanish is a sman of Grove character and that they word in

POWER OF ATTORNEY.

			_County.				er .		
	Ι,							hereby	authorize
				of					
receive a	nd receip			allowed, a			hat he	e remit	same to
				at					
6									
WITN	ess my ha	and and	seal, this		day	of			.1906,
			1						[L. S.]
Execu	ted in the	: preseuc	e of						
				Í					
, !	-	Z	1 7	wa		99		I	
	-		12	" of		1906.	raions.		1
(OCLIED.)	-	NSION	· h	1 2		7_1906.	Y. Pensions.	57	Autregon Mai
ENROLLED.)	LN	ENSION	uetin	all hope	UED	12 2 1906.	DSEY.	DED TO	To W Hatency Mai.
ADY ENROLLED.)	[7]	PENSION	Muetin	Rall inent to Ba	ISSUED	/2 2 1906.	LINDSEY. HTMLESTONET Of Pensions.	IANDED TO	on Co. On W. Hassage, Man.
ILREADY ENROLLED.)	[7]	'S PENSION	US.	", Nall Regiment +> Da	ANT ISSUED	/2 2 1906.	W. LINDSEY. Commissioner of Pensions.	T HANDED TO	Are and Co Coo W Managon Man
SE ALREADY ENROLLED.)	[7]	ER'S PENSION	906. Wilhelm	P. Nall Regiment 42 Da	ARRANT ISSUED	/2 2 1906.	OHN W. LINDSEY. Cranissioner of Pensions.	RANT HANDED TO	n or facen to the ways ago.
THOSE ALREADY ENROLLED.) No ~ > 9	[7]	JER'S PENSION	1906. With thether	Regiment Tropa	WARRANT ISSUED	(2 2 1916.	JOHN W. LINDSEY, Unmissioner of Pensions.	VARRANT HANDED TO	M
k 0	[7]	LDIER'S PENSION	1906.	20	WARRANT ISSUED	(22 1906.	JOHN W. LINDSEY. Convissioner of Pensions.	WARRANT HANDED TO	rangement of factor of the second

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POWER OF ATTORNEY.

			2.5
STATE OF GEORGIA,	l		
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Ι,	189 H H		hereby authorize
a man	of		
to receive and receipt for	the pension allowed, a	and request that h	ne remit same to
0 00 001010 0000 0 0 0 0	at		
by			
WITNESS my hand an	d seal, this	day of	
		(M.M. pr. 10)	[i s.]
Executed in prese	nce of		
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	. 7	Pens	į į
	• 13	9 10 15	0 TO
SE ALREADY ES ALPEDIGEN	N 3 i	WARRANT ISSUED	WARRANT HANDED
	O (U.)	VT E	HANDE
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Core Section 134, FOR THOSE ALPEADY EMPOLLED JO. > 4/ INDIGENT INDIGENT	112	7	WARE
	e ti		

autin W.M.

SOLDIER'S PENSIC 1907.

Name - []] ((LL) County

Regiment

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Le. Kack County.
Personally appears IVM Questing Sala
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 G day of July 1841; that he is 60 years old and
by occupation a, that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term ofin Company 13, of 42th Regiment
of Jegi fin that his physical condition is as
follows: Satisficially is foreit
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
County, been allowed a pension for the year 1905.
Sworn to and subscribed before me, this the
A 12 day of falle weef 1906.
Will Resolve Ordinary.
State of Georgia,
County.)
I, Janua M. George Ordinary of said County,
do certify that I am well acquainted with MM. Questin
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 faree any 1 1906.
tames / Lycores
Admit your County.
Norg.—The blank spaces must be filled.
Note — Affidavit should not be attested before January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,)
Ounty.	}
	lustin of
	worn, 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 G day of MALL	1845; that he is 2 years old
and by occupation a th	at he enlisted in the military service of the Con-
federate States (or of the State of	during the war between the
States and served for the term of	in Company of 42 th Regiment
follows: 4 / - //	; that his physical condition is as
ionows: Therefore is elected	
shee his account and the first first	A Section of the sect
that his property consists of the following	
The state of the s	The second server (s
	Dollars. I am now earning
	Dollars per month. That by reason of his
	to support himself by his own exertion or
labor, and that he receives no pension but th	
Deponent desires to participate in the	e benefits of the Act approved December 15th,
is entitled for the year 1907. I have hereton	makes application for the pension to which he
County, been allowed a pension for the year	1908
Sworn to and subscribed before me, the sworn to and subscribed before me, the sword day of 18	nis the W. M. Coulling.
June Grand	Ordinary.
State of Georgia,	}
County,)
I, MINICOLO Che	Ordinary of said County,
	Liber Line Charles
he applicant in the foregoing affidavit, and	am well satisfied that the statements made .
	now he is the individual he represents himself
o be, and that he resides in this County.	276
Given under my official signs	
day of January	1907.
1	MMM-16-71013-
Affix your seal here	Ordinary County.

MAME 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 REVINENT? 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.

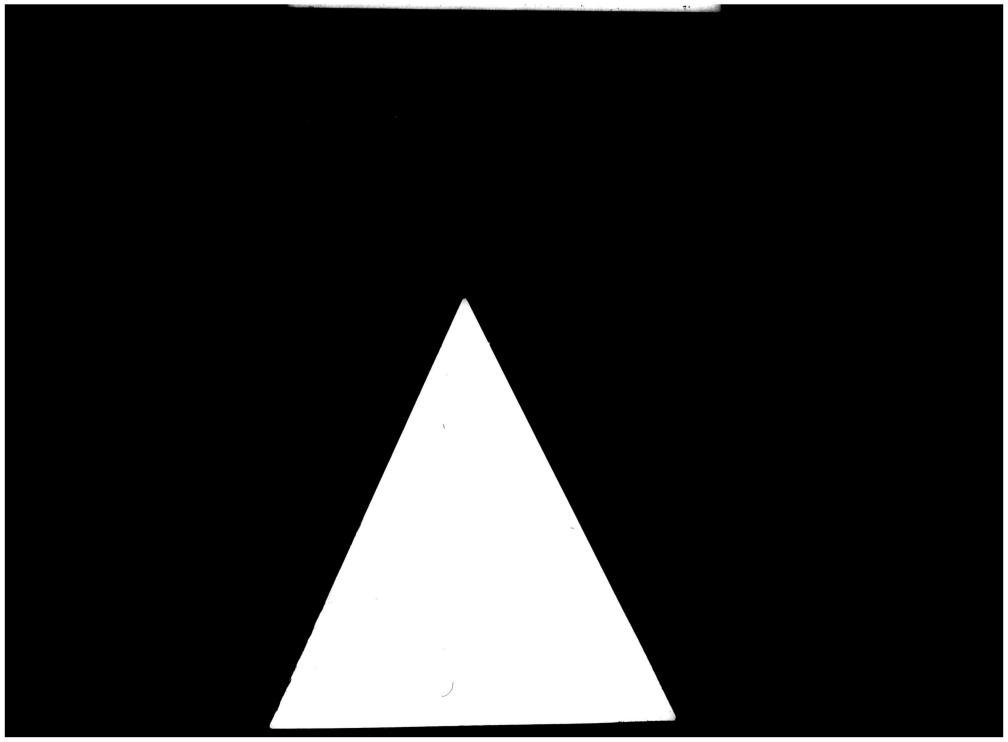
WHEN AND WHERE SURKENDERED? Command surrendered 1865, High Point, N.C. Near Greensboro, N.C.

IF NOT PRESENT AT SURREIDER, WHERE WERE YOU? Wounded at Powder Springs, Ga., Sent to Hospital in Atlanta, Ga., by Surgeon in charge of Regiment. June 1864.

DIFD, WHEN AND WHITE?

BURIED,

WITNESSES. W.T. Arnoid, Milton Brownlee, -Same Command- No data mh,



AWTRY, E.N. DEKALD G For LEKalb County

1929

Application for Pension Due Deceased Pensioner

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

V. L. Morgan Ordinary

Date of Death San 14 1929

Amount \$ /00.

Approved and ordered paid

John W. CLARK, Commissioner of Pensions.

Ordinary: Fill officery (Artifician tend this blank to Persion 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 payvolls to 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. Spreider County. OC
Personally before me, the Ordinary of said County, comes Legel The said
says that he knew Mr. Clark Denton Works of said County, who, after being sworn, on oath
was on the Pension Roll of said County at the time of death, which occurred in
County, in this State, on the 4 day of January 1996
and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral
expenses, which amounted to the sum of \$200, per sworn statements fully and completely
ITEMIZED hereto attached.
Sworn to and subscribed before me,
Hymullace, Ordinary
Leading County County
(Seal of Ordinary)
The state of the s
CERTIFICATE OF ORDINARY
CEOPELL SENTAL A
County.
that I personally know
who is a regident
that said person is of truthful and trustworthy character, entitled to full
faith and credit; that I also knew 6. M. Mutry while in life and that this was
the same person whose name appears on the Pension Roll of Westalk County, and
was paid a Pension of June Accorded (\$20%) Dollars
in said County for 192 , 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 2 at day of Mesch , 1929
(Seal of Ordinary) V. D. Morgan, Ordinary
DESCRIPTION County
risk. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form,
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

....., 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 Cast Solomon Street

Griffin, Georgia

1/25/29

Funeral eexpenses of:

Mr. Elijah Newton Awtrey.

1929

1/14 Casket, Embalming & Servaces

\$ 225.00

The a bove account is rendered for the funeral expenses of Lr. Elijah Newton Awtrey who died without owning sufficient property to pay this bill.

Subscribed and sworn to before me this the 25th day of January 1929.

ORDINARY, Spalding Co.

PRIVATE AMBULANCE

, who died without owning sufficient property to pay this bill. 3rd. The Ordinary must see to it that each bill is perfect legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated. attached nearly to this blain, 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 Surviva (od Organ 4. M. 3000 Della 1600 O.N. Jan 1972

Confederate

Soldier's Application.

UNDER ACT 1910.

County Nellalle

Company -

Regiment 25 Den

J. W. LINDSEY, Commissioner of Pension

- 141 9 2

15/28/1912

ENTERED ROSTER OFFICE

778.807 ENTERED ROSTER OFFICE

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910. Questions for Applicants to Answers

TATE OF GEORGIA. Southly. To the pennion provided by Act of 1810, to Confederate soldiers, and submite his sworrs estatement, with the pennion make out the parish, and after being duly sworn true answers to make to the questions opounded, answers as follows, to wit: What if your name and where do you reside? (Give County and Post-office). J. Howlying and mines when have you been a continuous resident citizen of this State? J. Howlying and mines when have you been a continuous resident citizen of this State? J. Howlying and mines when have you been a continuous resident citizen of this State? J. Howlying and wines when have you been a continuous resident citizen of this State? J. Howlying and wines when have you been a continuous resident citizen of this State? J. Howlying and wines when have you been a continuous resident citizen of this State? J. Howlying and wines when have you been a continuous resident citizen of this State? J. When and when we are in what Company and Regiment did you enlist? (Give the arm and clapse Service). J. Whom and when was your Company and Regiment Millisty Service with seal Cooking and Regiment? J. When and when was your Company and Regiment pairendered or ighentaged from the Service? J. When and when was your Company and Regiment when you be the seal of the service of the service? J. When and when was your Company and Regiment when you leaft it? J. When and the seal of you leave the Commister of the seal of the service o	그 그리고 그 그 그 그리고 있었다. 하는 그 그리고 어디어 막게 그 이에 없어졌습니다고 모습니다. 그리고 이 그리고 그리고 있다.	: 1:
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WILL I SHOPEL Ordinary		
West 1 Metalla Ordinary	Mean 191 2	
	MILA I MICOLO Ordinary	

.a.e.

Confederate

Soldier's Application.

UNDER ACT 1910.

4	county of witness
STATE OF GEORGIA.	QUESTIONS FOR WITNESS AS TO SERVICE. STATE OF GEORGIA
Personally before me could a Duckery	White County.
says that they are freeholders residing in said County and we know	P. A. Moleonessee of said State and County is hereby presented
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.)	as a witness in support of the application of
	by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded
1. What property, if any, has been sold or give way by the applicant or his wife since 4 Nov	1. What's your name and where do you reside? () a Marianare
1908" (State it fully by items.	2. How long and since when have you known & M. Oyges the applicance of three low lefter the war lestered by Tate Good Christoft
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?.	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? Illout Irnew when he resident
i. Was the disposition of this property and it	
or was it made to obtain a pension?. Sworn to and subscribed before me, this the	4. When, where and in what Company and Regiment did 19. Melyacoenlist during war from 1861 to 1865? (Give date and place). Received in the 2.545 harmonic flesh
Ordinary, County,	25 of Seconare Topement with Services By leaving in the Seconar
12	6. How long within your own personal knowledge did he perform actual military service with
ORDINARY'S CERTIFICATE.	this Company and Regiment? (give date) I desit weekeende
STATE OF GEORGIA.	7. When and where was his Command surrendered or discharged (give date and place).
County.	8. Were you personally present at the Surrender?
1. Admits Ordinary of said County, certify that I know he apply and	9. If not, where were you and how some your shores I was in the Carolin and Survey and at Class of the way
and County. That I also know?	10. Was the applicant personally present with his Command at surrender?
ervice and the truckers swearing to the	11. If not where was he and how came him there? Rout Friend
hey are all residents of and County and were duly sworn by me before signing the foregoing affidavit and hey are all truthful and trustworthy and their statements are entitled to full faith and credit. That the	12. When did he leave his Command Alex Homewatter Where was his Command
ax Returns of	when he left it? for what cause did he leave?
alue for tax is in 1908 \$ 10 1/1 Market 7 for 1910 \$	By whose authority did he leave and how
Sworn under my hand and official seal of office this day of	long was he granted leave?
Ordinar	all that you have stated to be true? If of your own providing (Tell dearly and specifically)
OTES 1. Before any apparture of a control of the co	13. In what way was he prevented from returning to his Command?
"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 (od."	How do you know?
OTES 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 be the whole truth; so help you fold." 2. Additional addidavits may be attached if blank spaces are insufficient. All althours must be made before the Ordinary and certified by him. If applicant has no property at all in his possession, use or control of self- and wife, affidavits of freebolder- unnec stary.	14. What effort did he make to return to his Command and how do you know?
78Î.	15. Was applicant captured as a prison of level they If so, when and where?
· · · · · · · · · · · · · · · · · · ·	In what prison was be held?
	and when released
	Sworn to and subscribed before me, this the Sworn to and subscribed before me, this the

W & Noterell Court Children, of WhiteCounty. Germeser

W Pothell Count County, Gernester

GEORGIA, No. Kalt county

County.

						4-		
No			4		witness, and he is of a	of his death on the him and unpaid his of Georgia, and I kn	a Pension from.	that I personally know is the lawful widow of
Application for Pension Due Deceased Soldier UNDER ACT 1891 To be paid his Widow or Dependent Children BY			e e		is of a truthful and trustweet my hand and seal this	n on the	Pension Ro	know
Widow of S. M. Agens of Delate County Co. A Regt. 25 Tenner Vols. May = 1861		,			tworthy character and entitled	* T. 101.	Roll of said	Q
Approved and paid 191 J. W. LINDSEY,	·		,		ed to full credit.			Ordinary of said county, do certify, the applicant, and that she
Commissioner of Pensione.	² 1	**		.Ordinary, .County.	.1913.	m the State	nty, and was paid	ty, do certify and that she and was on

lawful attorney to collect and receipt for me in my name the Pension due me for 19...., through my

.....of said county, my

GEORGIA,

......County.

I hereby authorize and constitute.....

deceased husband, who was on who was on

.....for 19....

.....19..

Attested before me:

Pension Roll and paid from.....

Witness my hand this.

Application for Pension Due Deceased Soldier

UNDER ACT APPROVED OCTOBER 9, 1891 Applicant further swears that she married the said (M. M. Asuns on 2 day of Thee 18.88 in Packstale county and State of fand 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 tanel I Gentle Ordinary Mrs R J Aguy LS.) AFFIDAVIT OF WITNESS. GEORGIA Dikalle County the day of The 1888, and that they resided together as husband and wife from date of marriage to the day of his death on the Zaday of Manual I now know that she is his dependent widow.

fote 1st.—This form car' be used by guardian or minor children where there is no widow sd.—Ordinary must send in all cases certified copy of marriage license attached.

State of Lewonesses Whitelandly My Dibsel Makes out his Cleve forms of Dibsel Makes out his Cleve forms of Dibsel Makes was a member of his Company and While I remained with the 25th Regiment to Makes made a good Saldien, I light the 25th less much boastry when I the St. her on on Caraly for the 25th the and went to the last the destant of the desta

State Of Leviged Rockdale Country
To any minister of the Grapel Judge or poetice of the Reole
To Celebrate:
For are hereby Authorized to Join in the
Personable State of matrimory
Frances in Augers and Rachael P Hailey
according to the Rites of Four Church Provided
There be to Lawfor Close to Obstruct—The
Same according to the Constitution and Laws
Of this State and for Do doing this Shall
for Four Dufficient—Licens
Time vides my hand and seal This 2 and day
of Lecember 1888

O Seaman Ordinary (28)

I Hetty Certify That Francis m Augers und Ruchaul Haily were found Together me The Holy Bans of matrimony on the 2017 day of Lecember 1888 by the.

I le Fe lovok Ordinary of Rockdale County and Official Click of Court of Ordinary of said County do Certify that the freezing writing Contains a True Copy of the Marriage Licens of Frances In Organis and Rachail P Nailey and Recorded in Precio Book B Page 328 Rockdale Cover-of Ordinary Friend worder My hand and Official Rignature This march. 29th 1913.

Ond Of Official Click of the Court of Ordinary and Official County

NLISTED WHEN AND WHERE? July 21, 1861 - Sparta, Tenn.

NAMEN AND WHERE BORN? Resident of Georgia since 1863.

COMPANY AND REGIMENT? Company A, 25th Tenn. Regt.

RANK

RELEASED.

BURIED,

WCUNDED? September 19, 1863 wounded at the battle of Chickamauga, and

NAME OF CAPTAIN AND JOLONEL? W. L. Dilsell - Lieutenant, same hegt.

in hospital at Augusta, Ga. for 13 months, and was never able to return to command.

AFTURED, WHEN AND WHERE?

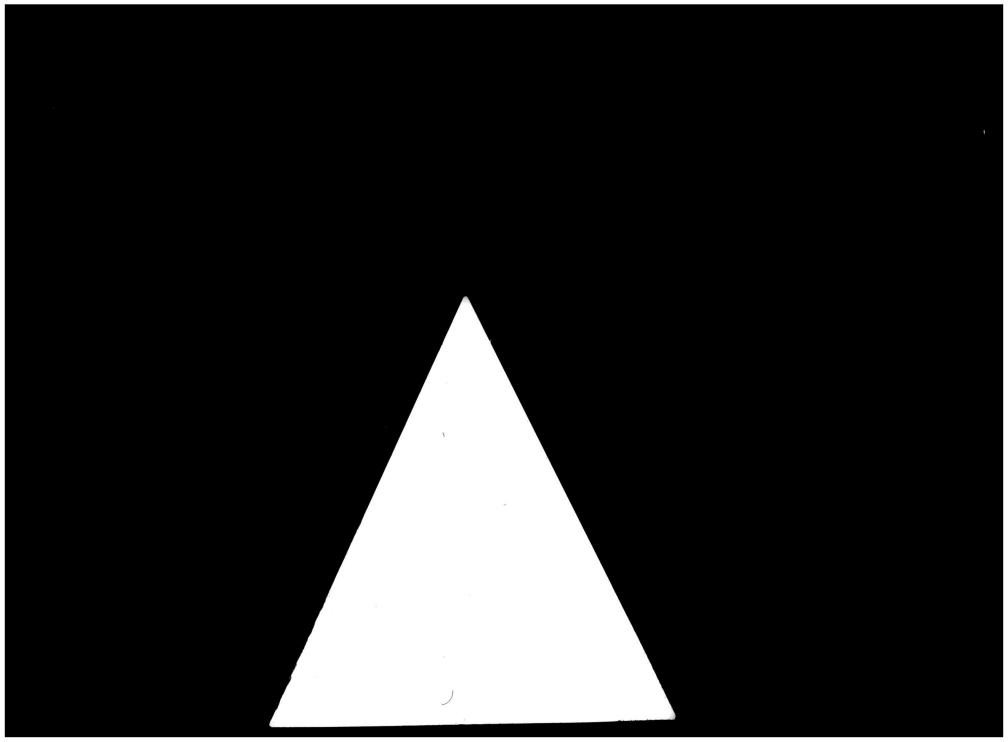
WHEN AND WHERE SURRENDERED? Command surrendered in North Carolina,
April 1865.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In hospital at Augusta, Ga.

DIED, WHEN AND WHERE?

WI TNESSES. F. A. Hennessee - same Regiment -- No data.

lw W. L. Dilsell, Lieutenant - same Regiment -- No data.



IN file to the state of
Application to be Allowed Pension for
Total Blindness Under Act of General
Assembly of August 19, 1912.
NAME J. M. Bagwill
COMPANY 1
REGIMENT 36 Ga.
Feb. 6, 1925
Westarry Received
Chas. P. Byrd, State Printer, Atlanta

Application for Pension for Total Blindness

Under Act August 19, 1912

With the last terminal and the last terminal and the last terminal and
STATE OF GEORGIA,
DENalh 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
the State of Georgia as a member of Company
C. S. A. Vols., or Georgia Militia, and has been paid a pension of the Dollars annually, and was so
paid in 19 7.4. That he has become totally blind by reason of . A do Net Know
(Blate 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. 2.4. day of . J. am., 1975.
V. N. Morgen Ordinary.
Mach County. J. M. Bagwell
/ min
STATE OF GEORGIA,
LITALL COUNTY.
Personally before me, the undersigned Orinary of said County, comes W. W. andrews
who, after being duly sworn, on oath says: That he is a resident of
Let all County, and that he is a practicing physician, and has been for a
years, and that he knows J. M. Dagwell of said County. That he is NOW
and has been for the past year totally blind; which blindness was the result of
atrophy of the Obtic name
Sworn to and subscaled before me
this 2? day of Law, 102 V
V. S. Morgay Ordinary. W.W. andrews
De County.
STATE OF GEORGIA,
DEKalh, COUNTY.
ORDINARY'S OFFICE,
Lan 2.2 and in
V. S. Morgan heing the Ordinary of all Co
, being the Ordinary of said County.
do certify that In Bagwie is on the Lachers Pension Roll of
Dikally County, and has been paid a pension of \$ 1.25 - for 1912 and that
he is a bona fide resident of said County, and that he has become totally blind. That he knows Dr.
W.W. Audrews , 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.
O. D. Mora au
(SEAL) Ordinary Dixall County.
Ordinary DEKall County.

Given under my hand and official seal, and signed this the day and year above stated.

(SEAL)

7. S. Morgan B.S.
Ordinary DEKall County.

Ordinary's Certificate

	No. VI	NOTES	â	St	were	the	is t	that	_	ST
	Widow's Pension	28: 1. B 2. A. O. 5. A. O. 76: 18: 18: 18: 18: 18: 18: 18: 18: 18: 18	(SEAL)	worthy, and their statements Sworn under my hand and	were duly sworn by	the witness who swears to the	is the person she represents he and was on the 4th November	t I know		STATE OF GEORGIA
T T-	A	You should dit hill all the hours had been considered to the hill all the hours hours had been considered to the hours hours hours had been considered to the hours hours had been considered to the h		l th	WO	d.w	£ 3	*		¥
-	ider Act 1910—as Amended by Act of 1919.	do do all all fida wido brido		E 8	3	0 84	4 5	1 .	1 1	£
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Co	unty NeKall	mnal will who mus		eme	ne t	8	resc			VIĐ
	wood Henry C. Bailey	be the pies		eir statements are entitled to full faith a my hand and official seal of office this	me before signing the foregoing	th.	represents herself th November 1908	1		-
Na	moderabeth Balley	are ear he t		are l of	70	se		į		
	01/	de printe		ficia	187	TVIC	90e	1		
Wi	dow of Henry C. Bailey	answere that you that you be attack prior to ade before marriage		title	200	e of	± 5			
		hed si		d t	the	b u	hat R			
Cor	npany	he Conse		o fe	for	sbaı	and 1 al		C	
•	imendence Battery	Ordin Ordin ou Go blank Diank Ordin	1	III f	08.4	<u>.</u>	and she		09	
Reg	iment grace asking	brag de garage		are entitled to full faith and official seal of office this		service of husband; that both	Do 18		COUNTY	
	` ' ! !	e sid shall		E	aff	7		1 1		_
App	roved	The Par			affidavits		hona	1 1		
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	· ·	in the ed you sworn				of	2.	Sale		
	4	the you you perso					zen			
			9		3	2	e f	Ë		
	J. W. LINDSEY, Commissioner of Pensions.	following words and the evidence and certified by	Ordinary.		truthful, t	3	continuing resident citizen of said County	ordinary of said County, do certify		
	Byrd Printing Co., State Printers; Atlanta.	County	5	5			2	do c	2	
	Atlanta.	G words: evidence tified by	- 1		trust.		ğ ø	2 7		
		-	-1		7 6		inty	ব		

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 herse	f to be and she is a bona fide continuing resident citizen of said County
and was on the 4th November 190	98; that I also know
the witness who swears to the serv	ee of husband; that both of them are now residents of said County and
were duly sworn by me before sig	ning the foregoing affidavits and that they both are truthful, trust-
worthy, and their statements are e	ntitled to full faith and credit.
	ial seal of office thisday of19
(SEAL)	Ordinary,
	County.
A .	

NOTES: 1. Refore 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 affdavits may be attached if blank spaces are insufficient.

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

4. All affdavits 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 1810 - as Amended by Act of 1818 County MI (all. Name Elizabeth (Bally)		Арриче	J. W. LINDSEY. Commissioner of Pensions. Brut Printing Co., State Printen, Abana.	- + · ·
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Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919

Questions for Applicant

STATE OF TRORGIA	
Nestally many	,
COUNTY.)	
Personally before me comes Was Eliabeth Bailey and the	
and that the desires to apply for a possion 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 Bailen	
	,
2. How long and since when have you been a continuing resident of the State of Georgia?	
3. Where and to whom were you married! actoben 5-14880	
Savannah ya Henry G. Bailey	
a. Have you married since the death of first and soldier husband? Those Hal	2
4. When, where and in what Company and Regiment did your husband enlist as soldier in Con-	_
feder te Army or Georgia Militia (State the arms and class of Service.)	4
Jandence Battery	γ.
5. When and where did the commands of your husband surrender or discharge from the army!	
Millidgingle ga	
6. Was your husband personally present at the time of the suprender or discharge of this command !	
The wir ouncerstand It some	nla
7. If he was not present state clearly where he was? At June 1	239
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? I have in Common	20
c. For how long was he granted leave of almence? As May June 1	, `
c. What was his physical condition when he left his command Field & underthe	mod
f. What effort did he make to return to his command?	_
g. In what way was he prevented from going back to Command Jundentang &	Zety.
h. Was he captured by the enemy at any time! Was 2005	-, -
i If so, when and where captured and where held as a prisoner, and when and for what cause released?	
The state of the s	
j. When and where did your first husband die! WH 8-7892. Xla Koro	4
k. Were you residing together when he died! we was	
I If not, how long had you resided apart?	
m. Are you now a widow!	
9. Have you or your husband heretofore been paid a pension by the State! Lave Hax	
If so, when and for what cause were you or your husband placed on the roll!	
	_
Sworn to and subscribed before me this the	
31 day of March 1021 Mrs. Elizabeth Baile	2
(James R	
(Ordinary)	
of County	
(SEAL)	
4	

Questions for Witnessas to Service of Husband and Marriage

STATE OF GEORGIA,	
COUNTY.	•
Personally before me comes	
being duly sworn, true answers to make to the following questions, answers as follows:	who, after
1. What is your name and where do you reside! _A.D.Singleton, I regide 1	
Sounty On. My Post Office is Fort Gaines On. R. F. D. # 1/	TALLEY.
2. How long and since when have you known Mrs - H.S. balley	appliant •
I baye never known her until I met her te-day	- appneants
3. How long and since when has she continuously resided in this State! (Give date.)	
Dontknow	
4. When and to whom was she married !	w1
5. How long and since when did you know. H. C. Lailey	her
husband: Aug 1864 to Feb 1865 - in the war with him	
6. When and where did	
, the husband of applicant, diet	
7. Were the applicant and her husband living together as husband and wife at the date	of his death?
Dant know	
8. If hot, how long did they live apart before his death?	
Were they divorced!	
9. When, where and in what Company and Regiment did 35.4.2-12-12	enlist f
August 22. la64-Milhodséville, Ou. Prudena Augtory-Galery	Auttalion
10. Were you a member of the same Company! I WHO	
11. How long within your personal knowledge did he perform actual military service with	his Company
and Regiment! August 1664 to February 1865	
12. When and where did his Command surrender, and was discharged?	
Hilledgeville, Gu. after the surrender of Jos A. Johnson	
13. Were you personally present when it was surrendered?I	f not, where
were youand how came you there!	
STOPH BA	
14. Was the husband of applicant personally present at surrender ? Xo	If not
where was het At home on leave of wheenec-fiel. 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! Dont know How do you know	now all this?
Paraonal knowledges we \$688 served in the same forpany and	l
. Wesked together-sind know that he went home sick	
15. For what cause, if you know of your own knowledge, was he prevented from returning	to his Com-
mand1 81.9k	
16. What effort did he make to return to his Command and how do you know this? O	your own
knowledge or how!Dont_know	
Sworn to and subscribed before me this the	
Sworn to and subscribed before me this the	len
1921	
Ordinary)	
of County }	
(HNAL) *	

J.

State of Georgia;

flay founty.

I,R.T.Fcote,Ordinary of said Sounty, do sertify that I know A.D. Singleton the witness who sweezs to the service of H. C. Emiley-That said A. D. Singleton is a resident of Clay County, Deorgia, and was duly sworn by me before signing the afficavit in in the application of Ers H. C. Dailey for pension, and that he is truthful, trustvorthy, and his statements are entitled to full faith and sredit. Given under my hand and official signature and seal of office, on this the 12th day of Earth, 1921

A. J. J.

Ordinary Clay County . On .

Georgia, DeKalb County.

Personally appeared before me, the undersigned, liss Elizabeth ". Poiley, who being duly sworn, says on oath: That Menry Conner Boiley was her brother, that he was at home on sick leave at the time of the surperder, and that he was at home only a week or ten days before the surrender. E trabeth & Baily

this the 30th day of August, 19:0.)

(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:

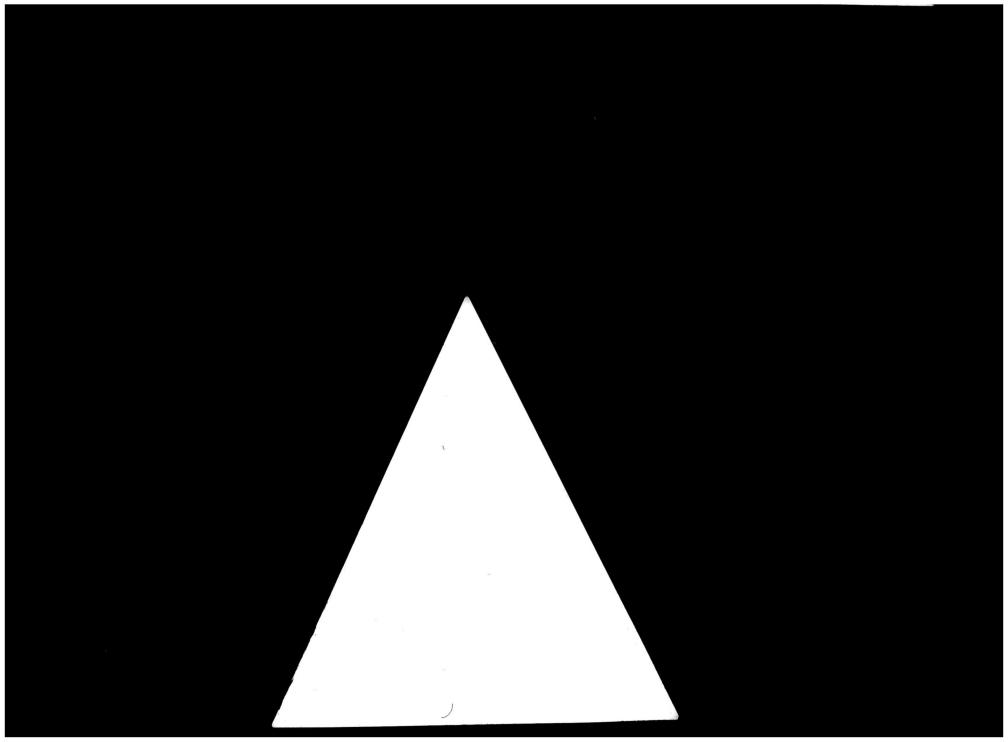
(Signed) Charles H. Strong

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. Justus Hear. This march 17th 1921



hillie y	Pursui Dept 2/23/647. Further front foring to show that
ACT 24th October, 1887.	discuse cutinata in the ser-
INVALID	he is required - and that by nason of that particular hisrace he is proportically incom-
SOLDIER'S PENSION	manual or ca tions of life
1898 Name LE Bailey	Rich Tohnson
county De Kalb.	
Disability Druse Amount, 5 50	Me
4/11· 189 % .	
RICHARD JOHNSON, Commissioner of Pensions.	
WARRANT HANDED TO	** *
apper	

request that he remit same to

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

..[L. s.]

POWER OF ATTORNEY.

STATE OF GEORGIA,	,
COI	UNTY.
Ι,	hereby authorize
of	to receive and receipt for the pension allowed and
	at
	ave hereunto set my hand and seal, this.
1897.	
	[L. 8,]
Executed in presence of:	
.4	

Furani 844 2/23/69 1. Fur that show that affer in it is a show that for it is a show that is a show the in the survive is required a survive is required a survive is required.	himse his protectly income that to opinion the surface the opinions. The surface the opinions moneral over time of the	Rich Sphuson			
hick of the Color 1887.	INVALID DIER'S PENSION	1898 LEBAILEN Dekalo	114 - 152 Or was.	RICHARD JOHNSON, Commissioner of Pensions.	WAREANT HANDED TO

SOLDIER'S

For Use of Applicants Who have Not Heretofore Drawn.

	STATE OF GEORGIA,
	Della lb County.
_	PERSONALLY appears Lewis 6 Bailey of Laice
0	County, State of Georgia, who being duly sworn says on oath that he was born on the
	day of May 1839, that he is a bona fide citizen and resident of Georgia, and
0	has been continuously since theday of18,
observed	that he enlisted in the military service of the Confederate States (or the State of
	during the war between the States and
be	in Company do of both the Regiment
H	of Volunteers Coll- Brigade; that whilst engaged in
	such military service, and in line of duty in the State of try laring, on the
Ĭ	day of 1807, he was disabled or wounded as follows:
Notes, MUST	incer win district of wounded as follows:
0	was after with thumstion force
ق	Which o her never discourse Condest by
	Exposine in the lair and dur
the	I suffer worke so a get occles
	Council conform allamoldoter or tall
in	any Olygian creation with out
	Conkids aple on floring
out	77
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10	
Instructions	Deponent desires to participate in the benefits of the Act approved October 24th, 1887, and the
0	Acts amendatory thereof, and makes application for the pension to which he is entitled for the year
Ħ	thereunder, ending October 26th, 1897.
þe	Sworn to and subscribed before me, this the
Тh	Sworn to and subscribed before me, this the The day of the 1897.) P. O
	Importante.
	Ordinary.

Norz.—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.

Norz.—Do not trouble to mention wounds which do not disable.

Norz.—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

AFFIDAVIT FOR THEE WITNESSES.

STATE OF	GEORGIA	
STATE OF	County	

		oding.)			
PERSONAL JA	IV appears before i	me, the undersigne	d, Ordinary in and fo	or said County,	
and L. L.	1290	Ĺp	ersonally known to	me to be trustworth	y citizens,
each of whom, bei acquainted with	ng daly sworn accor	Packey	ally say under outh	that they are perso	nally well
whose application	is herewith presente	ed for a pension, th	nat he has resided in	this State continue	usly since
the gran gran	of the Cobbo	ass w	hunds		
		regiment was		Brigade, and	from our

personal knowledge he was injured by the service as follows: (give full statement, and tell in your own l anguage when and how the injury hoppened, and how badly applicant is disabled from work. If he does any labor, or can to any, state what.)

This in service uplies of Brily was taken with Rhumolism from topich he has never recovered be is now - un able to work or his ovocation than If garning, Suffering from the ace 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 close sound applicant is permanently disabled as stated and has been so to our certain knowledge ever since 186 $oldsymbol{3}$. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this

Note 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally 2. Witnesses are asked to make their statements full and explicit.
3. By spaces must be filled when signed.
4. Three witnesses are required.

PHYSICIANS' AFFIDAVIT

STATE OF GEORGIA,
County.
PERSONALLY comes before meOrdinary of said County,
Collected and Will of many he my, both known to
me as reputable physicians of said county, who being severally sworn, say on oath, that they have care-
fully examined Vice capital and after such personal examination,
say that the present condition of applicant is as follows:
he is duffering with
Thomas Cheminations and Sunant
iciahelit,
and that the condition is permanent.
We further say that said condition arises from the following facts:
- Jane Chicken
Said Chemnallone lender raises
splitant unite to 117 /2 for in
1. Tiving
We have treated applicant professionally for years, and his condition, as above
stated, does
intemperate habits.
Sworn to and subscribed before the, this
17th day of Mich 1897 It to maple my Wind
Millegrace,
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.—It claim is for disability resulting from disease, state how the disease is hnown to result from the service as a soldier. Also state how non physicians have known and treated applicant. Note 3.—The physicians will be careful to fill every blank space in eath.
STATE OF GEORGIA.) Form 4.
7
Wint (t gounty.)
1, Ordinary of said County,
do certify that I am well acquainted with Seo. Ofacey 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
are persons of respectability, that their statements are worthy of full credit and belief and that the full torse
of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal this.

		R OF ATT	ORNEY.			
STATE OF		ļ				
	Cou	ınty.∫				
Ι,		her	eby authorize_			
	The second second second second	of			***************************************	
to receive and	receipt for the	pension paid her	eon and reque	st that he	remit same to	
**************************************		by				
at						
IN WITN	ESS WHEREO	F, I have hereunt	o set my hand	and seal,	this	
day of_		1899.				
					[L. S.]	
6 F	ted in presence of					
Execu	ted in presence of	I				

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	Z		٤ 899	1		
G.		A	2 -	JOHNSON, commissioner of Pension	ANIA	
<u> </u>		· 2 2.	7	oon of	TO T. A. T. L.	+
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Fead of	A .	D 22 2	1 - 3	JOI	HAN Affe P	
nose Aiready El	> 2	m 13, 75	50 4	, RD	TA ST	
(For Those Already Enrolled.) No. 22/6	ZH	= 4		RICHARD JOHNSON Commissioner of	WARRANT HANDED TO OFF F	~
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=		nty	abili		GEO	

POWER OF ATTORNEY								
STATE OF	GEORGIA, Co	unty.		ereby auth	orize &	g fli	John	neer
to receive and	receipt for the	e pensio	9	reon and	request	that he	remit sam	e to
at			by		dentero agrico de pri de Matematica de Servicios	******************************		***
IN WITH	NESS WHER	eof, i	have hereu	nto set my	y hand as	nd seal,	this 16	
day of	<u> </u>	1900		491		,		1
,		į.	-	SER	arli	-	[1	s.]
Execut W	ed in presence					5		
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1 2	1	<u>_</u>	200	8 C	2	JOHN W. LINDSEY	010	r, Atheni
Mready of 22.	7 0	Š	4	CA	3	LINI	A T.	so Printe
N N	5.8		5 X	320,	4	×.	AREANT B	
ů Ž	ZH	3	W A		issued	HIN	MARK	6
9	3		4 4	Disability Mmount, \$		ĭ	- 4	8 %
4	S		Name	Disability Amount, 3	Warrant			

Walte Name LE Baile,
County De Kallo
Disability Rhuna WARRANT HANDED TO SOLDIER'S PEN 1899 RICHARD JOHNSO INVALI Amount, \$

Bailey, R. E.

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

RICHARD JOHNSON,

(For Those Already Enrolled.)

No. 22/6

INVALID

		VER	OF ATT	ORNE	Υ.	×
Na La	GEORGIA, Co. Bailey	ounty.	hereby	authorize	G.M.	Johnson
to receive and	receipt for the	e pensio	on paid hereon	and reques	t that he	remit same to
at	MARCON TO TESTINATE OF THE PARTY OF THE PART		_by			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	NESS WHER	EOF, I	have hereunto se	et my hand	and seal,	this 16
day of	n	1900				`
l			- 8.1	Bai	es	[L. S.]
Execu	ted in progence				5	
1 - 2 - 6	1, 1, 11/1	in	2.			
1	1. 1100	230	tinan,			
4	+ 4		7			
•			~			
				900	me,	
E E	Sign		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		f, Pensic	
CODE SECTION 128. Those Aiready Enviled. No. 3.2. 0.3	R'S PEN	Ö	f a	3	JOHN W. LINDSEY	SD TO
Se Already E	7 4	Ŏ	13.0	7	LINI	WABRANT HANDED TO
CODE SE	INVAL	<u> </u>	(2) (3) (3) (3) (4) (4) (4) (4)	7	<u>×</u>	Thon, Bu
P Z	Z 当	H	MAT	Amount, \$ Warrant issued	OHN	WARE
Ž .			Name County Disability	Amount, \$ Warrant is	ſ	
3	S		Name County Disabili	Ашо War.		

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Dokall County.
personally appears & Duiley of DeKalh
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 Verice 4 1837; 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 22122 in Company C, of Cantal Refined
Volunteers, 's Brigade: that whilst an and
in such military service in the State of day
of 1863 he was wounded, injured or diseased as follows:
in sets ceted Chumaliem as thedrichab.
and the state of appelled Minter and
body as to he smake to smake
a civing by his own labor
A SECOND
Deponent makes application for the pension to which he is entitled for the year end-
ing October 26th, 1899. I have heretofore under said law as a resident of
County been allowed an invalid pension of
Dollars, for the year 189 8.
Sworn to and subscribed before me, this, the
, c, saule,
day of term 1899. POST OFFICE
1magedace Ordinary
Note State fully the nature of wound or character of disease (State disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
Sichell County.
,)
1. 11111 Cle 45 Cocce , Ordinary of said County,
do certify that I am well acquainted with W. E. Jaice a the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 V.Ln 1899
(White)
Ordinary De Mach County.
. County,

For Applicants Heretofore Allowed Pensions.

	•	
STATE OF	GEORGIA,)
De Ma	County.	}
	16	210 0 11
	g appears Lich	alling of De Nach
County, State	of Georgia, who being du	ly sworn, says on oath that he is a bona fide citizen
and resident of	said State and County, a	nd has resided therein continuously ever since the
day	of 1/2019	1839; that he enlisted in the military service of
the Confederate	States (or of the State of	of) during the war he-
tween the State	s, and served as a	in Company C, of Cont
Regiment of	Volun	teers, 's Brigade: that whilst
engaged in suc	h military service in the	State of on the 18"
day of	186.3, he	was wounded, injured or diseased as follows:
Cor Ba	sted allinger	ation while in service
11 118	dietabil	ala. Sad Ciroting the
422160	Mid leady	site & Sender
3.24 (in	and mile	ce to de manuel la bos
777	LE L	the the philips to the test of the test
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***************************************	The state of the s	
	and the state of t	The second secon
Deponent	makes application for t	he pension to which he is entitled for the year
ending Octobe	r. 26th, 1900. I have	heretofore under said law as a resident of
De Mali	K.	County been allowed an invalid pension of
CININ		Dollars, for the year 189/
Sworn to a	nd subscribed before me,	this, the Sales
, f'da	y of fair	1900. POST OFFICE Letter D'A
122111	- f. 1. 1	1
14/1/10	godaco asa	4(1834)
extent of the disability	lly the nature of wound or character resulting from the wound or disease	er of disease which causes the disability, and explain particularly the
STATE OF	GEORGIA	1
(}
ic. La	County.	
I	Millague	Ordinary of said County
	am well acquainted with	CY 6 13 11
n his said affide	vit are true and I know	m well satisfied that the statements made by him
and that he resid	des in this County.	he is the individual he represents himself to be
1681		
	Given under my	official signature and seal, this
AMX	day of Lau	1900.
neal here.	6 . 1	Milleanda
~.J	//	IN a good
		Ordinary County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Malh Con
I L. Briley hereby authorize H. M. Ragedale of See Hall by 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 Sh Bailey [L. S.] Executed in presence of B.S. Burgers

> SOLDIER'S PENSION Disability Thundation Name LE. Bailey
> County De Kalla 1901. WARRANT HANDED 1 Amount, \$ 50,

POWER OF ATTORNEY

STATE OF GEORGIA,	· ·	
	County.	
Ι,	hereby authorize	-
	of waterday and the same and th	
to receive and receipt for the	e pension paid hereon and request that he re	emit same to
	by	
at		
in witness where	OF, I have hereunto set my hand and seal this	
day of	1902.	
THE DI CO.		

Executed in presence of

SOLDIER'S PENSIO JOHN W. LINDSEY, 439 DISABLED 1902. Bailey L

For Those Already Enrolled.)

356

DISABLED

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
De Kalh County	
Personally appears L.G. Bailey of De Kalk	
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen	1
and resident of said State, and has resided therein continuously ever since the	
day of March 1839; that he enlisted in the military service of the Con-	
federate States (or of the State of 29) during the war between the	
States, and served as a D's water in Company C, of Control	
of da Volunteers, 's Brigade; that whilst engaged	
in such military service in the State of, on the, on the	,
of 186 3, he was wounded, injured or diseased as follows:	
Contracted Chumatism while in	
service appearing limbo and body	
to as to be make to work	
The Country of the Co	
The state of the s	
MOTOR CONTRACTOR CONTR	
No. of the control of	6
Deponent makes application for the pension to which he is entitled for year end-	
ing October 26th 1901. I have heretofore under said law as a resident of	
County been allowed an invalid pension of	ſ
Dollars, for the year 1900.	
Sworn to and subscribed before me, this the	
1901. Postoffice Tithonia	
14/1 Massac Cardman,	
NoreState fully the nature of the wound or character of disease which causes the disability, and explain partic-	
STATE OF GEORGIA	
STATE OF GEORGIA,	
De Mall County.	
I, Ill Magsalace Ordinary of said County,	
do certify that I am well acquinted with J. 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 upder my official signature and seal, this	
day of 1901.	
AMIX Just Pour	
Ordinary Le Kalk County.	

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.	
De Kalh County.	2.4
SIG OF 10	100
Personally appears 4/6 Sailey of De 10	
County, State of Georgia, who being duly sworn, says on oath that he is a bond	fide citizen
and resident of said State, and has resided therein continuously ever since the	
day of 1807; that he enlisted in the military service	
federate States (or of the State of) during the war	between the
States, and served as a livele in Company O , Scott	h Regiment
the state of the s	
of 1862, he was wounded, injured or diseased as f	
lean Backed Rhuma lisa While	ollows:
as lize drichaburg, now unable	to
words Albert is a son	UN.
the state of the land the state of the state	F
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	
County, been allowed an invalid	l pension of
Dollars, for the year 1901.	
Sworn to and subscribed before me, this the	
day of 11 1902 Post-office Like 12	ia
mogsdoce, Oshirasz,	
Note.—State fully the nature of the wound or character of disease which causes the disability articularly the extent of the disability resulting from the wound or disease.	y, and explain
STATE OF CRORGE	
STATE OF GEORGIA,	
ALE MALLA County.	
I, Will dogsdace Ordinary of si	aid County.
lo certify that I am well acquainted with The Wailey	and ornary,
he applicant in the foregoing affidavit, and am well satisfied that the statemen	ts made by
im in his said affidavit are true, and I know he is the individual he represents	himself to
e and that he resides in this County.	
Given under my official signature and seal, this	57
day of lan 1902	
Affix your MMC Capadag	
here	
Ordinary Que	County.

POWER OF ATTORNEY.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this ability for the formula of the for	same
Executed in presence of	
Executed in presence of	
Executed in presence of	
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DISON No. No. No. No. No. No. No. No. No. No	
SOLD Name Name County Co. Co. Co.	7 8

POWER OF ATTORNEY.

STATE OF	GEORGIA,	County.				
1,						eby autho
	receipt for th			d request th		mit same
			_ by	· · · · · · · · · · · · · · · · · · ·		
In Witne	SS WHEREOF, I	have hereunto	set my hand a	and seal, this		
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		E) or the				[
Executed	in presence of	*				
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9	2		3 2		Pension	
FOR THOSE ALREADY ENFOLLED		. 3.	2913	5,	1X.	٤
Z		4 3	3 3		W. LINDSEY, Commissioner of	WARRANT HANDED TO
E ALREADY E	DISABI IER'S	0 3	Mal Legimen	00	Com Com	L HAN
AL .	S É	0 80		10		RAN
S No.		1 6.		8	JOHN	WAB WAB
		2	ounty &	T .		l
E .		Name	County	A mount,		

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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,							
De Kalle County.							
Personally appears L. E. Bailey of De Kall							
County, State of Georgia, who being duly sworn, says on oath that he is a hone fide citizen							
and resident of said State, and has resided therein continuously ever since the							
day of 11644 1839; that he enlisted in the military service of the Con-							
federate States (or of the State of							
States, and served as a 12000 in Company of Joseph Regiment 12							
Volunteers, 's Brigade; that whilst engaged							
in such military service in the State of La, on the day							
of 1863, he was wounded, injured or diseased as follows:							
Suffering with Khumatism contracted							
ar Fredricksburg now makes							
to work for a support							
Deponent makes application for the pension to which he is entitled for the year							
ending October 16th, 1903. I have heretofore, under said law, as a resident of							
De Prall County, been allowed an invalid pension of							
Dollars, for the year 1902.							
Sworn to and subscribed before me, this the							
1903. Post-office Tithomia, Ja,							
Ill Magistale Ordinary							
Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.							
STATE OF GEORGIA,							
De Kall County.							
11 20 1							
I. M. M. Rogedong Ordinary of said County,							
do certify that I am well acquainted with Ale Usaily							
the applicant in the foregoing affidavit, and am well satisfied that the statements made by							
him in his said affidavit are true, and I know he is the individual he represents himself to							
be and that he resides in this County.							
Given under may official signature and seal, this							
day of Jan 1903							
Affix (Magslace)							
ber Ordinary De Male County.							
Note.—Fill all blanks and of Company and Regiment.							
Note All youghers and affidavits must been date after January 1, 1009							

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Hall Comment
L'Estall County.
Personally appears X, 6, Bailey of DERalb
County, State of Georgia, who being duly sworn, says on outh that he is a hour fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 1832; that he enlisted in the military service of the Con-
lederate States (or of the State of) during the war between the
States, and served as a lest in Company of of collecth Regiment
Volunteers 's Brigade; that whilst engaged
in such military service in the State of a , on the /5 day
ine was woulded, injured or diseased as follows:
Plumations affecting limbs & Bedly
The second secon
The state of the s
Executive and the second of th
William at the control of the contro
Department and the second of t
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
fifty County, been allowed an invalid pension of fifty Dollars, for the year 1903.
(144)
Sworn to and subscribed before me, this the
day of Juneary 1904.
Samua / Curri Ordinan Post-office Filhonia
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,
County.
1. Janus P 420198
do certify that I am well acquainted with L. B. Bailly
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
day of January 1904.
Carrie P. G. Lange
Your Sheet
Ordinary County.
NorsFill all blanks and of Company and Positions

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

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

POWER OF ATTORNEY.

to receive and receipt for the po	ac .
(FOR THOSE ALREADY ENROLLED.) No. (A) DISABLED SOLDIER'S PENSION 1905.	Name I.E. Saaceee County Affect Co. Essiment Manger Disability Anount, S. J. C. JOHN W. LINDSEY. Cammissioner of Principle WARRANT HANDED TO Afternal Parameter The County of Principle Th

no dote

POWER OF ATTORNEY.

STATE OF	GEORGIA,	OUNTY	·
			hereby autho
		of	×
to receive an	d receipt for the p	pension paid hereon, and requ	est that he remit sam
		. by	
at		NO. M. St. D Instrumentary	
In Wir	NESS WHEREOF, I I	have hereunto set my hand and	l seal, this
	1906		,
			[1.
Execut	ed in the presence o	f	
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Inter comment of the			
		•	*
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. 1	"	2 2	- 1 u
-12		1 7 3	E .
2 =	S	2 3 3 1	A. LINDSEY. Constituent of Pensions HANDED TO
L EBGE 7		3 60% 6	JOHN W. LINDSEY. Consissioner of P. WARRANT HANDED TO
3 E E %		2 4 mm 1 0	OOHN W. LINDSEX Considered of RRANT HANDED 7
7 5 X		20 ch 20 3 0	H. H.
EAL	ASI C	6 1. 7: 2 / h	HN ANI
No.		100 R	JO
		1 200 F F	W.
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
A. C. March COUNTY.
Personally appears II. C. Backey of Sultace
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) during the war between the
federate States (or of the State of) during the war between the States, and served as ain Company, of th Regiment
of
in such military service in the State of, on theday
of, he was wounded, injured or diseased as follows:
Austra!
· ·
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1905. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1904.
Sword to and subscribed before me, this the
Al 2 day of A 24 / (2) 1905.
Januar 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,
I, COUNTY. Ordinary of said County,
I, Miller of Said County,
do certify that I am well acquainted with A.C. Scille,
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 1905.
Samus & Gronge
Ordinary County.
Note.—Fili 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,
Dr. Kall County.
Personally appears L. E. Bailey of St. Kelt
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
federate States for of the State of) during the war between the
States, and served as a Private in Company 6, of bother Regiment
of
in such military service in the State of, on the day
of, he was wounded, injured or diseased as follows:
Disease of Rheumatism affecting
limbe 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
Dr. Kall County, been allowed an invalid pension of
Dollars, for the year 1905.
Sworn to and subscribed before me, this the
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
18 th day of January 1908. Post-Office Lithonia
Lamber George Sordinary
Nora.—State fully the sature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
State of Georgia,
County.)
I, James J. Ger ge Ordinary of said County
do certify that I am well acquainted with L. & Builey
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 1908.
Janus Kleorge
Affix your County.
there

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

Norz.—All vouchers and affidavits must bear date after January 1st, 1906

POWER OF ATTORNEY.

TATE OF GEORGIA DeKALE	County.		hereb	v authorize
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o receive and receipt				
	by	e November over the server on others over a see	Control to the track of the control	
t				
	EOF, I have hereunto s	et my hand and	seal, this	
ay of	1907.			
	640,000 000 0			[L. S.]
Executed in p	presence of			
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ED)		Jones 1000	enetons.	
OLLED)	Note	the Seguen	of Pensions.	14874,
ENROLLED) ZD GAVOTAN	ENSION F	selfor segren		RE ATLANTA.
ON ENROLLED 7 1LED DENGTAN	TENSION TO THE STATE OF THE STA	in selection to see		PHISTEL ATLANTA.
READY ENROLLED A 7 ABLED C DEWOIN	OZ.	segment abordance		Controller Alleria
SABLED SABLED OUT DENIGORIAN	AS PENSIUN Sort Ling Bekalek	Regiment able Sopier		Mos cent Parenta, Atlanta,
CODE SECTION 12:00 10SE ALREADY ENROLLED NO. 377 DISABLED IDDIA DENICIAN	IBNO PENSIUN IBOZ. E. Gartes Dekalb	Regiment The Segren		BARROOS, CALT PRINTER, ALLAND.
Core Section 12:0 No. 377 DISABLED IN DIRD OF DEWICIAN	1907.	isability 2 ten 18.	LINDSEY, Commissioner of HANDED TO	O W Bannos, rest Pareta, Allara,

8 ec

Geor :1a

Jassic County.

Personally came before me tie undersitie; whoom on outs says that tiey know the said Lewis E. Bairy was a soldier in the Confederate Army and a member of Company C. Coops Legion and From our personal a lowieure le contracte. Riematism witte in service and we furtier allow that is was unable at these to selected to its socially also we further state that is is at present unable to work on its fare sufficiently to make a support for itself and fault, et., at this time risable. by said disease Contractal raring the war. Siona to an suscriber cetors as fixed to soft Comolio Lits Lie 27 Cay of Jan. 1898. to un com y 3 Mitusses Li king hours is me and are trustion as a. I willed it full redit and Fice prin 27th 1848 M. Milleg sxue Drainary.

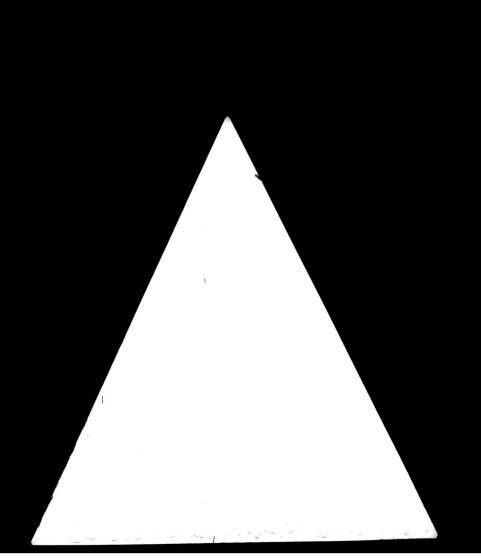
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

DeKALB.	}
Personally appears L. E. Bai	
County State of Georgia who hains duly	
and resident of said State and he will to	sworn, says on oath that he is a bona fide citizen
day of 18 that h	therein continuously ever since the
federate State (State Company)	ne enlisted in the military service of the Con-
	in Company (, of threegiment
of Volunteers	's Brigade; that whilst engaged
in such military service in the State of	on theday
of186, he	was wounded, injured or diseased as follows:
Dixeases	
.	DESCRIPTION OF PROPERTY OF STREET
	-
and the second control of the second control	the state of the s
Sworn to and subscribed before me, the land of familiary 19	107. (Littailez)
State of Georgia,	wound or disease.
DaKALB. County.	Ordinary of said County,
o certify that I am well acquainted with_	L. E. Bailey
ne applicant in the foregoing affidavit, and a	um well satisfied that the statements made
him in his said affidavit are true, and I ku	ow he is the individual he represents himself
be, and that he resides in this County.	12 X
Given under my official signa	ture and seal this_///
day of January	1907
U Z	mul George
Affix your seal	ordinary DONALTO

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

NAME Bailey, L E (Lewis E.) 1898 COUNTY WHEN AND WHERE BORN? Lay 5, 1839 -ENLICTED WHEN AND WHERE? Georgia RANK. Private COMPANY AND REGIMENT? Co C - Cobb's Legion ca. Vols NAME OF CAPTAIN AND COLONEL? J.L. Argo, Capt. commanding Co.C. Cobb's Legion #OUNDED? 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 show. CAPTURED, WHEN AND WHERE? RELEASED? WHEN AND WHERE SURRENDERED? IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? DIED, WHEN AND THERE? EURIED. WITMESSES. John J Marbut, J T Alford - same command -

Nozz.—Fill all blanks and of Company and Regiment. Nozz.—All vouchers and affidavits must bear date after January 1st, 1907. Langia DeKalle Co. Jaw 27/898 This is to Certify tho hil kome Kusum asives Eo. Bailey for Fine y lors and home leven his Sfind in examination those he Lagia DeKall Co. Sand 27.1818 in of flicted with Chrome Rheumotion This is to certify the I have thesen which according to his history of Louis Builey for thing grow and have said trauble he has been suffering luce his facility fely sidian for twenty y seas ever since The late won Having I know him to be a suffer of rand Controlled the said disease while Chronic It Hermalism ever since they sering is a finale from deposite wor sind trouble was contracted That said Lewis C. Bully has not from exposure to cold weather while company of fruther certify that him able to person any physical labor since & home Keedun him Daid Kewis E. Bailey kan nat been and account of said disease. able to freform any fely real lator vince I have thrown him an S.C. Lacuer 111h. Sword to mis subscribed before In Robings, M.D. Lewon to med subscribed before my Pris 24 an 198. Mingrace.



Widow's Application

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

County Defalt

Name Susau & Bailey

Widow of S. & Bailey

Approved

J. W. LINDSEY

Commissioner of Pensions

Pension Office 11/6/10.

The testimody in husbani's a plination fails to show term of necess my to make out an application for wider as required in new Use pally blue Wider's Blank, make out as required by that class, a term of service etc. without reference to husband's application.

Pension Office 11/18/10.

The testimony in husband's application fails to show term of service necess ry 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.

Chan P. B.	Approved	Name Shad	To Be Put on Roll Husband We	Widow		Warte
Commissioner of Per		en & Bail	Vas on Roll at Death	s Applicati	N. You 1911	1. Sucan

WIDOW'S AFFIDAVIT.

4		
	STATE OF GEORGIA, County	
	Personally before me comes Mas Lusau.	6 Saily of said County,
	who, after being duly sworn on oath says, that she is the widow in the County of State of Sta	Sa she was married on the 20
1	day of D.C. 18 and that she remained his wife, and re in 1909 and that she has not since his det	th remarried. At the time of his death
		ne State and paida pension of \$ 50
2	in County for 19 0.7per annum, o	n account of being a soldier in Company
	property of the state of the st	the use and possession of the following
	What property of any kind and of any value have you in y	our use, control and possession now, and
1	the cash value (State fully.)	\$ 500.00
1	Horses and Mules Hogs, Cows, etc.	\$
l	Total Cash value of all property	
1	That she is now a bonafide resident citizen of said County has so continuously resided since	
i	Sworn to and subscribed before me, this the	Pulsa of B : 1
	Sworn to and subscribed before me, this the day of State 1910. January R. Gibry Ordinary. of Restable	Suban of Bailey
	// of /Likotia	
	of Justine	County.
	Affidavit of Witnesses to Prove Marriage	
		and to WhomDate of
	Affidavit of Witnesses to Prove Marriage Death of Husband STATE OF CEORGIA, County.	e and to WhomDate of
	Affidavit of Witnesses to Prove Marriage Death of Husband STATE OF GEORGIA, County. Personally before me come from Marriage and truthful persons, residing in said County, who after having	known to be responsible
	Affidavit of Witnesses to Prove Marriage Death of Husband STATE OF GEORGIA, County. Personally before me come from Marving and truthful persons, residing in said County, who after having own personal knowledge Mrs. Susan & Bailing the lawful widow of A Bailing	known to be responsible duly sworn on oath, say: that of their who made the foregoing affidavit, is led in AMAM County in
	Affidavit of Witnesses to Prove Marriage Death of Husband STATE OF GEORGIA, Personally before me come from the Market having own personal knowledge Mrs. Susan & Bailey which and Make of Graphic on 29 day of his not since remarked. That the became the wife of the Market State of the surface remarked.	known to be responsible duly sworn on oath, say; that of their who made the foregoing affidavit, is led in August County in and that she on the 20 day of
Dec	Affidavit of Witnesses to Prove Marriage Death of Husband STATE OF CEORGIA, County. Personally before me come for Marriage and truthful persons, residing in said County, who after having own personal knowledge Mrs. Susan & Baulag who will be a fine to the lawful widow of for the lawful widow of formal the became the wife of the fine termarried. That she became the wife of the first of the fine termarried. That she became the wife of the first of the fi	known to be responsible duly sworn on oath, say; that of their who made the foregoing affidavit, is led in August County in and that she on the 20 day of
Dec	Affidavit of Witnesses to Prove Marriage Death of Husband STATE OF CEORGIA, County. Personally before me come for Marriage and truthful persons, residing in said County, who after having own personal knowledge Mrs. Susan & Baulag who will be a fine to the lawful widow of for the lawful widow of formal the became the wife of the fine termarried. That she became the wife of the first of the fine termarried. That she became the wife of the first of the fi	known to be responsible duly sworn on oath, say; that of their who made the foregoing affidavit, is led in Adams on the county in and that she on the duly on the duly on the duly of the duly on the duly on the duly of the duly of the duly on the
Дис	Affidavit of Witnesses to Prove Marriage Death of Husband STATE OF GEORGIA, Personally before me come from Marving and truthful persons, residing in said County, who after having own personal knowledge Mrs. Sustant Saulty the lawful widow of the Sustant Saulty the lawful widow of the Sustant Saulty and State of That she became the wife of the Sustant Saulty of 18 6 and that she and he had resided together as many at 2 day of the Sustant Saulty same man who was on the pension roll of said State	known to be responsible duly sworn on oath, say; that of their who made the foregoing affidavit, is led in Adams on the county in and that she on the duly on the duly on the duly of the duly on the duly on the duly of the duly of the duly on the

AFFIDAVITS OF TWO FREEHOLDERS.

	STATE OF GEORGIA,
	County. m & Daviel
T.	Personally before me comes J W Rhillips V who after being sworn on
i i	oath says, that they are freeholders of said County, and that they know
	said County and knew her said husband. C.
	day of J. 190 J that she and he were in the an possession and control of the following
	property at his death to wit: 500 acres of Land
1	of the value of \$ 77.57.00
i.	of the value of \$
Ī	J. Adva
	of the value of \$750
1	Sworn to and subscribed before me, this the
	12 Jay of Sept 1010
	famels to George Ordinary. I M. 9
	of Mikalla County. Johnson
	ORDINARY'S CERTIFICATE.
	STATE OF GEORGIA.
	Dekall County.
	Ordinary of said County, do certify, that, I
	the applicant for this pension and that she is the
100	she represents herself to be and that she is a bona fide continuing resident of said County and was on the
	That I also know 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
* 4 (1) (1)	
000	that all of the foregoing were duly sworn by the before signing the respective affidavits and that they are truthful and trustworthy and their steemers.
	and their sufferients are entitled to full faith and credit
	That the tax Books of Della County shows thatreturned property to the
	amount of for 1908 \$ 7840 for 1909 \$ 573.05 for 1909 \$ 5550
	Sworn under my hand and official seal of office this day of day of 1910
	SEAL OF THE STATE
	NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the forewing words. "You do solemnly swear that you will true answers make to send of the questions that the forewing words."
	you shall give will be the truth. So help you God."
	3. All affidavits must b. made before the Ordinary.
	 Only widows who married prior to first January 1870, are entitled. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.

Questions for the Witnesses as to Service of Husband and Marriage.	
STATE OF GEORGIA,	
County.	
Personally before me comes who after 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 you.	
2. How long and since when have you known	
3. How long and since when has she continuously resided in this State! (Give date.)	
55 From on all him life	1.
4. When and to whom was she married? L. Soully, How do you know? Muru Placeuk	Z
5. How long and since when did you know the stady her husband? 60 years on all his life	,
6. When any where did & & Baily	
the husband of Applicant die? April 29 th 1909 Del all po	
7. Where the Aplicant and her husband living together as husband and wife at the date of his death? Thu, wo	
8. If not, her long did they live apart before his death?	
Were they divorced?	
9. When, where and in what Company and Regiment did & Bailing enlist?	
Augot 1861 Dicutur Sa compay S.	
Goods 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 Com-	
pany and Regiment 4 years or from 1861 to 1860-	
12. When, an I where did his Command surrender, and was discharged?	
April 9 7865 - Appromotoz Count None	
13. Were you personally present when it was surrendered?	5
were youand how came you there?	
N. 1104	
14. Was the husband of applicant personally present at surrender?	
where was he? Ne was vinitiant when, where and for what	
cause did he leave Command? (Give date.)	
authority did he leave his Command? Surveyed and how	
long was he granted leave?How do you know all this?	
we was Includ and Know it is	
my own Throughder	
6. 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? and hat Leave Cermanand	
Sworn to and subscribed before me this the	
day of 21124 191	
January John John John John John John John John	
Ordinary	
of County.	

State of Georgia, Dokalb County.

To any minister of the Gospel, Judge of Superior Court, Justice of Inferior Court or Justice of the Peace to colebrate:

You are hereby authorized and permitted to join in the henorable state of matrix my Lewis E. Bailey and kiss Susan C. Marbut according to the rates of your Church, provided there be no lawful cause to obstruct the serie, according to the Constitution and Laws of this State, and for so delighthe shall be your sufficient license.

dire, under a hand and got I this 17th day of Doger one 1866.

J. B. Wlamon,

ore inary.

I her or eartify test Lewis 2. Reliev and Susan C. Marbut were joined together in the heij base of natrinony on the 20th day of December 1866 or no.

W. A. Dedge, H. G.

Guerran, Banis tourte.

I, dealer H. George, Ordinary in end for said county, do here an accuracy that the eneve and foregoing on ten of herriage illocate and correct acts of herriage of Lamis H. Leiney and issue there of herriage of Lamis H. Leiney and issue there, convect and convicte copies of the said as appears of record in the ordinal in Book H. Roserd of Herriag s, Page 193.

In "it was Thereof, I have hereto set my hand and effixed the seal of said fount of Ordinary, thus the 17th day of Sc tember, 1910.

FILL R GEOVAGE OF THE CONTROL OF THE

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

STATE OF GEORGIA, County.
Personally before me comes. 1413. States of Sales of Sales of State and County, and after being duly sworn, on oath says that she desires to apply for afgension allowed under the Act
of
1. What is your name, and where do you reside? Susan C. Baily, Rely all Count
2. How long and since when have you been a continuing resident in the State of Georgia?
3. When, where and to whom were you harried? I de Roily Dr. 2077866
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
federate Army or Georgia Militia? (State the arms and class of Service.) Angust 96
5. When and where did the Commands I your husband surrender or discharge from the army? 1. It is the first of the Command? 1. Was your limband personally present at the time of the surrender or discharge of this Command?
7. If he was not present state clearly where he was?
8. Where was his Command when he left?
a. For what cause did he leave his command?
b. By whose authority did he leave his Command?
c. For how long was he granted leave of absence?
e. What was his physical condition when he left his Command?
f. What effort did he make to return to his command?
g. In what way was he prevented from going back to Command?
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 re-
leased?
1 2 2 5 76 / O. A. A.
j. When and where did your husband die? And 29 7909 Dull Mo
k. Were you residing together when he died?
25 not, now long and you resided aparts
 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 day of May 19 19 19 19 19 19 19 19 19 19 19 19 19
of County.

Sworn to and subscribed before me this the Mrs. & C. Bailey

and of Mrs. Ordinary.

of Destruction.

STATE OF GEORGIA,

POWER OF ATTORNEY

			,	Executed in presence of	Witness my hand and seal, this	o receive and receipt for the pension allowed and request that he remit same to.	,
,					day of	d and request that he remit same	2
		e e		(L 8.)	190		hereby suthoriz

INDIGENT PENSION

. 190 9

Name W. E. & Baker County Dekalt Co wheatoufight Bay

Approved

JOHN W. LINDSEY,

WARRANT; HANDED TO

dinary will write name of Applicant, Company and ment on back as indicated sbove.

POWER OF ATTORNEY.

STA	TE OF GEORGIA,	7
	COUNTY	
	I, bereby at	uthorize
o rec	ceive and receipt for the pension allowed and request that he remit same to	
	atby	
	Witness my hand and seal, this	190
		(L. S.)
	Executed in presence of	(4)

Name W. E. & Bahur
County Deflate
Co. Whistmy Light. RR
Approved
190
JOHN W. LINDSEY.
Commissioner of Freezer
WARRANT HANDED TO

QUESTIONS FOR APPLICANT

STATE OF GEORGIA,
Dekall one
(TIECH CALL)
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:
. Mat is your name and where do you reside? (Give State, County and Postoffice)
Colymon Pullan 100 Va
2. How long and since when have you been a resident of this State?
3. When and where were you born? Och 1875 1838 1 hand Co
3. When and where were you born? One of the beauty to ga
March 86 2 March 186 2 March 196 Mar
Lights Battory - Chathan andthon
5. How long did you remain in orth company and regiment?
from March 1861 to April 9 7/865
1
then and where was your company and regiment surrendered and discharged?
April 9 7865 Greensborg 110
7. Were you present with your company and regiment when it was surrendered? I was
8. If not present, state specifically and learly 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 about 8500
10. What has been your occupation since 1865? Much has 11. Upon which of the following grounds do you have your last of the following grounds do you have your last of the following grounds do you have your last of the following grounds do you have your last of the following grounds do you have your last of the following grounds do you have your last of the following grounds do you have your last of the following grounds do you have your last of the following grounds do you have your last of the following grounds do you have your last of the following grounds do you have your last of the following grounds do you have your last of the following grounds do you have your last of the following grounds do you have your last of the following grounds do you have you
age and
12. If upon the first ground, state how long you have been in such condition
apply the apply the second, give a full and complete history of the infiguity and its autom to
third, state whether you are totally blind and when and where you lost your sight (2)
of my age I am not able to support
a say the last the
13. What property, real and personal, or income, do you possess, and its gross value? Utulhing
14. What property, real or personal, did you possess in 1903, 1904, 1905, 1906, 1907 and 1908, and what
14. What property, real or personal, did you possess in 1903, 1904, 1905, 1906, 1907 and 1998, and what disposition, if any, by sale or gift, have you made of same? Manufacture that the same of the
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? Husthing trad word
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? Husthing trad word
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? Multing was work of work for the same of the same? It was the same of
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? Markhang was a war of the control of
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? It is that the things that the little of the li
14. What property, real or personal, did you possess in 1903, 1904, 1905, 1906, 1907 and 1998, and what disposition, if any, by sale or gift, have you made of same? Mushing had North 15 Go what County did you reale during those years, and what property did you then return for taxation? 15 Is what County did you reale during these years, and what property did you then return for taxation? 16 How were you supported during the years 1903, 1904, 1905, 1906, 4907, 1908 and 1900? By What 1904 Mark 1905 Ma
14. What property, real or personal, did you possess in 1903, 1904, 1905, 1906, 1907 and 1998, and what disposition, if any, by sale or gift, have you made of same? Mushing from March 15 In what County did you really during those years, and what property did you then return for taxation? 16. How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 19007 By What 17. How much did your support cost for free of the saveness, and what portlondid you congribute thereto by your own labor or income?
14. What property, real or personal, did you possess in 1903, 1904, 1905, 1906, 1907 and 1998, and what disposition, if any, by sale or gift, have you made of same? 15 In what County did you realed during these years, and what property did you then return for taxation? 16. How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? 17. How much did your support cost for then of these years, and what portlondid you contribute thereto by your own labor or income? 18. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1909? 19. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1909? 19. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1909? 19. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1909? 19. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1909? 19. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1909?
14. What property, real or personal, did you possess in 1903, 1904, 1905, 1906, 1907 and 1998, and what disposition, if any, by sale or gift, have you made of same? 15 In what County did you reade during these years, and what property did you then return for taxation? 16. How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 19007 17. How much did your support cost for their of these years, and what portloy did you contribute thereto by your own labor or income? 18. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1907. What pay did you receive in each year? 19. Have you a family? If so, who compose such family? Givo their means of support. Nave they a
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? Must have the first of
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? 15 In what County did you reside during those years, and what property did you then return for taxation? 16. How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 19007 17. How much did your support cost for fiven of these years, and what portlondid you contribute thereto by your own labor or income? 18. What was your employment during 1903, 1904, 1905, 1908, 1907, 1908 and 1909? 19. Have you a family? If so, who composed such family? Give their means of support. Nave they a homestage, or other presenty? Their ages and how employed?
14. What property, real or personal, did you possess in 1903, 1904, 1905, 1906, 1907 and 1998, and what disposition, if any, by sale or gift, have you made of same? 15 In what County did you reside during these years, and what property did you then return for taxation? 16. How were you supported during the years 1903, 1904, 1905, 1908, 1907, 1908 and 1909? 17. How much did your support cost for two of these years, and what pertion did you contribute thereto by your own labor or income? 18. What was your employment during 1903, 1904, 1905, 1908, 1907, 1908 and 1909? 19. Have you a family? If so, what compose such family? Give their means of support. Nave they a homester, or other preservy? Their ages and how employed?
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? 15 In what County did you reside during those years, and what property did you then return for taxation? 16. How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 19007 17. How much did your support cost for fiven of these years, and what portlondid you contribute thereto by your own labor or income? 18. What was your employment during 1903, 1904, 1905, 1908, 1907, 1908 and 1909? 19. Have you a family? If so, who composed such family? Give their means of support. Nave they a homestage, or other presenty? Their ages and how employed?
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? Must have the first of
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? 15 In what County did you reside during those years, and what property did you then return for taxation? 16 How were you supported during the years 1903, 1904, 1905, 1906, 4907, 1908 and 19007 17 How much did your support cost for firsh of these years, and what portlondid you contribute thereto by your own labor or income? 18 What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1908? 19. Have you a family? If so, who composed such family? Give their means of support. Nave they a homestore, or other presenty? Their ages and how employed? 20. Are you receiving any pension? If so, what amount and for what disability? 21. Have you ever made an application for pension before?
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? 15. In what County did you reside during those years, and what property did you then return for taxation? 16. How were you supported during the years 1903, 1904, 1905, 1906, 4907, 1908 and 19007 17. How much did your support cost for then of the stream, any what portion did you congribute thereto by your own labor or income? 18. What was your employment during 1903, 1904, 1905, 1908, 1907, 1908 and 1909? 19. Have you a family? If so, what composition family? Give their means of support. Nave they a homestess or other preserty? Their ages and how employed? 20. Are you ecceiving any pension? If so, what smount and for what disability? 21. Have you ever made an application for pension before?
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? 15 In what County did you reside during those years, and what property did you then return for taxation? 16 How were you supported during the years 1903, 1904, 1905, 1906, 4907, 1908 and 19007 17 How much did your support cost for free of these years, and what portion did you contribute thereto by your own labor or income? 18 What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1908. That pay did you receive in each year? 19. Have you a family? If so, what composition family? Give their means of support. Nave they a homestess, or other presenty? Their ages and how employed? 20. Are you receiving any pension? If so, what smount and for what disability? 21. Have you ever made an application for pension before? 22. How many applications have you ever made and under what class? 23. What was you ever made and application for pension before? 24. How many applications have you ever made and under what class?
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? 15 In what County did you reside during those years, and what property did you then return for taxation? 16. How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 19007 17. How much did your support cost for firsh of these years, and what portlondid you contribute thereto by your own labor or income? 18. What was your employment during 1903, 1904, 1905, 1908, 1907, 1908 and 1909? 19. Have you a family? If so, what composed such family? Give their means of support. Nave they a homestood, or other presenty? Their ages and how employed? 20. Are you were made an application for pension before? 21. Have you ever made an application for pension before? 22. How many applications have you ever made and under what class? Sworn to and subscribed before me this the
14. What property, real or personal, did you possess in 1903, 1904, 1905, 1906, 1907 and 1998, and what disposition, if any, by sale or gift, have you made of same? 15 In what County did you reside during those years, and what property did you then return for taxation? 16. How were you supported during the years 1903, 1904, 1905, 1908, 4907, 1908 and 1909? 17. How much did your support cost for feeth of these years, and what portlond did you contribute thereto by your own labor or incoment. 18. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1907. What pay did you receive in each year? 19. Have you a family? If so, who compose such family? Give their means of support. Nave they a homestept, or other preparty? Their ages and how employed? 20. Are you ever made an application for pension before? 21. Have you ever made an application for pension before? 22. How many applications have you ever made and under what class? Syorn to and subscribed before me this the

Baker, W. E. Q.

INDIGENT PENSION

190 8

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Dekath COUNTY
COUNTY.
E.S. Lallwoll of said State and County, having been presented
as a witness in support of the application of WEQBAKER 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 rame and where do you reside?
6.8. Kalhoop Drealinga Dikallya
I CO D. U.
long have you known him?
Caguerrood Di Hall Co ga all his life
March 136 2 Whitehall State Land on March 136 2 Whitehall Salting Slight 1
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty? March 1862 To Afril 1865
7. When and where was his command surrendered?
VI I DINCE
Africa 1865 Greenstoro M
8. Were you present when it surrendered?
9 Was applicant present? He was
10. If he was not present, where was he? Dockson
When did he leave his command? Afficial 1865 For what cause? War close
By what authority he left? COON OVER How do you know all of this
Inesent and Know if of My own Knowledge
11. What property, effects or income has the applicant? (Give your means of knowledge.)
Withing no Income
12. What property, effect or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and
1909? Willing
and what disposition, if any, did Ge make of same? That House to Allstoke 76. 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 pondition? Tras no Occupation
Il account of his age being 70 glangoe
his Physical condition is not gads
15. Is the applicant unable to support himself by labor of any sort; if so, why?
I think him nat
16. How was he supported during the years 1903, 1904, 1905, 1996, 1907, 1908 and 1909? What his
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 6700
18 Give a full and complete strucment of the applicant's physical condition that entitles him to a pension
under Jection 1261, Code VC
he is unable to Suplant his self
10. Who composes family? What properly have they? Children's ages and their earning enfacity?
wife and a gaughters one com
William They work in Attanta you
20. What interest have you in the ocovery of a pension by this applicant?
Sworn to and subscribed before me, this the
1 28 day of 54/1 190 9
The state of the s
Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,	
tekalle COUNTY ()	=
Personally came before me	ew .
m Shouston	both known to me as reputable above
of said County, who, being severally sworn, say on oath that th	ev have examined carefully
	, applicant for pension under Section 1254,
Code, and after such personal examination say that his precise	physical condition is as follows:
and age, General debiting	Wentend Conditions
of whole system. Canda	from age foor eye
bight: all of which is	sedert him unable
to make alling al	any hind of labor
1	0
and that we have no interest in said pension being allowed.	Jack Horen 6:
Sworn to and subscribed before me, this the	5.13
1905	v. Houston mes
James Revoye Ordina	ry.
ORDINARY'S CERT	ΓΙΓΙCATE.
STATE OF GEORGIA,	
County County	
	Ordinary, in and for said County, hereby
certify that the applicant	11 23
been a bona fide resident of this State since the	that life 180
and that the witnesses, viz.	74
are of trustworthy character, and that their statements are ent	itled to full faith and and it
I further certify that before answering the foregoing ques	tions the applicant and each witness touls the
oath hereon prescribed, and that the full text of the affidavits same was signed.	was read to the applicant and witness before
I further certify that the tax digest of Deka	ll-
cant returned for taxation in his name in 1901	. County shows that appli-
property, and in 1903	Dollars of
3	Dollars of property; in 1904
- 33.3	Dollars of property; in 1905
- E 3 E	Dollars of property; in 1906
3 - 5	Dollars of property; in 1907
2300	Dollars of property; in 1908
	Dollars of property; in 1909
	Dollars of property.
In my opinion the foregoing claim is	
Witness my hand and send of office this 25	day of Sign
June 1	Ordinary,
NOTE.	of Nall County.
1. Before any questions are answered, the Ordinary she	all swear applicant, and the witnesses in the
following words: "You shall true answers make to each of the q	uestions 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.

LIPEN AND WATER BORNY Oct. 18,1839,- Liberty County, Georgia.

TWITHER FOR AND ARREST March 1862, - . Isle of Hope, Savannah, Ga.

RANK.

ColTail Advisor 1995 Wheaton Lights Bettery, Chatham Artillery.

"ALT OF SAMPLE AND OUTSIDE

.

TATION, THEN AT MINER'

ILI dans.

WHAT AND MARKE SURPASSED? April9th; 1865, Greensboro, North Carolina.

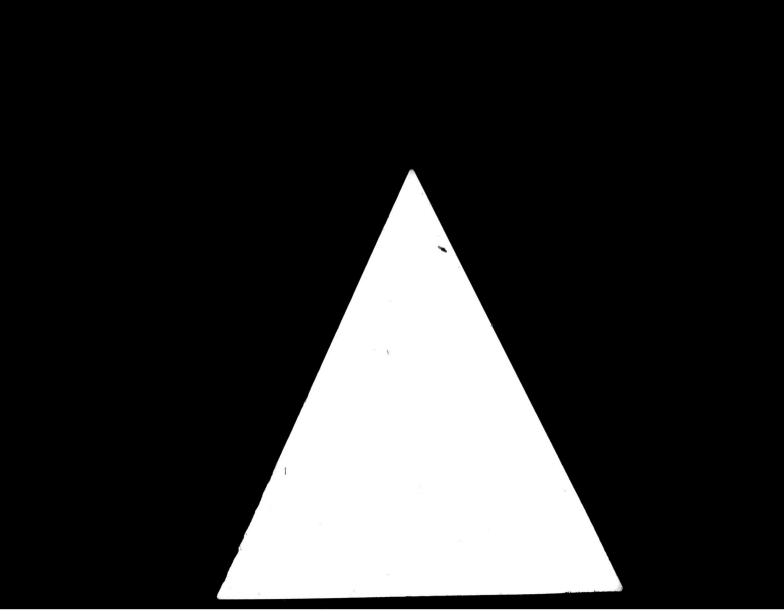
THE NOT IRRECAME AS SUBLEMBER, WHERE WERE YOU?

DIED, WHEN AND WHARP

RUTELED,

WITNESSES. E.S. Lathrop, - Same Command-

No data.



Ordinary's Certificate

Still Jane 8.			and the second s	
Calley Calley	NOTES: 1.	worthy, an Sworn u (SEAL)	and was out the witness	STATE O
Widow's Pension Under Act 1910—as Amended by Act of 1919.	Before any quest 'You de solemal, you shall give will you shall give will only widows who Only widows who All affdavits mu much Ordinary. Attach certified or reputation.	worthy, and their statements are entitled to full faith and credi Sworn under my hand and official seal of officerain III	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 Wf WWW. The witness who swears to the service of husband; that both of them are now residents of said County and the witness who swears to the service of husband; that both of them are now residents of said County and the witness who swears to the service of husband; that both of them are now residents of said County and	STATE OF GEORGIA
Nam Mars Jane E. Ball Widow of W. M. Ball	ions are answered you y swear that you be the truth. So the truth say be attach mirraried prior to st be made befor the made befor pies of marriage	nts are entitled	nts herself to be mber 1908; that the service of the service of	while with
Company A	d the Ordinary will true answe help you God,' bed if blank sp- bed if blank sp- January 1st, 1 e the Ordinary license if obtai	d to full faith	e and she is a at I also know husband; that	COUNTY
Approved	swea ake ti are in are e	and credit. is 10 da	bona fide co	in Sign
1	applicant and the wittends of the questions of the flower titled. It is a person to dense of the person to dense of the person to the person t		lieuing resident c	Ordinary
	asked you be sworn some perso	of the second se	ent citizen of	Ordinary of said County, do certify
J. W. LINDSEY, Commissioner of Pensions. Byrd Printing Co., State Printers, Atlanta.	following words: and the evidence and certified by on, or by general	Ordinary, County.	of said County	y, do certify ension. She
10/31/919		1 0	10	

Ordinary's Certificate

STATE OF GEORGIA
Olkalle COUNTY.
1. James a Garage Ordinary of said County, do certify
the know the special the applicant for penalon. 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 Williams A Hudgin
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 L. day of May 1920
(SEAL) Julia Cyrry, Ordinary,
Della Le. County.

NOTES: 1. Tefore any questions are answered the Ordinary shall swear applicant and the witness in the following words:

"You do selemaly 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 fort."

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

3. Orly wildows 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.

An artherists must be made herore the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
 Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

c:					
Widow's Pension	210—as Amer	Named Mary Janue, E. Ball Widow of U, M. Ball Company of	Beginent 38 GAL	W. LIND	Commissioner of Pensions. Byrd Printing Co., State Printers, Atlanta.

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

Questions for Applicant

	STATE OF GEORGIA,
	NIEKall COUNTY
	COUNTY.)
	0- 6-2-11
	Personally before me comes Janu & 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! Jamele Ball
	2. How long and since when have you been a continuing pesident of the State of Georgia ?
	16 yers all my lose
	3 Whe where and to whom were you married! October 147959
	Tikall po W M Ball
	a. Have you married since the death of first and soldier husband? Lave Ro
	4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
-	federate Army or Georgia Militia! (State the arms and class of Service.)
exp	2 7861 detally Compay A = 18 ga regy
	5. When and whom did the
	5. When and where did the commands a your husband surrender or discharge from the army!
	Afout 1861 - Apparenter da
	6. Was your husband personally present to the time of the surrender or discharge of this command !
	was not in Planton
	7. If he was not present state clearly where he was - In I wiscoutill Close & Un
	8. Where was his command when he left! Va
	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!
	c. What was his physical condition when he left his command! woused this was
	f. What effort did he make to return to his command?
	// .
	g. In what way was he prevented from going back to Command _ (
	h. Was he captured by the enemy at any time!
	i If so, when and where captured and where held as a prisoner, and when and for what cause released?
	Tellistunge Va Hissoon Lill Place y um
	j. When and where did your first husband die 1. Janny 677919
	k. Were you residing together when he died! We was
	If not, how long had you resided apart?
	m. Are you now a widow
	9. Have you or your husband heretofore been paid a pension by the State!
1	f so, when and for what cause were you or your husband placed on the roll? wound
	2 hen
	Sworn to and subscribed before me this the
	13 day of May 1970 Mars Jane 6 1/3all
(Maryle
オ	and Cherry Cordinary
/	D. 11.00
0	County.

(SEAL)

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,	
Nekael comm	
COUNTY.)	
Personally before me comes W. J. Walliams & J. K. Herry Who, after	-
being duly eworn true engages to well at the full of	·
being duly sworn, true answers to make to the following questions, answers as follows:	18
1. What is your name and where do you reside! - W- J. Williams and	- 8
4 a Anagini	1 %
2. How long and since who have you known Mm fane Ball applicant	
applicant	1 / 2
3 How long and Co	-) \$
3. How long and the when has she continuously resided in this State! (Give date.)	- 63
all her life	. 18
4. When and to whom was she married 1 11 M Ball How do you know!	n ái
5. How long and since when did you know. 45 M Ball	
husband! 56 June 1864	2
6. When and where did LW M Ball	. \$
/	- } ₹
the husband of applicant, diet	
7. Were the applicant and her husband living together as husband and wife at the date of his death	, -
entry www	
8. If not, how long did they live apart before his death! did Not live afait	X
Were they divorced! Leas not	. ()
9. When, where and in what Company and Regiment did Lu Mc Ball enlist	
	1
	JAY.
10. Were you a nember of the name Company 1 Will Wat Spanisheranish	Con
11. How long within your personal knowledge did he perform actual military service with his Company	, //
and Regiment all Battle B Sulling wound Taken	a
When and where did his Command suppender, and was discharged!	was
Spiril 1865 Aframater Va	7.
13. Were you personally present when it was surrendered!	1
If not, where	
Ware was I feel a self-	, E
were you there 1 all how came you there 1 all miles &	, e
were you Whilesand and how came you there?	consp
14. Was the husbailed of anolicent passes the husbailed of anolicent passe	ha
14. Was the husband of applicant personally present at surrender! Was not	inchay.
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ORDINARY'S CERTIFICATE

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know Mrs. James and County, do certify that I have meaning 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 the mode 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 the county of the c	, tames (Uliva			
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DrKach Application: for Expenses of Last Illness and Funeral (UNDER ACT OF 1919) V. d. Margan, Ordinary Date of Death: Jun 31., 1984 PAID TO ORDINARY ON THIS CLAIM: 3. .. TOTAL. 6.13 000 2.25.35 12700 8.31.36 Cxe 7800 TOTAL. 15/00 Approved; and ordered paid, Director Voloramas Barries Office.

Caux of Y. D. Mugan Carries

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puned Expense.

6/15/24. Q. Sung thuston

E BALL JANE (ma)
De KALD CO.

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

Recived of & S. Mergan, Ordy. Click fall \$ 127.00 funeral expenses for Mrs. Jane Ball. 31/35. U & Turner

WIDOW'S AFFIDAVIT

WIDOW S AITIDAVII
STATE OF SCORGIA,
Tikal county
Personally before me comes Mrs. Jane & Ball of said County,
who, after being duly sworn says that she is the widow of W. M. 1900.
to whom, in the County of Dellate State of General she was married on
the 14 day of det 185 % and that, she remained his wife, and resided with him to the
data of his both is 6 th Va
the time of his death he was a resident of
of Georgia, and he was on the full State and paid a pension. Pension Roll of the State and paid a pension
of *90 in Hellalb County for 19/4 per annum, on account of being a soldier in
Company A Regiment 35 (Volunteers or State Militia)
That she is now a bona fide resident citizen of said County of Atella and she
has so continuously resided sinceday of19_#3
Sworn to and subscribed before me, this the
20 car seletion 16 0 %
James Regerge Ordinary Wwo Jame Ex Ball
Jordinary Mary
SEAL)
(SEAL)
Affidavit of Witnesses to Prove Marriage and to Whom
Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband
Date of Death of Husband
Date of Death of Husband
Date of Death of Husband STATE OF GRORGIA COUNTY.
Date of Death of Husband STATE OF GEORGIA COUNTY. Personally before the comes J.J. Mannis known to be
Date of Death of Husband STATE OF GRORGIA COUNTY. Personally before me comes A. A. Morris known to be responsible and truthful persons, residing is said County, who after having been duly sworn, say: that
Date of Death of Husband STATE OF GRORGIA Lettalb COUNTY Personally before me comes July Manuar Personally before me comes July Manuar known to be responsible and truthful persons, residing in said County, who after having been duly sworm, say: that of their own personal knowledge Mrs. Jane & Ball , who made the foregoing
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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
of said County, who, after being duly sworn, on oath says
that he knew Mrs. Jene Eester Ball 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 \$.235,00 , as shown by sworn statements FULLY and COMPLETELY
ITEMIZED, hereto attached.
Sworn to and subscribed before me,
this the 3. day of Feh'y, 198.4. V. D. Margan Ordinary.
CERTIFICATE OF THE ORDINARY
GEORGIA, DeKelb County.
I certify that s. S. Turner who subscibed
to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and
credit I further certify that I know Mrs. Jane Easter Bell
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 the3day ofFebruary, 193 4 .
(Seal of Ordinary) 7. D. Mougan, 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 authorise 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.

Homes Olywarge Ordinary Of Mouring

Of De Kall County

Ordinary

oth. The State does not authorise 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 Cestra, to more than twelve (12) months immediately preceding date of death.

A. S. Turner

NIGHT AND BUNDAY PHONE DE, 0089 525-27 N MCDONOUGH ST PHONE DE, 0098 Juneral Pirector and Embalmer Prompt Ambulance Serbice Becntur, Georgin

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M. s. ratio at I ress No. 1, 1937.

les Turner

State of Georgia, DeKalb County.

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

Vou are hereby authorized to join ". 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 1858.

Alex Johnson, Ordinary, (Cast)

Georgia, DeKalb County.

I certify that Willam M. Ball and Mise Jane E, Carpenter were duly joined in matrimony by me this 14th day of October 1858.

Aubrev Martin, J. P.

Georgie, 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 Willam M. Ball and Miss Jane E. Carpenter, as they appear of record in Book "B", Record of Marriages, Page 62.

In Testimony Thereof, I have hereunto set my hand and affixed the seal of said Court of Ordinary at Decatur, Georgia, this the 20th day of October, 1919.

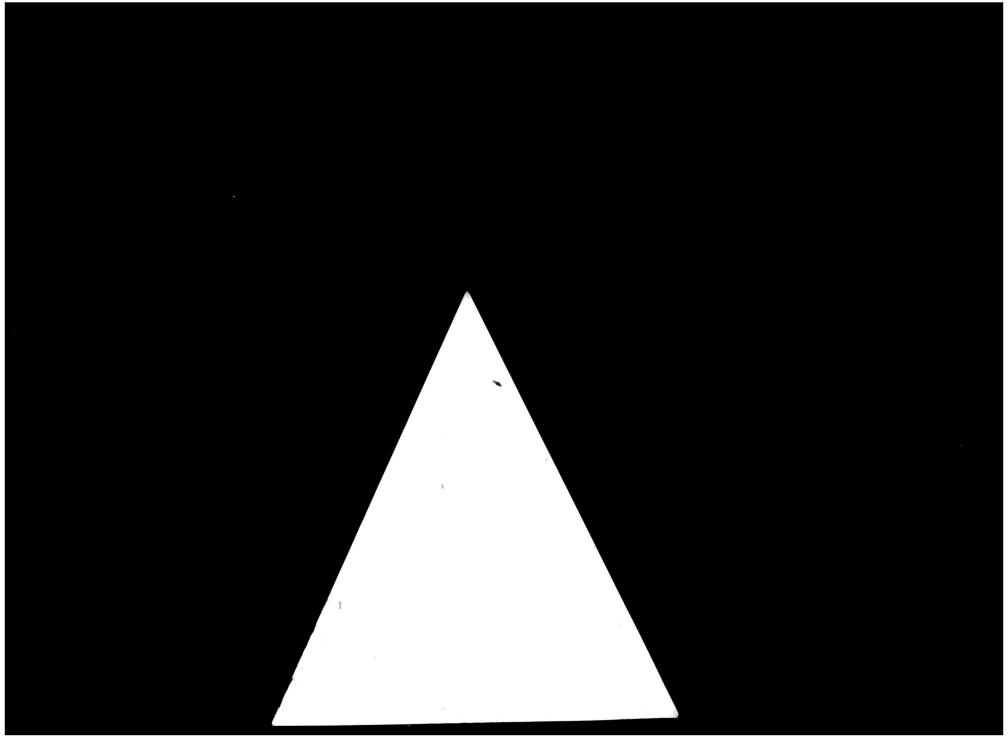
Ordinaby & mofficio Clerk Court, Ordinary Daka lb County, Georgia,

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 // day of September, 1936.

af Imma

AAO NAME OF ORCES	TIFICATE OF DEATH
	MENT OF PUBLIC HEALTH 3239
I. PLACE OF DEATH	of Vital Statistics
County Dekalb Millio Dissis (Manha	Registered No
	nd Name) Bac . State of Goorg
City or Town Decatur Length of residence in t	this city or town: YrsMosDsNON-RESIDENT (Yes or No)
Etreetd Number (No.)(Street)	
2. FULL NAME June	(If death occurred in a hospital, give its name instead of street and number)
Residence (City or Town)	(0140)
3. EX 4. COLOR or RACE 5. Single, Married, Widowed, Divorced (write the word)	MEDICAL CERTIFICATE OF DEATH
Female White Widowed	16. DATE OF 1 - 31 - 1034 3 A.
	DEATH 1 3 A.s. (Month, Day, Year) (House) 17. I HEREBY CERTIFY. That I attended the deceased from
6. DATE OF BIRTH (month, day, year) DOG. 10, 1843	
7. AGE 90 1 15 Hours	19.1
	I lest saw'h allve on 1 34. deat is said to have occurred on the date and hour stated above. The principal cause of iesth and rolated causes of importance in the order of onest and duration of each i
sawyer, bookkeeper, etc. Lione	order of onset and duration of each;
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.	Aortic regurgitant
0	
this occupation (month and spent in this occupation	
BIRTHPLACE	Other contributory causes of importance:
(P O. Address) GOORGIA	old age
10. NAME John Carpenter	
10. NAME John Carpenter 11. BIRTHPLACE	What test confirmed diagnosis? (Specify whether autopsy, operation, laboratory, or clinical)
(.º. O. Address) Georgia	If death was due to external causes (violence) fill in also the following:
MAIDEN NAME MARKARET FAIR	Was injury an accident, suicide, or homicide?
MAIDEN NAME MARKUTEL FOIR 1). BIRTHPLACE (P. O. Address) S. C.	
	Where did injury occur (specify city or town, if outside of limits, the county, and also the state)
4. INFORMANT	Did injury occur in a home, public place or industry?
(Signed)	Manner of injury
(Address) 1038 Delaware Ave. J.E. Atlan	n Mature of Injury
(Cemetery) Ebenezer Cemetery	(Signed) E. F. Fincher, M.D.
(Postoffice) Date Feby. 1, 1934	(Address) 715 Flat Shoals
O. UNDERTAKER (Signed) A. G. Turner.	15. FILED 2/19/34
(Address) Decatur, Ca.	(Signed) I. R. Evons
	(Local Registrar)



	т о	_	Ball, W. M. De Walt Cs.			V Colonia de la
201	for 19	I hereby authorize and constitute	Application for Pension Due Decased Soldier UNDER ACT 1891 The be pold his Widow or Dependent Children BY Mrs. Jane & Ball Widow of W. M. Ball of	Given under my hand and seal this		STATE OF GEORGIA. County 1. Coun
		aid county, my hrough my de-	Commissioner of Pensions.	Position ry,	Ty, and was paid Fand at the time there was due to are from the State there within	county, do certify icant, and that she

STATE OF GEORGIA. County

I, CASHALL Ordinary of said county, do certify that I personally know the Sall of the lawful widow of the Sall of Sall of Sall occupy, and was on the Sall Pension Roll of said Delkall county, and was paid a Pension from Delkall county for 19 19, and at the time of his death on the day of Sanney 1915, there was due to him and unpaid his Pension of Sall Delkall Dollars from the State of Georgia, and I know A Maralla County 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 Maralla County Ordinary,

Application for Person Due
Decased Soldier

No. 1962

Application for Person Due
Decased Soldier

Mrs. Jean E. Ball

Widow of M. M. M. M. M.

of M. M. M. M. M. County

Co. Rept. To Indian

Approved and paid

Approved and paid

J. W. LINDSET,

Commissioner of Pensions.

Brit. Jan. C. 1919.

GEORGIA,Coun	tv.
	of said county, my
lawful attorney to collect and receipt for me in r	ny name the Pension due me for 191, through my de-
ceased husband,	, who was on
Pension Roll and paid from	
Witness my hand thisday of	
Attested before me:	f

Application for Pension Due Deceased Soldier

To Be Paid to His Widow or Dependent Children UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA, dikalb County
Personally before me comes Mrs. Jane & Ball , of said county,
after being duly sworn, on oath says that she is the widow of WM Ball
who was duly enrolled as
of Delasto and was paid a Pension of \$80.00
Dollars fromcounty for 1911, and that the said
W. M. Bael died in Dekalle county on
the day of January, 1919., and at the time of his death a Pension of January
was due him from Dettallacounty and unpaid for 1918
Applicant further swears that she married the said W. M. Ball on
the day of 18, in Deltalb county and
State of Garagean, 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
anus Reservander Man Them
ReKalla County. Mrs Jane En Ball (L. S.)
County
AFFIDAVIT OF WITNESS
D W CO
STATE OF GEORGIA, Wellalle County
STATE OF GEORGIA, Rellath County Personally before me comes N.J. Marsis who
Personally before me comes & Maria who on oath says that he knew W M Ball while in life
STATE OF GEORGIA, Rellable County Personally before me comes. S.J. Marsis. , who on oath says that he knew. W. M. Ball while in life and that he knows. Mrs. Jane & Ball
STATE OF GEORGIA, Rullall County Personally before me comes. S.J. Mossis who on oath says that he knew. W. M. Ball while in life and that he knows. Mrs. January Ball the above applicant; that he knows that the said. W. Ball and were in due form of law married in the county
STATE OF GEORGIA, Rullall County Personally before me comes. S.J. Mossis who on oath says that he knew. W. M. Ball while in life and that he knows. Mrs. January Ball the above applicant; that he knows that the said. W. Ball and were in due form of law married in the county
STATE OF GEORGIA, Rullalle County Personally before me comes. S. J. Marsila
STATE OF GEORGIA, Rellable County Personally before me comes. R.J. Marieis. who on oath says that he knew. W. M. Ball while in life and that he knows. Mrs. Janue Ball the above applicant; that he knows that the said. W. Maall and were in due form of law married in the county of Rellable in the State of Januer on the day of 185 F and that they resided together
STATE OF GEORGIA, Rullalle County Personally before me comes S. Mariais who on oath says that he knew W. M. Ball while in life and that he knows. Mrs. Janue Ball while in life and that he knows that the said W. Mariais and were in due form of law married in the county of Dellalle in the State of January on the day of 185 F and that they resided together as husband and wife from date of marriage to the day of his death on the day of
STATE OF GEORGIA, Rellable County Personally before me comes. R.J. Marieis. who on oath says that he knew. W. M. Ball while in life and that he knows. Mrs. Janue Ball the above applicant; that he knows that the said. W. Maall and were in due form of law married in the county of Rellable in the State of Januer on the day of 185 F and that they resided together
Personally before me comes

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 lith day of Ootber 1858.

Alex Johnson, Ordianry(Seal)

Georgia, DoKalb 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.

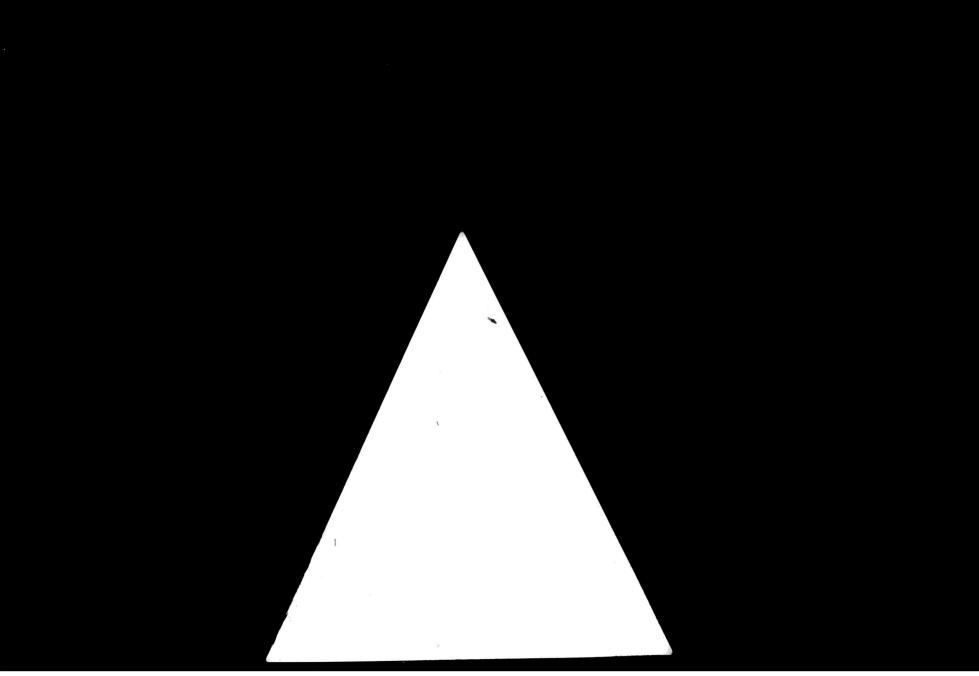
Georgia, DeKalb County.

Page sixty two (62).

I, James R. George, Ordinary in and for said County, do hereby certify that the above and foregoing copies of marriage license and certifictae of marriage, are true, correct, and complete copies of the marriage license and certificate of marriage of William M. Ball and Miss Jame E. Carpenter, as they appear of record in Book B. Record of Marriages

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court of Ordinary at Decatur, Georgia, this lat day of May, 1919.

pattur, Georgia, this let day of May, 19



ATTORNEY

STATE OF GEORGIA.

(100,10

these Presents. That I. Ω.

the toregoing 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 72 for the reason ount of money I may be entitled 1500 State of Georgia as a widow of a Confederate Soldier, as my true and in my name, to receive and herely said State, do me and in m to from the County. in of.

have WHEREOF WITNESS ...

of, Executed in the

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STATE OF GEORGIA.

1. Child Hegodale Onlinary

m and be sail County of the

State of the organ, here by could that I am sequented with Mrs 17 . C. Barre Kelling the applicant for a pension in the case, and know, from my own knowledge, or from positive proof persented to me by reputable waters or, that some results in this County, and that she resided in the Some of the region in December 1530, 1950, and has not fived our of the State since that date, (I also certify that the witnesse, whose testing my she presents to sustain her countries known to me to be with the written are positived to half factly and credit as such. I am only suggested that this claim is made in goe of Earth, and their Chery Crossed the applicant and the witnesses to read or hear read the proofs they sign.

La Weiners, War cot, I have hereautered my hand and affixed the seed of my other, this, the de de Prices

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In the out home, ordinary of free to mus certify theat there may control of the mention of the desiration of the theory of the the three sender on offend ort loce chins

and send on the in the it wounds or also use contracted in the service

a tree it is replies went to the areay and have never been heard from since the war.

These where his bond's write wounded in the army and have since died from do direct effects

These already states are real discussion the section and who after the war, case of the discuse The state I have been foretrained the dept.

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

At the commence of the Satural Granges, or who also the mother

The first track receive out by substantiable by the bedignous of three with our who personally know of the enlistment of the husband and his death and the immediate cause of the death

have arrived since the pservice their husbands in the many are not entitled.

There is no need of employing a lawyer or other agent to attend to these claims. The The producent wall forms has l'and specific instructions, and give ample opportunity to every claimant.

eses and on another County from that wherein applicant resides, they must go before 16. Orderer and issues. The attestation of a Justice of the Peace or Notary will not answer.

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

Fill our time (Finishmer" below Power of Attorney, so that your Agent will know where and how to scal the money.

By order of the Governor.

W. H. HARRISON,

Sec. Ex. Department.

Affidavit for Three Witnesses.

STATE OF GEORGIA.

County of Sutte

In person came before me, the undersigned Ordinary

Form No. 2

in and for said County, witnesses #

Harris Mus St Banks In

(each known to said Attesting Officer as truthful,

reliable and reputable catizens), who severally say under oath, that, from their own personal knowledge,

Mrs. M. L. Bankston , of the County of De tall-

State of Georgia, is the widow of Al, Butteston, who was a soldier in Regiment of Live 2a Volunteers,

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the . st day of Lauray 1863 That while in said service, or by

reason of said service in the Army, he lost his life as follows: Contracted dinane

Sent home on furlough in The fall of 1864 that on account of disease Thus

APA Contracted sever returned to The Dring, Was at home when The confederate army Sursen-

dang un livaire desonent in & Harris.

further Swears That he was hersonice

acquainted with N.K. Bankston Lefone The War during the war, and Till his death which

hattered in march 1877. Orment Knew Time

To be an able bodies and Sound man until The time above Stated and from that time, till

The da of his death was a Continue

unatide.

We further swear that Mrs. M. C. Baukston

spldier 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

day of All 1801.

M. I Harris mrs S. BhuBanketon

De Kall

7 Dannichuel

Oxecution Department A Claule Sa. Hev. 28.1811 M. hernaller da Withierden for Dawin & He Null Corcels My M. M. C. Practistan * ne williams have not auxur the grande destes made dale d. May 9. 191 There much be presition for by lara welware Wie Muce, in their con dechled ac. Vale See Ling wary View Mr Bull ston Centrole disease · in the army, Want particular deserve ded he Counted Sow ded it effect reni! Mat ded he do in 16, 1866, 1869 166 x 1869, Red he per forme any mill at all aid 1860! Viale pachecularly want to did & want he was not able to the! it is a confined the bed , to the house all has time, or not be able & sork for a ic To he such the father of a remote of Chile com since he return from the amy! Tidho con now any section of the 1860, of the Diale what ar upland, is had! There each oh the volucies, with run with army. I not and do the Kum, how O Ad they Recow that He' dealling derine mes Coulacted in the 1 Ofthe the physicinus say under out Must they present to Henry that the deserve the naturally result from Ordinary scruce us a O (dur! An you day from your persona? Municose of applicant husban like & history las And he not have enless the army he would have substitutely weapor said desease.

100NMa

Affidavit to be Made by the Widow. Form N

STATE OF GEORGIA		
County of De K.	in and for the Coun	ty of De Halfa
oath that she is the widow of	1.2. Bunkit	, who was a soldier in
	States, and served as a member of C	ompany 👉 of the
63 % Regiment of	L'acropia	Volunteers; that he enlisted in said
service on or about the	all' they of	1862, and was in the
Dong cacrate	Army up to	1862, and was in the
	day of	186 , (See Note No. 1)
- Ca.1 - Con	ne leone l'ar	ca Sixty
dig 42 - 1:02	wegle , la	ed egrillacted
		the he never
		healthy man
wiren lu.	cutered the	20.2220
. Mill wav.	riever/a	well man
-after-co	ming fue	ne The
Maak	. lil the di	ed from the
· disease - 2		The second secon

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 the day of 185%, and that she has resided in Georgia continuously since the day of 183%, that Georgia is her home, and was such on the 23d day of December, 1890, and since said day she has not lived in any other State or locality.

on the 23d day of December, 1890, and since said days she has not lived in any other State or locality.

Deponent, as the widow of said decensed 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.

Swong to and subscribed before me, this, the Star Star Restriction of the Star

NOTE: State In blank above the date of the death of the busband, and how, and when, and where he died. And hi case bladeath resulted from disease, state how the disease is Lowe n positively to have resulted from the service of the sudder in the Army and not from any other came.

111/1 111.41. Wackston 3 L'accolluses have not auxur the gradiens deles miner dale c. Day f. 191 There much be plecition for by land welcome Wir dure in their tion decateled ac Vale he Long Wacy VIVar Mr Bautston Contractor discare · in the army, Count particular deserve ded he Counter! Sow ded it effect win. Mat ded he do in 16. 1866. 1869 1868x 1869; Red the perform any mill at all ajo 1864. Viale hachenlart want is did & want he mes not able to the! 11.10 ho Confired their bed, or to the house all that time, or nar he able & nork for a ice in To he nich the father of a remathe of Chile com since her rolum from the amy Villacora nove any sections of it 1864, of st State work armpland, as had? Here cach of the collection with hand to the army of not Surve do tie, Kuno, how O. Ad They Herew that His dead lengtheriace mes Contracted to the very ! Ofthe the physicines Suy under out that they personally lieux that the desence of waret Mr Bullston died now such as would maturally result from Ordinary scruce us a Older ! An you day from your persona? Municego of applicant husban like & herly hat And he not have enlered the army he would have subsel, weaker said desease.

CONNA

County of De Kall in and for the County of De Kall Mrs. M.C. Bankstone, who being sworn according to law, says under onth that she is the widow of L. L. Bare Release , who was a soldler in the service of the Confederate States, and served as a member of Company 63 h Regiment of Color garage Volunteers; that he collisted in said service on or about the Tall they of 1862/, and was in the Long callate Army up to 1864 That while in the Army, he was on the day of 186 , (See Note No. 1) Jead come home on a Sixty deys receivegh, And contracted disease from which he never . recovered. The was a healthy man wien he cuttered the service and was never a well man -often-coming from the Mean til the died from the · disease - in March 1877.

Deponent further swears that she was the wife of said deceised soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the day of 1857, and that she has resided in Georgia continuously since the day of 1856 that Georgia is her home, and was such

on the 23d day of December, 1850, 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, 1850, 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 1821 1891. All Colors As Italy and As Italy of the Colors As I

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

HAST TOUT PRINT OR BAD COPY WELL

Jo Sund County, Ordinery in Most the for Sund County, to Confer Ordinery in Mad the was read over, and feeling in Rained to withrefus before Ligaring, and each of them is personally their Statement are worthy of Just Credit and belief, In without when I have hereally self my hand and belief, by Many and appried by Seer, If Commidael of office, this, he is, day of Seer,

Georgia, Butte County. in person came before me, The Mudersigned ordinary in and for Said County wit melow mes. S. B. Banketon, Mrs. S.E. Pett and Mrs. Louisof Vollison Who Severally Lay under outh, in austion to questions profounded Ty Ot. H. Harrison, Sie, Nov. 28. 1891 ha the matter of application for gension for mrs. M. le, Ban. Neston: 1st he only know. That A. L. Ban Keton, Contraded desease from in learny from declarations of Said deceased, and from general repute as whereas he was a Sound active man When he left his home, to join the army and engage in military Service. It has he orthorned to his home in 1864, he was distall his back being affected, ulways Complaining with back trowble. 20d 1865. To 1869, He farmed Laving no other vocation or Calling height perform the light work on the farm, one fourth of the time, (The hest questions answered in about) He was not Confined to his bed, or his house all The lime, He (ould not labor Sufficiently To earn a living bully the fourth the book of an orderang farm latores doing only the lighest work on the garan he Supplicant. It was died specif He had no especial dickness after

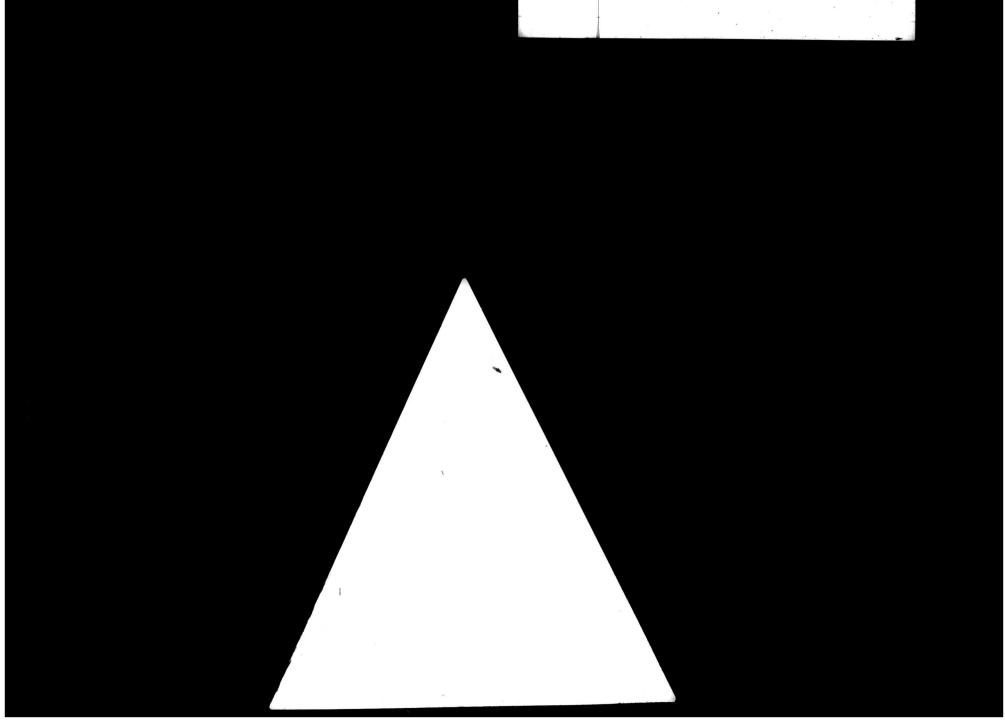
Linger Buth County, 1. J. F. barnichaef Orliner in and for Sund County, do Certify that The Within eggidant was read over, and July of Rained to Orthrefaces before Ligning, and lach of them is personally Known to me to be fersons of respectatily and their Statements are withy of July Credit and belief, In witness when I have herente Selo My hand and affixed my seal of office, this, he 15, day of Sec. J. F Carmichael ording

in person came before me, the Mudereigned ordinary in and for Said County wit melow mes. S. B. Bankston, Mrs. S.E. Pet and mis. Louizof, Tollison Who Severally Lay under outh, in austror to questions profounded Ty Ot. H. Harrison, Sie, Nov. 28. 1891 ha the matter of application for pension for mrs. M. le, Bar. Keton: In he only know. That A. L. Ban Keton, Contracted desease from in long from declarations of Said deceased, and from general repute as Whereas, he was a Sound active man When he left his home, to join the army and engage in military Service. When he octurned to his home in 1864, he was divided his back being affected, ulways Complaining with back browth. 2 -d 1865 to 1869, He farmed having no other voration or Calling, being to perform the lighest work on the farm, one fourth of the lime, (The heat questions answered in atom) He was not Confined to his bed, or his house all the lime, He (ould not lator Sufficiently to earn a living bull the book of an orderay farm latorer doing only The lighest work on the farm he Supplicent, the war died except He had no especial dickness after

16 Postargh Ga (of The 37 1591 of hereby certify that I was the Hamin In broude of Mr . V. I. Dankstone from about Har grave 1858, up to the grave 1868 or 1869 after her we weare to the country of Destable che or in not relieve in the Competerate in in I time here is he a Sound healther man . where he returned droved ice vice, ile and segening from it don'thing to he special disease show which he was a construed invaled with to the grace trans of from that Time of to his distile of Firew mathery full Merry 11.4. divores to and subscribed lyor mentification Circlinary &

street the affection of his took returned from the army hill. no, he were not in the army with hein merther did we be him in The army do before stated he and each of · us know he was a healthy able fordier Man When he left his home to suter the alrang and of our own personal Knowledge by living in his immediate community and Seeing at once upon his nothern home and being farlicidally 4 cudimate with his family until his semoral to De Kall County Leonge Know who was disabled from disere Contraction whi the ledny, as that with had Known him to for years, and at the lime he left home for the Orany as a Sound man as afore 18 Stated, and he returned a Confirmed 10 Runalid. " Deforants in answer to last question mould escaped Said Wisers if he had not found army by the had not found army " Bankston left home for the amy a sound, healty man hit lame back like 20 as above Stated Sevorn To and Sutinited Mis & B. X Bankston 1891. Louisa J. Follison Jodes of Jodeson

Man . Sea. fy head - a' has · 16 Dorraugh Ja the straining of some which in from (to The 37 1891 his death in 1877. He was a I hereby certify that I was the Hemin very readice man all the time of there Systender of Mr. 4. I. Bankstone from about This power 1858, up to the year 1868 or 1800 after in your the cried or some strome That he means to The country of destable nervous disease originating from The stime. " ilanghi, They or in not about in the Confiderate wine He always officiented his little will I time where to by a Sound healthy i his expense in the "middent insien man . when the returned from who they the man that with the think of the ion wice , he was signing from somthing economic of a sound well many to he spinal disease show which he was The age that I to real movies a confirmed invaled up to the gear 1868 at they from that time up to his as well friend diseases since which he and me decontries for it consider there will disite of Know mathery - Snew Line and reside and water him f.M. Cevry M. J. Norma to and Subscribed in activity in the west in that in the lugar my fill fileloout The transfer of the Ordinary Samuelo and outsurent before me May Herry Co 47891 White allows



POWER OF ATTORNEY.

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De Kall to	•			14
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WIDOW'S				TE OF
Indigent Pension.	Marie Andreas			2 2 2
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Name Mes Martha A. Barker		1	·	Co
Widow of Stokes & Barker	ŧ		35 to 1	County.
Approved1901.			·	uthorize and recei
JOHN W. LINDSEY, Commissioner of Pensions.				pt for the check or re
WARRANT HANDED TO	Signature of the state of the s			pension a gistered m
National Association and the second s			•	ail.
Geo. W. Harrison, State Printer, Atlanta, Ga.				nd that h
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$\tilde{\mathbf{I}}_{rr}$	County.			
		y authorize ive and receipt for	the pension -1	lowed and that he
mit the same to me at			or registered ma	
Witness my hand this	day of		190	
Executed in presence of	y			
O	rdinary, County.			· 1. 8.
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	3 04	190.	Commissioner of Pensions	1901
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	A. 16	Graham's Poll	Commission WARRANT HANDED TO	er. Alls
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Questions	tor	Δ nn	licant
Q GOOLIOI13	101	שטא	III aiii

Questions for Applicant.
STATE OF GEORGIA,
De Kalk County.
Mrs Mustha A Busker of said State and County, desiring to
passed 1900, hereby submits her proofs, and after being duly sworn true answers to make to the
following questions, deposes and answers as follows: 1. What is voyr name and where do you reside? (Give State, County and Post Office.) 2. How long and show the state of t
2. How long and since when have you been a resident of this State?
2. How long and since when have you been a resident of this State? S. When and where were you born 121 /8-37-infacksonle, but
4. When and where was your husband horn-state his full name, and when were you and he married?
5. When and where, and in what Company and Regiment did your husband enjiet or serve during the
war between the States? Willy in 1862 - 60 B. Grahlum Batti Cha
Mery cran back loo tell-
6. How long did your husband serve in said Company and Regiment? To the last of war - about 5 Sam - would be Surrender of Could arme?
In 1865 at Hunder Lane
Le Mass your nussand present at the time and place when his Company and Regiment surrendered?
9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority? - A4 he & Authority - He
Mand, for what cause, and by what authority? - V24 / 12 A dietharily - He
10. When and where did your husband die ? In Spil 1898 - in De Hallath Co-
11. Which of the following grounds do you base your application for Pension, viz: First-Age and
Poverty: Second-Infirmity and Poverty or Third-Blindness and Poverty
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
death have been weall to make a Support sold Recurate
- all the surface to taken.
Cook a little for my children -
14. How much can you earn gross by your own provious or labor?
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 pessess 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?
17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation?
18. How have you been supported since death of husband, and especially for 1899 and 1900? By wining with a Cooking for my Children.
19. How much did your support cost for each of those years, and how much did you contribute by your
20. What was your employment during 1899 and 1900—how much did you receive for each year?
The uniquent relieved nothing
21. Have you a family? If so, who compose such family? Give their means of support. Have they any lands or other property? Sof no family line faith my aller children
22. Have you ever made an application for pension before?
23. How many applications have you made for a Pension, and under what class?
Bworn to and subscribed before me this 23%
day of lepricary 1901 Studies And Darker
of the Kath County. Mark

Ouestions for Witnesses. STATE OF GEORGIA. Fultow County. 15 Buil I Markey been presented as a witness in support of the Application of Mrs. for a Pension under the Act of Ser 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? Buy I Mackey 2. Are you acquainted with the applicant, Mrs. Marthus a Barker If so, how long have you known her? Since 1862-3. Where does the reside, and how long and since whom has the been a resident of this State? Ple Health Loo Lest - Lincht 18-62 4. When and where was she born? Don't know -5. Were you ever acquainted with her hy-band? Aloke 5 / Saulen. 6. Where did he reside in 1861? Look 60 / 200 7. When and to whom was be married flamine to now des Martinelisus 8. When and where was he born? Pant Knaco 9. How long have you known him? Since 186. 10. When and where did Stoken, 6 Barker Notes and where did Brother & 18 Marken enlist in the war between States, and in what Company and Regiment did be enlist and how do you know the? Attacker & Company of States & Salt - 6.8. &. 11 Were you a member of the same Company and Regiment' & Mas -12. How long did be perform regular military duty . About 3 seas. 13. When and where was his Company and Regiment surrendered and discharged from service? 14. Were you with the command when it surrendered? Yes The was- me were Paraled at Kingston Su 19. It not present, where was he? He was there - Parallel 17. When and where did he leave his Command? Ringstone has For what cause? Parallel -By whose authority he lett? In S weethanties Counting to end of war was with him. 18. When and where did Stekes & Burker Spris 1848 - in De Hall Por-O was infamual Where did he reside at his death and how long had he been a resident De Kall Co land Since 186/ 20. Do you of your own knowledge know that applicant is the lawful widow of Starke 'S Rusker' & Ro 21. His she remained unmarried since her soldier husband's death, and it now his widow? Mus mat remained _ is Still his .cauleur 22. What proper'y, effects or income has the applicant, if any, and how do you know this of your own knowledge? Bune

23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she

24. Has applicant conveyed any property in last two years or given any away, if so what was it and to

25. What is applicant's physical condition and her chances and ability to earn a support? All age in formation - two at from Surphy - Surp

make of it? / Pane

whom? None

26. Is applicant able to earn a support at labor of any sort, if not why? 15 - The is 27. How was she supported for 1899 and 1900? By him Children - Cooking & little for this. 28. How much did applicant contribute to her support for last two years? Nothing useful sweling 29. Give a full and complete statement of applicant's physical condition? This will was unhealthy - Rheunstein - & Su Buffer 30. What interest have you in the recovery of this pension by the applicant? Hworn to and subscribed before me this 2 C John A Welling Ordinary Mullon The above writing is a trustion rely moun & of good chargeter Affidavits of Physicians Juk withurn STATE OF GEORGIA County. Personally before me comes Pr. 17477 Liffs Ask both known to me to be reputable physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. Marcha D. Jos as Her applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this That - the is any and to In season of old age and grand physical, and we have no interest in said pension if allowed. Sworn to and subscribed before me this IIII agsda G Ordinary, ORDINARY'S CERTIFICATE STATE OF GEORGIA, The Kalh 1. 11. Miles gala Cy Ordinary in and for said county, hereby certify that the applicant, Mrs. Miles Wha A Backet resides in said county, and has been a bona fide resident of this State since 18.32..., and that the witnesses, Mr. 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 I further certify that the tax digest of See Call returned for taxation in her own name in 1899 / We of property, and in 1900 / Voul Witness my hand and official seal, this 911 day of Hel 1222 Cageda Co Ordinary, Notes—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."

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

3. All sfildavis 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 28th April, 1865, not entitled.

5. Witnesses and two Physiofans are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

, hereby anthorize

1. 5

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

In W_{SRes} if w_{SRes} i, I have becomes set my hand and seal, this day or

Expensed in prosence of

INDIGENT

POWER OF ATTORNEY.

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,	17			ة ك	For year ending Dec. 31, 1903	Paul	0 4	13 1	JOHN W. LINDSEY	WARRANT ISSUEI	TO HANDED TO		
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WARRANT ISSUED

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

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STATE OF GEORGIA,	PERSONALLY COMES MRS.
STATE OF GEORGIA,	Miniting of Pusher
(1 2) shorter sworn, says on onth.	that she is a bona fide resident of said County of
State of	Georgia, and that she has RESIDED in said State
Standards on small to 2 12 /2	. That she is the Widow of
I have the higher to	who was a soldier in Company
13 of the 2 5,14 /10 1113	
Volunteers, that he enlisted in said regiment on or	
1s6 / . and served in the Army up to	7216 1865. That he died
on the day of .	72216C 1595
L'in Sidence in	col rect 120
© .	2
	1.8
Deponent sweaps that see was the wife of said dece-	ased soldier, during his service in the Army as a
scaller, and that suc has never married since his	death aforesaid, and that she became his wife in
The year 18 53	
Ence, seen adoved at Index nt pension as	a resident of
Course grader X_1 v. Come for the very 1900 and no.	wapply fithe pension provided by law for the
s or clothing December of Pure	1.
are the to a st. on of the tour fore me	
you of the state o	siterial of Anni College
(. 1) ("(, " of other training) P	ost Office
7	, , , , , , , , , , , , , , , , , , ,
State of Georgia,	to f /// Legarite grant of said County, coeffity that I am well
County. 1; de	edinary of said County, certify that I am well
sequainted were Mrs. 2. 11/4. 7. 3.	(/// who made the above affidavit and
an satisfied that the facts therein stated are true,	and I know she is the individual she represents
hereself to be, and that she has continuously reside	d in this State since the
day of the pall's	
Given under my official signature and seal, this	the 15 day of 2011 1902
Official i	111: Commerce County.
/ Seal. (rdinary of Dechie

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.	PERSONALLY COMES MRS.
County of De Kall	Martha A. Jachen
	on oath, that she is a bona fide resident of said County of
no della	State of Georgia, and that she has RESIDED in said State
Sarker Sarker	That she is the Widow of
	who was a soldier in Company
B of the Graham's 13	
Volunteers, that he enlisted in said regime	
186, and served in the Army up to	That he died
on theday of	9/11/ 1998
stape a bull	Lefosinety meable to
- July -	
Name of the state	
-	•
And the second s	
Deponent swears that she was the wife of s	said deceased soldier, during his service in the Army as a
soldier, and that she has never married si	nce his death aforesaid, and that she became his wife in
the year 18 5 3	
I have been allowed an Indigent pens	sion as a resident of De Vach
	and now apply for the pension provided by law for the
year ending December 81, 1908.	provided by like for the
Sworn to and subscribed before me,	, T
thin 12 - day of 124 1900.	1 / 11 / 11 x 11 x 1 x x x X
collected Ordinary	Post-Office Sederal Ja
State of Georgia,) . // // /
So rath County	1,1111111111111111111111111111111111111
acquainted with Mrs. Ald Strid H	Ordinary of said County, certify that I am well
am satisfied that the facts therein stated are	e true, and I know she is the individual she represents
herself to be, and that she has continuously	
day of 1832	and some fines the
Given under my official signature and so	eal, this the W day of our 1908
	eal, this the day of 1908.
{Official } Seal. }	- 14/10 W JSARCC
in a	Ordinary of L.C. County.

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

POWER OF ATTORNEY.

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	2 200	HO HO	* *	1 1 1
OOV SAK EN	ms///an \ 2/G \ \ 2/G	1	Ä ×	Geo. W. Harricon, State Printer, Atlanta
	for the pension p	COUNTY. COUNTY. Cor. the pension paid hereon, asat EOP. I have hereunto set my hand 1904.	of for the pension paid hereon, and request thatat EOP, I have hereunto set my hand and seal, this 1904.	LCOUNTY of for the pension paid hereon, and request that he remit soat EOP. I have hereunto set my hand and seal, this 1904.

PC	WER OF	ATTORI	NEY.		
STATE OF GEORGIA,	County.	}			
I,				, hereby aut	horize
	of				
to receive and receipt for	the pension paid at		equest th	at he remit sa	une to
In Witness Whereo			l and scal	, this	
day of	1905.				
F				V-1000 (4000)	[L. s.]
Executed in presen	ce of				
		5 3 # 1	ns.	05.	.
aid.	E 38 %	County,	LINDSEY,	19	4 .
1905. No. 167 No. 167 NO. 167 NO. 167 NO. 100 NO. 1	IDUM D FENDIU For year ending Dec. 31, 1905, Micaellis C. (1, 2)	Sant S	SEY,	9,7°°°	Daning and Fugitaring Co. Atlant
Tetol	L Pe Pe	100	JOHN W. LINDSEY	WARRANT ISSUED // AND HANDED TO	FUBLISHING I.H. FOR ST
H 20 H 20	o iidii ∰ °	7201.12	. S	PRAN D HAN	SON MANAG
Those Xo.	Vear o	1000	OHN	WA	W Annual De
	For E	Widow of.	J		1 30
		Co.			

Widow of S. Jan Bakegimen.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, PERSONALLY COMES MRS.
County of DE Hall Musting a Bas 1800
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 filter 1837
That she is the Widow of who was a soldier in Company
B of the Graham Bax Regiment of
Volunteers, that he enlisted in said regiment on or about the month of Max
186/ , and served in the Army up to
on the day of Cyril 1865. That he died Cyril 1865. That he died Cyril 1848. Cyril 1848.
*
man to
A CONTRACTOR OF THE CONTRACTOR
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 55
I have been allowed an Indigent pension as a resident of Serral C
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 Jaury 1904 Martha Smarker
mul Regerry Ordinary. Post Office. Riskuro a go
State of Georgia, 1. James 19 Storye
acquainted with Mrs. Marthau Raylar, who made the above amidavit, 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 the24
day of February 1837
Given under my official signature and septembis the 22 day of Jacry 1904.
James R George
Ordinary of DEMalb 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,	PERSONALLY COMES MRS.
Who, being sworn says on oath, that s	he is a hone fide registery of will the
Weller & State of George	ia, and that she has resided in said State
continuously ever since	That she is the Widow of
Stelle Jean 12	who was a soldier in Company
Volunteers, that he collisted in said regiment on or about t	
180 5, and served in the Army up to	
	The tried of
Coger Poverly	.18
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working control to the control to th	27.00
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Doponant engage that she must be mis-	Commence of an example
Deponent swears that she was the wife of said deceased sol	dier, during his service in the Army as a
soldier, and that she has never married since his death aforthe week to	resaid, and that she became his wife in
the year 18	, ·
I have been allowed an Indigent pension as a reside	
County, under Act 1900, for the year 1904, and now apply	for the pension provided by law for the
year ending December 31, 1905	
	tha at Barken
Hansus Regionary, Ordinary. Post-	Office.
State of Georgia,	Jan 18 6 -
	fall tury
County.) Ordinar	y of said County, certify that I am well
	1/Lewson made the above affidavit and
um satisfied that the facts therein stated are true, and I kno	
nerself to be, and that she has continuously resided in this S	State since the
lay of18	•
Given under my official signature and seal, this the	8 day of Leece 1905.
Official Seal.	10 Regionel
Ordinary of	William County

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

POWER OF ATTORNEY.

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	In Wa	and rece	eipt for	the per	here	paid l	t	ıd requ	est that	he remit	t same
la	y of			presenc		_1906.			3		[L. 8
to Inose Derecolore Pald.	1906.	No. [44	KDIGENT	OW'S PENSION,	For year ending Dec. 31, 1906.	Martha a Barker	Lall County,	Wales Makegiment.	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT ISSUED AND BANDON TO	CHI

POWER OF ATTORNEY.

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day o	of Janu	Whereof, I		eunto set	my hand	d and s	eal, thi	is 13	[L. S.]
Paid		TX	(, 1907.	when	County,	Regiment.	LINDSEY, Commissioner of Pensions.	1907.	71,4874,
To Those Heretofore Paid	1907	INDIGER WIDAWN DEN	For year ending Dec. 31, 1907	Mas Martha A. Bo	DeKALB. Widow of Settle & Bu	cof Lahouis Bytt	JOHN W. LINDSEY Commissioner o	WARRANT ISSUED	C. C

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No.

FOR INDIGENT WIDOWS HERETOGORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of County of Matthe a Barker
who, being sworn says on oath, that she is a bona fide resident of said County of Rall
continuously ever since 1537 That she is the Widow of 21 15 1 1 2 1 Ker who was a soldier in Company of the 2 a kare 13 attragement of
Volunteers, that he enlisted in said regiment on or about the month of March
186 2, and served in the Army up to Chric 186 5 That he died on
the day of pril 1898
The state of the s
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Marrie California (1772 to 17 control and 17 facts (17 facts) (17
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 2. Ka Ch
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 superibed before me that I that the superibed before me that I tha
year ending December 31, 1906. Sworn to and superibed before me the 17th day of Annony 1908. Market
Sworn to and subscribed before me this 17th day of Milliony 1900. Mills Reference Ordinary. State of Georgia, The County. Ordinary of said County, certify that I am well
Sworn to and subscribed before me this 17th day of Milliony 1900. Mills Reference Ordinary. State of Georgia, The County. Ordinary of said County, certify that I am well
Sworn to and subscribed before me this 17th day of Musery 1900. State of Georgia, County.
Sworn to and subscribed before me this 17th day of Milliony 1900. Mills Reference Ordinary. State of Georgia, The County. Ordinary of said County, certify that I am well
State of Georgia, County. Ordinary of said County, certify that I am well acquainted with Mrs. Mark 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 Lebruary 18.37
State of Georgia, County. Ordinary of said County, certify that I am well acquainted with Mrs. Mark 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 Lebruary 18.37
State of Georgia, State of Georgia, County. C

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of DeKALB. Personally comes Mrs. Martha a. Barkey
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
Stoke 4 J. Banker who was a soldier in Company
B of the Druham Butt Regiment of
Volcunteers, that he enlisted in said regiment on or about the month of
186, and served in the Army up to186 That he died on
theday of18
Uge and poverty
The second section of the second second second second second second second section second second second second
Marie Marie Carlotte Commission Control of Marie
The state of the s
IN MICH. TO BEHAVE BOX IN THE CONTROL OF MANAGEMENT AND MANAGEMENT AND MANAGEMENT AND MANAGEMENT AND
N I MANUAL THE
THE RESERVE THE RESERVE THE PROPERTY OF THE PR
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 ofDeKALB.
The make a season
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 15 Today of Journey 1907. Marcha Vis Bartlen
tund Chiery, Ordinary. Post Office to Squared To
State of Georgia, Janus R. George
0-1/1/5
Ordinary of said County, certify that I am well
acquainted with Mrs. Martha a. Barker, who made the above affidavit, and
an satisfied that the facts therein stated are true, and I know she is the individual she represents
nerself to be, and that she has continuously resided in this State since the
lay of18
Given under my official signature and seal, this the day of fally 1907.
Company Charles
Official Seal County
Ordinary of DeKALB County.

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

Fingston Gu May 12 1865.

The braver of Garhan Pring

of Co. B Regiment of Grahamo Bath Of Ga

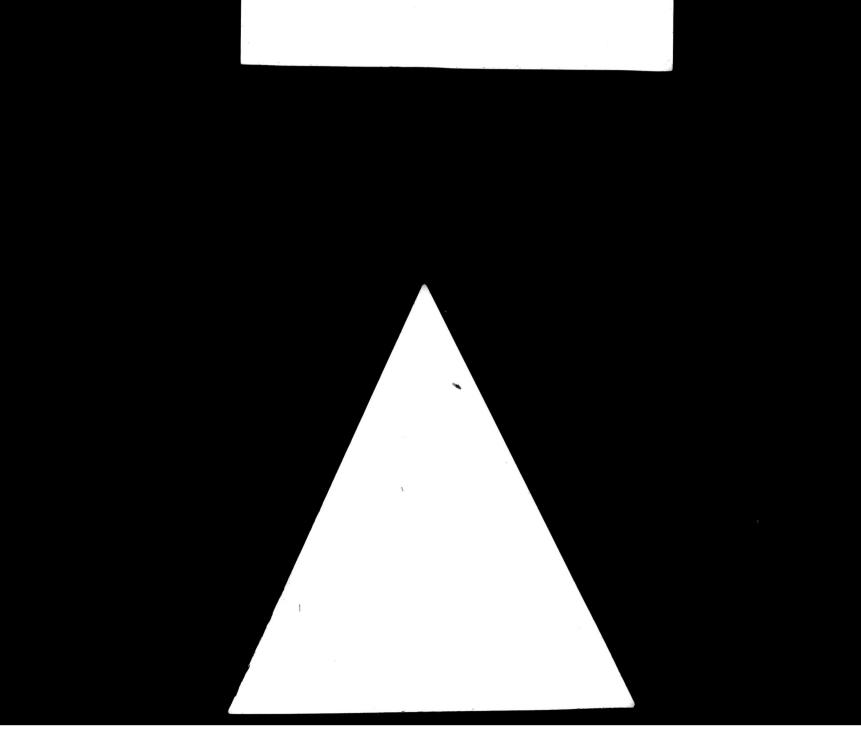
a paroled prisoner of the army of North Ga

has permission to go to his home, and there remain undisturbed.

By weller of Brill Garfen Generality.

LF Col 40 21445 Generality.

Col we not all aff



Ordinary's Certificate

Se half			TO THE RESIDENCE OF THE PARTY.	*
Çio.	NOTES:	worthy, an Sworn u (SEAL)	and want the wife	that
Widow's Pension	1. Be 2. Add 3. Onl 5. Att	and n uno L)	ness in	know
Under Act 1910—as Amended by Act of 1919.	Before : ''You do you shall Addition Only wid All affid such Ord Attach co reputatio	their n	the a	2 2 20 D
County Delrash	any questions o solemnly sw five will be al affidavits a lows who man though a first must b linary. m.	orthy, and their statements are entitled to full faith , Sworn under my hand and official seal of office this (SEAL)	and was on the 4th November 1908; that I also know the witness who swears to the service of husband; that were dily storm by made for the service of husband; that	in the contract of the contrac
Name Mr Je Francis M. Banus Widow of R. M. Banus	8 85 7 9	ts are en nd officie	ts herself aber 1908 the service	20th
Widow of M. Bannes	you v So h So h ttache or to efore	ing the	of h	2 400)
Company	the O vill trail trail trail trail trail trail trail and diff b Januar the O tense	to fu	t I all	8. 7°
Regiment Erbbs Digues	are answered the Ordinary shall swear that you will true answers make may be also below the state of the latest and the shall you follow a may be also below to January as spaces are made before the Ordinary of the made before the Ordinary of the of marriage license if obtainable.	worthy, and their statements are entitled to full faith and credit. Sworn under my hand and official seal of office this	and was on the 4th November 1908; that I also know I full engine the witness who swears to the service of husband; that both of them are now were duly every here we have	COUNTY
Approved	ar ak	ideredia de credia de cred	oth of t	ar
	voir applicant and the concern to each of the questi insufficient, emitted, residence of the person re	and the	hem are	ñ.
8001911	the questions the person to	Chi #	now psident	Ordinar
Control of the state of the sta	asked some	South are	ident citiz	Ordinary of said County, do certify
*		1	5 7 d	Com
J. W. LINDSEY, Commissioner of Pensions.	and the eridence and certified by and or by general	Ordinary	35 20	nty, do o
Byrd Printing Co., State Printers, Atlanta.	words: evidence rified by general	19/ Lary, County	County	on.
11329919	E 34 8 11 1	3 12	Z 3	rtify She
3 7779			5 12	
		, ,	de la	

Applicant must submit some testimony to account for husband honorably from Aug., 1864- to the end of the war, as stated in her aprilostion.

J.w. Lindsey.

4/20/ 1920/

Robt. M. Barnes, DeKalb Co.

Ordinary's Certificate
STATE OF GEORGIA.
James Planner
that throw Mrs Hannies MI Barries a throng to said County, do certify
that Vanou Man H. Marcia M. Barries the applicant for pension. She
and was on the 4th November 1908, that I also know / M. King & Sugartie
the witness who swears to the service of husband; that both of them are now raidents 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 day of 1100 1915
(SEAL) James St Georg Ordinary,
County
NOTES: I. Before any questions are answered the Ordinary shall awar applicant and the witness in the following words: 'You do solemnik 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 find: Additional affidavits may be attached if blank spaces are insufficient. Additional affidavits may be attached if blank spaces are insufficient. All afficiency has married perior to January Bit, 1881, are entitled. All affidavits who married perior to January Bit, 1881, are entitled. Such Ordinary of the residence of the person to be sworn and certified by such Ordinary. Attach certified copies of marriage license of obtainable. If not, prove marriage, by some person, or by general reportation.

Widow's Pension

Com. of Pensions.

Applicant must submit some testimony to account for husband honorably from kug., l864- to the and of the war, as stated in her application.

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	
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! 4x8. Frances Parnes, 37 Oakdale F	back
2. How long and since when have you been a continuing resident of the State of Georgia?	
All my life	
3. When, where and to whom were you married ! Jan. 23, 1872, Warren Co., Ga. to	
hobert Parnes	
a. Have you married since the death of first and soldier husband?	
4 When where and in what Common and Desirent did not be a little and solder in what it was below the solder in the	
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Goografia Wilking Chief and Confederate Army or Goografia Wilking Chief and Confederate Army or Goografia Wilking	
Ge. 1000. B. Powden volunteers. Cobris. Locion. Village R. Powden volunteers. Cobris. Locion. Village R. Powden volunteers.	į.
Gas. InCo. E. Powden volunteers, Cobt's Legion, McLaw's Division, Longstreet's Corps. 5. When and where did the commands of your husband surrender or discharge from the army!	
Dant know	
6. Was your husband personally present at the time of the surrender or discharge of this command?	
Na.	
7. If he was not present state clearly where he was ? In prison at fort Pelamare	
8. Where was his command when he left; Captured at strausburg in virginia	
a. For what cause did he leave his command!	
h Re whose authority did be home his	
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?Waunded	
f. What effort did he make to return to his command?	
g. In what way was he prevented from going back to CommandPrisoner	
h. Was he captured by the enemy at any time? Yes at Strausburg, ya.	
i If so, when and where captured and where held as a prisoner, and when and for what cause released? Captured in Virginia	
j When and where did your first husband dier December 31, 1083 in Charleston, S.C.	
k. Were you residing together when he died! Yes	
1 If not, how long had you resided apart? Never resided apart	
m. Are you now a widow ! Yes.	
9. Have you or your husband harstofers been mid	
9. Have you or your husband heretofore been paid a pension by the State?	
f so, when and for what cause were you or your husband placed on the roll?	
Sworn to and subscribed before me this the day of Martin Maria 19 19 Mrs. Frances, M. Caa January January	s ic
County.	
SEAL)	

/036T /03/7

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 Bannes Pension ьу 2

(SEVI)

NORES! I. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:

2. Only abstracting the state of the Ordinary of the previous state of the previous state of the state of the previous of the previous state of the previous of the previous of the previous of the ordinary of the Or

Sworn under my hand and official seal of office

worthy, and their statements are entitled to full faith and cred were duly sworn by me before signing the foregoing affidavits and that they both are truthful, tenst-

the witness who swears to the service of husband; that both of them are now pedicents of said County-en

is the person she represents herself to be and she is a lord childreng resident citizen of said County

the applicant for pension. She Ordinary of said County, do certify

STATE OF GEORGIA

POrdinary's Certificate

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,	.)
Fulton COUN	rry.
Personally before me comes	J. W. King who, after
being duly sworn, true answers to make to the fo	blowing questions, answers as follows:
1. What is your name and where do you reside	J. W. King, Soldier's Home
<i>-</i>	
How long and since when have you known	Mrs. Frances I. Barnes applicant?
Just met he	er
3. How long and since when has she continuous	ly resided in this State? (Give date.)
4. When and to whom was she married !	How do you knowf
5. How long and since when did you know.	R. M. Barnes
husband; Since 1860	1100
6. When and where did	
he husband of applicant, diet	
7. Were the applicant and her husband living t	ogether as husband and wife at the date of his death?
	the date of his deathy
8. If not, how long did they live apart before his	s death?
Vere they divorced f	
9. When, where and in what Company and Regi	ment did R. M. Barnes
July 1861. Bowden Ga., o. "B	" Cobb's Legion, Inf.
10. Were you a member of the same Company	YesXes
11. How long within your personal knowledge di	id he perform actual military service with his Company
nd Regiment, From July 1861 to Au	gust 1864
42. When and where did his Command surrende	r., and was discharged?
Appomatto	x Court House April 1865
13. Were you personally present when it was su	irrendered. EoIf not, where
ere you Ft. Deleware	and how came you there! Prisoner
Captured August 8, 1864, Fron	t koyal, Va.
 Was the husband of applicant personally pre 	sent at surrender? Don't know If not
ere was he?	When, where and for what
use did he leave Command? (Give date.)	By whose
hority did he leave his Command?	And how
g was he granted leave !	How do you know all this?
	To you allow all tills?
5. For what cause, if you know of your own known	wledge, was he prevented from returning to his Com-
nd†	
6. What effort did he make to return to his Cor	mmand and how do you know this? Of your own
wledge or howf	your own
	1 4154
worn to and subscribed before me this the	p waring
3rd day of November 1919	I certify that I know the within we ness; that he is a resident of said county and was duly sworn by me being a storing the foregoing affidavit; the is truthful and trustwom thy and statements are entitled to full fail this for. 1919.
- Sein De an	ounty and was fully sworn by me he
A Cara Co Marrillordinary) signing the foregoing affidavit; ti
Fulton County	statements are entitled to full fa
EAL)	This Nov. 3, 1919.
- Control -	12- 3660 10200001

FILED
MAY 2H 1976

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For		DeKalb		Co	unty
	App	licat	ion :	for	
F	xpe	enses	of	Last	t
III	nes	s and	l Fa	ner	al
	(UN	DER ACT	OF 19	19)	
	٧. 3.	Morgan		, Ordin	nary
For:	Mrs.	France (Name of F			l
Date o	of Deat	h: May	16	, 193	6
Amou	nt: \$			1	

Approved, and ordered paid,

193

Veterans Service Office.

JUL 6 1

Sworn to and subscribed before me this the

3rd day of ... Kovember 1919
Toertify that I know the within withest; that he is a resident of seid county and was fully sworn by me before slowing the foregoing affidavit; that he is truthful and trustworthy and his statements are entitled to full faith and credit.

(SEAL)

(SEAL)

STATE OF GEORGIA. FULTON COUNTY.

Personally before the undersigned authority new comes Mrs. L. D. DuBose, who upon oath says:

. That she has known Mrs. Frances M. Farnes all of her life; that she was present at the marriage of said Mrs. Frances M. Barnes (formerly Frances M. Cody) to Rebert M. Farnes on January 18, 1872, in Warrenten, Georgia; that she knows of her own personal knowledge that the said Mrs. Frances M. Parnes and the said Rebert M. Parnes lived together ce minuously as man and wife from the date of their marriage on January 18, 1872, until the date of the death of the said Rebert M. Parnes, on December 31, 1883; that the said Mrs. Frances M. Farnes has not remarried since the death of the said Robert M. Farnes and is now a widow.

Sworn to and subscribed refore me this August 28 1919.

Ordinary Fulton County, Ca.

mas & dr. ren Bru

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. Pattaraon & Son by
	Haymond B. Wilson , of said County, who, after being duly sworn, on oath say
	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 22 day of May , 193 6.
	this the 22 day of May , 193 6.
	Marganordinary. Refluging B. Nelson
	CERTIFICATE OF THE OPPOSIT
	CERTIFICATE OF THE ORDINARY
	GEORGIA, DeKalb County.
	I certify that H. M. Patterson & Son by Raymond B. Wilson who subscibed
	to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and
	credit. I further certify that I knew Mrs. Frances M. Barnes the deceased
	pensioner referred to in the foregoing affidavit and that said deceased was at the time of death
	ceased pensioner is the identical person named and described in the attached certify that said de- certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last illness and burief for which claim is more than the surface of the
	of last illness and burial for which claim is made.
	Given under my hand and seal of office, this the 22 day of May , 193.6
	(Seal of Ordinary) V.D. margan, 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
	4th. The Ordinary must see to it that each bill is perfectly legislant.
1	4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and il 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.
1	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 ermanently filed in the Veterans Service Office.

Oth. 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 fit the pensioner had been outside of the State of Cercifa for more than twelve (12) months immediately preceding date of death.

Established 1882

H. M. PATTERSON & SON

Spring Hill at Tenth

ATLANTA, GA.

		December 1 and 1 a							
		Expenses							. 1936
Res-	- 540 01	airmont A	ve.	, Dec	atur, Del	Cal	b County.	Georgia	,,-

To Our Complete Service Including Casket

\$105.00

SPECIAL DISBURSEMENTS FOR YOUR CONVENIENCE

Opening Grave Cement Vault 20.00

\$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 sufficient property to pay this bill, said bill bill being true, correct and unpaid.

H. M. Patterson & Son

terment B. Welson

Sworn to before me this 21st day of May, 1936,

May, 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 // day of September, 1936.

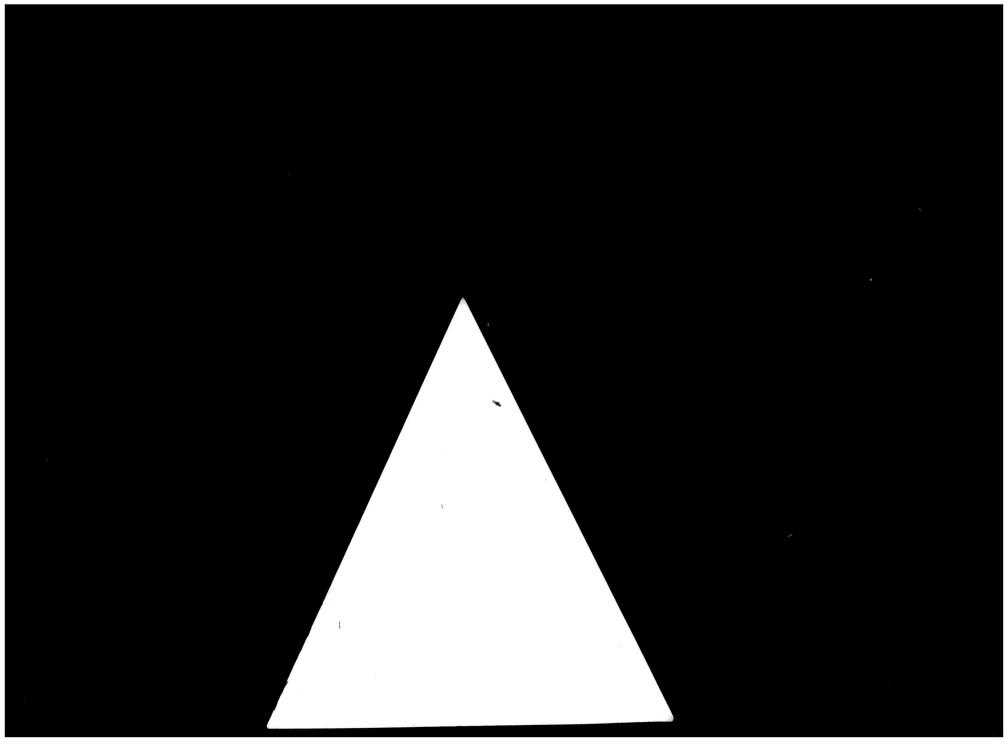
JEBowen

yin. In e 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.



CERTIFICATE OF DEATH . GEORGIA STATE BOARD OF HEALTH Bureau of Vital Statistics

31 1. PLACE OF DEATH DeKalb 1061 Militia District (Number and Name) City or Town Decatur 540 (Street) Clairmont Ave. Street and Number (No..... (If death occurred in a hospital, give its name instead of street and number) Frances Cody Barnes 2. FULL NAME 540 Clairmont Ave. Decatur, Ga. Residence (City or Town) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 1 SEX 4 COLOR or RACE 5. Single, Married, Widowed, Divorced (write the word) Widowed May 16, 1936 Female White Aug. 28, 1853 6. DATE OF BIRTH (month, day, year) July, 1934 19 to 5/16/1936 If less than one day AGE Years Hours.....Minutes. I last saw h. GP alive on 5/14/36 19 death said to have occurred on the date and bour stated above. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife The principal cause of death and related causes of importance in the order of onset and duration of each: (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. Chronic nephritis (c) Date deceased last worked at this occupation (month and (d) Total years spent in this BIRTHPLACE Other contributory causes of importance: Covington, Ga. Senility (P. O. Address) Dr. Jeptha Cody 10. NAME What test confirmed diagnosis? Clinical
(Specify whether autopsy, operation, laboratory, or clinical) 11. BIRTHPLACE Unknown If death was due to external causes (violence) fill in also the following: (P. O. Address)... Was injury an accident, suicide, or homicide?.... Unknown 12. MAIDEN NAME. 13 BIRTHPLACE Unknown Did injury occur in a home, public place or industry?..... (P. O. Address). Manner of injury_____ INFORMANT Maude H. Graham Nature of injury..... (Signed)..... 540 Clairmont Ave. (Address) (Signed) S. T. Barnett 19 BURIAL PLACE 26 Linden Ave. Westview (Cemetery)... (Date) 5/18/1936 Askalb County Health Officer (Postoffice). H.M.Patterson & Son (Signed) by J. E. Bowen (Address) OFFICE OF THE REGISTRAR OF VITAL STATISTICS For the City of Atlanta Atlanta, Ga., 5/21/36 GEORGIA, FULTON COUNTY. of the series of for Frances Cody Barnes as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta. Stevans MD. SEAL by Dekalb County Regi Hattantan Ge



ORDINARY'S CERTIFICATE

10 (B O)			nin filia 🌬		
No. No. Kaid aunt	NOTES	are en	before	on the-	STATE I, know M
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.	Before any questions "You do solemnly se you shall give will be you shall give will be a Additional affidavits must ! All affidavits must ! Only widows who must have considered oping reputation. Widows of Disabled service—because he results.	Sworn under my hand and official (SEAL.)	before signing the respective	person she represents herself to on the 12 day of 15. That I also know	TE OR GEORGIA, AMELA Mr Dramine,
County Dikall Nam Harriel Heath Barnes Widow of Hilliam & Barnes Company B - Battery	s are answered the wear that you will is the truth. So belp ye the truth she had been as the made before the tried prior to first, se of marriage liceus es of marriage liceus Pensioners must us made no proof of s	ficial soal	e affidavits, and tha	100	Hath Bern
Company B = Battery 98 Regiment	inary shall swear apple answers make to each food." one insufficient in the county of inary of the county of arry, 1881, are entitled, obtainable. If not, pro-	of office this. 18	the respective affidavits, and that they are truthful and trustworthy and their statements	be, and that she is a bona fide continuing resident of said County and was 19/5 W. Garttef V. witness as to marriage, and I also know	COUNTY.
	witness ir ions asked	den se	that both of the foregoing were duly sworn by are truthful and trustworthy and their statements.	inuing resident of said County and was reliable to the said county and was reliable to the said county and I also known	NTY. Ordinary of said County, do certify that I
J. W. LINDSEY, Commissioner of Pensions. Byrd Printing Co., State Printers, Atlanta.	you and the evidence you for by general person, or by general full term of husband's	Ordinary.	uly sworn by me their statements	County and was	, do certify that I

ORDINARY'S CERTIFICATE

quella	ll	. COUNTY.	·		
I, James	Hath Ba	rus the m		County, do certify that I sion, and that she is the	
1.2				t of said County and was	-
That I also know	Telix ?	Camp	witness as to r	narriage, and I also know	
e entitled to full faith a	nd credit.	nd that they are to	ruthful and trustwort	were duly sworn by me	
Sworn under my han (SEAL.)	d and official	of office this	Algen (8)	J-C Ordinary.	
you shall give will 1 2. Additional affidavit 3. All affidavits must 4. Only widows who a 5. Attach certified cop- reputation, d. Widows of Disables	the truth. So he s may be attached be made before married prior to findes of marriage littles of marriage littles of marriage.	Ip you God." I if blank spaces are the Ordinary of the c st January, 1881, are cense if obtainable.	insufficient, county of residence, entitled, if not, prove marriage, b	tness in the following words: asked you and the evidence y some person, or by general	
жегу 1се— ресцияс he	made no proof	of service and was no	tion Mank and state and it required to do so.	prove full term of husband's	
Vidow's Application Be Put on Roll in Her Own Right When Rushand Was on the Intigent Roll or Put on Under Act of Juy 11, 1910. As Amended by Act of 1919.	Titall.	Company B = Battery 88	to on one and state and required to do so.	J. W. LINDSEY, Commissioner of Pensions. Printing Co., State Printers, Athalia.	10017-1109

WIDOW'S AFFIDAVIT

	,	
	STATE OF GEORGIA,	
	Delalo COUNTY.	
	Personally before me comes Mrs Harriet Neath Barnes of said County,	
	who, after being duly sworn, says that she is the widow of William It Barnes	
	to whom, in the County of Warren State of Georgia she was married on	
	the /6 day of Dec 1875 and that she remained his wife, and resided with him to the	
	date of his death in Oct 37th 19/8 and that she has not since his death remarried. At	
	the time of his death he was a resident of Lekalb County, in said State	
	of Georgia, and he was on the Andigent Pension Roll of the State and paid a pension	
	of \$0.00 in Dellath County for 19/2 per annum, on account of being a soldier in	
	Company Company Regiment Sattery (Volunteers or State Militia) That she is now a bona fide resident citizen of said County of Sakalb and she	
	70.	
	· .	
	Sworn to and subscribed before me, this the	
	James Pleary Ordinary Mrs Harriet Heart Barren	٠,
	Junes When the Ordinary Ordinary	2
	County.	
	5041	
	SEAL)	
	Affidavit of Witnesses to Prove Marriage and to Whom.	
	Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband TATE OF GEORGIA,	
	Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband TATE OF GEORGIA, December 2.	
	Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband TATE OF GEORGIA, SKall COUNTY.	
	Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband TATE OF GEORGIA, DeKalle COUNTY. Personally before me comes Tallix Camp	
	Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband TATE OF GEORGIA, Dekall County Personally before me comes Spensable and truthful persons, residing in soid County, who after having been duly sworn, say: that	
	Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband TATE OF GEORGIA, Dekalle COUNTY. Personally before me comes Figure County, who after inving been duly sworm, say: that (their own personal knowledge Mrs. Harrie Heath Barrie), who made the foregoing (fidavit, is the havful widow of Villiam H. Barries), who died in Dekalle	
	Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband TATE OF GEORGIA, Dekalle COUNTY. Personally before me comes Figure County, who after inving been duly sworm, say: that (their own personal knowledge Mrs. Harrie Heath Barrie), who made the foregoing (fidavit, is the havful widow of Villiam H. Barries), who died in Dekalle	
	Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband TATE OF GEORGIA, Bekall COUNTY. Personally before me comes Folix Comp known to be sponsible and truthful persons, resuling in said County, who after having been duly sworn, say: that (their own personal knowledge Mrs. Harrie Heath Barries who made the foregoing (foliavit, to the lawful widow of Villiam H. Barres) who died in Delalic ounty in said State of Junya. 1918.	
	Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband TATE OF GEORGIA, Declaration of Husband COUNTY. Personally before me comes Falix Comp known to be sponsible and trathful persons, residing in said County, who after inving been duly sworn, say: that (their own personal knowledge Mrs. Harrie Heath Barnes) who made the foregoing who died in Delalic county in said State of Georgia on 27% day of October 1978, and that she has not since remarried. That she became the wife of Him H. Barnes on Advance of Married Married Married Married Locations on the day of Sara and that she and be but resided together as your and that she personal together as your and that she personal together as your and that she may be undersonal together as your and that she may be undersonal together as your and that she had be but resided together as your and that she may be undersonal together as your and that she had be but resided together as your and that she had be but resided together as your and that she had be but resided together as your and that she had be but resided together as your and that she had be but resided together as your and that she had be but resided together as your and that she had be but resided together as your and the she and be but resided together as your and the she are the personal together as your and the she had be said to the personal together as your and the she had be said to the personal together as your and the she had be said to the personal together as your	
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l'a	Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband TATE OF GEORGIA, Defall COUNTY. Personally before me comes Tables Comps known to be sponsible and truthful persons, resuling in said County, who after having been duly sworn, say: that their own personal knowledge Mrs. Harris Heath Barries who made the foregoing (fidavit, is the havful widow of Villiam H. Barries) who died in Defalls ounty in said State of January on 27th day of Detalian on 19/8, and that she has not since remarried. That she became the wife of Him H. Barries on 18/1, and that she had resided together as man and fe continuously since 15 day of Detalian was	
l'a	Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband TATE OF GEORGIA, Because County. Personally before me comes County. Personally before me comes Annual Health Barries Who made the foregoing who died in Delality only in said State of Georgian and that she has not since remarried. That she became the wife of Health Barries of day of See Same man who was on the pension roll of said State From Marriage and to Whom. Annual was supersonal to the horizontal to the foregoing who died in Delality on the harmonic state of Georgian on 27 day of Delality Samuel on the same specification on the day of See Same man who was on the pension roll of said State From Delality County. And that she had resided together as man and the continuously since 16 day of See 1871, and that the Him H. Barriel was essume man who was on the pension roll of said State	(
l'a	Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband TATE OF GEORGIA, Declaration of Husband COUNTY. Personally before me comes Folia: County, who after having been duly sworn, say: that (their own personal knowledge Mrs. Harriel Heath Barrie) who made the foregoing fodavit, as the bawful widow of Nilliam H. Barriel) who died in Dilalia ounty in said State of Jarriel on 27th day of October 1918, and that she has not since remarried. That she became the wife of H. Barriel on of day of the same man who was on the pension roll of said State from the H. Barriel was e same man who was on the pension roll of said State from the same	Ð
l'a	Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband TATE OF GEORGIA, Default COUNTY. Personally before me comes County. Personally before me comes Room to be sponsible and truthful persons, resuling in said County, who after having been duly sworn, say: that there own personal knowledge Mas Harrest Heath Barries who made the foregoing (fidavit, as the havful widow of Nelliaum H. Barries) who died in Default window of Nelliaum H. Barries) who died in Default ounty in said State of Jarries on 27th day of Default State of 19/18, and that she has not since remarried. That she became the wife of H. Barries on 2/18/14, and that she had resided together as man and fe continuously since 15 day of Decamber 18/15, and that the H. H. Barries was essume man who was on the pension roll of said State from Default Reight State of State was from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from D	D
l'a	Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband TATE OF GEORGIA, Declaration of Minester of Jersen of Jersen of Minester	Ð
l'a	Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband TATE OF GEORGIA, Default COUNTY. Personally before me comes County. Personally before me comes Room to be sponsible and truthful persons, resuling in said County, who after having been duly sworn, say: that there own personal knowledge Mas Harrest Heath Barries who made the foregoing (fidavit, as the havful widow of Nelliaum H. Barries) who died in Default window of Nelliaum H. Barries) who died in Default ounty in said State of Jarries on 27th day of Default State of 19/18, and that she has not since remarried. That she became the wife of H. Barries on 2/18/14, and that she had resided together as man and fe continuously since 15 day of Decamber 18/15, and that the H. H. Barries was essume man who was on the pension roll of said State from Default Reight State of State was from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from Default Reight State on the pension roll of said State from D	0

(SEAL)

Georgia Warren County.

I, C. M. Spill, Ordinary of said County d do hereby certify that the foregoing paper is a true copy of the marriage certificate of Wm.H. Barnes to Mattie R. Heath, as the same appears from the records of this office.

Given under my hand and seal of Court,

This Sep. 2rd, 1919.

lem Suith

MARRIAGE LICENSE

OF

AND

AND

Li

ul recorded on page

of Marriage Licenses.

4.5

(SEAL)



You are hereby authorized to join and Atattes R. Atath Wm, 14. Barnes

in the Holy Hale of Matrimony according to the Constitution and I was of this Hale and fir so doing this shall be your License. Ind you are hereby required to return this License to me with your Certificate hereon of the fuel and date of the Marriage:

Dien under my hand and seal this 18 day of R. W. Hulut

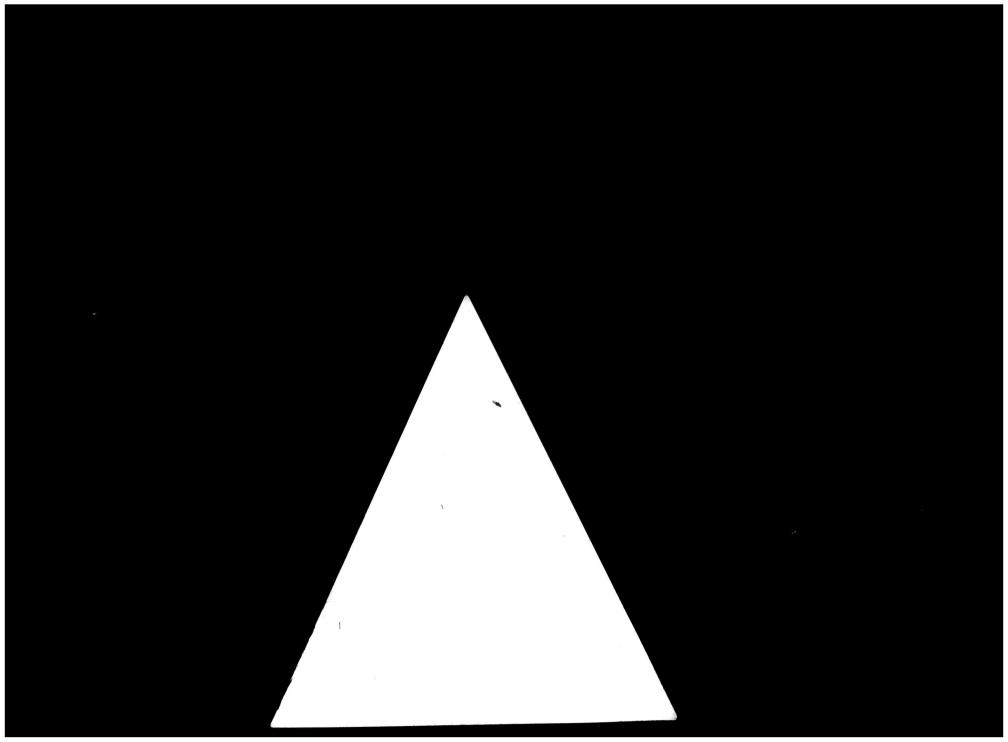
R. W. Hubert

STATE OF GEORGIA CERTURICATE.

WARREN COUNTY

I Certify that Wm M. Barnes and Statlie R. Steath day of Dee, 1875, linden Hundred were joined in Matrimony by me this 16

R. W. Nubert M. S. Hererded Dues



POWER OF ATTORNEY.

STATE OF GEORGIA,

Darner, William# LONALDC LONALDC LONALDC INDIGENT PENSION. 190		P. P. P. P.		Executed in presence of	Witness my hand and seal,	to receive and receipt for the per	I,
Name 2/3 L Bances County & Kath Co. A. Beeth 141 Regt.	ery Congress	T T T T T T T T T T T T T T T T T T T			this	pension allowed and rec	COUNTY.
Approved	植	1		l	da	request that	
JOHN W. LINDSEY, Commissioner of Pensions.		*.*			day of	be remit same to	-
WARRANT HANDED TO		!		×			*
Ordinary will write name of Applicant, Company and Regiment on back as indicated above.		Action (Action					hereby a
Franklis Printing and Publishing Co., Gro. W. Harrison, Mgr., Atlanta, Georgia.	i. *			, ,	190		uthorize

STATE OF GEO	ORGIA,	WER OF	ATTORNE	Y.	
1,^			-	,	hereby authorize
to receive and receipt !	or the pension	allowed and requ	est that he remit same to		A COLUMN TO SERVICE AND ADDRESS OF THE PARTY
Witness my hand			day of		190
Executed in pres	ence of				[L. 8.];
	and the second				
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and administration of the second	t to mentalism				And Military Services Services Services
NSION.		dannes Est Regt.	190	то то	Odinary will write name of Applicant, Company d Regiment on back as indicated above. sallie Frieung and Politicity Co., tee. W. Harrison, Mgr.,
T PE		13 3	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO	Odinary will write name of Applicant, Com a Regiment on back as indexed above. Sealing Frieung and Politheinic Co., wow. Harrison,
GEN		Name With County Dela Co. A. Beer	у м мы	RRANT	will write no to no back and back and public and Atlanta
	7	Name County	Approved JC	WA	Ordinary nd Regimen

QUESTIONS FOR APPLICANT.

~.	QUESTIONS FOR APPLICANT.
8	TATE OF GEORGIA,
-38	COUNTY.
to	avail himself of the Pension Act (Section 1254, Code), baraby submitted him self of the Pension Act (Section 1254, Code), baraby submitted him self-order to the self-order to
170	What is a second of the second
-	mm 36 Burnes Di Rull Calau- latuales la la
2.	How long and since when have you been a resident of this State? Munty 6-4 june-
_	, and the same of
· 3.	When and where were you born? Hely 24 1848 - Clayton County Su
	When and shere and in what company and regiment did you enlist or serve?
	8 64. Council lov len
_	100 A Bealls Ballutian - was Sargers Major -
5.	How long did you remain in such company and regiment? Listed after Surrendler
-	of www. 1. 1862
6.	When and where was your company and regiment surrendered and discharged?
	May 1865 - Numan Gu- Paroled at Stanting
-	0
7.	Were you present with your company and regiment when it was surrendered? 315.
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.
7 9.	How much can you earn (gross) per annum by your own exertions or labor? Leny little
10.	How much can you carn (gross) per annum by your own exertions or labor? Lery LULL What has been your occupation since 1865? Dool Kulling
11.	Upon which of the following grounds do you base your application for onsion, viz: first, "age and verty,"
seco	and, "infirmity and poverty," or third, "blindness and poverty"? on half of Males, with the
12.	If upon the first ground, state how long you have been in such condition that you could not earn your port? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third,
	e whether you are totally blind and when and where you lost your sight? Important Light. Count
5	will enough to Keep goods and general failure Theath
M	of prints mark of where is enpolise also my physical
13.	natura seuters me unable to make a support.
\$	What property, real and personal, or income, do you possess, and its gross value? home
14.	What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition,
if a	ny, by sale or gift, have you made of same? More
-	The state of the s
15.	In what County did you reside during those years, and what property did you then return for taxation?
1	Willin Conty for 1901 1912 1915, 71914 Debut Co 1916
16.	How were you supported during the years 1901 1902 1903 1904 and 1905? B. A. A. Methury . 4.
17.	The state of the s
own:	How much did your support cost for each of those years, and what portion did you contribute thereto by your support income? What was your support mentaling, 1901, 1902, 1903, 1904 and 19055 What pay did you receive in each year?
18.	What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay the your receive in each year?
-	Jack to the day to the tree to the
~19.	family? If so who composes such family? Give their means of support. Have they a home-
on	or other property? Their ages and how employed? Wife & 3 children Daughty Musel & Son Clork way from Home one Son Stratut is School
	gets age II years older from 19 years - you get In 20 years alst
20.	Are you receiving any pension? If so, what amount and for what disability? More
21.	Have you ever made an application for pension before? No
22.	How many applications have you ever made and under what class?
	200
7	Sworn to and subscribed before me this the
11	Applicant.
RH	Ordinary.
	of County.

OUESTIONS FOR WITNESS

STATE OF GEORGIA.
logge all
A Dla Lack of A Lack
ASLACE CH & Samua of said State and County, having been presented
as a witness in support of the application of Man H Barres for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and
answers as follows: 1. What is your name and where do you reside? A. H.Blalock & O. Januar
Scarrollon, lour All Sexuete Du
2. Are you acquainted with Min H Barrer , the applicant: if so how
long have you known him? Since 1864 - about 42 seus
3. Where does he reside, and how long and since when has he been a resident of this State?
4. When where and in what company and regiment did he cultar, and how do you know?
March - 1864 - Courall Courty Ga
5. Were you a member of the same company and regiment? Same Battulian 1 - Bealls -
6. How long did he perform regular military duty? Hram 1864 To Spil 26-18
7. When and where was his command surrendered? Spril 1865 - at. Marian bu
8. Were you present when it surrendered? Jus - raken it dishandled. 9. Was applicant present? Jus - He was Surgest Major.
10. If he was not present, where was he? He was forest
When did be leave his command? Willer Surveyed \$65 For what cause? Surveyed Warm
By what authority he left? Superior officers How do you know all of this?
me were present and knew him.
Monthly 1 and 1
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 be conveyed away any of his property in the last four years; if so, what was it, and to whom?
To. The he conveyed away may or the property in the first four years, it 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; it so, why?
₽
remains to a second sec
 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
10 W
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
Witness.
John Ordinary. Jasannar minus

AFFIDAVIT OF DUVERCIANC

	MILIDWALL		SICIAINS.
TATE OF GEO	RGIA,).	
Destall	County	y. }	
Personally came b	6	S. Br	anyon
P.S.C	M:	th.	
said County, who, bein	or severally sworn say or	and that they be	, both known to me as reputable physicians ave examined carefully
10. 11			
V V IX	arnes	, applicant for	pension under Section 1254, Code, and after
h personal examination	say that his precise phy		/
Heart	VERY W	east.	and I sion
or roford	3 6 5-	och (an Extent
That rz	ndes h	in t	roly undble
to Earn		wing	0 5, 00
and to	· · · · · · ·	1	1
······································	est in said pension being	allowed /	00 10
	cribed before me, this the	(2)	S. Brangow me
24,4 day of 5		PS	la ullingur
	7 7	Ordinary.	· Called and
	ORDINARY	"S CERT	IFICATE.
the applicant 42		ne	rdinary, in and for said County, hereby certify resides in said County, and has
that the witnesses, vi			2
of trustworthy character	er, and that their stateme	nts are entitled to	full faith and credit.
I further certify th	at before answering the	foregoing question	s the applicant and each witness took the oath
on prescribed, and tha	t the full text of the affida	vits was read to the	e applicant and witness before same was signed.
I further certify th	at the tax digest of	DeKal	County shows that applicant
ned for taxation in h			
	_		Dollars of
erty, and in 1902			
	17		Dollars of property; in 1902
	1		Dollars of property; in 1903 Dollars of property; in 1904
	1/2	Į,	
	7		Dollars of property; in 1904
In my opinion the f		We will be the second	Dollars of property; in 1904 Dollars of property; in 1905 Dollars of property.
	oregoing claim is	100	Dollars of property; in 1904 Dollars of property; in 1905 Dollars of property. made in good faith.
		2	Dollars of property; in 1904 Dollars of property; in 1905 Dollars of property. made in good faith.
	oregoing claim is	100	Dollars of property; in 1904 Dollars of property; in 1905 Dollars of property. made in good faith. Ordinary.
	oregoing claim is	100	Dollars of property; in 1904 Dollars of property; in 1905 Dollars of property. made in good faith.
Witness my hand a	oregoing claim is	27 da	Dollars of property; in 1904 Dollars of property; in 1905 Dollars of property. made in good faith. Ordinary.

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

	Dekalh
	as a witness in support of the application of H
	as a witness in support of the application of The A
	under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes
	That is your name and where do you recide?
B	Felin Camp: Clarton, Dekali Es, Ga
	long have you known him?
	long have you known him? 3. Where does he reside, and how long and since when has he been a resident of this State?
	that the hour entrance of my knowledge up state for good years & lead
ı	the state? Australia is marked by the state? When, where and in what company and regiment did he enlist, and how do you know?
į.	
i	y of a member of the same company and regiment?
	How long did he perform regular military duty?
	7. When and where was his command surrendered?
	O W
	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?
14	, white do you know all of this'
1	11. What property, effects or income has the applicant? (Give your means of knowledge.) Nothing his a few household goods of very little violate. 12. What property, effects or income did the applicant possess in 1903, 1904, 1906, 1906, 1907, 1908 and 1907, 1908 and 1907, 1908, 19
n	12. What properly, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1907, 1908, 1907, 1908, 1907, 1908, 1907, 1908, 1907, 1908, 1907, 1908, 1907, 1908, 1907, 1908, 1907, 1908, 1907, 1908, 1907, 1908, 1907, 1908, 1907, 1908, 1907, 1908, 1907, 1908, 1907, 1908, 1907, 1908, 1907, 1908, 1907, 1908, 1907, 190
ni	12. What properly, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909. How to make the properly in the last four years; if so, what was it, and to whom? 13. Has he conveyed away any of his properly in the last four years; if so, what was it, and to whom?
n: 1	12. What properly, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1907, 1908 and 1907, 1908,
лі 1	12. What properly, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909. How to make the properly in the last four years; if so, what was it, and to whom? 13. Has he conveyed away any of his properly in the last four years; if so, what was it, and to whom?
1 1	12. What properly, effects or income did the applicant possess in 1903, 1904, 1906, 1906, 1907, 1908 and 1909; four to my family of the state of the
1 1	12. What properly, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1907 four to my fame to properly in the last four years; if so, what was it, and to whom? 13. Has he conveyed away any of his properly in the last four years; if so, what was it, and to whom? 14. What is the applicant's occupation and physical condition? Has no occupation his expectation and physical condition? Has no occupation his expectation in particle. It is the applicant unable to support himself by labor of any contributions.
1 1 	12. What properly, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1907, 1908 and 1907, 1908 and 1908, 190
1 	12. What properly, effects or income did the applicant possess in 1903, 1904, 1906, 1906, 1907, 1908 and 1909, 1904 to 1906, 1906, 1906, 1907, 1908 and 1909, 1904 to 1906, 19
1	12. What properly, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909; And to make the possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909; And to 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? Here no oscerptation has been property in the applicant of the property in the last four years; if so, what was it, and to whom? 15. Is the applicant unable to support himself by labor of any sort; if so, why? 16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? 17. Jan 2 & Carrey 1908, 1907, 1908 and 1909?
1	12. What properly, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909; four to implementally administrated the conveyed away any of his properly in the last four years; if so, what was it, and to whom? 14. What is the applicant's occupation and physical condition? Has no occupation his equivalent is an paured, thus heart browler his equivalent is an paured, thus heart browler his equivalent is the applicant unable to support himself by labor of any sort; if so, why? 15. Is the applicant unable to support himself by labor of any sort; if so, why? 16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.
11 17 17 17 17 17 17 17 17 17 17 17 17 1	12. What properly, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909; four to my fame of possess in 1903, 1904, 1905, 1906, 1906; as were there are the second series of 1906; as were there are the second away any of his properly in the last four years; if so, what was it, and to whom? 14. What is the applicant's occupation and physical condition? Has no occupation has expected to my fame of the possess of the p
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12. What properly, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909. And to make the properly in the last four years; if so, what was it, and to whom? 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? Has no occupation have been partially to me partially the second the property in the last four years; if so, why? 15. Is the applicant unable to support himself by labor of any sort; if so, why? 16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? 17. If of a good have smaller in his support. 18. What portion of his support for these four years was derived from his own labor or income? 19. Give a full and complete statement of the statement of the support.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	What properly, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909; four to my family for the state of the applicant's occupation and physical condition? Here to my Kurules 20. 14. What is the applicant's occupation and physical condition? Here to my family function the state of the applicant unable to support himself by labor of any sort; if so, why? 15. Is the applicant unable to support himself by labor of any sort; if so, why? 16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? 17. 1907, 1908 of 1909 I have support for these four years was derived from his own labor or income? 2. What portion of his support for these four years was derived from his own labor or income? 2. Give a full and complete statement of the applicant's physical condition that entitles him to a pension lor Section 1254, Cody. 2. Applicant of the applicant of the applicant's physical condition that entitles him to a pension lor Section 1254, Cody.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12. What properly, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909; four to implementally and what disposition, if any, did he make of same? 13. Has be conveyed away any of his properly in the last four years; if so, what was it, and to whom? 14. What is the applicant's occupation and physical condition? Has no occupation has been supported to support himself by labor of any sort; if so, why? 15. Is the applicant unable to support himself by labor of any sort; if so, why? 16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? 17. If you was he 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 let Section 1254, Code.
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1	12. What properly, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909; four to implementally administrate the second of the property in the last four years; if so, what was it, and to whom? 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? Has no occupation the second of the property in the last four years; if so, why? 15. Is the applicant unable to support himself by labor of any sort; if so, why? 16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? 17. 1907, 1908 of 1909 have suffer the him to support of 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 let Section 1254, Code during the years have they? Children's ages and their earning capacity? 19. H. Brances, the applicant when the surface when the
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	What properly, effects or income did the applicant possess in 1903, 1904, 1906, 1906, 1907, 1908 and 1909; four to implement it is the second of the property in the last four years; if so, what was it, and to whom? Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Has he applicant's occupation and physical condition? Has he applicant unable to support himself by labor of any sort; if so, why? Has he applicant unable to support himself by labor of any sort; if so, why? How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? Has because to the applicant of
116 116 117 118 118 119	What properly, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909. And to make the properly in the last four years; if so, what was it, and to whom? Here to my knewledge the property in the last four years; if so, what was it, and to whom? Here to my knewledge the property in the last four years; if so, what was it, and to whom? Here to my knewledge to the property in the last four years; if so, what was it, and to whom? Here to my knewledge to the property in the last four years; if so, what was it, and to whom? Here to my knewledge to the property in the last four years; if so, why? It is the applicant unable to support himself by labor of any sort; if so, why? How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? Jur 1907, 1908 of 1909 have satisfied the property have from his own labor or income? According to the section 1254, Code during the applicant's physical condition that entitles him to a pension der Section 1254, Code during the property have they? Children's ages and their earning capacity? What interest have you in the recovery of a pension by this applicant? What interest have you in the recovery of a pension by this applicant?

MAME Barnes, William H. YEAR 1910 COUNTY DeKalb

MPLN APL VAPLE AND Feb. 24,1848,- Clayton County, Georgia. THITUTED FIRE AT , MATRITS March 1864,- Carroll County, Georgia.

RAMK. Sgt. Major.

"MATE OF CONTRACT OF MANAGE

CHICAN AND LEGITARY? Co.A. Beall's Battn.

CALIED, Bin of Wide?"

Illiano b.

11C1, 11.59

May 1865, Newman, Georgia- Paroled at Atlanta, Georgia.

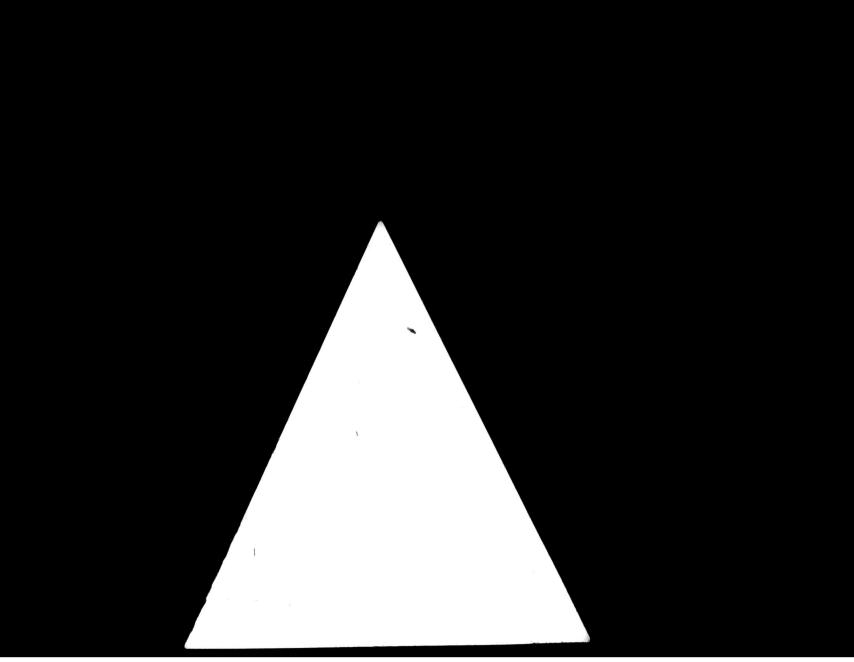
THE MODERATION AT SERVICED, WHERE WERE YOU?

DIED, WHEN AND WHERE?

WITNESCES, J.Y. Blalock, J.G. Tanner,- Same Battn. Beall's-

mh.

, כתודות



Widow's Pension

UNDER ACT 1910

County Dellala

Name Laura Bronett

Widow of Lauruse Bannett

Widow of Lauruse Bannett

Obs. 11.

Applic	ation for Pension by a Widow Under Act of 1910. Questions for Applicant.
CT A	
SIA	TE OF GEORGIA,
	County.
D-	
and after	resonally before me comes Man Laura Barrud of said State and County, 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 fol-
lowing q	nestions to-wit:
1.	What is your name, and where do you reside? Laura Barrett
2.7	How long and since when have you been a continuing resident of the State of Georgia?
3.	When, where and to whom were you married?
27	nay of Dec 1864 Calhoon Pounts XIa
4.	When, where and in what Company and Regiment did your husband enlist as a soldier in
Confedera	te Army or Georgia Militia (State the arms and class of Service.)
5_i	When Gold othere distance Commands of your husband surrender or discharge from the army?
6,	Was your husband personally present at the time of the surrender or discharge of this Com-
mand?,	Was your husband personally present at the time of the surrender or discharge of this Com-
7.	The was not present state clearly where he was Museut as undersoon
٨,	Where was his command when he left? Willy Cammand I underte
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? Una with
1.	If so, when and where captured and where held as a prisoner, and when and for what cause
eleased?	And the second s
	ac de la company of the same o
	When and where did your husband die? 26 Roy June 1903 Lalkon f
	Were you residing together when he died?
90	If not, how long had you resided apart?. What property of any description did you own, hold or control for your use and its eash
alue, Nov	1. 1908: (State same by items.)
	nuth incl
10.	What property of any kind have you sold or given away since Nov. 4, 1908? What was re-
eived for i	t and what Lyou do with the proceeds thereof? (Give items and cash value.)
	J
11.	What property of any description of any value have you now? Mulking
	nd cash value
	What are your annual earnings or income and their value? Newhinny

13. Have you heretofore been paid a pension by the State? have They If so, when and for what cause were you struck from the Roll?

Widow's Pension

UNDER ACT 1910

Questions for the Witnesses as to Service of Husband and Marriage. STATE OF TRAIN.
Assally County
Personally by
being duly sworn true answers to make, to the following questions, answers as follows:
1. What is your name and where do you reside? 16
2. How long and since when have you known Daura Baut applicant? 30 years
3. How long and since when has she continuously resided in this State? (Give date.)
Who and Rarutt
4. When and to whom was she married? I On bother How do you know? They tong and since when did you know want bank bank her
husband all viry life.
6. When and where old Daniel Bant.
the husband of Applicant die? Dalton Ra. about 8 year ago.
7. Were the applicant and her husband living together as husband and wife at the date of his
death? 2000
8. If not, how long did they live apart before his death?
Were they divorced? NO
19. When, where and in what Company and Regiment did Sant Bart enlist?
7
10. Were you a member of the same Company? Mrs.
11. How long within your personal knowledge did he perform actual military carving with his
Company and Regiment? Tortil Ding Me Way.
12. When and where did his Command surrender, and was discharged? Annually
M 16. 80
13. Were you personally present when it was surrendered? 200 If not where
were you son a farlough and how came you there? on 40 day
11. Was the husband of applicant personally present at surrender? we are all daty
where was he the swar in Muskelal sometime, when
cause did he leave Command? (Give date.) Law was stailed By whose
authority did he leave his Command? (Title as T at love C
long was be granted leave? by was defaulted to How do you know all this?
I am was then any know this by suring suring
15. For what cause, if you know of your own knowledge, was he prevented from returning to
his Command? He was down - with alseum strains
16. What effort did he make to return to his Command and how do you know this? Of your
own knowledge or how? Las never Carn hadt to him ugment.
Sworn to and subscribed before me this the
Landay of October 127.
Jobble Chesting of
of Bradley County James
County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE	OF	GEORGIA	
JIAIL	Or	CILCIRCALA	

STATE OF GEORGIA,	
County.	
Personally before me comes	who on oath says that they
are freeholders of said County and that they know	3 and its cash value to be as art
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	
Personal property	s, its cash value to be as follows:
Money, Notes and Accounts	\$
Total and Accounts	\$
Schedule (C). We also know what property she has now in her possession, u	
Acres of land worth	ise and control to-wit:
Acres of land- worth-	\$
	\$
Cows and Hogs	\$
Other Property	S
Income and Earnings	\$
Total Value of all property and effects	\$
Sworn and subscribed before me this the	· ·
day of19	
Ordinary.	
ofCo	unty
The second secon	
ORDINARY'S CERTIFICAT	TE
TATE OF GEORGIA.	IE.
Ha Ma Ol.	
County.	
1. Laures Ryeorg	rdinary of said County do certify
ounty and was on the 4th Nov., 1908	
That I also know	the witness who swears
the service of husband, and	
echolders. I hat all of them are now residents of sold County	
gning the foregoing affidavits and that they all are truthful, trusts stitled to full faith and credit.	worthy, and their statements are
1/0/1/1/1	
That the Tax Returns	Returned for Tax is for
for 19/08-11-3-00	7 - 1850 10
Sworn under my hand and official seal of office this	7-0day of
19/7	nI
(SEAL.) Family	Les of Grdinary
	. NA WI
(SEAL.)	County.
TES 1. Before any questions are answered the Ordinary shall swear applicant	and the witness in the fall

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

 Additional sificavits must be made Before the Ordinary.

 Additional sificavits must be made Before the Ordinary.

 Only widows who married prior to first January 1870, are entitled.

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

Barrett, Laura (Mrs.)

De KAL & CO

or Derala. com

1926

Application for Pension Due Deceased Pensioner

(To pay expenses of last illness and funeral)

V. A. Moraus Ordinary

For Mrs Laura Barrett

Date of Death Sau 23. 1927

Amount \$ 108 -

Approved and ordered paid

Solu W. Clark

Commissioner of Pensions

ordinary chethendary ordinary Chethenderd In June 2. 1927.

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.

Y've I for

STATE OF GEORGIA,

COUNTY OF TELFAIR.

That she, depenen t, was present and witnessed the marriage of Lawrence W. Barrett to Laura Teague, at White Plains, Calheun Count y, Ala., December 29th 1864.
Further depenent sayeth net.

mis Helen & auch

Sworn to and subscribed be fore me this the. A. ... day of Oct ober 1917.

Ordinary of Telfair Co unty Georgia.

State of Georgia,

County of DeKalb.

In person apleared before me, the undersigned, Mrs. baura 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 on 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,

storn to and subscribed before me,) Mos caura this the 26th day of Sotober, 1917.

James Rycry 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)

Dakalh
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
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
7.2. Mora an ordinary
DeKalb County
G G
(Seal of Ordinary)
I. V. S. Morgan , Ordinary of said County, do certify that I personally know 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 Wrs. Laura Barrett , while in life and that this was the same person whose name appears on the Pension Roll of DeKalb (\$.50.) Dollars in said County for 1926 and I now belieff 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 192.7. (Seal or Ordinary) Ordinary
INSTRUCTIONS:
lst. 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
ird. 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 bilis—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 or folded.



Juneral Birector and Embalmer Prompt Ambulance Service Becatur, Georgia.

FUNERAL EXPENSES OF MRS LAURA BARKETT.

January 25, 1927. To Casket

\$135.00

25.00

Embalming 3 Funeral Notices

9.00

\$169.00

Georgia, Dekalb County,

Personally appeared before me, A.S.Turner who being duly sworn says on oath, that the above Itemized sccount of the Funeral Expenses of Mrs Laura Barrett is just, true, due end remeins unpeid.

Sworn to and subscribed before me

This January 25th, 1927.

Ruty Johnston Notary Public, State at Large, Decatur, Ga.

My Commission Expires Nov. 4, 1929.

3rd. The Ordinary must see to it that each bill is perfectly legitmate 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 falled out.

State of Georgia, County.

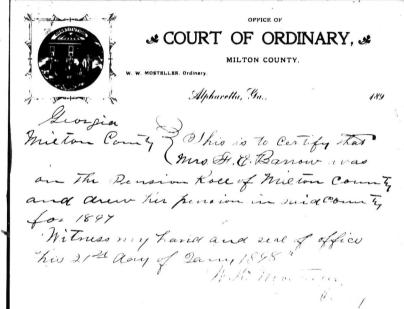
POWER OF ATTORNEY.

Barrow, F.E. Mes.		,,,,,,,			,	7		
Detalt County								
For Those Heretofore Paid.	· ,				day of		that	of
-, 1898 .)899			E		ř	IN WIT	he remit	
No. 2055			ecuted in			IN WITNESS WHEREOF,	that he remit same to	
WIDOW'S PENSION,			Executed in the presence of					
For year ending February 15th, 1898.			ence of			have he		
Mos. F.E. Barrow,						I have hereunto set my hand and scal, this		
De Kalb County,		_	_		1898.	my hand a		to receiv
Vidowor Lotur Barrow						nd scal	Ħ	e and r
RICHARD JOHNSON, Commissioner of Pensions.						F.		to receive and receipt for the pension paid hereon and request
WARRANT ISSUED								he pension
// 3/ 1898.								paid he
AND HANDED TO								reon and
GEO. W. HARRISON, STATE PRINTER, ATLANTA				[F s.]	8			reques t

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
Selalla continuously ever since (CO) 37	ays on oath, that she is a bona fide resident of said county of State of Georgia, and that she has RESIDED in said State 18 3 . That she is the Widow of who was a Soldier in Company Regiment of
Volunteers, that he enlisted in said regiment on or about 186 / and served in the Army up to	
full particulars of the husband's death, when, where Aud Diar Phaia	and somewhat cause.)
10 16 16 16 16 16 16 16 16 16 16 16 16 16	
she has never married since his death aforesaid, and that	
I have been allowed a pension as a resident of. Feoruary 15th, 1897, and now apply for the pension pro Sworn to and subscribed before me, this Jay of Formatting Condinary.	
State of Georgia, State of Georgia, County.	I Ordinary of said County, certify that I am well acquaintedwho made the above affidavit and am satis-
has continuously resided in this State since the	3/21 day of Jan 1898.
(Official)	214 Raysdace



Ordinary of Bekalh Coun Official Seal.

POWER OF ATTORNEY.

Baswell H.13.			a a angle and a great con-	en de la composition			to N		. 01	6
INDICENT PENSION 1899.					Executed in presence of	eee my hand and	receive and receipt for the p	I,	STATE OF GEORGIA.	27
Name MB. Buswell County Ne Mall					~~	seal this	pension allowed, and	*	COUNTY.	
Approved 1899.	i	1		, ** ··· ·		day of	request that he rem		2	
RICHARD JOHNSON, Commissioner of Pensions. WARRANT HANDED TO					,	by . 1899.	iit same to	, ber		

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 1899.

Excepted in presence of (L. S.)

INDIGENT PENSION

1899.

INDIGENT PENSION

1899.

County De / ld ld

Approved

RICHARD JOHNSON,

Ommissioner of Pression.

WARRANT HANDED TO

Questions for Applicant.

	STATE OF GEORGIA,
	of deorgia,
	Defeath_ County.
	H. R. Raynell
	to avail himself of the Pension Act (Section 1254 Cody) and 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 wild a color of the same and answers as follows:
	and since when have you been a resident of this State:
	3. When and where were you born? Incapathorgy 14
	in talk launts the tanks or serve?
	in talk townty if and in Company and regiment did you talks or nerve. 9th 1498 Regulation on September 1862 5. How long did you remain in such proposed as 1862
	He wo long did you remain in such company and regiment! List manther then
	The so haited and the Lane Company and regiment? It the marker than the Lane Company and the first persons and the led to the farm and the was to talk to the farm and there was copied to the farm and the was copied to the farm and the second to th
7	insuch tome And then was tillett to first farment and delet
4	6. For how long a period did you discharge regular million the farm and this was coffee
-	When, where and under what circumstances were you discharged from service?
3	dent . The what diredimstances were you discharged from service?
2	The state of the s
9	
-	8. What is your present occupation? Lateria, it an alle
4	How much can you earn (gross) per annum by your own exertions as labor.
d)	10. What has been your occupation since 1865: 12'
Ď	the following grounds do you have your application c
. '	poverty," second, "infirmity and poverty," or third, "bilindness and poverty"? Lived March 12. If upon the first ground, state how long you have been been been been been been been be
-	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 bless of the second state
<u>(0)</u>	your support? If upon the second, give a full and complete history of the infirmity and in extent? If upon the third, state whether you are trially and the complete history of the infirmity and in extent?
3	upon the third, state whether you are totally blind and when and whose you have not in extent? If
ξ	upon the third, state whether you are totally blind and when and where you lost your sight? If it is 1876 I was taken a sight work to such as Arry such 1876 I was taken sight with the state and sight state and sight state and sight s
_	in 1846 I was tal dich with the had my day
ž	healer and healer that the will failer any true many
õ	13. What property officer on in the same of some the same in Seary
is	13. What property, effects or income do you possess, and its gross value? It is if all
Ü	14. What property effects or income did
7	14. What property, effects or income did you possess in 1894, 4895, 1896, 1897 and 1898, and what disposition, if any did you make of your d
0	position, if any, did you make of same? 144 at . 411
Y	The first of the second of the
0	15. In what County did you reside during those years, and what property did you then return for taxation?
5	16. How were you supported during the years 1897 and 1888? By The aid of My 2
Π	16. How were you supported during the years 1897 and 1898 " By Tt. 2
	17. How much did your support cost for each of they want to harm and duhailed is all
	17. How much did your manufactured with the partin and disposited will
	by your own labor or income? A Bit 75. I Cantrible Must portion did you contribute thereto by your own labor or income? A Bit 75. I Cantrible No Then any Vielling Rand 18. What was your employment during 1897 and 1898.
	18 What me anly Rilling Rand
	18. What was your employment during 1897 and 1898? What pay did you receive in each year? and addi-
	19. Have you a family? If so, who composes such family? Give their means of support? Have they
	- Clarter, That exists was and this all that can
	they can sall than com
	20. Are you receiving any pension? If so, what amount and the best and the second seco
	20. Are you receiving any pension? If so, what amount, and for what disability? huthing af all
	Sworn to and subscribed before me this this
	16 A X / Barren Co
	- 19 day of Lagger 1899. The X 1 Saswe CC
	Applicant.
	of Denally County.
	County.

QUESTIONS FOR WITNESS.

	STATE OF GEORGIA,
ł	CUNTY.
	fig. Listen der, of said State and County, having been presented
1,	as a witness in support of the application of A B Dallard for pension
13.	under Section 1254, Code, and after being duly sworn true answers to make to the following questions,
4.	1. What is your name and where do you reside? J. 4. Elestander I like
- 10	2. Are you acquainted with H. E. Kaszoll , the applicant; if so
8.	how long have you known him? 1/1 4 (as)
G,	Where does he reside, and how long and since when has he been a resident of this State?
11	L. When, where and in what company and regiment did be enlist, and how do you know?
21	An ball to the same company and regiment? yet I was lew lend
, 20	6. How long did he perform regular military duty, and what do you know of his service as a Confederate
Ϊ,	3 Norther, and the time and circumstances of his discharge from the service? Let A bed
3	a filter the is and une a chadd solider and there
1,	of from a deceded the bill be war extended
d	7. What property, effects or income has the applicant? (Give your means of knowledge.) Han
15	the ware how him sine I
3.	8. What property, effects or income did the applicant cossess in 1896, 1897 and 1898, and what dispo-
U.	sition, if any, did he make of same? Mching Il 2.
1	9. Has be conveyed away any of his property in the last three years, if so, what was it, and to whom?
1	VI the Had he thing to Canteey
1	15 10. What is the applicant's occupation and physical condition? fixhilling ()
1.	
16	1896 he dol a had thell of ligned
12	dille he dol a frad Afrill of Departs of the state of dille to support inself by labor of any sort, it so, why? If I have a
than	and make to out of fair will for by in A. A. C. and
that	16 year Id and hederald It he has a sold alut way
1 that	16 year of and historial to the is finitely and alust way
the that	12. How was be supported during the years 1897 and 1898? 13. What portion of his support for these two years was derived from his own labor or income?
why the	1/6 year Id and endicated the fix is that alust way 1/2. How was be supported during the years 1897 and 1898? 12. How was be supported during the years 1897 and 1898? 13. What portion of his support for these two years was derived from his own labor or income? 14. Give a full and complete statement of the analysis of the physical condition that entitle him to the custoff.
iera that	12. How was he supported during the years 1897 and 1898? 13. What portion of his support for these two years was derived from his own labor or income? 14. Cive a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1251, Code? 15. What portion of his support for these two years was derived from his own labor or income? 16. Cive a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1251, Code? 17. And A Speech of Property of the hand a Speech of Processing of the pension of the condition of the pension of the
Learn that	12. How was be supported during the years 1897 and 1898? 12. How was be supported during the years 1897 and 1898? 13. What portion of his support for these two years was derived from his own labor or income? 14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? Let \(\frac{1}{2} \) \(\f
Jest that	12. How was he supported during the years 1897 and 1898? 12. How was he supported during the years 1897 and 1898? 13. What portion of his support for these two years was derived from his ewn labor or income? 14. Give h full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1251, Code? 15. What increase have you in the recovery of a pension by this applicant? 16. What interest have you in the recovery of a pension by this applicant? 17. What interest have you in the recovery of a pension by this applicant? 18. Sworn to and subscribed hefore me, this)
of they that	12. How was be supported during the years 1897 and 1898? 12. How was be supported during the years 1897 and 1898? 13. What portion of his support for these two years was derived from his own labor or income? 14. Give a full and complete statement of the applicantly physical condition that entitles him to a pension under Section 1254, Code? Let \(\frac{1}{2} \) \(\f
of Clerk that	12. How was he supported during the years 1897 and 1898? 12. How was he supported during the years 1897 and 1898? 13. What portion of his support for these two years was derived from his own labor or income? 14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1251, Code? It of fight he had a speed of form the supplicant of full and form of fine applicant of first speed of fine and a speed of first speed of fine and a speed of first speed o

APRIDAVIT OF PHYSICIANS.
STATE OF GEORGIA,
De Kach COUNTY.
Personally came before me A Zaza 220
and Advis line 13 alv., both known to me as reputable physicians
of said County, who, being severally sworn, say on oath that they have examined carefully
such personal examination say that his precise physical condition is as follows:
firmit, from age. Tobacco heart with dry sical Hendeney; serotal hernia, vertigo or general hornia, vertigo or general hornia
We further say on oath that the physical condition of applicant renders him unable to labor at any rork or calling sufficient to earn a support for himself, and that we have no interest in said pension being llowed. Sworn to and subscribed before me this the
19th day of first 1899. W. Houston M. D
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
I, I Agaziac , Ordinary in and for said County, hereby certify at the applicant H.J. Curroci (resides in said County, and has en a bona fide resident of this Styte singe the day of 18
d that the witnesses, viz:
e 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 eath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness
fore same was signed.
nemad for towarion in his name to 1907 a 1 1007
property, and in 1898. VIII Dollars
To the state of th
In my opinion the foregoing claim is
of ACCACA County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You you God,"
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 Baswell, H.B.

YEAR 1899 COUNTY DeKalb

WHEN AND WHERE BORN? Spartanburg Dist., South Carolina Sept. 9, 1823

ENLISTED WHEN AND 'MERE? SEPENDEN'S Sept, 1862 - Cobb County, Georgia

RAIK

COMPANY AND REGIMENT? Co E 7th Georgia Regt.

NATE OF CAPTAIN AND COLONEL? J Yelexander, Lieutenant - same Company -

WC'IIT ED?

CAPTURED, WHEN AND WHERE? "Detailed to the farm, and there was captured"

(No date given); however it was after 9

months service.

RECORDED. At Indianapolts, Ind - after the summender.

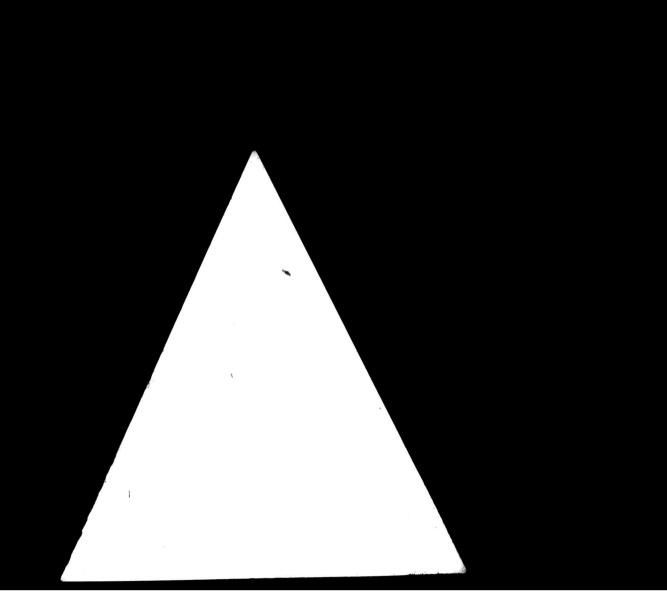
WHEN AND WHERE SURRENDERED?

IF NOT PASSENT AT SURRENDER, WHERE WERE YOU?

DIAD, WHEN AND WHERE?

BURIED.

WITNESSES. XXXX J Y Alexander - same command -No data



Bay Explana 11

INDICENT PENSION, 1900.

Name John Boxler	-
County De Kall	-
Approved foly 17 1900).
1×1 /47	-
JOHN W. LINDSEY,	

WARRANT HANDED TO

eo. W. Harrison, State Printer, Atlants

Power of Attorney.

Executed in presence of	At. Witness my hand and seal, this	of	County.	STATE OF GEORGIA,
	by	ofo		
	1900.		hereby a	

I.	<i>.</i>	hereby authorize
eceive and receipt for the pension allowed and	of	
eceive and receipt for the pension allowed, and	request that he remit same toby	
Witness my hand and seal, this		
	Marie and a second statement of the second statement of the second statement of	[L. 8.]
Executed in presence of		
1 80 5		
		The second of the second

Approved forty 7 1910.

JOHN W. LINDSEY,
Commencer of Prisons.

WARRANT HANDED TO

Name John Box ter

county De Malb

INDIGENT PENSION,

1900.

Berton 1910

	Questions for Applicant.
	STATE OF GEORGIA,
	John Coxtes
	to avail himself of the Pension Act (Section 1954 Co. 1) and State and County, desiring
	What is year name and where do you reside? (give State County and post office)
	the contraction of the same
	2. How long and since when have you been a resident of this State? July 1841. 57 year
	3. When and where were you born? In Sept 1830, A.C.
	When and where any n what company and regiment did you salist or serve? March 1862
ਲ੍ਹ	8. How long did you remain in such company and regiment? In sessine with
erec	- Captined in 1863.
ķ	6. For how long a period did you discharge regular military duty? How 13 mouth.
ģ	where and under what circumstances were you discharged from service? Were you with your
9	13th June 1865,
7	8. What is your present occupation? Carriering
Q	9. How much can you earn (gross) per annum by your own exertions or labor? Prounts 5
4	10. What has been your occupation since 1865?
Ď,	11. Upon which of the following grounds do you hase your application for pession, viz: first, "age and poverty," second, "infirmity and poverty," or third "third general years and years
)	poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Age of Soverty 12. If upon the first ground, state how long you have been in such condition that fou could not earn your support? If upon the second into a full property.
4	vous sum ort? If man the second sine full and the little of the little o
4	apon the second, give a full and complete history of the infirmity and its outcomes. If
4	upon the third, state whether you are totally blind and when and where you lost your sight? The your years.
1	upon the third, state whother you are totally blind and when and where you lost your sight?
4	upon the third, state whether you are totally blind and when and where you lost your sight?
1101100	upon the third, state whother you are totally blind and when and where you lost your sight? 13. What property, effects or income do you possess, and its gross value? 50,000
	upon the third, state whether you are totally blind and when and where you lost your sight? 13. What property, effects or income do you possess, and its gross value? 14. What property, effects or income did you possess in 1884, 1896, 1897, 1898, and 1899, and
TIOTICE A	upon the third, state whother you are totally blind and when and where you lost your sight? 13. What property, effects or income do you possess, and its gross value? 50,000
TOTION ST	upon the third, state whether you are totally blind and when and where you lost your sight? 13. What property, effects or income do you possess, and its gross value? 14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? 15. In what Contry did you reside, down those years, and what property did you then then the same in the same
4 1010101 P	upon the third, state whether you are totally blind and when and where you lost your sight? 13. What property, effects or income do you possess, and its gross value? 14. What property, effects or income did you possess in 1894, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? 15. In what Centry did you reside do ng those years, and what property did you then return for taxation?
A 110110011 > 10 - 1	upon the third, state whother you are totally blind and when and where you lost your sight? 13. What property, effects or income do you possess, and its gross value? 14. What property, effects or income did you possess in 1894, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? 15. In what Contaty did you reside, defing those years, and what property did you then return for taxation? 16. How were you supported during the years 1898 and 1899? 17. And Andrews and Andrews and Water property did you then return for taxation?
	upon the third, state whether you are totally blind and when and where you lost your sight? 13. What property, effects or income do you possess, and its gross value? 14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? 15. In what Contaty did you reside, doing those years, and what property did you then return for taxation? 16. How were you supported during the years 1898 and 1899? 17. How much did your support cost to years of those years, and what portion did you contribute thereto
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	upon the third, state whether you are totally blind and when and where you lost your sight? 13. What property, effects or income do you possess, and its gross value? 14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? 15. In what Contaty did you reside, defing those years, and what property did you then return for taxation? 16. How were you supported during the years 1898 and 1899? 17. How much did your support cost to years of those years, and what protion did you contribute thereto by your own labor or income? 18. What way your employment during 1898 and 1899? What pay did you receive in each year?
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	upon the third, state whether you are totally blind and when and where you lost your sight? 13. What property, effects or income do you possess, and its gross value? 14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? 15. In what Contaty did you reside, defing those years, and what property did you then return for taxation? 16. How were you supported during the years 1898 and 1899? 17. How much did your support cost to years of those years, and what protion did you contribute thereto by your own labor or income? 18. What way your employment during 1898 and 1899? What pay did you receive in each year?
TOTION STONE	upon the third, state whether you are totally blind and when and where you lost your sight? 13. What property, effects or income do you possess, and its gross value? 14. What property, effects or income did you possess in 1894, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? 15. In what Crinty did you reside do not have years, and what property did you then return for taxation? 16. How were you supported during the years 1898 and 1899? 17. How much did your support cost to peach of those years, and what portion did you contribute thereto by your own labor or income? 18. What was your employment during 1898 and 1899? What pay did you receive in each year? 19. What was your employment during 1898 and 1899? What pay did you receive in each year? 19. Have you a family? If so, who compasses such family? Give their means of support? Have they a homestead? 19. What was you a family? If so, who compasses such family? Give their means of support? Have they a homestead?
	upon the third, state whether you are totally blind and when and where you lost your sight? 13. What property, effects or income do you possess, and its gross value? 14. What property, effects or income did you possess in 1894, 1896, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? 15. In what Compty did you reside defing those years, and what property did you then return for taxation? 16. How were you supported during the years 1898 and 1899? 17. How much did your support cost to years of those years, and what portion did you contribute thereto by your own labor or income? 18. What will your support during 1808 and 1899? What pay did you receive in each year? 19. Have you a family? If so, who compasses such family? Give their means of support? Have they a homestead? 19. Have you a family? If so, who compasses such family? Give their means of support? Have they a homestead? 20. Are you receiving any pension? If so, what amount, and for what disability?
	upon the third, state whether you are totally blind and when and where you lost your sight? 13. What property, effects or income do you possess, and its gross value? 14. What property, effects or income did you possess in 1894, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? 15. In what County did you reside do fing those years, and what property did you then return for taxation? 16. How were you supported during the years 1898 and 1899? 17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? 18. What was your employment during 1898 and 1899? What pay did you receive in each year? 19. Have you a family? If so, who composes such family? Give their means of support? Have they a homeatead? 20. Are you receiving any pension? If so, what amount, and for what disability?
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	upon the third, state whether you are totally blind and when and where you lost your sight? 13. What property, effects or income do you possess, and its gross value? 14. What property, effects or income did you possess in 1894, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? 15. In what Critity did you reside do fing those years, and what property did you then return for taxation? 16. How were you supported during the years 1898 and 1899? 17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? 18. What was your employment during 1898 and 1899? What pay did you receive in each year? 19. Have you a family? If so, who compasses such family? Give their means of support? Have they a homeastead? 19. Life have you a family? If so, who compasses such family? Give their means of support? Have they a homeastead? 20. Are you receiving any pension? If so, what amount, and for what disability?

QUESTIONS FOR WITNESS

The state of the s
STATE OF GEORGIA.
de laste a county.
Sill de collegan
as a witness in support of the application of
under Section 1254, Code, and after being duly sworn true answers to make to the following questions,
deposes and answers as follows:
1. What is your name and where do you reside? A. W. Coellsan,
2. Are you acquainted with John Barten, the applicant : if so,
how long have you known him? LES for 45 years)
3. Where does he reside, and how long and since when has he been a resident of this State?
In Ac Hall Con, V/2. Hovever Honeaso
1. When, where and in what company and regiment did he enlist, and how do you know?
In Schall to les Il 38th Sa
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 cirgung-tances of his discharge from the service? Were you present with command when discharged? Whi to his Capitule in 1863,
made a good soldier, de stayed in
Bison with the March I will am
elsison up to close of war.
7. What property, effects or income has the applicant? (Give your means of knowledge.)
921 16010 Sept our mule, Jan
his sucighbor
8. What property, excets or income did the applicant possess in 1896, 1897, 1898 and 1899, and what
disposition, if any, did he make of same? - how much than
- Wow
9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
A a 0 . 210)
10. What is the applicant's occupation and physical condition?
be is unable to work for living on.
recount of ege
11. Is the applicant unable to support himself by labor of any sort, if so, why?
· Alexandra de la companya del companya de la companya del companya de la company
12. How they be appropriately in the second state of the second st
12. How was he supported during the years 1898 and 1899 : 1 1 1 10 15
13. What portion of his support for these two years was derived from his own labor or income?
1 bout 1 116 C Son 13. Th
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
under Section 1264, Code? 20 10 Deeg service from
Mu malis m
15. What interest have you in the recovery of a pension by this applicant?
26" March Starchan
the day of Marient 1900.) Witness.
11/1/ M. Coll A. C. Codhanu

7/4 -	1,
	& Rosser and
NI M Churdy	, both known to me as reputable physicians
aid County, who, being severally sworn, say o	n oath that they have examined carefully
fam barren, a	pplicant for pension under Section 1254, Code, and after
h personal examination say that his precise phy	
Rheumalism + Phumatism	Germanal Brake clown Can.
They further say on oath that the physical of	condition of applicant renders him unable to labor at
work or calling sufficient to earn a support	for himself, and that we have no interest in said pension
ig allowed.	1118
Sworn to and subscribed before me, this the	Allosser M. K
day of March 1900.	11 41 1
magadace	Ordinary. I // Gurdy 1/1(a
ORDINARY'S	CERTIFICATE.
TATE OF GEORGIA,	101112.
Le Kall COUNTY.	}
in more and all	
the applicant John Box Ten	, Ordinary in and for said County, hereby certify
a bona fide resident of this State since they that the witnesses, viz:	day of Sept 1830.
that the witnesses, viz:	mm
f trustworthy character, and that their stateme	integra ontible to GUI Girl
I further certify that before answering the	foregoing questions the applicant and each witness took
ath hereon prescribed, and that the full text o	f the affidavits was read to the applicant and witness
re same was signed.	to the applicant and witness
I further certify that the tax digests of	County show that applicant
ned for taxation in his name in 1898	107.00 Dollars
operty, and in 1899	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 fine 1900.
Fruit to the Man with any	of De Nach County.

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

5. 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. Later County 1. Later May 10. hereby authorize MM. Na goda (1) to receive and receipt for the pension allowed and request that he remit same to Witness my hand and seal, this 1. + hor Bester For Those Already Enrolled. SOLDIER'S PENSION JOHN W. LINDSEY, WARRANT ISSUED Same John Baxt Coury Dellall INDIGENT **1901.**

		POWER	OF ATTO	RNEV		
•		EORGIA, Count N Cox tex	ý. } hereby of	authorize L	h la G	
	to receive and re	eceipt for the per	usion allowed and	l request th	at he rem	it same to
	by					C des 17 t prope
	Witness m	y hand and seal, th	is 3 day of	lan		1902.
		y hand and seal, th	Joh	ic Bay	Ti-	[L. S.]
	Executed in		CO C MANUAL			*
	i)					
			CALL OF BRIDE		790	A to the second of the second
	<u>.</u>	3		1905	1 1	11
6	NOT I	. 🛂 .	2 50		£,	
2	READY ENROI		300	G. C.	OHN W. LINDSEY Commissioner WARRANT HANDED TO	1
3	E ALREADY		Er Cal	WARRANT ISSUE	OHN W. LINDSE Commission WARRANT HANDED TO	13
Ĩ			R C K	RRAN	I W.	The state of the s
Ş	No.		AAA	W	OHN	
3	FOR THOSE	=	a tr			3
0	/ =	22	Course Co.			

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County County
personally appears Nill lox in of his Hall
County, State of Georgia, who being duly sworn, says on oath that he is a former of
and resident of said County and State and has socided as the
since the day of School 1830; that he is 10 years old and by occupation a 1830 that he enlisted in the military service of the Contederate States for of the State of
by occupation a 200 2000 that he enlisted in the military service of the Con-
States and served for the term of 3 Lea W in Company , of 3 S th Regiment
States, and served for the term of 3 Lea W in Company 1 of 3 Sale Provinces
that his physical condition is a
tollers of SCORE and College of Man Company for the Regiment that his physical condition is as tollers of SCORE and a college of the College
ac all sickismely
ι , γ
d - 16
that the property consists on the following mens of the Much and
garaciones
6
of the value of A 2 C Dollars, that by reason of his physical
condition and poverty he is muchle 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 LOIL. I have heretofore in a resident of Lie Walls
county been allowed a pension for the year 1901, 1900
Sworn to and subscribed before me, this the fine that the first th
Les Clared de Codinary
STATE OF GEORGIA.
County.
STATE OF GEORGIA, County, I County, I County, I County, I County that I am well acquinted with Filter CaxCox the
Ordinary of said County.
the
oppresant in the foregoing affidivit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the in lividual he represents hearself to be
and that he resides in this County.
Given under my Abrial signature and seal, this 97/1
dead work (27) 1901.
Town it has so that a
the second of th
Ordinary (7.677) County.
No. 0. The Lint's spreading the higher No. 0. Alliday 1 stored for the attested before diameter for 1900.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

TOTAL TO MAINTAIN
STATE OF GEORGIA,
De Kall County.
Personally appears John Boxter of Rekith
County, State of Geoogia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the 10 day of VIENT 1830 that had 22
by occupation a Harrier that he culisted in the military service of the Confederate States (see States)
ederate States (or of the State of 124) during the war between the
States, and served for the term of 3 Lians in Company D, of 38 th Regiment
follows: with a ge and I referribly,
mons. It is a get a made in princing,
hat his property consists of the following items (_ / 71 (
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
f the value ofDollars, that by reason of his physical
oudition and poverty he is unable to support himself by his own exertion or labor, and
hat he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
894, and the Acts amendatory thereof, and makes application for the pension to which he
entitled for the year 1902. I have heretofore as a resident of D.e Malh
ounty been allowed a pension for the year 1 90/,
0
Any of lan 1902. Son Ball.
111/1/
11111 Ragadace Ordinary.
TATE OF GEORGIA, Le Kath County. 1. // /// Lagraca County, certify that I am well acquainted with Lagraca County,
Le Halh County
1/1/1/1/1/
Ordinary of said County,
The state of the s
e applicant in the foregoing affidavit, and am well satisfied that the statements made by
m in his said affidavit are true, and I know he is the individual he represents himself to
and that he resides in this County.
Given under my official signature and seal, this
day of _ 1002.
day of - Mil 1002.
horis
Ordinary Lack Rack County.
The mank spaces must be filled.

			POW	ER	OF	AT	ГOF	RNE	CY.				
	e Ka Ioh	Ch	egia,	_co ter		herel	oy auth	iprize	Jr.	M.	Ro	ple	
by	ive and				(0	tday	of	Pan				1903.	
Exe	frage of the second of the sec	prese	nce of	i.		JA	hve	6 8	3 ch	fle	27	[L. S.]	
CODE SECTION 1264. (FOR THOSE ALREADY ENROLLED.)	No. 576	INDIGENT	SOLDIER'S PENSION	1903.	Name Boxter John	County De Kall	Co	WARRANT ISSUED	2 3 1903.	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO	Ceo Bachan, Sasa Prince, Adams.	no later

Barter

POWER OF ATTORNEY.

•	y	onti	hu ! Ges	Basil	of.	hereby a	uthorize	W C	O No	il to
		Execute	y hand and	ace of	19	day of	faire In Ha	ter	19	04. .s.]
	(FOR THOSE ALREADY ENROLLED.)	No. 447 606	INDIGENT	1904.	Name John Baster	Co. A. Regiment 35	WARRANT ISSUED	JOHN W. LINDSEN.	WARKANT HANDED TO	Geo W. Harrison, State Printer, Allanta,

Barter John (FOR THOS

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kall County.
Personally appears of Dayter of De Kalk
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 Soft 1830; that he is 72 years old and
by occupation a Marmel , that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of 3 years in Company D, of 38 th Regiment
follows: From old age gud Infirmity
mobec to support himself
that his property consists of the following items: Jung.
6
of the value of Dollars, that have a series of the table of
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1903. I have heretofore as a resident of he Kalk
county been allowed a pension for the year 1902,
Sworn to and subsected before me, this the
1903.
Millegadece Ordinary. John Batter
STATE OF GEORGIA,
I. M. Registales of grdinary of said County,
do certify that I am well acquainted with. Well Way les
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this /O
day of MM 1903.
Sour Man Magsdec
Ordinary Le Mach County.
Note.—The blank spaces must be filled. Note.—Affidavit should not be attested before January 1st, 1993.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	DIVINI
STATE OF GEORGIA,	
Day 11	
OVIEW County.	
	Calv
unty, State of Georgia who, being duly sworn, says on oath that he is a bona	<i>fide</i> citizen
d resident of said County and State, and has resided in said State contin-	uously ever
ice the day of Supt 1830; that he is 73 ye	ars old and
occupation a Farmer, , that he enlisted in the military service	of the Con-
erate States (or of the State of Lorgia) during the war !	
ates and served for the term of 3 years in Company 2, of 38 th	
91	-
lows: fell age and Discountly	dition is as
lows: pette age the secondly	
	9
e e e e e e e e e e e e e e e e e e e	
at his property consists of the following items:	· · · · · · · · · · · · · · · · · · ·
	,
the value of Pu 300 Dollars, that by reason of l	Li11
the value of FW 22 Dollars, that by reason of ladition and poverty he is unable to support himself by his own exertion or	
at he receives no pension but the one herein applied for.	r labor, and
Deponent desires to participate in the benefits of the Act, approved Dece	mber 15th
94, and the Acts amendatory thereof, and makes application for the Rension	
entitled for the year 1904. I have heretofore as a resident of	
unty been allowed a pension for the year 1 903	
	1
Visite of the Contract of the	Jun
MULTI GLOTGE Ordinary.	
TATE OF GEORGIA.	
, }	
County.	
I, June 19. Jeorge pordinary of sa	aid County,
certify that I am well acquainted with with with Supter	,
applicant in the foregoing affidavit, and am well satisfied that the staten	nents made
him in his said affidavit are true, and I know he is the individual he represe	
be, and that he resides in this County.	
Given under my official signature and seal, this	
day of January 1904.	
TOMAN P.C.	
Seal (
Ordinary TEleus	County.

Note.—The blank spaces must be filled. Note.—Affidavit should not be attested before January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,	
Dekall COUNTY.	
Xaile China of Descri	hereby authorize
to receive and receipt for the pension allowed, and request that he	e remit same to
John Barter at Dicatur	
бу	
WITNESS my hand and seal, this // day of Jan	1905.
John Bouter	[L. S.]
Executed in the presence of	
- 11 11 11 11 11 11 11 11 11 11 11 11 11	
and Egypt	

1/2 \$ 1905.

WARRANT ISSUED

JOHN W. LINDSEY,

Regiment 35 44

Name Hall Buts

1/01/1

County

SOLDIER'S PENSION

INDIGENT

1905.

(FOR THOSE ALREADY ENROLLED.)

No. 60 64

Bayter John Dalmig

no acti

SOLDIER'S PENSION (FOR THOSE ALREADY ENROLLED.) the INDIGENT No.

Regiment 38 Mg

1906.

JOHN W. LINDSEY. WARRANT ISSUED

WARRANT HANDED TO grey.

POWER OF ATTORNEY.

STATE OF GEORGIA,		
October County.	-	, (
July 6 Com	les to	hereby authorize
Julia Storge	of Occatu	
to receive and receipt for the pension al	at Death	
by	at production	
WITNESS my hand and seal, this	day of	/31906.
	John	Baster [L. S.]
Executed in the presence of	d	
Hamis George	_	
/ Ordinan		

WARRANT HANDED TO

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
S. Mall County.	
Personally appears John / Sontin	of Austall
County, State of Georgia, who, being duly sworn, says on oath th	nat he is a bona fide citizen
and resident of said County and State, and has resided in sa	id State continuously ever
since theday of18; that 1	ie is vears 🔊 🛋
by occupation a, that he enlisted in the m	
States, and served for the term of in Company	of JI th Regiment
of Ja May ; that h	is physical condition is as
follows: Duperincele percily to	ici
1.	
that his property consists of the following items:	(-
of the value of Do	llars. I am now earning,
	. 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 applie	
Deponent desires to participate in the benefits of the Act	
1894, and the Acts amendatory thereof, and makes application for	
is entitled for the year 1905. I have heretofore as a resident of	1.11/11/11
County been allowed a pension for the year 1904.	
Sworn to and subscribed before me, this the day of the 1905.	a Bayter
day of face, 1905. Soften	
STATE OF GEORGIA,	
STATE OF GEORGIA,	
I. Jane Country	
1, 401112011-30134	Ordinary of said County,
do certify that I am well acquainted with Alli	
the applicant in the foregoing affidavit, and am well satisfied t	
by him in his said affidavit are true, and I know he is the individ- to be, and that he resides in this County.	
Given under my official signature and seal, this	11 12
day of / CLL 1 / 1905.	
Jainto R	SIANUE
(Allix)	· /
your Seal Beat Ordinary Ordinary	Zeel C County.

Norg.—The blank spaces must be filled.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,	1
State of Georgia,	1
Cour	
Personally appears tohn	Baxter of De Kali
	uly sworn, says on oath that he is a bona fide citizen
and resident of said County and State	e, and has resided in said State continuously over
since the day of seh	1830 : that he is years old and
by occupation a,	that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of	in Company of 5th Regiment
follows: - Infirm	ity poverty and ag
	Annual Control of the
that his property consists of the follow	ing items:
According to the contract of t	
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 benefit and it is
Deponent desires to porticipate	in the benefits of the Act approved December 15th,
1894 and the Acts amendators thereof	and makes application for the pension to which he
s entitled for the year 1906. I have h	heretofore, as a resident of the pension to which he
County, been allowed a pension for the	
Sworn to and subscribed before m	e, this the
day of January	1906. Tohri Parter
anus / yeary	Ordinary.
State of Georgia,)
De Kalk Cou	ntv.
I, James R. G.	
lo certify that I am well acquainted w	110 Statuty of Said County,
	t, and am well satisfied that the statements made
by him in his said affidavit are true, and	d I know he is the individual he represents himself
o be, and that he resides in this County	
	signature and seal, this
day of Janua	
	1 Francis 10 /
AMIX }	John Jan Jan Jan Jan Jan Jan Jan Jan Jan Ja
seal here	Ordinary County.
Nors.—The blank space	

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

POWER OF ATTORNEY.

			1 1 2 2
STATE OF GEORGIA,)		
DeKALE	COUNTY.		
in John Ba	x tim		ereby uthorize
Janus R. Gur		esture &	ereby authorize
// .		cour,	
to receive and receipt for the pe	ension allowed, an	d request that he	remit same to
Juni soguir-	atat_	eacus.	920
by			Civil 's acy,
WITNESS my hand and seal, t		day of Jane	1907.
	yjo	In Bayter	[L. 5.]
Executed in presence of	U		
July Brown	-		
Ordina	w		
Cyatte			
Ag.			
			**
	4	5 3	4 6 9 Ver'a
	.	PSI oistura	
	12 0	A 118 LINDSEY. Commissioner of Peasi	
	3 ,31	SEY	1
SEN CENTER OF THE PROPERTY OF)	IND IND	2
	Regiment of	JOHN W. LINDSEY, Commissioner of	Del
Cons 8 10 INDI	"	ARR EAN	8
	= =	JOI JOI) L
L G	a A		e de
8	Name County		
1.2			
K = 10 200			
;		, "	
* _ *			-
August 1	2		
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and the same of th	la est		
A			

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

_	la,
/ /	County.
	eing 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	1832; that he isyears old
and by occupation -	that he enlisted in the military service of the Con-
federate States (or of al. St.	, that he enlisted in the military service of the Con-
State of the State of	during the war between the
of Sa Jalo	in Company O, of 38 th Regiment
**	; that his physical condition is as
follows: 12 14 15 miles	poverty & age
	1 1
that his property consists of the	following items:
of the value of	Dollars. I am now earning
ov my labor.	Dollars per month. That by reason of his
abor, and that he receives no pens Deponent desires to partici	is unable to support himself by his own exertion or ion but the one herein applied for. pate in the benefits of the Act approved December 18th,
Abor, and that he receives no pens Deponent desires to particip 1894, and the Acts amendatory the s entitled for the year 1907. I ha County, been allowed a pension fo	is unable to support himself by his own exertion or ion but the one herein applied for. pate in the benefits of the Act approved December 15th, treof, and makes application for the pension to which he we heretofore, as a resident of
Abor, and that he receives no pens Deponent desires to participalities, and the Acts amendatory the sentitled for the year 1907. I had county, been allowed a pension for Sworn to and subscribed be	is unable to support himself by his own exertion or ion but the one herein applied for. pate in the benefits of the Act approved December 18th, treof, and makes application for the pension to which he we heretofore, as a resident of the year 1906. fore me, this the
Abor, and that he receives no pens Deponent desires to particip 1894, and the Acts amendatory the sentitled for the year 1907. I ha County, been allowed a pension fo Sworn to and subscribed be day of County State of Georgie	is unable to support himself by his own exertion or ion but the one herein applied for. pate in the benefits of the Act approved December 18th, treof, and makes application for the pension to which he we heretofore, as a resident of the pension to which he we here 1906. fore me, this the 1907. Ordinary.
Abor, and that he receives no pens Deponent desires to participe (894, and the Acts amendatory the sentitled for the year 1907. I he County, been allowed a pension for Sworn to and subscribed be day of County. State of Georgia	is unable to support himself by his own exertion or ion but the one herein applied for. pate in the benefits of the Act approved December 18th, recof, and makes application for the pension to which he we heretofore, as a resident of reference, this the 1907. Ordinary. Ordinary of said County.
Abor, and that he receives no pens Deponent desires to participe (894, and the Acts amendatory the sentitled for the year 1907. I he County, been allowed a pension for Sworn to and subscribed be day of County. State of Georgia	is unable to support himself by his own exertion or tion but the one herein applied for. pate in the benefits of the Act approved December 15th, treof, and makes application for the pension to which he are heretofore, as a resident of the year 1906. fore me, this the 1907. Ordinary. Ordinary. Ordinary of said County.
Abor, and that he receives no pens Deponent desires to participes to the Acts amendatory the sentitled for the year 1907. I have county, been allowed a pension for Sworn to and subscribed be day of the Acts of Georgies. State of Georgies of County, I am well acquainty of accurate the county of the County.	is unable to support himself by his own exertion or tion but the one herein applied for. pate in the benefits of the Act approved December 15th, treef, and makes application for the pension to which he are heretofore, as a resident of the pension to which he are the par 1906. Fore me, this the 1907. Ordinary. Ordinary. Ordinary of said County, and with
Abor, and that he receives no pens Deponent desires to participe (894, and the Acts amendatory the sentitled for the year 1907. I he County, been allowed a pension for Sworn to and subscribed be day of County. State of Georgia	is unable to support himself by his own exertion or the new herein applied for. pate in the benefits of the Act approved December 15th, reof, and makes application for the pension to which he are heretofore, as a resident of the lear 1906. Fore me, this the 1907. Ordinary. Ordinary. Ordinary of said County, and with Act of Late Late Late Late Late Late Late Late
Abor, and that he receives no pens Deponent desires to partici (894, and the Acts amendatory the sentitled for the year 1907. I he County, been allowed a pension fo Sworn to and subscribed be day of State of Georgia I, Courtify that I am well acquaint ne applicant in the foregoing affid by him in his said affidavit are true	is unable to support himself by his own exertion or the new herein applied for. pate in the benefits of the Act approved December 15th, reof, and makes application for the pension to which he are heretofore, as a resident of the pension to which he are the pension to which he are 1906. Fore me, this the 1907. Ordinary. Ordinary of said County, and with 1918 to 1919 the pension to which he are the pension to which h
Deponent desires to participate the sentitled for the year 1907. I has county, been allowed a pension for Sworn to and subscribed be day of the year 1907. State of Georgia and that I am well acquaint the applicant in the foregoing affidity be, and that he resides in this C Given under my of	is unable to support himself by his own exertion or ion but the one herein applied for. pate in the benefits of the Act approved December 18th, recof, and makes application for the pension to which he we heretofore, as a resident of reference of the pension to which he we heretofore, as a resident of reference of the pension to which he we heretofore, as a resident of reference of the pension to which he we here to grant the pension to which he we have the pension to which he we have the pension to which he will be pension to which he will be pension to which he will be pension to which he we have the pension to which he will be will be pension to which he will be pension to which he will be
Deponent desires to participate the participate of	is unable to support himself by his own exertion or ion but the one herein applied for. pate in the benefits of the Act approved December 18th, recof, and makes application for the pension to which he we heretofore, as a resident of reference of the pension to which he we heretofore, as a resident of reference of the pension to which he we heretofore, as a resident of reference of the pension to which he we heretofore, as a resident of reference of the pension to which he we have a pension to the pension to which he will be pension to which he will be pension to the pension to which he we have the pension to which he will be pension to w
Deponent desires to participate the participate of the very series of	is unable to support himself by his own exertion or ion but the one herein applied for. pate in the benefits of the Act approved December 18th, recof, and makes application for the pension to which he we heretofore, as a resident of reference of the pension to which he we heretofore, as a resident of reference of the pension to which he we heretofore, as a resident of reference of the pension to which he we heretofore, as a resident of reference of the pension to which he we have a pension to the pension to which he will be pension to which he will be pension to the pension to which he we have the pension to which he will be pension to w

Nors.—The blank spaces must be filled.

Nors.—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 MERE? March 1862 Savannah, Ga.

RAIK

COMPANY AND REGIMENT? Co. D, 38th. Regt. Ga. Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? Captured 1863 carried to Fort Deleware, Ill.

RELEASED. June 13th/ 1865.

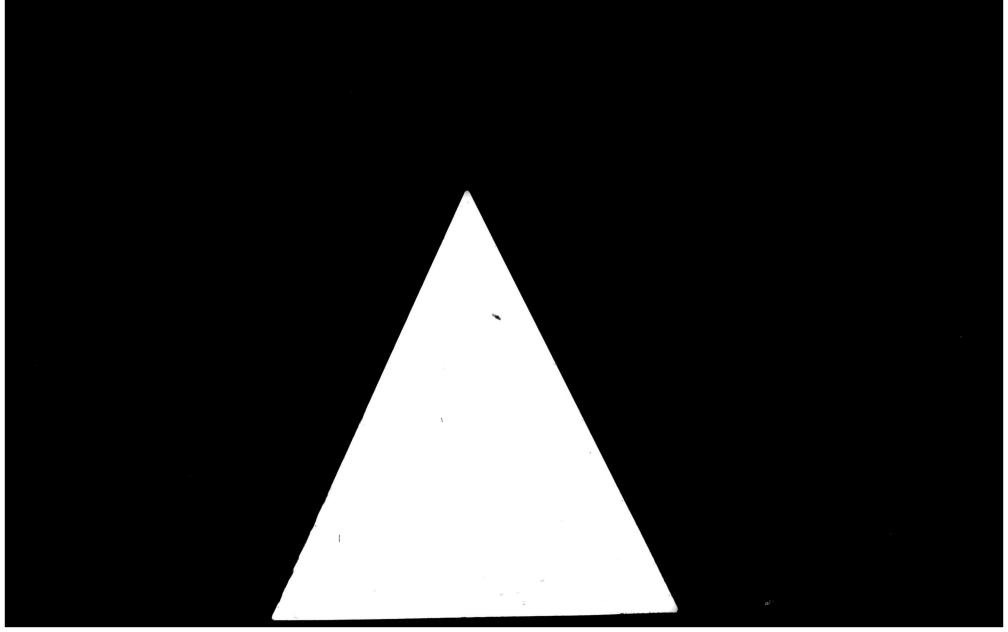
WHEN AND WHERE SURRENDERED?

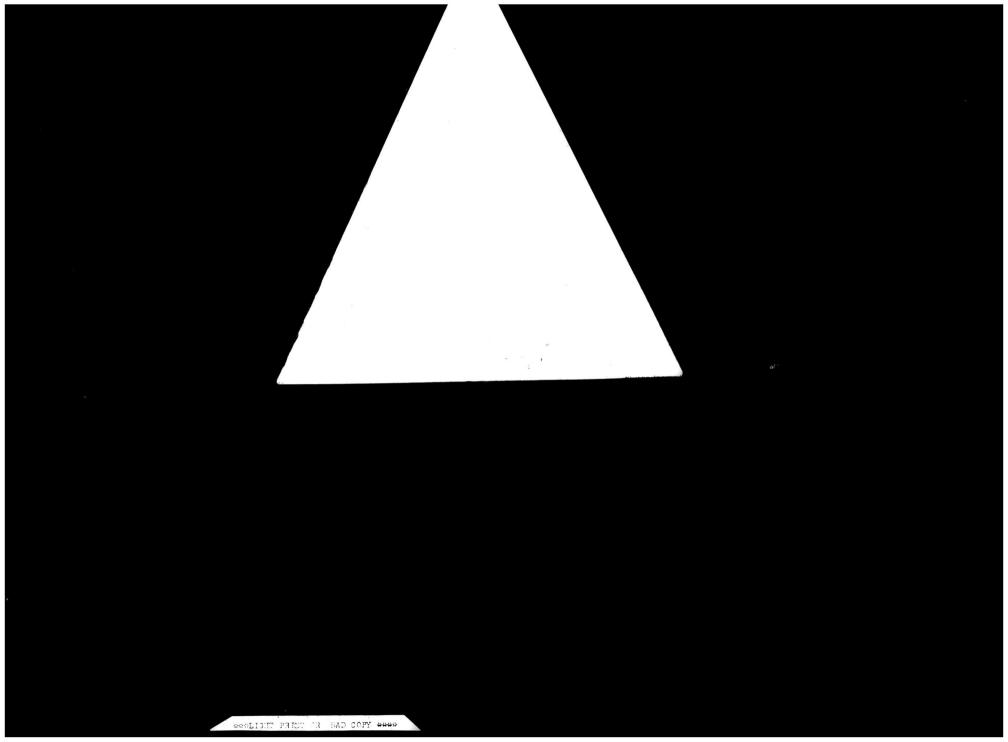
IF NOT PRESENT AT SURRENDER, MARKE JERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. S.W. Cochran, same command - No data.





POWER OF ATTORNEY

TE OF GEORGIA.

.

Witness my hand and seal th

Į.v.

1899.

9

INDIGENT PENSION

SECTION PRINT OR BAD COPY SEES

1899.

Name Thos. J. Bagamor

D C (() ()

pproved 4/10 - 190/189

RANG JOHNSON,

WARRANT HANDED TO

GEO. W. HARNISON, STATE PRINTER, ATLA

11/2010

STATE OF GEORGIA.

NDIGENT PENSION

COUNTY. hereby authorize to receive and receipt for the pension allowed, and request that he remit same to Executed in presence of

(L. N.)

Questions for Applicant. STATE OF GEORGIA. County, Thomas & Dazennore 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 Sufferson Bayemore - Kirkwood-Dekall Co, - Leon 2. How long and since when have you been a resident of this State. all my . & Being 57 years Dec 25 1/2 lich 3. Whom and where were you born : Dea 25th 1842 in Cones Co. Ja When and where and in what company and regiment did you entire motive? In 1861 in Bit to the North Color letter and in 1861 in the May & Vife to 2 if ya Ballation. 5. How long did you remain in such company and regiment for the Rose Volunture Signature for the Rose Volunture Signature for the Rose Volunture Signature for the Rose Walter for the Play of Rich lea 2th Ga Battalion in the bounderate Stronger 6. Her how long a period did you discharge regular military day of Trace for the War house long a period did you discharge regular military day of Trace for the Signature. 7. When, where and under what circumstanes were you discharged from service I stacked may gun at lift matton b. H. when speril Lee Jurundere & on Parce 9th Tile. What is your present occupation: I have no besition suct how How much can you cain (gross) per annum by your own excelions or hilyo . Nothioned 10. What has been year occupation since 1865 Making the Affort to fast. 11. Upon which of the following grounds do you are your application life position, viz: A-1, rang and poverty," second, "infirmity and poverty," or third, "blindness and poverty" Cly & an Poverte 12. If upon the first ground, state how long you have been in such condition trayyou could not care your support? If upon the second, give a full and complete history of the infirm v and its extent upon the third, state whether you are totally blind and when and where you lost your sight? I have been mable to carry my support for 13. What property, effects or income do you possess, and its gross value / lothing 14. What property, effects or income did you possess in 1894, 1895, 1896, 1897 and 1858, and what disposition, if any, did you make of same? I hard too thing during there for a thore text a little personnal frector and leave for the factor of Dy Farming 17. How much did your support cost for each of those years, and what portion did year be your own labor or income whe past want from these mooney. My Cheeken did the suffering to the complexity of the pay full transfer in the later and the fact the pay full transfer in the later and transfer one out in left with my of the pay 19. Hover used lingily? It so, was congresses such hardly? There is an port of suppose o .Ordinary, County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,	19
Fullon COUNTY	
(1. 8 B. 11	
, or and space and county, having been presented	
as a witness in support of the English of This & Boyenson for pension	
under Section 1254, Code, and after being duly sword true answers to make to the following questions, deposes and answers as follows:	
1. What is your name and where do you reside? Audisson S. Redding	
56 Garnet of attant Ga	
2. Are you acquainted with Thro & 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?	
surkwood Seteall Co. Ja. All his life	
1. When, where and in what company and regiment did he cylistrand how do you know? I was in 1862 in Macon fa Flory Wifle 2 A Battallon Co. Chio 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 Sol dier bring with us all	
the fine where wounded or sick	
the different ports of	_
7. What thoughty, effects of ineque has the applicant? ((live your means of knowledge) the has nothing except a few flaw household effects.	
Because I hove known him 1,5 Theres.	1.0
8. What property effects or income did the applicant and in 1802 1807 1 food	
sition, if any, did he make it same? The had nothing turing all there years lat a letter	_
He Bargainer for tank last year but Could not four for it bay.	-
He Bargainer for taux lost year best Could not four the 29. Has be convered 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	
10. What is the applicant's occupation and physical condition? He has no see time	
it present He is in a fuble contition	
He has a ball in his lift arm now and way would in his	
11. Is the applicant unable to support himself by labor of any sort, if so, why?	
smable because of age and feebleness and	
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?	1
Jeanly any at are	-1
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	
fuble and trauble with by de alshow	
The around in his right hard had shiftened on	
5. What interest have you in the recovery of a pension by this applicant 2 three What sucr	-
Sworn to and subscribed before me, this	
he 23 day of Dec 1899. Witness	
Ordinary.	
The Mand At 11.111	

AFFIDAVIT OF PHYSICIANS.
STATE OF GEORGIA,
se la la county.
Personally came before me A. Lang In D.
J. G. Communication, both known to me as reputable physicians
of said County, who, being severally sworn, say on oath that they have exemined carefully
Mich all Bagines and after such personal examination say that his precise physical condition is as follows:
College Putasina
mouble of storage & reguratory track &
general de viil
We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to carn a support for himself or but to be a support for himself
work or calling sufficient to earn a support for himself, and that we have no interest in said pendan being allowed.
Sworn to and subscribed before me this the
3 d day of face 1900}
I willed gada co, Ordinary.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
STATE OF GEORGIA, COUNTY 1, M. M. G. & Add CC. , Ordinary in and for said County bereits carries.
STATE OF GEORGIA, COUNTY 1, M. Augustic CC , Ordinary in and for said County, hereby certify
STATE OF GEORGIA, COUNTY 1, M. M. G. & Add CC. , Ordinary in and for said County bereits carries.
STATE OF GEORGIA, COUNTY 1. M. Cagada CC , Ordinary in and for said County, hereby certify that the applicant & 1002 J. Lagarana County and has been a hum file resident of this State size of the
STATE OF GEORGIA, COUNTY 1, Marches add CC , Ordinary in and for said County, hereby certify that the applicant of this State since the day of 189 and that the witnesses, viz:
STATE OF GEORGIA, COUNTY 1, Marke gall CC , Ordinary in and for said County, hereby certify that the applicant strongly lagrance resides in said County, and has been a born 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.
STATE OF GEORGIA, COUNTY 1. Markey a let CC , Ordinary in and for said County, hereby certify that the applicant a least 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
STATE OF GEORGIA, COUNTY 1. Markey a let CC , Ordinary in and for said County, hereby certify that the applicant a leave 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
STATE OF GEORGIA, COUNTY 1, Market gradit CC , Ordinary in and for said County, hereby certify that the applicant 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. 1 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. 1 further certify that the lax digests of 1001 Sellicity County show that applicant returned for taxation in his power is taxif.
STATE OF GEORGIA, COUNTY 1, Market and CC , Ordinary in and for said County, hereby certify that the applicant and 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 County show that applicant returned for taxation in his name in 1897. Dollars
STATE OF GEORGIA, COUNTY 1. Markey a let CC , Ordinary in and for said County, hereby certify that the applicant a leave 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 fax digests of County show that applicant returned for taxation in his name in 1897. Dollars
STATE OF GEORGIA, COUNTY 1, Market and CC , Ordinary in and for said County, hereby certify that the applicant and 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 County show that applicant returned for taxation in his name in 1897. Dollars of property.
STATE OF GEORGIA, COUNTY 1, Market gradit CC , Ordinary in and for said County, hereby certify that the applicant 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 outh 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 fax digests of County show that applicant returned for taxation in his name in 1897. Dollars of property, and in 1898. In my opinion the foregoing claim is

^{1.} Refore any questions are answored, 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 affiliarite may be attached if blank space are insufficient.

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

POWER OF ATTORNEY

I,	,	County.	hereb	authorize_		
Management — c — c ; c			of	27030-00-00-00-00		
o receive and	receipt for	the pension	allowed and	request tl	iat he	remit same t
	*		at			
y .						
Witness	my hand and	seal, this	day o			1902.
						[L. S
Executed	n presence of					
6						
9	N		-	5063		
COR THOSE ALREADY ENFOLLED. No. 5 6 6	S		2 7		INDSEY,	liś
E. A	N		2-4-	UED	SET	D TO
E ALREADY	INDIGENT		r a l	WARRANT ISSUED	JOHN W. LINDSEN	WARRANT HANDED TO
ALR	P.S		5 / B	RANI	W	N The Ag
³ щ		<u>~</u>	TO TO	WAR	HN	WARR.
HOS No.						

POWER OF ATTORNEY.

STATE OF GEORGIA		
	County. \	
Ι,	hereby authorize	
	of	
to receive and receipt for	r the pension allowed and request that	he remit same to
	at	
by	The second secon	
Witness my hand and s	seal, thisday of	1903.
Executed in presence of	f	[L. S.]
Accured in presence of		

SOLDIER'S PENSION 1903. INDIGENT

CODE SECTION 124.
(FOR THOSE ALREADY ENROLLED.)

Bayerra C.

No. 1743

Name BALEMOYE, [15].
COURTY DEWAND
Co. Floyd Regiment es

123

WARRANT ISSUED

JOHN W. LINDSEY, Commissioner of Pensi

WARRANT HANDED TO

711 /2 m

(2326

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Xo Ch County.
Personally appears & Jugenous of Sichalh
County, State of Geoogia, who being dtily 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 26 day of the C 1842; that he is 60 years old and
by occupation a Messell that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the States, and served for the term of H It and in Company Cott the Regiment
of; that his physical condition is as
follows:
follows: Life is ing fine Catarian Kouke
and indigestion
Corner 1 to the contract of th
that his property consists of the following items //we
The second secon
The second secon
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1902. I have heretofore as a resident of
awarty been ellewed a persion for the second of the second
Sworn to and subscribed before me, this the
15 daysof 21 23 1902.
ordinary.
STATE OF GEORGIA.
Die liath County.
6.21 N 2 2 2
I. Will a last a elog Drdinary of said County,
do certify that I am well acquainted with I dage more
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know 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
Ada Jour La Co
(here)
Ordinary XCC / County.
Note.—The blank spaces must be filled.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalh County.
0/1/12
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 Acc 1842; that he is 6/ years old and
by occupation a Minister , that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of Hylan in Company, of th Regiment
that his physical condition is as
follows puffering from leaturs and
Mumatism
And the second s
that his property consists of the following items: Nove
of the value of O Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor and
nat he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
894, and the Acts amendatory thereof, and makes application for the pension to which he
s entitled for the year 1903. I have heretofore as a resident of Rehalf
ounty been allowed a pension for the year 1902,
Sworn to and subscribed before me, this the J. J. Bazen core
Majshace Ordinary.
STATE OF GEORGIA,
De Kell Gounty.
The Mariane
Ordinary of said County,
is applicant in the foregoing official and a little foregoing
e applicant in the foregoing affidavit, and am well satisfied that the statements made by
m in his said affidavit are true, and I know he is the individual he represents himself to and that he resides in this County.
*
Given under my official signature and seal, this
day of 1908.
man shall here
Ordinary De Nath County.
Nors.—The blank spaces must be filled.

Note.—The blank spaces must be filled.

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

POWER OF ATTORNEY.

STA	ΓE OF G	EORGIA,		1 _				
			County.	15	(*)			
1.				hereby a	authorize			
			Helia	of _				
to rec	eive and i	receipt for th	e pension	allowed an	d request	that he	remit :	same to
				ıt				
$\mathbf{p}_{\mathcal{L}}$								
//	itness my l	nand and seal,	this .	day of				_1904.
								_ [L. S.
	Executed i	n presence of						1
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	6							
	^							
	1			1 -	. +	r		6.8
Ξ		9	2	. 7	1061	usions	1	6
CODE SECTION 1254. (FOR THOSE ALREADY ENROLLED.		ER'S PENSIO	·	Le	/	LINDSEY.		a na
E S	7	IER'S PEI	# #	6 5	UED	JOHN W. LINDSEN.	WARRANT HANDED TO	Geo. W. Harrison, State Frinter Atlanta
CORE SECTION 1264.	3	Į ~	2	3	WARRANT ISSUED	IND	ANDE	2
LRE	.5		10	21	ANT) N	= \	11 8
ੂੰ M	8. 1		De The	2	ARK	N. H	RKA	
THOS	-	⁻	- 4/-	16/2	z.	25	F =	=
8				543			9	15
<u>.</u>		S_{c}	Name	County Co. 7			į.	i
								1

POWER OF ATTORNEY.

STATE	OF C	SEORGIA,	County.			
		I,			1	ereby authoriz
to receiv	ve and	receipt for the	pension allowed,	and request	that he	remit same t
•			eal, this	day of		1905.
Ex	ecuted	n the presence			*	[L. S.
,						,
Pelalle County (FOR THOSE ALREADY ENFOLLED.)	No. GH >	OLDIER'S PENSION	name J. Parantas	WARRANT ISSUED	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO C Y F F F F F F F F F F F F F F F F F F

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DE Kail County
700
Personally appears of Sagemore of Vertul
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 1842; that he is 6/ years old and
by occupation a that he enlisted in the military service of the Con-
federate States (or of the State of Storyca) during the war between the
States, and served for the term of 4 2 flan in Company rifel? th Regiment
of that his physical condition is as
follows: " and Sudigestion
The second secon
that his property consists of the following items:
Tioris
of the value of Holling 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 Deleuch County been allowed a pension for the year 1903
Sworn to and subscribed before me, this the I.J. Buzemore
day of Partition 1904.
Ordinary.
STATE OF GEORGIA,)
Dereult county.
· Comment of States
Ordinary of said County,
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
day of January
(AMI) Janus R. Russe
ordinary Destalla County
Ordinary (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,
County.
Personally appears J. Bagenere of Destall
County, State of Georgia, who, being duly sworn, says on oath that he is a bong 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 cornice of the Co
federate States (or of the State of during the war between the
States, and served for the term of Flory of Reflection and the war between the States, and served for the term of Flory of the Regiment of the term of
follows:
that his property consists of the following items:
The 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
County been allowed a pension for the year 1904.
Sworn to and subscribed before me, this the Bazemore.
James Blycorge Ordinary.
STATE OF GEORGIA,
County .
I, James 19 Juga () Ordinary of said County,
do certify that I am well acquainted with J. J. Danjers we
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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
Januar Ralenge
Orginary Culture County.

Note.—The blank spaces must be filled.

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

POWER OF ATTORNEY.

STATE	OF	GEORGIA,	Cou	NTY.	5					
		Ι,							hereby	authorize
to recei	ve_and	receipt for		nsion allo		l requ	iest	that h	e remit	same to
by										
W	ITNESE	my hand an	d seal,	this		day of	ſ			1906.
16	xecuted	in the prese	uce of							
(FOR THOSE ALREADY ENROLLED.)	No. 603	OLDIER'S PENSION	1906.	ame It Baymon	Now Lighten	WARRANT ISSUED	/2 2 1906.	JOHN W. LINDSEY. Commissioner of Pensions.	WARRANT HANDED TO	Tel Russica Priva and Pathating Co., Oto W Houseon Man.

POWER OF ATTORNEY.

	STATE OF G	EORGIA,)	-		
	D	eKALB.	COUNTY.			
	, I,				.,	hereby authorize
	No. 1945		of			
	to receive and	receipt for the	e pension allov	ved, and re		ne remit same to
			at			
1	by				2 .	Section 8 (A.C.)
	WITNESS	my hand and se	al, this	day	, of	1907.
						[L. 9.]
	Execu	ted in presence	of			[16, 35.]
		tea in presence	.,,	1 X		
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	L BB.	ŁM.	• 3	a	LINDSEY,	D T O
	CODE BECTION 1254.		A 1.	Regiment	LINDSEY,	NDE
	N RE	<u>5</u> 20 (Jo ,	Regiment	LIN	HA!
	E AL			Re Re A	≱	TNI J
	No.	ZE	11	, av	S N	ARRANT HANDED TO
	Code Baction 1254. THOSE ALREADY EMPOLLED No. 746		1/1	¥ .	3	ABR,

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Coordin
State of Georgia,
Di Kall. County.
Personally appears of Bagemore of De Ralh
County, State of Georgia, who, being duly swood, 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 Sec 1842; that he is 63 years old and
by occupation a fine star, that he culisted in the military service of the Con-
federate States (or of the State of Georgea) during the war between the
States, and served for the term ofin Company, ofth/Regiment
of Moss Vol. 1861; that his physical condition is as
follows: Infirmity thousety
that his property consists of the following items:
of the value ofDollars. 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 A. Ch.
County been allowed a pansion for the year 1905
Sworn to and subsgibed before me, this the
day of falled uf 1000.
tilled theoree Ordinary.
State of Georgia,
County.)
I, James C. Grange Ordinary of said County,
do certify that I am well acquainted with I.J. Trage 121 are
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 fanuary 1906)
+amer Genre
Aguir Spair Ordinary And County.
Nors.—The blank spaces must be filled.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,	
Da'll 1.3.	
Personally appears 1, 10 a years of	
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citiz	
and resident of said County and State, and has resided in said State continuously ex	en
since the 25 day of Dec 18424 that he is 64 years of	er
and by occupation a, that he enlisted in the military service of the Co	- Id
federate States (or of the State of) during the war between t	n-
States, and served for the term of in Company 144 of	
of Flored Reflex Low Joda; that his physical condition is	nt
follows: Chafer hile & porcela	as
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	een.
that his property consists of the following items:	
	-
, other constitution of the constitution of th	
of the value of Dollars. I am now earning	
by my labor, Dollars per month. That by reason of h	g
physical condition and poverty he is unable to support himself by his own exertion	is
labor, and that he receives no pension but the one herein applied for.	r
Deponent desires to participate in the benefits of the Act approved December 15th	h
1894, and the Acts amendatory thereof, and makes application for the pension to which h	ie.
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	
day of (cece, 1907.	, (
Change _Ordinary.	
State of Convert	
State of Georgia,	
Connty.	
I, flenew. J. Leve C 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 mad	e
by him in his said affidavit are true, and I know he is the individual he represents himsel to be, and that he resides in this County.	f
Given under my official signature and seal this	
day of fluid 4 1907.	-
Janua P. C.	
Alla I	-
OrdinaryCounty	

fors.—The blank spaces must be filled. fors.—Affidavit should not be attested before January let. 1907. Certificato.

This is to certify that If. Baye more has been a life time residuet of the state of Georgia, and enlisted in 1862 in the Confederate service in The Rame Comprany I did, The Floyd Riples, 2nd Ga. Battalion, Wright's Brigado, Army of Northern Virginia, and remained with said Companyintil the furrender of Gent Lee at Appo matter Court House, Sprilgth, 1865, at which place and time he stacked his gun and received his parole as a prisoner of love; that he made a good foldier, being wounded twice, at Petersburg in his right hand and at Gettyeling in his left arm, the ball still being in Signed: A. J. Halt Swomed and subscribed to before me, this fan. 5th, 1900, at Macon, Bith I willy, Ga. Colinary Bith County



Fayetteville, Ga.,

180

Georgin Lagrette County

I B Lives ordinary in and for a County

hirely certify that If Bazemore the applicant

lived in this Lagrette County in the year

1898 and that the Tax digests of Layette County

shows that he returned for Laction in his

16 ince in 1898 \$300 s has hundred online

of Property and in 1897 he returned waters

and I certify that of my how hundred bye

he disposed the Property he gave in

for caration in 1898 - Day Leite with

Liven under my hand and seed this 10 young 1900

Atlanta, July 13-Dear John. This will in-Woduce Blder Mos Bosume. I certify that I am the Family He as were of may out prients Shysician of J. J. Va azimore, of anda Primetice Boptist- brother King wood of a jud that he sufthe is suping a pension - from a Oroome tatarchas Con-- dilion of the mucus munbranes of un Dussager and Stomache under the present ofpropries Causing, Indilection und on you hon - de is medy, in - use to in older out weather, I som white if you can lightly advance and some throat, greatly impairs - in y his ability to make a linely hood his claim, 2 mill lope for himself at my cabor or living, it us a personal bivis to myself- Mel him it & concur in the above, of the to, In the Im con. San 19th 1901. MMagsdage Orkings, Swow to end subscribed before me your fried Coft. J. W. Luissy J. J. Simmons

Bank of Sayetteville Fayetteville Ga. Janey !! 1970 e) Le Tension Communioner To Mr. agodale Ordering Dekalt Co Fa it is I king I hirely Certify that T. G. Bagemore is a honofite resident of Kirkwood Dekall Co. Gan. Chal will would for his Outh. This will will where to you D. Boy con or who has visited in our loudy Postmacter Hirkwood Dr. fort done time and now dese, so to make application * + percent - Mer Boge more with any encena - he has lately mond Could string and in so to have the should street it former he should be shou

NAME Bazemore, Thomas J. YEAR 1901 COUNTY DeKalb

WHEN AND WHERE BCRN? December 25th. 1842 Jones Co. Ga. Resident of Ga. since birth.

INLIGHTED WHEN AND WHERE? 1861 Bibb Co. Ga.

HANK.

First in Ross Volunteers

COMPANY AND REGISTRY? 1862- Floyd Rifles 2nd. Ga. Battalion

WOUNDED? Witness states applicant was wounded at Petersburg, Va. in right hand and at Gettysburg, P.a. in his left arm, ball still remains in arm.

WHEN AND WHERE SURRENDEAED? April 9th. 1865 Appointtox Court House, Va.

IF NOT FRESENT AT SURRENDAR, WHERE WIRE YOU?

NAME OF CALTAIN AND COLOREL?

CAPTURED, WHEN ALD J.A. 2?

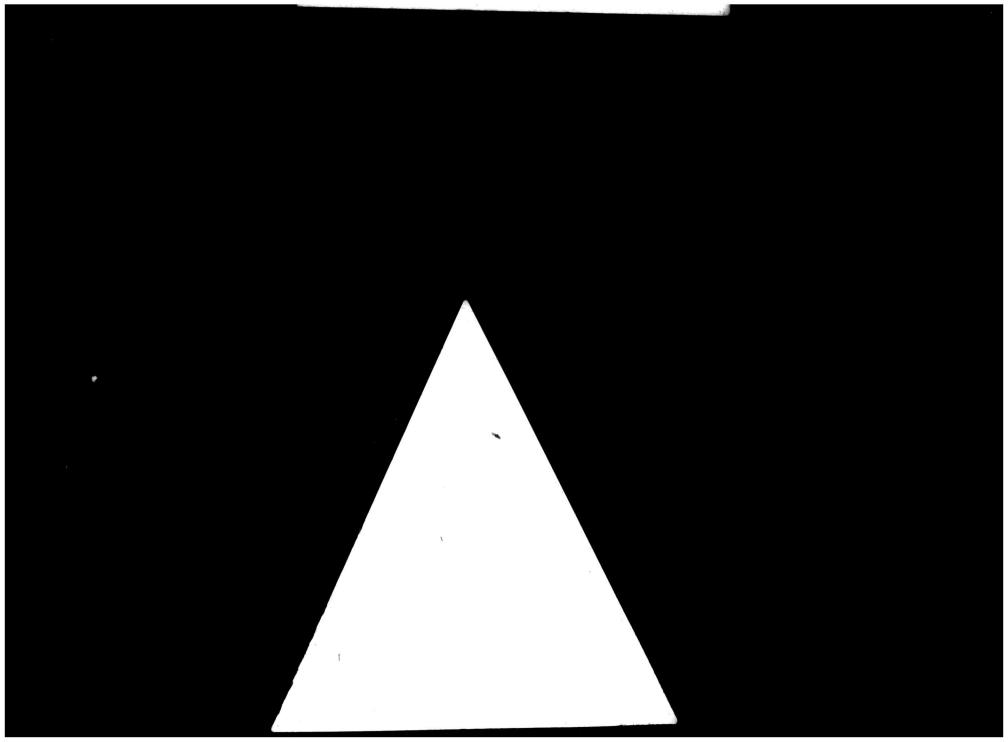
DIED, WHEN AND WHERE?

RELEASED.

BURIED.

JWT

WITNESSES. A.S. Redding, A.T. Holt, same command -- No data.



1			Beall, William Detalb Co.	Account to the Account of Section 1		district or recognisisting		
Autopled held	lawful attorpe by husband Pension Roll Witnes	GEORGIA,	No	Given	him and un of Georgia,	Dension fr	GEORGIA, I, that I per	
Cillia	and pa	ilA, Cul	19/2	in unde	and I kn	100 h	wful with DO	
35	paid from	CC u	Application for Pension Due	r my ha	P	X CX	know of	
2-2	in the state of th	trac	Deceased Soldier UNDER ACT 1891	hand and	OB of	190	3 dalas	
3./	The Constitution	tute 2	To be paid his Widow or Dependent Children	seal thic	8 3	Pension	13/2	
	sipt for pypin my named has Pensing due-me Person as the was The first the for the state of th	Cou	Mrs. R. Vi Bish Widow of William Reallo	s 23	The state of	Roll of	The Common of th	
7	1	Card.	Widow of William Reall	Character	1.7	/ said R	2 2	
m R7	Pension	les .	of Dekalb County	day of	hu	Sel.		
E.	who was or	\$	Co. , Regt Vols.		É	e C	Ordin	
R	on 19/. 7		Approved and paid			County 1	15y of	
7	= 10 12	<u>o</u>			Dollare	county for 19//,	said co	
1	brough my	till	J. W LINDSEY,	Ordinary.	from	y, and and and there w	county, c	
	terensed .	len-	Commissioner of Pensions.	my 2	the State	was paid	do certify and that	

GEORGIA,... Ordinary of said county, do certify that I personally know Mrs P. F. Beall she is the lawful widow of Pension Roll of said Defalls county, and was paid a Bension from Corr Ill
full to Inn du ful
of his death on the day pf county for 19/./, and at the time .19...., there was due to him and unpaid his Pension of. Dollars from the State of Georgia, and I know Mies Coppie Musuel , the within witness, and he is of a truthful and trustworthy character and entitled to full credit. Given under my hand and seal this 3 Millieur Ordinary, Correll gounty. Soldier UNDER ACT 1891 LINDSEY, R. Fla Beall, w Deceased Application for A Š GEORGIA, Ourall County. I hereby authorize and constitute Will Beall lawful attorney to collect and receipt for me in my name the Pension due me fee 1912 through my deceased husband

Pension Roll and paid from Roll land paid from Roll and R Witness my hand this 3rd day of Feling m. R.F. a. ramones

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891

77	
STATE OF GEORGIA, Canal County.	
Personally before the course Man / At 3	
after being duly sworn, on oath says that she is the widow of Adillian Beatl	
who was duly enrolled as a	
of D. A. 1h	
and part a Pension of OP	
Dollars from Oarroll country for 1911, and that the said	
	mat
the day of June at the time of his death a l'ensign of	E
was due him from It Rall country and unpuld for 19/2	SE
Applicant further swears that she magried the said	3/2
the 2 4 war of Cloter 1822 to Barriel	3.
County and	:0.C
and resided with him from the date of marriage to his leath	= 781
as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid	-1/
Swifth to and subscribed before me this But play of Pelley	
// // ////	
Ordinary Juss. R. F. Beall (L. S)	
County.	
AFFIDAVIT OF WITNESS.	,
GEORGIA Company	
Sounty.	1
Personally before me comes , who	
on oath says that he knew William Beall To while in the	1
and that he knows	
the above applicant that he knows that the said Williams Beall	
and 11 13 1 F. 1 Zeall were justile form of law married in the county	
of Carrell in the State of Livrain	:
the 24 Oct him to	
	1
as husband and wife from date of marriage to the fact of this death on the first of the fact of the fa	
now know that she is his dependent widow. [o ef a	
Swom to and subscribed before me this and day of the	
Top Mucan Ordinary	
(Correct County) Capper Merrell,	4
Note 1st.—This form can be used by guard.	
County.	1
Note 1st. — This form can be used by guardles	- 2

Glorg in Carroll Con Indian or divory in and for Smile lainty, do hurch Entry that the within the within the within the aline copy of the marrial word of the saint appears of record in my affice. They said for soll laining between the saint soul laining the saint soul laining and recorded on page 1800 a



State of Georgia,

County of Julton, Court of Ordinary.

5. 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

ou the 14° day of December, 1811.

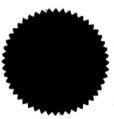
Hilliam Beall of said bounty, was reynlarly adjudged a person of rensound arrived, out committed to the Georgia State Samitarium, and no rios an minute of the same,

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

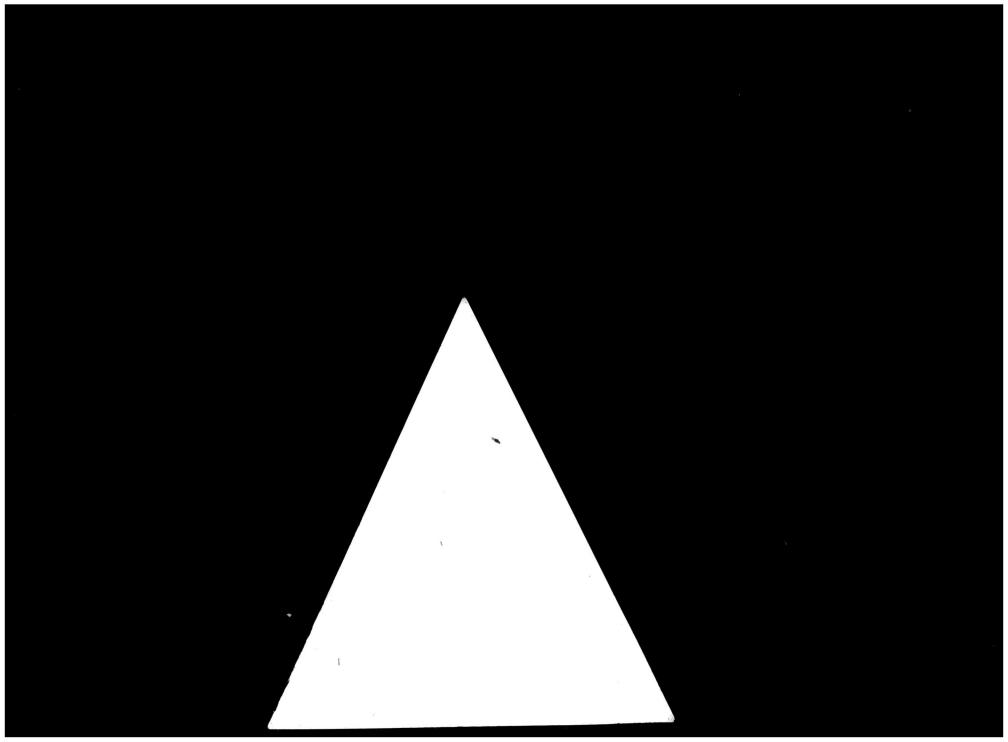
our Lord Nineteen Hundred and Jees Cee.

Clerk of the Court of Ordinary, Fulton County, Ga.



Clerk of the Court of Ordinary, Fulton County, Ga.





Bearden, Mary & (Mas.)

De KALb Co.

For DENalh. County

Application for Pension Due Deceased Pensioner

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

For Mus Mary (Bear Date of Death) \$ 15

Amount \$/00.

5 pely 26, Note that 1920 Commissioner of Pensions

Relevant of V.O. Morgan and

Clyek for \$180 - for Many

Ordinary Fill out above in full and sent this blank of 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, Dakalb County.

In person appeared before me, theundersigned authority,

1.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.

Febry 24, 1926.

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, DEKalh, County,
Personally before me, the Ordinary of said County, comes MI Bearden
of said County, who, after being sworn, on oat
says that he knew Ms Mary a Bearden of said County, and that said Pensione
was on the Pension Roll of said County at the time of death, which occurred in DeKalu,
County, in this State, on the J day of Nov 1925, and the a Pension of Medicular (\$/0000) Dollars was due pensioner and
, and and pennoner 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 \$ 2 o 9
per sworn statements fully and completely ITEMIZED hereto attached.
Sworn to and subscribed before me this H day of Fray 1926 U. D. Trangan, Ordinary Orkaila County
© (Seal of Ordinary)
CERTIFICATE OF ORDINARY
GEORGIA, DENach, County.
1. V. A. Driot game, Ordinary of said County, do certify
, who is a resident
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full fame and credit; that I also knew Mus Many a Bear Lew while in life and that this
while in life and that this was the same person whose name appears on the Pension Roll of Stath County, and
was paid a Pension of Oll Sundred Toty (1/40) Dollars
in said County for 192 5, 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 3 day , 1926
(Seal or Ordinary) I.D. Modgau, Ordinary
DES all, County
DES all., County

E. F. BOND. PRES

S. R. GREENBERG, SEC. & TREAS.

GREENBERG & BOND CO.

TELEPHONE	FUNERAL DIRECTORS	CHAPEL
toIm	V. J. Bearden for Inn	mary A Be and m
Nov. 5	Cacket	135.00
	Box for grave	10 00
	Bay for years Embalming	25.00
	Steares &	20.00
	Flowere	10.00
	Notices - Newspapers	465
	′ /	\$ 204.65

GREENBERG & BOND CO.

JAN 11 1926

Georgia, DeKalb County.

Personally appeared before me, the undersigned authority,

K. Bearden, who being any warm says that the above acct.

is any andrect and was paid by him.

Sworn to & Subscribed before me, Feb. 24, 1926.

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 ties and the raise of it, and each date.

and the second of the second o

6th. The completed woucher—this blank and the billia—must be sent to the Pension Department for approval and no money must be paid out small it is returned to you as your authority to make the payment.

7th. The Ordinary sings approved, as Ordinary, for the presence and then dicherses the money himself and tabes receipts.

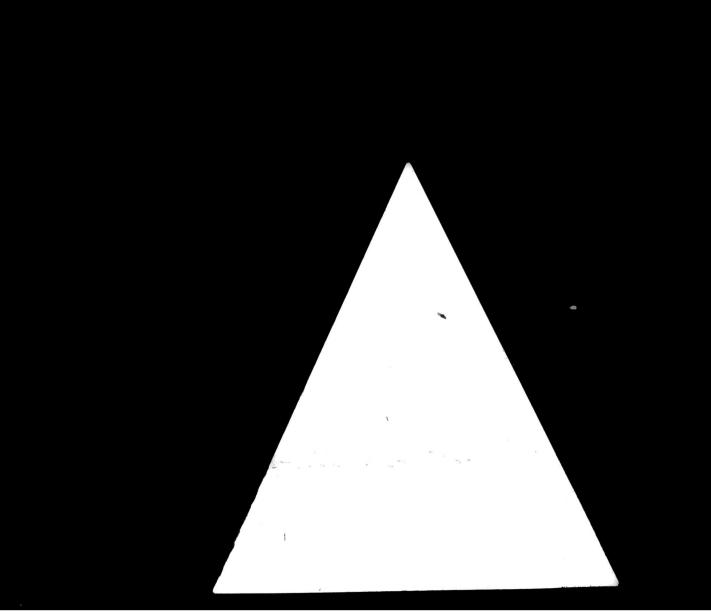
8th. Accept no bills for nursing until you write the Pension Department, stating the dreumstances in very great detail. Pensioner's children is the principle of the date for doing day what the law and common humanity demand of them.

9th. Bernin this spoitsetion, and stateded bills, with your final settlement, to the Pension Department.

10th. Ordinary should see that the back of this bank, when clocked, is filled out to deed, is filled out to deed, is filled out.

Bearden, Mary, A. (wildow) We Kalb County

See 65th Pair Ga. X-1 april 22 2 ... 19-2



POWER OF ATTORNEY.

Dony David B.	1					
CODE SECTION 1254.			by	to r		STA
(FOR THOSE ALREADY ENROLLED.)		Exe	Wın	receive		STATE
No. 424	,	cuted	SSEN	e and		OF C
INDIGENT		in the	my ha	receipt		GEORGIA
SOLDIER'S PENSION		Executed in the presence of	Witness my hand and seal,	for	Ŧ	GIA,
1905.		ice of	seal,	the p		
Name D. B. Beaco		1	this	pension		Count
County Le Mall		1		allowed	2	*
Co. Regiment 7-30						
WARRANT ISSUED			_day of	and re		
/23 1905.			Ĭ	request		
JOHN W. LINDSEY,				that		
Commissioner of Pensions.	*		0/10 10 10 10 10 10 10 10 10 10 10 10 10 1	ĥe 1	, t	
WARRANT HANDED TO				remit	reby	
()			19	1	aut	
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER, ATLANTA.		T. s	905.	same t	hereby authoriz	

KODATA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	STATE OF GEORGIA,
	Estate County.
	Personally appears & Blacky of Kurall
	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 Con-
	federate States (or of the State of) during the war between the
	States, and served for the term ofin Company, of th Regiment
	follows: Age and Pearing; that his physical condition is as
	TOHOWS.
	V
	And the second s
	that his property consists of the following items:
	the state of the s
	The second secon
	of the value of Dollars. I am now earning,
	by my labor, Dollars per mouth. 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 Sikalla
	County been allowed a pension for the year 1904. Swarn to and subscribed before the this the County of the subscribed before the this the County of the Cou
	Sworn to and subscribed before me, this the
	day of 1905.
	Allow Ordinary.
-	STAZE OF GEORGIA,
	County.
	(6 1/)
	the applicant in the foregoing affidavit, and am well satisfied that the statements made
	by him in his said affidavit are true, and I know 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 ACCOUNT 11905.
	Janin 2 line
	Affix Your July July July July July July July July
	Seal here Ordinary . Lettel 6 County.

Note.—The blank spaces must be filled.

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

POWER OF ATTORNEY.

STAT	E OF	GEORGIA		}						
Millionin code, p	(PRE-00001)	I _e	c		of				hereby	y authorize
to rece	ive and	receipt f	or the	pension all		nd re	quest	that l	e remi	t same to
ьу	4				at					
١	Vitnes	s my hand	and seal	, this		day	of			.1906,
	,	I for it								[t., n.]
,	vxecuted	l in the pr	esence o	ſ						
	<i>C</i> **	·								
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. 3	1	2	5		1,0		1906.	<u>.</u>		11.
(FOR THOSE ALREADY ENROLLED.)				11/1	1		Ī	W. LINDSEY.	ρ	og vo
Y EN	7	N E	9 5	2 18	it /	SUED	, 7 V	JOHN W. LINDSEY.	WARRANT HANDED TO	Oro w
OR THOSE ALREADY EN	5	INDIGENT		16 4	Regiment	WARRANT ISSUED	11	V. LIN	HAN HAN	AND Published Co.
Cobr SE AL	No. S			Wide	×	ARRA		M NHC	RANT	
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₹ 6				Name	,))					Tue Passe
	1 1		5	Van	,0	i				2

POWER O	FAITORNE	Υ.
STATE OF GEORGIA, DeKALB. Coun	ту. }	
I,		, hereby authoriz
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to receive and receipt for the pension	allowed, and request	that he remit same t
· · · · · · · · · · · · · · · · · · ·	at	and the second
by	-	
WITNESS my hand and seal, this	day of	1907.
Executed in presence of		
The transfer of the product of		
		5
		ed II
	190,	msion
SS .	3.3	LINDSEY, Journissioner of Pensions HANDED TO HANDED TO THE
N S S S S S S S S S S S S S S S S S S S	Regiment WARRANT ISSUED	JOHN W. LINDSEY, Commissioner of I WARRANT HANDED TO THE
SE ALREADY EN LA SE ALR	Regiment	HAN
HOSE ALL NO.	REAN	ANT ANT
S S S S S S S S S S S S S S S S S S S	WA	JOHN ARR.
FOR THOSE ALREADY EMBOLLED NO. 7 + 6 INDIGENT 1907. - A. A. Marker - A.	4	W. W.
SOI Name	County Co.	- 1
		E

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,		
Latte County.		
Personally appears 13/3/2006		
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citize		
and resident of said County and State, and has resided in said State continuously and		
since the 1841 day of March 23 1841; that he is 64 years old an		
by occupation a, that he enlisted in the military service of the Con		
federate States (or of the State of) during the war between the		
States and samuel for the transfer		
of Derique ; that his physical condition is a		
of Learning Land Company L, of Tth Regimen of Line Company L, of Tth Regimen of Line 1 that his physical condition is a follows:		
that his property consists of the following items:		
W. P. 181		
of the value ofDollars. 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		
Sworn to and substribed before me, this the		
January George Ordinary.		
Julius George Ordinary.		
State of Georgia,		
D. Kall County.		
7 D.		
A 1,3 Ordinary of said County,		
lo certify that I am well acquainted with A. I. I Leaty		
he applicant in the foregoing affidavit, and am well satisfied that the statements made		
by him in his said affidavit are true, and I know he is the individual he represents himself		
o be, and that he resides in this County.		
Given under my official signature and seal, this		
day of fare 12 9 1906.		
- Janus Rysonge		
ordinary Ordinary Ordinary		
Nork.—The blank spaces must be filled.		

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,	1
County.	
Personally appears	Dealy of
County, State of Georgia, who, being duly sw	orn, says on oath that he is a bong fide citizen
and resident of said County and State, and 1	has resided in said State continuously eve
since the 200 day of Which	18 4/: that he is
and by occupation a, that	the enlisted in the military service of the Co-
federate States (or of the State of	during the mintary service of the Con
States, and served for the term of	in Company
follows: ager por colo	; that his physical condition is a
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that his property consists of the following ite	
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by my labor,	
physical condition and poverty he is unable to	annual birali balan
abor, and that he receives no pension but the	
Deponent desires to participate in the	benefits of the Act approved December 15th
1894, and the Acts amendatory thereof, and m	
s entitled for the year 1907. I have heretofo	^
County, been allowed a pension for the year 1	1906.
Sworn to and subscribed before me, this	sthel (Beath,
day of / 6/6/1	7.
unus Resorter	,
and Company	Ordinary.
State of Georgia,	5 2
County.	
I, flirewith heary	Ordinary of said County,
lo certify/that I am well acquainted with	1. 13. Bung
he applicant in the foregoing affidavit, and an	
y him in his said affidavit are true, and I kno	ow he is the individual he represents himself
o be, and that he resides in this County.	1.4816
Given under my official signat	ure and seal this
day of	7-1907.
	Janus (George
Adix your seal bire	dinaryCounty.

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 bentits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of County, been allowed a pension for the year 1905. Sworn to and substribed before me, this the) State of Georgia, Ordinary of said County, do certify that I am well acquainted with 2.13.13 ent. the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this_ Affix your seal here Note.—The blank spaces must be filled.

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

that his property consists of the following items:

follows: (ger porce	(e)	
that his property consists of the following items;		
	Dollars. I am now earning	
physical condition and poverty he is labor, and that he receives no pensio		
Deponent desires to participal	te in the benefits of the Act approved December 15th, of, and makes application for the pension to which he	
is entitled for the year 1907. I have County, been allowed a pension for		
Sworn to and subscribed before	re me, this the Beatle	
State of Georgia	unty.	
/	Ordinary of said County,	
	with A. 13. Bung	
	it, and am well satisfied that the statements made	
by him in his said affidavit are true,	and I know he is the individual he represents himself	
to be, and that he resides in this Cou	inty.	
Given under my offic	ial signature and seal this / 3	
day of	Janua R. George	
AMx your seal	OrdinaryCounty.	

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



DEKALB

COUNTY

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

Number

I CERTIFY I WAS THE OPERATOR WHO PHOTOGRAPHED THIS FILM IN ATLANTA, GEORGIA, August 31, 1962.

15 X V

MANN FILM LABORATORIES

DATE

END

