Beauchamp, E. A.
DeKalb Co.

No. 1709

INDIGENT PENSION.

1908

Name E. A. Beauchamp
County DeKalb
Co. K = 2 Ga. Reserves

Approved _____ 190__

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

4-1951

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

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

9/29/08

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ COUNTY. }

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

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

Executed in presence of

_____ [L. S.]

_____

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

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

_____ [L. S.]

Executed in presence of

_____

No. _____

INDIGENT PENSION.

190 8

Name E. A. Beauchamp

County DeKalb

Co. 1st Ga. Reserves

Approved _____ 190__

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1/21/1905

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

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

9/29/08

Beauchamp, E. A.
DeKalb Co.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

DEKALB COUNTY.

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

1. What is your name and where do you reside? (Give State, County and Postoffice.)
Eugene A. Beauchamp, Stone Mountain, DeKalb Co., Ga.

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

3. When and where were you born? August 14th, 1847, Stone Mountain, Ga.

4. When and where and in what company and regiment did you enlist or serve? In the latter part of 1863, Stone Mountain, Ga., Second Ga. Reserves, Company K.

5. How long did you remain in such company and regiment? Until the surrender, April, 1865

6. When and where was your company and regiment surrendered and discharged? April, 1865, Albany, Ga.

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

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

9. How much can you earn (gross) per annum by your own exertions or labor? Almost nothing

10. What has been your occupation since 1865? Blacksmith

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty?" Infirmity and poverty

12. If upon the first ground, state how long you have been in such condition that you could not earn your support. If upon the second, give a full and complete History of the infirmity and its extent. [If upon the third, state whether you are totally blind and when and where you lost your sight. Right hand so crippled that it is entirely useless, blind in one eye, and the sight of the other bad

13. What property, real and personal, or income, do you possess, and its gross value? None at all

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift, have you made of same? None

15. In what County did you reside during those years, and what property did you then return for taxation?
None, DeKalb County

16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
By my children

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? $100.00 per year. About $15.00 Per year

18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year? Very little of anything, was not able

19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? Yes. Wife, two sons and one daughter, Wife, 55 yrs, two sons 30 and 26, daugther, 27, eldest son works at depot, second son farms, daughter not employed

20. Are you receiving any pension? If so, what amount and for what disability? No

21. Have you ever made an application for pension before? I have

22. How many applications have you ever made and under what class? Three, Indigent

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 19 day of Sept 1908

Eugene A Beauchamp
Applicant.

Justice R. George
Ordinary.

of DeKalb County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
DEKALB COUNTY.

R. M. Thompson of said State and County, having been presented as a witness in support of the application of Euguene A. Beauchamp for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? R. M. Thompson, Stone Mountain, Dekalb County, Georgia.

2. Are you acquainted with Eugene A. Beauchamp, the applicant; if so, how long have you known him? About fifty-four years

3. Where does he reside, and how long and since when has he been a resident of this State?
Stone Mountain, DeKalb County, Georgia. All his life

4. When, where and in what company and regiment did he enlist, and how do you know?
Company K. 2nd Ga., Reserves. I enlisted at the same time in the same Co., and regiment

5. Were you a member of the same company and regiment? Yes.

6. How long did he perform regular military duty? About 12 months

7. When and where was his command surrendered? Albany, Ga., April, 1865

8. Were you present when it surrendered? Was at home on furlough

9. Was applicant present? Yes

10. If he was not present, where was he? Was present
When did he leave his command? April 1865 For what cause? War closed
By what authority he left? War was over. How do you know all of this?
I was present most of the time and know it of my own knowledge,

11. What property, effects or income has the applicant? (Give your means of knowledge.)
None at all. I know because I am his neighbor

12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907,
None
and what disposition, if any, did he make of same? Owned none

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
No

14. What is the applicant's occupation and physical condition? Blacksmith. His right arm has been broken rendering his right hand useless, it is so stiff that he cannot close it. His eyesight is very bad

15. Is the applicant unable to support himself by labor of any sort; if so, why? Yes. On account of his physical condition

16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
By his children

17. What portion of his support for these four years was derived from his own labor or income?
Possibly one tenth

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. His right hand useless, and his eyesight so bad that he can do practically no work at all.

19. Who composes family? What property have they? Children's ages and their earning capacity?
Wife, daughter and two sons, His wife owns a small town lot and house where they live. No other property

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

Sworn to and subscribed before me, this the 14 day of Sept 1908.
James R George Ordinary.

R M Thompson Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
[illegible] COUNTY.

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

Right arm partially paralyzed from injury. Left eye blind right eye poorly. Rheumatism with effusion with exposure renders him unable to make a living at any kind of labor.

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

J. H. Goss, M. D.
W. J. Houston M.D.

Sworn to and subscribed before me, this the 14 day of Sept 1908.
James R George Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Dekalb COUNTY.

I, James R George Ordinary, in and for said County, hereby certify that the applicant E A Beauchamp resides in said County, and has been a bona fide resident of this State since the day of all his life 189..., and that the witnesses, viz.: R M Thompson

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

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

I further certify that the tax digest of [illegible] County shows that applicant returned for taxation in his name in 1901 [illegible] Dollars of property, and in 1902 [illegible] Dollars of property; in 1903 [illegible] Dollars of property; in 1904 [illegible] Dollars of property; in 1905 [illegible] Dollars of property; in 1906 [illegible] Dollars of property; in 1907 [illegible] Dollars of property.

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

Witness my hand and seal of office, this 14 day of Sept 1908.
James R George Ordinary.
of Dekalb County.

NOTE.

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

GEORGIA, DeKalb County.

I, James L. George, Ordinary of said county, do certify that I personally know Mrs. E. A. Beauchamp, the applicant, and that she is the lawful widow of Eugene A. Beauchamp, and was on the Indigent Pension Roll of said DeKalb county, and was paid a Pension from DeKalb county for 19..., and at the time of his death on the 24th day of March 1915, there was due to him and unpaid his Pension of Sixty 4 00/100 Dollars from the State of Georgia, and I know ..., the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this ...day of May 1915.

...Ordinary.

...County.

Beauchamp E. A.
DeKalb Co

No. ____
1915

Application for Pension Due Deceased Soldier

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY

Mrs. E. A. Beauchamp

Widow of Eugene A. Beauchamp

of DeKalb County

Co. K Regt. 2nd Ga Vols.

Approved and paid ____ 1915.

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer, Atlanta.

GEORGIA, ...County.

I hereby authorize and constitute ...of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 191..., through my deceased husband, ..., who was on ... Pension Roll and paid from ...for 19....

Witness my hand this ...day of ...19....

Attested before me:

... } ...

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, DeKalb **County.**

Personally before me comes Mrs. E. A. Beauchamp, of said county, after being duly sworn, on oath says that she is the widow of Eugene A. Beauchamp who was duly enrolled as a Sergeant Pensioner from the county of DeKalb and was paid a Pension of Sixty ($60.00) Dollars from Fulton county for 19.14., and that the said Eugene A. Beauchamp died in DeKalb county on the 24 day of March, 1915, and at the time of his death a Pension of $60.00 was due him from DeKalb county and unpaid for 1915.

Applicant further swears that she married the said Eugene A. Beauchamp on the 21 day of June, 1855, in DeKalb county and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 6 day of May, 1915.

James R. Gray, Ordinary. DeKalb County.

E. A. Beauchamp (L. S.)

AFFIDAVIT OF WITNESS.

GEORGIA, DeKalb **County.**

Personally before me comes W. G. Miller, who on oath says that he knew Eugene A. Beauchamp while in life and that he knows J. E. Embanks Mrs. E. A. Beauchamp the above applicant; that he knows that the said Eugene A. Beauchamp and J. E. Embanks were in due form of law married in the county of DeKalb in the State of Georgia on the 21st day of June, 1855, and that they resided together as husband and wife from date of marriage to the day of his death on the 24 day of March, 1915, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 7 day of May, 1915.

James R. Gray, Ordinary. DeKalb County.

W. G. Miller

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

State of 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 Marriage License issued to Eugene A. Branchamp and S. E. Eubanks June 20th 1885 and recorded in Marriage License Book "H" page 190. 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 WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Court of Ordinary, this the 5th day of May 1915

James R. George
Ordinary and ex-officio C. C. O.

MARRIAGE LICENSE

STATE OF GEORGIA

COUNTY OF DEKALB

To any Judge, Justice of the Peace, or Minister of the Gospel:

You are Hereby Authorized to Join

Eugene A. Branchamp and S. E. Eubanks

In the Holy State of Matrimony, according to the Constitution and Laws of this State, and for so doing this shall be your License. And you are hereby required to return this License to me with your Certificate hereon of the fact and date of the Marriage.

Given under my hand seal this 20th day of June 1885

John B. Stewart L. S.
ORDINARY.

CERTIFICATE

STATE OF GEORGIA DeKALB COUNTY

I Certify That Eugene A. Branchamp and S. E. Eubanks were joined in Matrimony by me, this 21 day of June 1885

Recorded June 1885

John B. Stewart Ordinary.

E. L. Wood M. G.

NAME Beauchamp, Eugene A. YEAR 1909 COUNTY Dekalb

[illegible] August 14th 1847, Stone Mountain, Georgia.

[illegible] Latter part of 1863, Stone Mountain, Ga.

[illegible]

[illegible] Co. K, 2nd Georgia Reserves.

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] Command: April 1865, Albany, Ga.

[illegible]

[illegible]

[illegible]

W[illegible] / R. M. Thompson - Same Command. No data.

Marriage License

of

Eugene A. Beauchamp

and

L. C. Eubanks

Issued June 20th 1885

and Recorded on Page 190

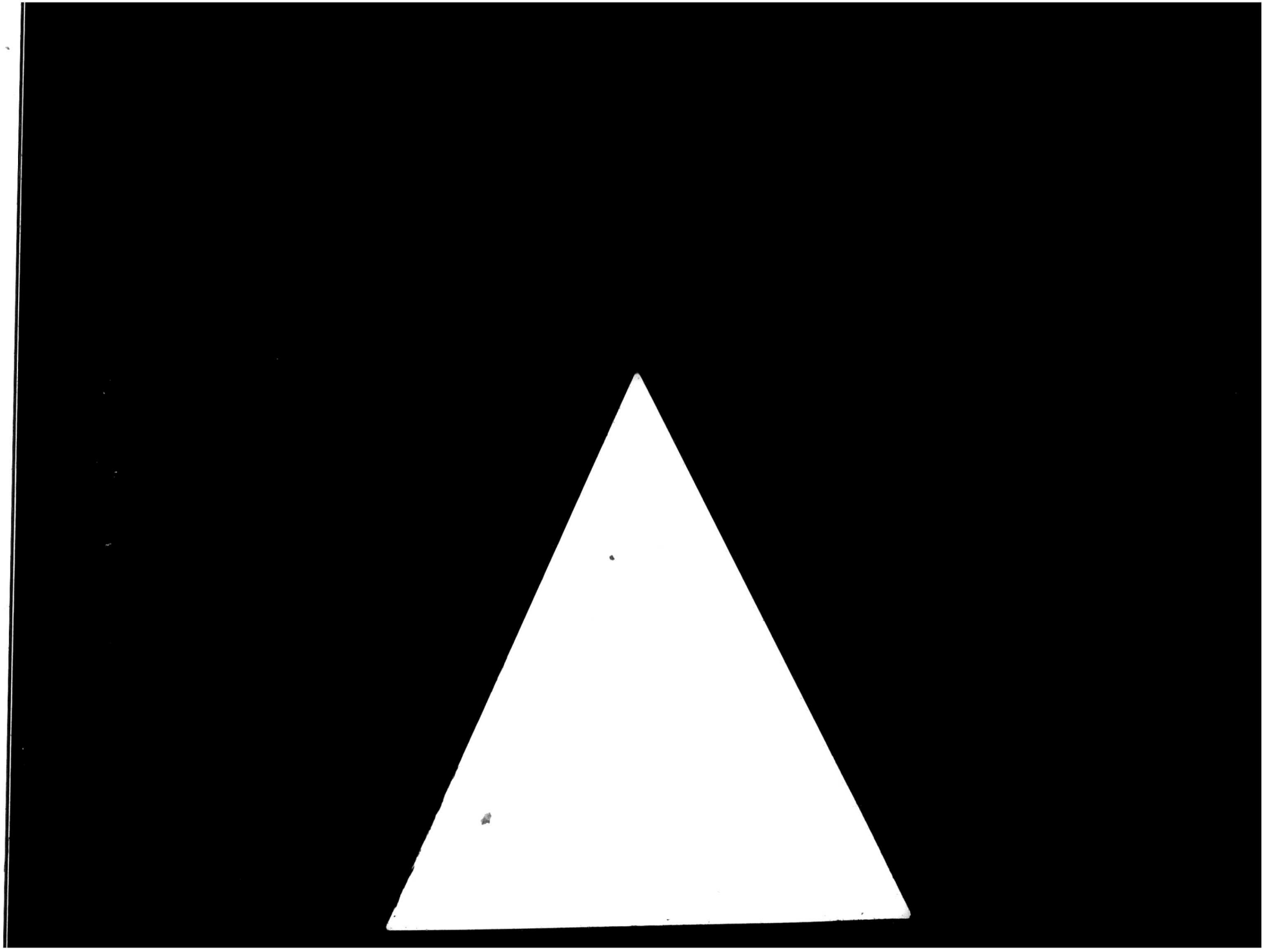
Book F of Marriage

Licenses.

John B. Steward

Ordinary.

Telegram Publishing Co. 14½ S. Pryor, Atlanta



Beauchamp, F. X.

De Kalb Co

No 436,

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 26, 1889.

FOR

Right Arm Dis.

Applicant F. X. Beauchamp

County DeKalb

Amount 50,

Date of Warrant Feby 12/89

Entered on Record,

July 12 1889

W H H

SECRETARY EXECUTIVE DEPARTMENT.

applicant

J. X. Beauchamp Co.

No. 4316

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 26, 1889.

FOR

Applicant J. X. Beauchamp

County DeKalb

Amount $50.

Date of Warrant Feby 12 1889

Entered on Record, July 12 1889

SECRETARY EXECUTIVE DEPARTMENT.

J. X. Beauchamp

STATE OF GEORGIA,

DeKalb County.

PERSONALLY appears J. X. Beauchamp 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 continuously since the 14th day of May 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of 2nd th Regiment of Sharp Shooters Volunteers McLaws 's Brigade; that whilst engaged in such military service, at the battle of Knoxville in the State of Tennessee, on the 18 day of November 1863, he was wounded as follows: J. X. Beauchamp received a gun shot wound in the right arm which has permanently disabled him that he is unable to perform manual labor such as he was able to do before receiving the wound and renders the arm substantially and essentially useless

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

Sworn to and subscribed before me, this the 11th day of Feb 1889

Irwin L. Sol. J.P.

J. X. Beauchamp

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

STATE OF GEORGIA,

DeKalb County.

PERSONALLY comes before me Wm. Ragsdale Ordinary of said county, Chas. R. Summey and John L. Hamilton both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined J. X. Beauchamp and after such examination say that the applicant has been injured as follows: J. X. Beauchamp received a Gun shot wound of the right Elbow joint which produced a compound comminuted fracture of the Ulna & Humerus which necessitated resection of one inch of Humerus & part of lower Lucher of the Ulna which renders his arm substantially & essentially useless

Sworn to and subscribed before me, this 12th day of Feb 1889

Wm. Ragsdale Ordinary.

Chas. R. Summey M.D.

J. L. Hamilton M.D.

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

STATE OF GEORGIA,
[illegible] County.

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

[illegible]

[illegible]

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

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

Given under my official signature and seal, this [illegible] day of [illegible] 1889

[illegible]

Ordinary [illegible] County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

KNOW ALL MEN BY THESE PRESENTS, That I, [illegible] of [illegible] county, in said State, do hereby appoint [illegible] of [illegible] 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 [illegible] day of [illegible] 188

(L. S.)

Executed in the presence of us:

)

)

DIRECTION:

Send money to me as follows, by [illegible]

to [illegible] P. O.

[illegible] County, Georgia.

NOTES.

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

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

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

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.

6. If papers are returned for correction, and amendments are *added* to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.

7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,
De Kalb County.

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

I further certify that John W. McCurdy before whom the foregoing affidavits were made and power of attorney was signed, is a N. P. and ex Off. J. P. of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 6th day of Feb 1890

W. M. Rogsdale
Ordinary De Kalb County.

1890.

DeKalb, Ga.

No. 463

APPLICATION FOR ALLOWANCE.

FOR TRAS RNDING OCTOBER 24, 1890.

FOR

Disabled Confederate Soldiers

Applicant J. L. Beauchamp

County, DeKalb

Amount, 50

Date of warrant, Feb 7

Entered on record

Feb 7 1890

Secretary Executive Department.

Warrant handed to

Applicant

J. L. Beauchamp, DeKalb Co.

STATE OF GEORGIA,
De Kalb County.

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

I further certify that

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

Given under my official signature and seal, this 7th day of Feb 1891.

W. M. Rogsdale
Ordinary De Kalb County.

J. L. Beauchamp, DeKalb Co.

1891.

Beauchamp, J. L.

No. 1?

Application for Allowance

FOR THE TRAS RNDING OCTOBER 24, 1891.

FOR

Applicant J. L. Beauchamp

County DeKalb

Amount, 50

Date of Warrant, Feb 7

Entered on record

Feb 7 1891

Secretary Executive Department.

Warrant handed to

Applicant

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

STATE OF GEORGIA,
De Kalb County.

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

I further certify that John W. McCurdy before whom the foregoing affidavits were made and power of attorney was signed, is a N. Pand Ex Off J.P. of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 6th day of Feb 1890

W. M. Rogsdale
Ordinary De Kalb County.

1890.

DeKalb Co.

No. 463

APPLICATION FOR ALLOWANCE.

FOR THAT EXTRA BUILDING OCTOBER 24, 1890.

—FOR—

Applicant, J. K. Beauchamp
County, DeKalb
Amount, 50
Date of warrant, Feb 7
Entered on record Feb 7 1890
Secretary Executive Department.

WARRANT HANDED TO
Applicant

Beauchamp, J. K.

STATE OF GEORGIA,
De Kalb County.

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

I further certify that

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

of said County and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 7th day of Feb 1891.

W. M. Rogsdale
Ordinary De Kalb County.

Beauchamp, J. K.
De Kalb

1891.

Beauchamp, J. K.

39, No. 1/1

Application for Allowance

FOR THAT EXTRA BUILDING OCTOBER 24, 1891.

—FOR—

Applicant, J. K. Beauchamp
County, DeKalb
Amount, 50
Date of Warrant, Feb 7
Entered on record Feb 7 1891

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO
Applicant

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

LIGHT PRINT OR BAD COPY *

LIGHT PRINT OR BAD COPY *

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County. }

PERSONALLY appears J. K. Beauchamp of Cobb county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the 14 day of May 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of the 3 Battn State Guard th Regiment of Georgia Volunteers Simmons 's Brigade; that whilst engaged in such military service, at the battle of Knoxville in the State of Tenn, on the 18th day of November 1863, he was wounded as follows: Gun shot wound in the right arm causing resection of the elbow joint rendering the arm entirely useless

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

Sworn to and subscribed before me, this the 4 day of Feb 1890. J. K. Beauchamp

John W. McCurdy NPE&D

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

POWER OF ATTORNEY.

STATE OF GEORGIA }
County. }

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

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

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

day of 189

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

PERSONALLY appears J. K. Beauchamp of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 14 day of May 1844; that he enlisted in the military service of the Confederate States (or of the State of Geo) during the war between the States, and served as a Sargent in Company D, of the 9 Georgia Sharpshooters Geo Volunteers Wofford 's Brigade; that whilst engaged in such military service at the battle of Knoxville in the State of Tenn, on the 18th day of Nov 1863, he was wounded as follows: Gun shot wound in the right arm causing resection of the elbow joint Rendering the arm entirely useless

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

Sworn to and subscribed before me, this, the 7th day of Feb 1891. J. K. Beauchamp

W. M. Hagedon Ordinary

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

Sworn to & acknowledged before me this Feb 7th 1891 W. M. Hagedon Ordinary

POWER OF ATTORNEY.

Wm A Mayhew
Wm P Ford

STATE OF GEORGIA, }
County. }

Know all Men by these Presents, That I,

of County, State of Georgia, do hereby appoint

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

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

day of 1891.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this 3rd day of March 1892.

W. M. Copeland

Ordinary De Kalb County.

De Kalb Co
Beauchamp J. X.

No. 3750

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING on TUESDAY, 30, 1892.

Name J. X. Beauchamp

County De Kalb

Disability Dr. Arm

Amount, $ 50

Entered on record Mch 3, 1892.

W. H. HARRISON,
Secretary of Executive Department.

AGENT.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I

of County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1893.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

De Kalb Co
Beauchamp J. X.

No. 795

1893

Application for Allowance

For the Year Ending October 31st, 1893.

FOR

Applicant, J. X. Beauchamp

County, De Kalb

Amount, 50

Date of Warrant, 3/31 1893.

Entered on record,

Clerk

Notary Public, Executive Department.

WARRANT HANDED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY, appears J. X. Beauchamp of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the 14th day of May 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C of the 10th Regiment of Ga Sharp Shooters Volunteers's Brigade; that whilst engaged in such military service at the battle of Knoxville in the State of Tenn, on the 24th day of Nov 1863, he was wounded as follows: Shot in the right arm through the elbow joint causing a resection of the joint & bone rendering the arm entirely and Eternally useless

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

Sworn to and subscribed before me this the 25th day of March 1892. J. X. Beauchamp

M M Rogers, Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

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

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

[L. S.]

Executed in the presence of us:

DIRECTION.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears J. X. Beauchamp of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 14th day of May 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Sargent in Company C of the 10th Regiment of Sharp Shooters Volunteers's Brigade; that whilst engaged in such military service at the battle of Knoxville in the State of Tenn, on the 24th day of Nov 1863, he was wounded as follows: Shot with a minnie ball through the right arm necessitating resection of bone, rendering the arm substantially and Eternally useless

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1893. I have heretofore been allowed a pension of Fifty dollars, for Disabled arm

Sworn to and subscribed before me, this the 25th day of March 1893. J. X. Beauchamp

M M Rogers, Ordinary,

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

STATE OF GEORGIA,

De Kalb County.

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

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

Given under my official signature and seal, this 25th day of March 1893.

M M Rogers, Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
COUNTY. }

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

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

_____ [L. S.]

Executed in the presence of us

DIRECTIONS.

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

(For Those Already Enrolled.)

No. 1158

Soldier's Pension.

1894.

Name Beauchamp J. X.

County De Kalb

Disability 4 joints of right arm

Amount, $ 24

1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

KNOW ALL MEN BY THESE PRESENTS, That I, _____ of _____ **County, State of Georgia, do hereby appoint** of _____ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any 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 _____ day of _____ 1895.

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

DIRECTIONS.

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

Beauchamp J. X.
De Kalb Co

(For Those Already Enrolled.)

No. 224

SOLDIER'S PENSION.

1895.

Name J. X. Beauchamp

County De Kalb

Disability 4 joints right arm

Amount, $ 24

1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

PERSONALLY appears J. T. Beauchamp of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 14 day of May 1844; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a in Company E, of 10 th Regiment of Ga Volunteers, McGruder 's Brigade; that whilst engaged in such military service at the battle of Knoxville in the State of Tenn on the 18th day of Nov 1863, he was wounded as follows: Shot with minnie ball through right arm causing resection of the elbow joint rendering the arm entirely useless and useless ever since.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of Fifty dollars, for the year 1893.

Sworn to and subscribed before me, this, the 5th day of March 1894. J. T. Beauchamp

W. W. Rogers Ordinary

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

STATE OF GEORGIA, }
De Kalb County. }

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

Given under my official signature and seal, this 19th day of March 1894.

Affix your seal here

W. W. Rogers
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

Personally appears J. T. Beauchamp of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 8th day of May 1844; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Sergeant in Company E, of 10 th Regiment of Ga Volunteers, McGruder 's Brigade; that whilst engaged in such military service at the battle of Knoxville in the State of Tenn on the 18th day of Nov 1863, he was wounded as follows: Shot with minnie ball through right arm causing resection of the elbow joint rendering the arm entirely useless and useless ever since.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of Fifty dollars, for the year 1894.

Sworn to and subscribed before me, this, the 20th day of Feb 1895. J. T. Beauchamp

W. W. Rogers Ordinary

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

STATE OF GEORGIA, }
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 1895.

Affix your seal here

Ordinary County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

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

[L. S.]

Executed in presence of us

ACT OF 24 OCT. 1887.
(For Those Already Enrolled.)

No. 2911

SOLDIER'S PENSION.
1896.

Name
County
Disability
Amount, $

1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

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

[L. S.]

Executed in presence of

ACT OF 24 OCT. 1887.
(For Those Already Enrolled.)

No. 3293

INVALID
SOLDIER'S PENSION.
1897.

Name
County
Disability
Amount, $ 4/26

1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears J. X. Beauchamp of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 14th day of May 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served as a Sergeant in Company D, of 3 th Regiment of Volunteers, ___'s Brigade; that whilst engaged in such military service in the State of ___, on the 18th day of Nov 1863, he was wounded, injured or diseased as follows:

Was shot with a minnie ball at the battle of Knoxville in the right arm causing resection of the elbow joint and loss of bone, rendering the arm entirely useless, and one finger.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of De Kalb county been allowed a pension of fifty dollars, for the year 189 .

Sworn to and subscribed before me, this the 10th day of Feb 1896. J. X. Beauchamp
W. M. Ragsdale, Ordinary.

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

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 10th day of Feb 1896.

Affix your seal here.

W. M. Ragsdale
Ordinary De Kalb County.

Co. E, 10th Regt Ga Inf
Transferred to Co D 3rd
Battn Ga Sharpshooters

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears J. X. Beauchamp of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 14 day of May 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served as a ___ in Company E, of 10 th ~~Regiment~~ of Ga Vol. Volunteers, ___'s Brigade; that whilst engaged in such military service in the State of Va., on the 18" day of Nov 1863, he was wounded, injured or diseased as follows:

Was wounded while on duty as a sharpshooter was shot in the right arm causing a compound fracture and resection of elbow joint

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

Sworn to and subscribed before me, this the 30th day of Jan 1897. J. X. Beauchamp
POST OFFICE
W. M. Ragsdale Ordinary.

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

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 30th day of January 1897.

Affix your seal here.

W. M. Ragsdale
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, J. X. Beauchamp hereby authorize W. M. Ragsdale
of DeKalb
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 17th
day of [illegible] 1898.

J. X. Beauchamp [L. S.]

Executed in presence of
[illegible]

ACT OF [illegible], 1897.
(For Those Already Enrolled.)
No. 1171

INVALID
SOLDIER'S PENSION.
1898.

Name J. X. Beauchamp
County DeKalb
Disability Arm
Amount, $ 50.00
7/0 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Beauchamp, J. X.
DeKalb Co.

CODE SECTION 1250.
(For Those Already Enrolled.)
No. 944

INVALID
SOLDIER'S PENSION.
1899.

Name J. X. Beauchamp
County DeKalb
Disability Arm
Amount, $ 50.
1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
C. T. Nash

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, J. X. Beauchamp hereby authorize J. N. Nash
of
to receive and receipt for the pension paid hereon and request that he remit same to
by
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th
day of January 1899.

J. X. Beauchamp [L. S.]

Executed in presence of
[illegible]

Co E 10th Regt Ga Inf
Transferred to Co D 32d Batt Ga Sharpshooters

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears J. X. Beauchamp of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 14th day of May 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company H, of 32d Regiment of Ga Volunteers, Mitchel Sharpshooters's Brigade; that whilst engaged in such military service in the State of Ga, on the 17th day of Nov 1863, he was wounded, injured or diseased as follows: Was shot through the right arm causing resection of elbow joint rendering arm substantially and essentially useless

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

Sworn to and subscribed before me, this the 7th day of Jan 1898. J. X. Beauchamp
POST-OFFICE Stone Mtn Ga

W M Ragsdale

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 7th day of Jan 1898.

Affix your seal here

W M Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears J. X. Beauchamp of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 14 day of May 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Pvt in Company E, of 10 th Regiment of Ga Volunteers Wofford's Brigade; that whilst engaged in such military service in the State of Ga, on the 18 day of Nov 1863, he was wounded, injured or diseased as follows: Was shot through the right arm causing resection of elbow joint rendering arm substantially and essentially useless

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

Sworn to and subscribed before me, this the 7 day of Jan 1899. J. X. Beauchamp
POST OFFICE Stone Mtn Ga

W M Ragsdale

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 7 day of Jan 1899.

Affix your seal here

W M Ragsdale
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, J. X. Beauchamp hereby authorize J. N. Nash
of DeKalb Co
to receive and receipt for the pension paid hereon and request that he remit same to
by Same
at Stone Mountain

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th
day of Jan 1900.

J. X. Beauchamp [L. S.]

Executed in presence of

[illegible]

CODE SECTION 1250
(For Those Already Enrolled.)
No. 1321

INVALID SOLDIER'S PENSION. 1900.

Name J. X. Beauchamp
County DeKalb
Disability [illegible]
Amount, $ 50
Warrant issued Jan 7 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J. X. Beauchamp

Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I J. X. Beauchamp hereby authorize J. N. Nash
of Stone Mountain
to receive and receipt for the pension paid hereon and request that he remit same to
by me
at Stone Mountain

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9th
day of Jan 1901.

J. X. Beauchamp [L. S.]

Executed in presence of

John W. McCurdy
N. P. D. E. Ex Off. J. P.

DeKalb Co
Beauchamp, J. X.

CODE SECTION 1250
(For Those Already Enrolled.)
No. 343

DISABLED SOLDIER'S PENSION. 1901.

Name J. X. Beauchamp
County DeKalb
Disability
Amount, $ 50.00
Jany 1st 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J. X. Beauchamp

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
[illegible] County.

Personally appears [illegible] of [illegible] 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 [illegible] day of [illegible] 1864; that he enlisted in the military service of the Confederate States (or of the State of [illegible]) during the war between the States, and served as a [illegible] in Company [illegible], of 10 th Regiment of [illegible] Volunteers, [illegible]'s Brigade; that whilst engaged in such military service in the State of [illegible], on the 18 day of [illegible] 1863, he was wounded, injured or diseased as follows:

[illegible]

Trans to Co H 3rd Battn Ga Sharpshooters

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 [illegible] County been allowed an invalid pension of [illegible] Dollars, for the year 189[illegible].

Sworn to and subscribed before me, this the 15 day of [illegible] 1900. J. K. Beauchamp POST OFFICE [illegible]

[illegible] Widow.

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,
[illegible] County.

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

Given under my official signature and seal, this 15 day of [illegible] 1900.

Affix your seal here.

[illegible]
Ordinary [illegible] County.

Trans to Co H 3rd Battn Ga Sharpshooters

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears J. K. Beauchamp of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 14" day of May 1864; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States and served as a Private in Company E, of 10 th Regiment of Ga Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Va, on the 18" day of Nov 1863, he was wounded, injured or diseased as follows:

Was shot in right arm causing resection of elbow joint rendering arm substantially and essentially

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

Sworn to and subscribed before me, this the 2" day of December 1901. J. K. Beauchamp Postoffice W. M. Ragsdale

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

STATE OF GEORGIA,
DeKalb County.

I, W. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with J. K. Beauchamp the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Dec 1901.

Affix your seal here.

W. M. Ragsdale
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

I, _____ hereby authorize _____

of _____

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

_____ by.

at _____

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

day of _____ 1902.

_____ [L. S.]

Executed in presence of

Beauchamp, J. X.
De Kalb Co. Ga.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 371

DISABLED
SOLDIER'S PENSION
1902.

Name Beauchamp, J. X.
County DeKalb
Co. E Regiment 10th
Disability Arm
Amount, $ 50 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
_____

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, J. X Beauchamp hereby authorize W. M. Rogers
of De Kalb County

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

_____ by _____

at _____

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

day of June 15 1903.

× J. X. Beauchamp [L. S.]

Executed in presence of

W. J. Rogers
J. W. Rogers

Beauchamp, J. X.
De Kalb Co. Ga.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 351

DISABLED
SOLDIER'S PENSION
1903.

Name Beauchamp, J. X.
County De Kalb
Co. E Regiment 10th
Disability Arm
Amount, $ 50 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Corley

Geo. W. Harrison, State Printer, Atlanta.

Pay date

Joins to Co D 3rd Battn Ga Sharpshooters

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears J. X. Beauchamp, of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 14 day of May 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company E, of 10 th Regiment, of Ga Volunteers, Kershaw's Brigade; that whilst engaged in such military service in the State of Tenn, on the 18" day of Nov 1863, he was wounded, injured or diseased as follows:

Was wounded at battle of Knoxville causing resection of elbow joint rendering arm [illegible] and essentially useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of De Kalb County, been allowed an invalid pension of $ 12 Dollars, for the year 1901.

Sworn to and subscribed before me, this the 15 day of Jan 1902. J. X. Beauchamp. Post-office Stone Mtn Ga, R.M.R. Ragsdale Ordinary

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

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this 15 day of Jan 1902.

Affix your seal here

R.M.R. Ragsdale
Ordinary De Kalb County.

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

Joins to Co D 3rd Battn Ga. Sharpshooters

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears J. X. Beauchamp of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 14 day of May 1844; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company E, of 10 th Regiment of Ga Volunteers, Kershaw's Brigade; that whilst engaged in such military service in the State of Tenn, on the 18" day of Nov 1863, he was wounded, injured or diseased as follows:

Was wounded in right arm at battle of Knoxville causing resection of elbow joint rendering arm substantially and essentially useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of De Kalb County, been allowed an invalid pension of $ 12 Dollars, for the year 1902.

Sworn to and subscribed before me, this the 9 day of Jan 1903. J. X. Beauchamp. Post-office Stone Mtn Ga, R.M.R. Ragsdale Ordinary

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

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this 9 day of Jan 1903.

Affix your seal here

R.M.R. Ragsdale
Ordinary De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, J. X. Beauchamp hereby authorize
J. W. McCurdy of DeKalb county.
to receive and receipt for the pension paid hereon, and request that he remit same to
J. X. Beauchamp by
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15
day of January 1904.

J. X. Beauchamp [L. S.]

Executed in presence of
James R. George
Ordinary

Beauchamp, J. X.
DeKalb County
(CODE SECTION 1251)
(FOR THOSE ALREADY ENROLLED.)
No. 276

DISABLED
SOLDIER'S PENSION
1904.

Name J. X. Beauchamp
County DeKalb
Co. G Regiment 10th
Disability wounded in Arm
Amount, $ 50.00
1904.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, J. X. Beauchamp hereby authorize
J. H. Nash of Stone Mountain
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 11th
day of January 1905.

J. X. Beauchamp [L. S.]

Executed in the presence of
James R. George
Ordinary

Beauchamp, J. X.
DeKalb County
(CODE SECTION 1251)
(FOR THOSE ALREADY ENROLLED.)
No. 769

DISABLED
SOLDIER'S PENSION
1905.

Name J. X. Beauchamp
County DeKalb
Co. G Regiment 3rd
Disability
Amount, $ 50.00
January 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J. Pollard

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

trans to Co. D. 3rd Batt. Ga. Sharpshooters

Personally appears J. X. Beauchamp of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 14 day of May 1844; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Pvt in Company C, of 10 th Regiment of Ga Volunteers Wofford's Brigade; that whilst engaged in such military service in the State of Knoxville, on the 18 day of Nov 1863, he was wounded, injured or diseased as follows: Wounded in right arm causing disability

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 DeKalb County, been allowed an invalid pension of fifty Dollars, for the year 1903.

Sworn to and subscribed before me, this the 18 day of January 1904. J. X. Beauchamp

James R George Post-office

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

STATE OF GEORGIA,
DeKalb County.

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

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

Affix your seal here.

James R George
Ordinary DeKalb County.

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

trans. to Co. D. 3rd Batt. Ga. Sharpshooters

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb COUNTY.

Personally appears J. F. Beauchamp of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18 ; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Sharpshooter in Company C, of 10th Regiment of Ga Volunteers 's Brigade; that whilst engaged in such military service in the State of , on the 18 day of Nov 1863, he was wounded, injured or diseased as follows: Right arm disable Knoxville Tenn

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 DeKalb County, been allowed an invalid pension of Fifty Dollars, for the year 1904.

Sworn to and subscribed before me, this the 11th day of January 1905. J. X. Beauchamp

James R George Ordinary Post-office Stone Mtn Ga

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

STATE OF GEORGIA,
DeKalb COUNTY.

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

Given under my official signature and seal, this 11th day of January 1905.

Affix your Seal here.

James R George
Ordinary DeKalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb COUNTY.

I, J X Beauchamp, hereby authorize
J N Nash of Dt Mountain Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
J X Beauchamp by
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10
day of January 1906.

J X Beauchamp [L. S.]

Executed in the presence of
James R George
Ordinary

Beauchamp J X
Dekalb Co Ga

(FOR THOSE ALREADY ENROLLED.)
CODE SECTION 1250.

No. 319

DISABLED
SOLDIER'S PENSION
1906.

Name J. W. Beauchamp
County De Kalb
Co. E 3rd Regiment Mounted
Disability Rheumatism
Amount, $ 12 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J X Beauchamp

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. COUNTY.

I, J. X. Beauchamp, hereby authorize
J N Nash of Dt Mountain Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
J X Beauchamp by
at Dt Mountain

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11th
day of January 1907.

J X Beauchamp [L. S.]

Executed in presence of
James R George
Ordinary

Beauchamp J X
Dekalb County

(FOR THOSE ALREADY ENROLLED.)
CODE SECTION 1250.

No. 312

DISABLED
SOLDIER'S PENSION
1907.

Name J. X. Beauchamp
County DeKALB.
Co. E Regiment 3rd
Disability Rheumatism
Amount, $12.
1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J. X. Beauchamp

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Co. D. 3 Bat. Ga
Sharp Shooters

State of Georgia,
De Kalb **County.**

Personally appears J. M. Beauchamp of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 14 day of Dec 1865; 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 Sharp Shooter in Company E, of 9th Regiment of Sharp Shooters Volunteers _____'s Brigade; that whilst engaged in such military service in the State of _____, on the 15 day of November 1863, he was wounded, injured or diseased as follows:

Right Arm Disabled

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

Sworn to and subscribed before me, this the 10 day of January 1906.

James R George Ordinary

J. M Beauchamp
Post-Office Stone Mtn

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

State of Georgia,
De Kalb **County.**

I, James R. George Ordinary of said County, do certify that I am well acquainted with J. M. Beauchamp the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January 1906.

James R George
Ordinary De Kalb County.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

Co D. 3rd Battn Ga L. G.

State of Georgia,
DeKALB. **County.**

Personally appears J. M. Beauchamp of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the _____ day of _____ 18____; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a _____ in Company E, of 9th Regiment ~~Georgia~~ Sharp Shooters Volunteers _____'s Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows:

Right arm disabled. Knoxville, Tenn.

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

Sworn to and subscribed before me, this the 11th day of January 1907.

James R George Ordinary

J. M Beauchamp
Postoffice Stone Mountain Ga

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

State of Georgia,
DeKalb **County.**

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

Given under my official signature and seal this 11th day of January 1907.

James R George
Ordinary DeKalb County.

Affix your seal here

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

Beauchamp, J. Y.
DeKalb Co.

1926

Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

W. A. Morgan Ordinary

For J. Y. Beauchamp

of DeKalb County

~~Old or New Class?~~

Died November 3rd 1926

Amount $100.00 OK.

Approved and ordered paid.

John W. Clark 1926

~~11~~ Dec. 16 ~~J. W. BRIDGES~~, Commissioner of Pensions.

Received of W. A. Morgan, Ord.
Check for 100.00 Funeral Expense
J. Y. Beauchamp
J. L. White

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

Index Printing Co., Atlanta, Ga.

Audited Feb. 12 1889.

Wm. A. Wright
COMPTROLLER GENERAL

DeKalb

Maimed Soldiers.

Voucher No. 436

Amount $ 56

Paid to J. Y. Beauchamp

~~For~~ Right Arm

DeKalb

Feby 12 1889

Included in Warrant No

issued to Treasurer

1889

WARRANT CLERK

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

Applicant

Application for Pension Due to a Deceased Pensioner

(Under the Act of August 15, 1904)

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

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes J. L White of said County, who, after being sworn, on oath says that he knew J X Beauchamp of said County, and that said pensioner was on the Soldiers Pension Roll of DeKalb County at the time of death, which occurred in DeKalb County, in this State, on the 3rd day of November 1926, and that a Pension of One Hundred 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 $____, per sworn statement fully and completely itemized, hereto attached.

Sworn to and subscribed before me
this 5 day of Nov. 1926
U. D. Morgan Ordinary
DeKalb County.

J L White

AFFIDAVIT OF ORDINARY

GEORGIA, DeKalb County.

I, U. D. Morgan Ordinary of said County, do certify that I personally know J L White, 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 J X Beauchamp while in life and that this was the same person whose name appears on the Soldiers Pension Roll of DeKalb County, and was paid a Pension of One Hundred Dollars in said County for 1926, and I now believe said pensioner to be dead.

Given under my hand and official seal, this 5 day of Nov, 1926

(SEAL)

U. D. Morgan Ordinary.
DeKalb County.

INSTRUCTIONS:

1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and died without owning sufficient property to pay such expenses. The widow of a soldier, if she is living, has prior claim over these expenses, and must make application on yellow blank.
2nd. Require those claiming accounts for expenses of last illness, and expenses of funeral, to make out their account in fully itemized form, giving each item and the value of it, and each date.
3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.
4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," etc.)
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of ..... who died without owning sufficient property to pay this bill."
5th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
6th. The completed voucher, this blank and the bills, must be sent to the Pension Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
7th. The Ordinary signs pay-roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
8th. Accept no bills for nursing until you write the Pension Office, stating the circumstances in very great detail. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.
9th. Return this application, and attached bills, with your final settlement to the Pension Office.
10th. Ordinary should see that the back of this blank, when folded, is filled out.
11th. Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.

No. 436.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. Atlanta, Ga. Feby 12 1889

Mr. J. X Beauchamp of the County of DeKalb having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec 24, 1888, and the same having been allowed for Right Arm Disabled

He is entitled to receive the sum of Fifty 00/100 Dollars for such disability, the same being the allowance for the year ending October 24, 1889.

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

W. J. Gordon
GOVERNOR.

By the Governor
W. A. Hannick
CLERK EXECUTIVE DEPARTMENT.

36

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty 00/100 Dollars,
per above voucher, this 12 of Feby 1889.

J. X. Beauchamp

separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.

Audited 18

COMPTROLLER GENERAL

Hz Talb

Maimed Soldiers.

Voucher No. 463

Amount $ 50

Paid to J. Y. Beauchamp

For Arm disabled

July 1 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

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

Application

Audited 1891.

COMPTROLLER GENERAL.

Beauchamp J. Y.
Pickett

1891.

Maimed Soldiers.

Voucher No. 177

Amount $ 50

Paid to J. Y. Beauchamp

For Arm disabled

July 1 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Application

No. 463

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. Feby 7 1890

Mr. J. A. Beauchamp of the County of DeKalb. having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, approved, Dec 24, 1888, and the same having been examined and allowed for

Arm Disabled

He is entitled to receive the sum of Fifty 00/100 Dollars for such disability, the same being the allowance due for the year ending October 24, 1890

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

W. J. Northen
GOVERNOR.

By the Governor,

W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

$ 50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100 Dollars,

per above voucher, this 7 of Feby 1890

J. A. Beauchamp

1891.

No. 177

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. Feby 7 1891.

Mr. J. A. Beauchamp of the County of DeKalb, having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Arm disabled

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

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

TREASURER'S PAID STATE OF GEORGIA.

W. J. Northen
GOVERNOR.

By the Governor,

W. H. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

$ 50 00

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

Fifty Dollars,

per above voucher, this 7 of Feby 1891.

J. A. Beauchamp

WHITE & COMPANY
MORTICIANS
SERVICE OUR MOTTO
CONYERS AND STONE MOUNTAIN, GA.

Nov 5 - 26

Mr. V. S. Morgan. Ordinary

To Funeral Expenses of

Mr J. X. Beauchamp Nov 3 - 1926

Casket + Box	+1500
Embalming	1500
Work	1000
	$10000

Sworn to and subscribed
Before me Nov 5th 1926.
V. S. Morgan
Ordinary

White & Co
By J. L. White

NAME, Beauchamp, J.X. or Beanchamp YEAR 1889 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Private Co. B, 3rd. Regt. Sharpshooters. McLaw's Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Knoxville, Tenn. November 18th. 1863. Shot in right arm.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. James M. Shephard, John S. Rankin, J.H. Campbell No data.

NAME Beauchamp, J. X. YEAR 1897 COUNTY DeKalb

WHEN AND WHERE BORN? May 14th. 1844 Ga.

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Co. E, 10th. Ga. Infantry.
Transferred to: Co. D, 3rd. Battn. Ga. Sharpshooters.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Tennessee November 18th. 1863 wounded in right arm, causing fracture and resection of elbow.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE PAROLED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Previously written - additional data

JWT

NAME, Beauchamp, J X YEAR 1891 COUNTY DeKalb

WHEN AND WHERE BORN? Resident of Ga. since May 14, 1844.

ENLISTED WHEN AND WHERE?

RANK. Sergeant

COMPANY AND REGIMENT? Co F 10th Regt. Ga. Inf.
Wofford's Brigade

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Knoxville, Tenn., Nov. 18, 1863 - shot in right arm, causing resection of elbow joint - arm useless.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE PAROLED?

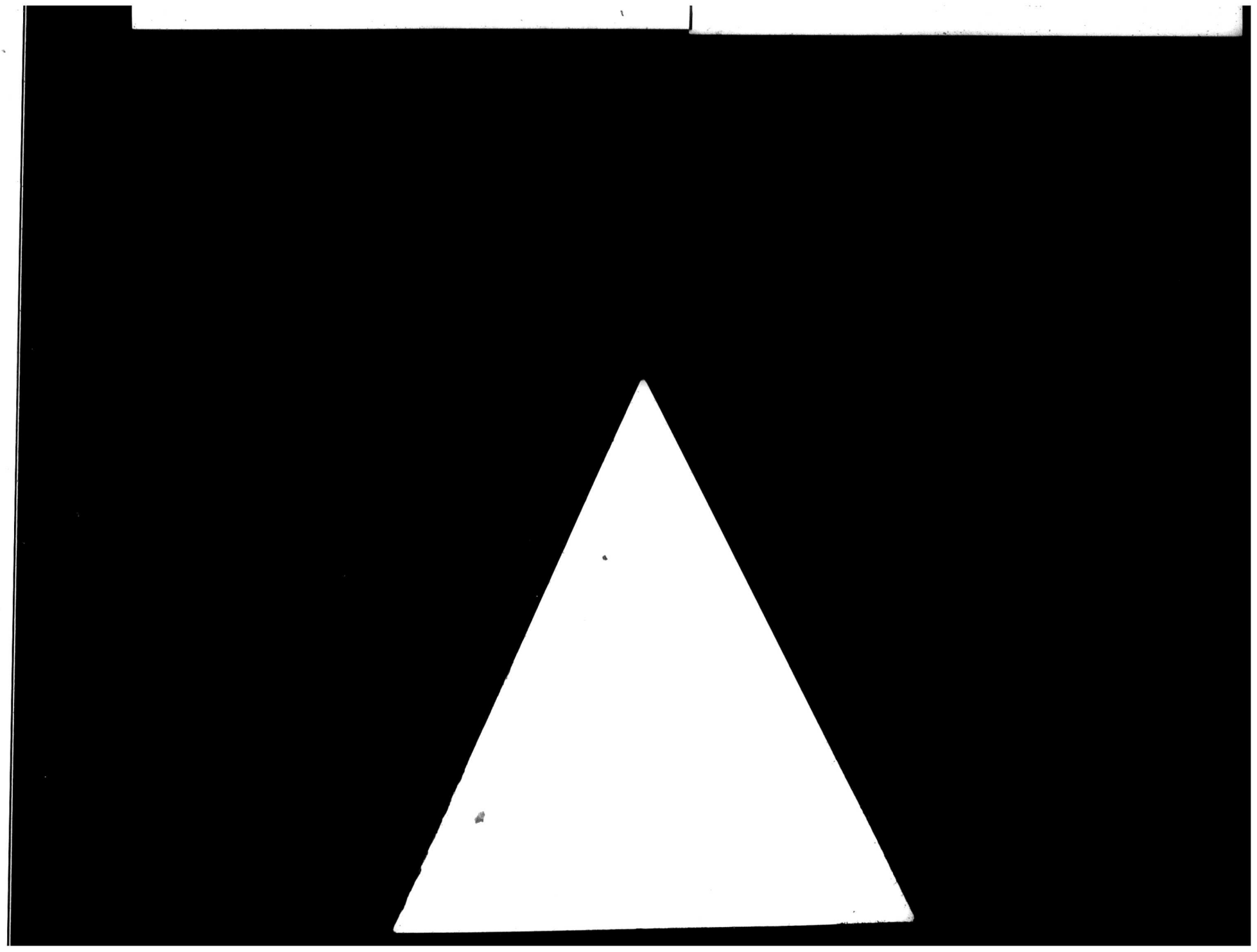
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. None

for Pension
Pension Commission
Please pay my Pension Money
to J N Nash
this April 20th 91 and oblige
J. X. Beauchamp



Ordinary's Certificate

STATE OF GEORGIA,
DeKalb COUNTY.

I, U. D. Morgan Ordinary of said County, do certify that I know Mrs. C. E. Beauford 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 knew ..... the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 24 day of Mar 1928.

(SEAL) U. D. Morgan Ordinary,
DeKalb County.

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

Approved (2)
1928
Beauford, C. E. (Mrs.)
No. Soldier's Widow's Law

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County DE KA LB
Name MRS. C. E. BEAUFORD
Widow of J. J. BEAUFORD
Company H
Regiment 19th S. C. INFANTRY
Approved John W. Holmes
25 May 28

(Commissioner of Pensions.)

Byrd Printing Co., State Printers, Atlanta.

5-25-28

Ordinary's Certificate

STATE OF GEORGIA,
DeKalb COUNTY.

I, W. D. Morgan Ordinary of said County, do certify that I know Mrs C E Beauford the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know _____ the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 24 day of March 1928.

(SEAL) W. D. Morgan Ordinary,
DeKalb County.

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

Approved (2)
1928
No. _____

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County DE KA LB
Name MRS. C. E. BEAUFORD
Widow of C. J. BEAUFORD
Company H
Regiment 19th S. C. INFANTRY
Approved John W. Holcomb
25 May 28

Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

5-25-28

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

Questions for Applicant

STATE OF GEORGIA,
DeKalb COUNTY.

Personally before me comes Mrs. C. E. Beauford 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? C.E.Beauford, Atlanta, DeKalb, Co., Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? Since my early childhood
3. When, where and to whom were you married? Oct. 8, 1865, Stone Mountain, DeKalb Co., Ga. John J. Beauford.
   a. Have you married since the death of first and soldier husband? No
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) January 3, 1862, Camp Hampton, S. C., Private in Co. H. 19th Regt. S. C. Infantry
5. When and where did the commands of your husband surrender or discharge from the army? In March, or April, 1863.
6. Was your husband personally present at the time of the surrender or discharge of this command?
7. If he was not present state clearly where he was?
8. Where was his command when he left?
   a. For what cause did he leave his command?
   b. By whose authority did he leave his command?
   c. For how long was he granted leave of absence?
   e. What was his physical condition when he left his command?
   f. What effort did he make to return to his command?
   g. In what way was he prevented from going back to Command
   h. Was he captured by the enemy at any time?
   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? Aug. 13, 1894. Decatur, Ga. R. F. D.
   k. Were you residing together when he died? We were
   l If not, how long had you resided apart? Never apart
   m. Are you now a widow? I am
9. Have you or your husband heretofore been paid a pension by the State? Neither of us.
If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me this the 23d day of May 1928.
E. H. Wilson Clerk Court Ordinary
of DeKalb County.
(SEAL)

Mrs. C. E. Beauford

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,
DeKalb COUNTY.

Personally before me came Mrs. W. F. Beauford who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? W. F. Beauford 231 Whitefoord Ave. Atlanta Ga.

2. How long and since when have you known Mrs. W. F. Beauford applicant? 44 years.

3. How long and since when has she continuously resided in this State? (Give date.) 88 yrs.

4. When and to whom was she married? John J. Beauford How do you know?

5. How long and since when did you know John J. Beauford her husband? 44 years.

6. When and where did John J. Beauford the husband of applicant, die? 1894 August 13th

7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes

8. If not, how long did they live apart before his death? X
Were they divorced? No

9. When, where and in what Company and Regiment did ____ enlist?

10. Were you a member of the same Company?

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment?

12. When and where did his Command surrender, and was discharged?

13. Were you personally present when it was surrendered? ____ If not, where were you ____ and how came you there?

14. Was the husband of applicant personally present at surrender? ____ If not where was he? ____ When, where and for what cause did he leave Command? (Give date.) ____ By whose authority did he leave his Command? ____ And how long was he granted leave? ____ How do you know all this?

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the 14 day of May 1926 W. F. Beauford

W. A. Morgan Ordinary
of DeKalb County.

(SEAL)

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

FILED

E Beauford C. E. (Mrs.)
E DeKalb Co. 27

For DeKalb County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

V. S. Morgan, Ordinary

For: Mrs. C. E. Beauford
(Name of Pensioner)

Date of Death: Jan. 29, 1936

Amount: $

PAID TO ORDINARY ON THIS CLAIM:

DATE 1936	FUND FROM WHICH PAID	$
3-31-36	Exp	15 00
+	15c TOTAL	

Approved, and ordered paid,

JUL 6 1936, 193

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

Pd U

A. S. Turner

Funeral Director and Embalmer
Prompt Ambulance Service
Decatur, Georgia

NIGHT AND SUNDAY PHONE DE. 0099
525-27 N. McDONOUGH ST.
PHONE DE. 0099

Funeral Expenses of Mrs Clarenda Elizabeth Beauford,
231 Whiteford Ave, N E Atlanta, Ga.
January 30, 1936.

To Casket	
Embalming	
Dress	
Funeral Notices	
Hearse Service and Service Rendered	$225 00
Cement Vault	50 00
	$275 00

Georgia DeKalb County

I do hereby certify that the above account is rendered for the funeral expenses of Mrs Clarenda Elizabeth Beauford, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me,
This February 5th, 1936.
Ruby Johnston
Notary Public, State of Large, Decatur, Ga.
My Commission Expires Nov. 1, 1937.

A S Turner

Application for
Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, DeKalb County:

Before me, the Ordinary of said County, comes A. S. Turner, of said County, who, after being duly sworn, on oath says that he knew Mrs. C. E. Beauford late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of $ 275.00, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,
this the 5 day of Feb., 1936.
V. S. Morgan, Ordinary.

A. S. Turner

CERTIFICATE OF THE ORDINARY

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

Given under my hand and seal of office, this the 5 day of February, 1936.

(Seal of Ordinary) V. S. Morgan, Ordinary.

INSTRUCTIONS:

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

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

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

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

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

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

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

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

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

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

L. J. STEELE
9TH DIST. GEORGIA

HOME ADDRESS:
DECATUR, GEORGIA

COMMITTEES:
CLAIMS
LABOR
CIVIL SERVICE

SECRETARY:
THOMAS L. CAMP

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

May 17, 1928.

Hon. William Schley Howard,
1310 Hurt Bldg.,
Atlanta, Georgia.

Dear Billy:-

I have your letter of May 15th asking about the War record of John J. Beauford, of South Carolina. I am advised over the telephone from the office of the Adjutant General that Mr. Beauford enlisted January 3, 1862, at Camp Hampton, S. C., was a Private in Company H, 10th Regiment, South Carolina Infantry, Commanding Officer Robert J. Lites, discharged in March or April 1863.

The Adjutant General advises that he will write me a letter giving this information in writing. Upon receipt of this letter, which will be in the next day or two, I will be glad to forward the same directly to you.

With all good wishes, I am

Sincerely yours,

L. J. Steele, M. C.

Here you are, Billy Howard

Received of V. S. Morgan, Ordinary, DeKalb County, Georgia, One Hundred Fifty and no/100 ($150.00) Dollars in full settlement for funeral expenses of Mrs. C. E. Buford, deceased.

This 11 day of September, 1936.

A. S. Turner

CERTIFICATE OF DEATH
GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

Registered No. 535

1. PLACE OF DEATH

County DeKalb Militia District (Number and Name) 106, State of Georgia

City or Town Atlanta Length of residence in this city or town: Yrs. Mos. Ds. NON-RESIDENT (Yes or No.)

Street and Number (No. 231 (Street) Whitefoord Ave. N.E. Ward
(If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME Clarenda Elizabeth Beauford

Residence (City or Town) 231 Whitefoord Ave (St. No. or R. F. D. Number) (State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. Single, Married, Widowed, Divorced (write the word)
Female	White	Widowed

6. DATE OF BIRTH (month, day, year) Mar. 20, 1840

7. AGE

Years	Months	Days	If less than one day
95	10	9	Hours Minutes

8. OCCUPATION

(a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.

(c) Date deceased last worked at this occupation (month and year)

(d) Total years spent in this occupation

9. BIRTHPLACE (P. O. Address) Georgia

FATHER

10. NAME Ira Chamblee

11. BIRTHPLACE (P. O. Address) S.C.

MOTHER

12. MAIDEN NAME Anne Kirby

13. BIRTHPLACE (P. O. Address) S.C.

14. INFORMANT (Signed) W. F. Beauford

(Address) 231 Whitefoord Ave.

19. BURIAL PLACE (Cemetery) Stone Mountain Cem.

(Postoffice) St. Mt., Ga. (Date) 2/2/1936

20. UNDERTAKER (Signed) A. S. Turner

(Address) Decatur, Ga.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jany. 29, 1936 at 6:15 P. M.
(Month, Day, Year) (Hour)

17. I HEREBY CERTIFY, That I attended the deceased from Jan. 25, 1936 to 1/29/36 19

I last saw h. 82 alive on 1/29/36 19, death is said to have occurred on the date and hour stated above.

The principal cause of death and related causes of importance in the order of onset and duration of each:

Bronchial pneumonia

Other contributory causes of importance:

LaGrippe

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

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

Was injury an accident, suicide, or homicide?

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

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

Manner of injury

Nature of injury

(Signed) E.F. Fuqua M. D.

(Address) 986 Hemphill Ave. N.W.

15. FILED 2/3/1936 19

(Signed) (Local Registrar)

OFFICE OF THE REGISTRAR OF VITAL STATISTICS
For the City of Atlanta

GEORGIA,
FULTON COUNTY.

Atlanta, Ga., 2/3/36

I hereby certify that the foregoing is a true and correct copy of the record of death Number 535 of the series of 1936 for Clarenda Elizabeth Beauford as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.

(Signed) J. P. Kennedy M.D.
HEALTH OFFICER.

SEAL

WAR DEPARTMENT CHB

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON

IN REPLY REFER TO
A. G. 201
Beauford, John
(5/17/28) GRD

May 18, 1928.

Honorable Leslie J. Steele,

House of Representatives.

My dear Mr. Steele:

This is in reply to your personal call of May 17, 1928, for the record of John J. Beauford, of South Carolina, who is said to have served under Captain Lites or Lights, Confederate States Army.

The records show that John Beauford (name also borne as J. J. Beauford) enlisted January 3 (probably 1862), at Camp Hampton (also shown as Columbia) as a private in Co. H, 19th South Carolina Infantry, C.S.A. He is satisfactorily accounted for on the company muster rolls from enlistment to and including the roll for April, 1863, which shows that he was discharged, his term of service having expired. The date of his discharge has not been found of record.

The name J. J. M.Bedford, private, Co. H, 19th Regiment South Carolina, C. S. A., appears on a list of paroled Confederate prisoners, captured and paroled by the United States Forces in Kentucky, September, October and November, last, who have reported to General Bragg and were placed in camp at Chattanooga, Tenn., and declared exchanged by Col. Robert Ould, by telegram to Major Fairbanks, A.A.I.G., January 11, 1863."

The name J. _ Bonford, private, Co. A, 19th Regiment South Carolina, C.S.A., appears on a list of exchanged prisoners sent to their commands under Captain J. H. Campbell, which list is dated January 23, 1863. No later record of him has been found.

One John _ Beauford, Co. I, Nixon's Regiment Tennessee Cavalry, C.S.A., is shown to have surrendered May 4, 1865, and to have been paroled at Gainesville, Ala., May 11, 1865, a private. There are no muster rolls of the company on file and the date and place of his enlistment has not been found of record. His residence is shown as Chesterville, South Carolina.

The collection of Confederate records on file in this Department is

far from complete, and failure to find the name of any person thereon is by no means conclusive proof that the person who bore that name did not serve as stated during some period not covered by the records on file in this Department.

Very respectfully,

Brigadier General,
Acting The Adjutant General.

L. J. STEELE
8TH DIST. GEORGIA

HOME ADDRESS:
DECATUR, GEORGIA

COMMITTEES:
CLAIMS
LABOR
CIVIL SERVICE

SECRETARY:
THOMAS L. CAMP

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

May 19, 1928.

Hon. William Bolloy Howard,
1310 [illegible],
[illegible], Georgia.

Dear Billy:-

In re: John J. Beauford

I [illegible] with letter which I have from the Adjutant General's Office, with the record of John J. Beauford, [illegible] this office. This record [illegible] Call [illegible] date, but [illegible] name of his widow.

[illegible]

Yours truly,

L. J. Steele, M. C.

A. J. BEATTIE
COMPTROLLER GENERAL

State of South Carolina
Executive Department
OFFICE OF
Comptroller General
Columbia

May 21, 1928.

Mr. B. F. Cook, Ordinary,
Rockdale County,
Conyers, Ga.

Dear Sir:-

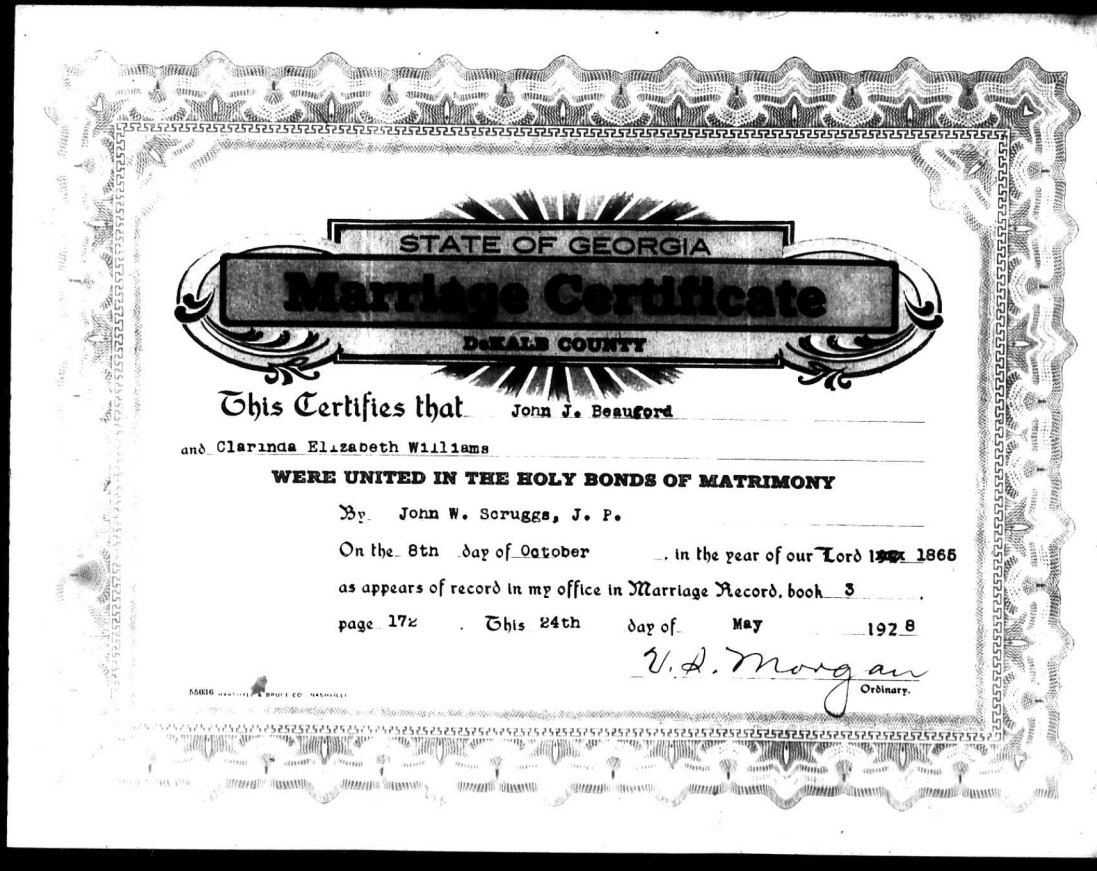
Replying to your letter of the 18th inst., wish to advise that the records in the office of the Historical Commission do not show the name of John J. Beauford. They do show, however, the name of "John Buford."

If you will write The Adjutant General, War Department, Washington, D. C., he probably can furnish you with the desired information; as the original records are on file there.

Yours very truly,

A. J. Beattie

Comptroller General.



STATE OF GEORGIA

Marriage Certificate

DeKALB COUNTY

This Certifies that John J. Beauford

and Clarinda Elizabeth Williams

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By John W. Scruggs, J. P.

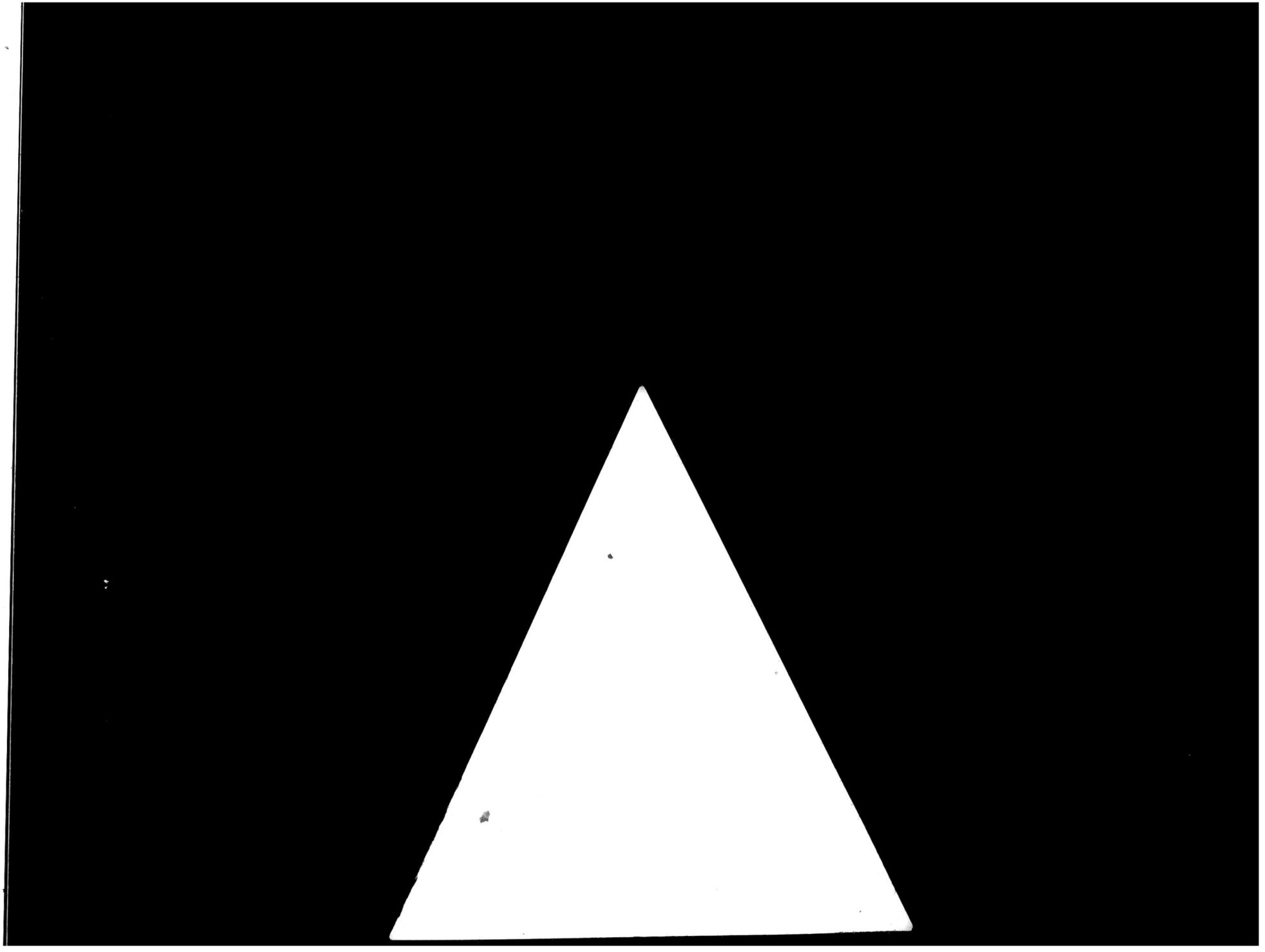
On the 8th day of October, in the year of our Lord 1865

as appears of record in my office in Marriage Record, book 3,

page 172. This 24th day of May 1928

V. D. Morgan

Ordinary.



DeKalb Co. a
Berry, W. F. 8

No.

INDIGENT PENSION,

1900.
1901

Name Berry G.F.

County DeKalb
Co. C - 60 ala

Approved 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

9/4-1901

Power of Attorney.

STATE OF GEORGIA,
County.

I, [illegible] hereby authorize
to receive and receipt for the pension allowed, and request that he remit same to

Witness my hand and seal, this day of 1901

Executed in presence of

Power of Attorney.

STATE OF GEORGIA,
Pike County.

I, W H Wilkes hereby authorize
Wood one myself
to receive and receipt for the pension allowed, and request that he remit same to
and make no Charge

Witness my hand and seal, this 26 day of June 1900.
W H Wilkes [illegible]

Executed in presence of

INDIGENT PENSION,
1900.
1907

No. Dekalb Co. a
Berry, G. H.

Name Berry G.H.
County De Kalb Co. C-Road 1900.
Approved
JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

9-4-1907

Questions for Applicant.

STATE OF GEORGIA,
Dekalb County.

I, G H Berry 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) G H Berry Dekalb Co Tucker
2. How long and since when have you been a resident of this State? 25 years
3. When and where were you born? Feb 22nd 1832 S.C.
4. When and where and in what company and regiment did you enlist or serve? in 1862 Montgomery Co. F 60th Ala
5. How long did you remain in such company and regiment? about 3 years Was Paroled at K.C. Ga Surrendered at Appomatox Court House
6. When and where was your company and regiment surrendered and discharged? Was Paroled at K.C. Ga Surrender at Apomatox Court House
7. Were you present with your company and regiment when it was surrendered? yes
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
9. How much can you earn (gross) per annum by your own exertions or labor? very little
10. What has been your occupation since 1865? Farming & Merchandising
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? age & Poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? For Eight or ten years
13. What property, real or personal, or income, do you possess, and its gross value? none
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same? none
15. In what County did you reside during those years, and what property did you then return for taxation? In DeKalb
16. How were you supported during the years 1898 and 1899? By my sons assistance
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? $150.00 Each year, was a little Help of my own
18. What was your employment during 1898 and 1899? What pay did you receive in each year? Farming Nothing, only by my Son
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Wife and Son no Homestead
20. Are you receiving any pension? If so, what amount and for what disability? none
21. Have you ever made an application for pension before? yes
22. How many applications have you ever made and under what class? Two First-Class or Class

Every Question MUST be Answered.

Sworn to and subscribed before me this the 31 day of May 1900.
G H Berry Applicant.
Tom Kaydee Ordinary
of DeKalb County.

Witness J. L. Sawyer being sworn answers as follows:-

11. What property, effects or income has the applicant? (Give your means of knowledge.) None. He has lived with me for last 7 years

12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? Had none, made no disposition of any

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? He has not

14. What is the applicant's occupation and physical condition? He is a farmer But he can do but very little. He is old and has swelling in feet and legs

15. Is the applicant unable to support himself by labor of any sort, if so, why? He is not

16. How was he supported during the years 1898 and 1899? By his son and wife and daughter.

17. What portion of his support for these two years was derived from his own labor or income? Not over one third of support

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He has swelling in feet and legs at times, can not get about

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

Sworn to and subscribed before me, this the 30 day of July 1900.
T M Ragsdale, Ordinary.

P. L. Sawyer Witness.

---

disposition, if any, did he make of same? None

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?

14. What is the applicant's occupation and physical condition?

15. Is the applicant unable to support himself by labor of any sort, if so, why? Yes. Physical disability and old age

16. How was he supported during the years 1898 and 1899? Do not know

17. What portion of his support for these two years was derived from his own labor or income? Do not know

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?

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

Sworn to and subscribed before me, this the 26 day of June 1900.
W. H. Wilkes, Ordinary.

Witness, John P. Dozier

N P & Ex off J P

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA, DeKalb COUNTY.

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

Hypertrophy of heart, with diseased condition of the mitral valves, rendering manual labor dangerous to life

They further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 10 day of Sept 1900.
T M Ragsdale, Ordinary.

J. L. Sawyer M. D.
W. J. Houston M. D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, DeKalb COUNTY.

I, T M Ragsdale, Ordinary in and for said County, hereby certify that the applicant G. F. Berry resides in said County, and has been a bona fide resident of this State since the 22 day of Feb 1832 and that the witnesses, viz: J L Sawyer

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 DeKalb County show that applicant returned for taxation in his name in 1898 None Dollars of property, and in 1899 None Dollars of property.

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

Witness my hand and seal of office, this 10 day of Sept 1900.
T M Ragsdale, Ordinary,
of DeKalb County.

NOTE.

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

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,)
Pike COUNTY)

J P Dozier of said State and County, having been presented as a witness in support of the application of Lilla D Berry for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? John P Dozier in Pike County Ga
2. Are you acquainted with Lilla D Berry, the applicant; if so, how long have you known him? Yes. 49 years
3. Where does he reside, and how long and since when has he been a resident of this State? Lives Pike county Ga. A resident since 1856 25 years
4. When, where and in what company and regiment did he enlist, and how do you know? 1861, Montgomery Ala Co. G, 60th Ala. Washington's
5. Were you a member of the same company and regiment? Yes. Was 1st Lieut.
6. How long did he perform regular military duty? Four years
7. When and where was his command surrendered? Appomattox, Va.
8. Were you present when it surrendered? Yes
9. Was applicant present? Yes
10. If he was not present, where was he? When did he leave his command? At surrender For what cause? Paroled By what authority he left? Surrender How do you know all of this? I was present until 2 days before he surrendered & saw his Parole
11. What property, effects or income has the applicant? (Give your means of knowledge.) None
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? None
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition?
15. Is the applicant unable to support himself by labor of any sort, if so, why? Yes. Physical disability and old age
16. How was he supported during the years 1898 and 1899? Do not know
17. What portion of his support for these two years was derived from his own labor or income? Do not know
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
19. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 26 day of June 1900. W H Wilkes Ordinary NPH Ex off JP

Witness. J P Dozier

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,)
DeKalb COUNTY.)

Personally came before me J W Goff & W J Houston, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully L F Berry, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Hypertrophy of heart, with diseased condition of the mitral valves, rendering manual labor dangerous to life

They further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

J W Goff M. D.
W J Houston M. D.

Sworn to and subscribed before me, this the 10 day of Sept 1900.
W M Ragsdale Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,)
DeKalb COUNTY.)

I, W M Ragsdale, Ordinary in and for said County, hereby certify that the applicant L F Berry resides in said County, and has been a bona fide resident of this State since the 22 day of Feb 1892 and that the witnesses, viz: J G Sawyer 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 DeKalb County show that applicant returned for taxation in his name in 1898 None Dollars of property, and in 1899 None Dollars of property.

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

Witness my hand and seal of office, this 10 day of Sept 1900.
W M Ragsdale Ordinary,
of DeKalb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

I, _____ hereby authorize _____

_____ of _____

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

_____ at _____

by _____

Witness my hand and seal, this _____ day of _____ 1902.

_____ [L. S.]

Executed in presence of

_____

Berry G.F. DeKalb

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 2762

INDIGENT
SOLDIER'S PENSION
1902.

Name Berry Geo F.
County DeKalb
Co. C Regiment 66

WARRANT ISSUED 1/2 C 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ at _____

by _____

Witness my hand and seal, this _____ day of _____ 1903.

_____ [L. S.]

Executed in presence of

_____

Berry G.F. DeKalb

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 3647

INDIGENT
SOLDIER'S PENSION
1903.

Name Berry G.F.
County DeKalb
Co. C Regiment 60.

WARRANT ISSUED 1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. Harrison, State Printer, Atlanta.

23 1/2 Lot

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.

Personally appears G. F. Berry of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 22 day of Feb 1832; that he is 70 years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 3 years in Company C, of 60 th Regiment of Ga Vol ; that his physical condition is as follows: Old age Troubled with heart disease and dropsy

that his property consists of the following items None

of the value of 00 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1901, first Yr

Sworn to and subscribed before me, this the 20 day of Jan 1902.

G F Berry

W M Rogsdale Ordinary.

STATE OF GEORGIA,
De Kalb County.

I, W M Rogsdale Ordinary of said County, do certify that I am well acquainted with G. F. Berry the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jan 1902.

Affix your seal here

W M Rogsdale
Ordinary De Kalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.

Personally appears G. F. Berry of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 22 day of Feb 1832; that he is 70 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 3 years in Company C, of 60 th Regiment of Ga Vol ; that his physical condition is as follows: Suffering from heart disease and Dropsy

that his property consists of the following items: None

of the value of 00 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1902

Sworn to and subscribed before me, this the 10 day of Jan 1903.

W M Rogsdale Ordinary.

STATE OF GEORGIA,
De Kalb County.

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

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

Affix your Seal here

W M Rogsdale
Ordinary De Kalb County.

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

Berry, G.F.

CODE SECTION 1234.

(FOR THOSE ALREADY ENROLLED.)

No. 570

INDIGENT

SOLDIER'S PENSION

1904.

Name G.F. Berry

County DeKalb

Co. 6 Regiment 66"

WARRANT ISSUED

1/25 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA, }

COUNTY. }

I, _____ hereby authorize

_____ of _____

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

_____ at _____

by _____

Witness my hand and seal, this _____ day of _____ 1904.

[L. S.]

Executed in presence of

_____

_____

Berry, G.F.

DeKalb County

CODE SECTION 1234.

(FOR THOSE ALREADY ENROLLED.)

No. 634

INDIGENT

SOLDIER'S PENSION

1905.

Name G.F. Berry

County DeKalb

Co. 6 Regiment 66th

WARRANT ISSUED

1/25, 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

C. H. [illegible]

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

no date

POWER OF ATTORNEY.

STATE OF GEORGIA, }

COUNTY. }

I, _____ hereby authorize

_____ of _____

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

_____ at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1905.

[L. S.]

Executed in the presence of

_____

_____

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears J. F. Berry of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 22 day of February 1832; that he is 71 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of Alabama) during the war between the States, and served for the term of three years in Company C, of 60th Regiment of Alabama Vols; that his physical condition is as follows: Heart disease and Dropsy

that his property consists of the following items:
None

of the value of None Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of DeKalb County been allowed a pension for the year 1903

Sworn to and subscribed before me, this the 14 day of January 1904.
James R. George Ordinary.

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 14 day of January 1904.
James R. George
Ordinary DeKalb County.

Affix your Seal here

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears G. F. Berry of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the ..... day of ..... 18..; that he is 71 years old and by occupation a ....., that he enlisted in the military service of the Confederate States (or of the State of .....) during the war between the States, and served for the term of ..... in Company C, of 60 th Regiment of Ala Vols; that his physical condition is as follows: Age & Poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of DeKalb County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 17 day of Jany 1905.
James R. George Ordinary.
G. F. Berry

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 17 day of January 1905.
James R. George
Ordinary DeKalb County.

Affix your Seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears G. F. Berry of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 22 day of February 1832; that he is 70 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of Alabama) during the war between the States, and served for the term of Three years in Company C, of 60th Regiment of Alabama Vols; that his physical condition is as follows: Heart disease and Dropsey

that his property consists of the following items:
None

of the value of None Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of DeKalb County been allowed a pension for the year 1903

Sworn to and subscribed before me, this the 14 day of January 1904.
James R George Ordinary.

G F Berry

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 14 day of January 1904.

James R George
Ordinary DeKalb County.

Affix your Seal here.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears G. F. Berry of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the ____ day of ____ 18__; that he is 71 years old and by occupation a ____, that he enlisted in the military service of the Confederate States (or of the State of ____) during the war between the States, and served for the term of ____ in Company C, of 60th Regiment of Ala Vols; that his physical condition is as follows: Age & Poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of DeKalb County been allowed a pension for the year 1904.

G H Berry

Sworn to and subscribed before me, this the 17 day of Jany 1905.
James R George Ordinary.

STATE OF GEORGIA,
DeKalb County.

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

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

James R George
Ordinary DeKalb County.

Affix your Seal here

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, G. F. Berry hereby authorize
P. A. Berry of DeKalb Co
to receive and receipt for the pension allowed, and request that he remit same to
G. F. Berry at
by

WITNESS my hand and seal, this 19 day of [redacted] 1906.

G F Berry [L. S.]

Executed in the presence of
James R George
Ordinary

Berry, G. F.
Dr Rolls.

(FOR THOSE ALREADY ENROLLED.)
CODE Section 1754

No. 608

INDIGENT
SOLDIER'S PENSION
1906.

Name P A Berry
County DeKalb
Co. G Regiment 6th GA

WARRANT ISSUED
12 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
P A Berry

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
De Kalb **County.**

Personally appears G. F. Berry of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 22 day of Feb 1832; that he is years old and by occupation a , that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of in Company B, of 60 Ala th Regiment of ; that his physical condition is as follows: Age and poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of De Kalb County, been allowed a pension for the year 1905.

G. F. Berry

Sworn to and subscribed before me, this the 13 day of January 1906.

James R George Ordinary.

State of Georgia,
De Kalb **County.**

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

Given under my official signature and seal, this 13th day of January 1906.

James R George

Ordinary De Kalb County.

Affix seal here

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

NAME Berry, G.F. YEAR 1901 COUNTY DeKalb

WHEN AND WHERE BORN? February 22nd. 1832 South Carolina- resident of Georgia since- twenty-five years.

ENLISTED WHEN AND WHERE? 1862 Montgomery

RANK.

COMPANY AND REGIMENT? Co. C, 60th. Alabama Regt.

NAME OF CAPTAIN AND COLONEL? 1st. Lieutenant John P. Dozier

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Appomattox Court House, Va. at surrender.

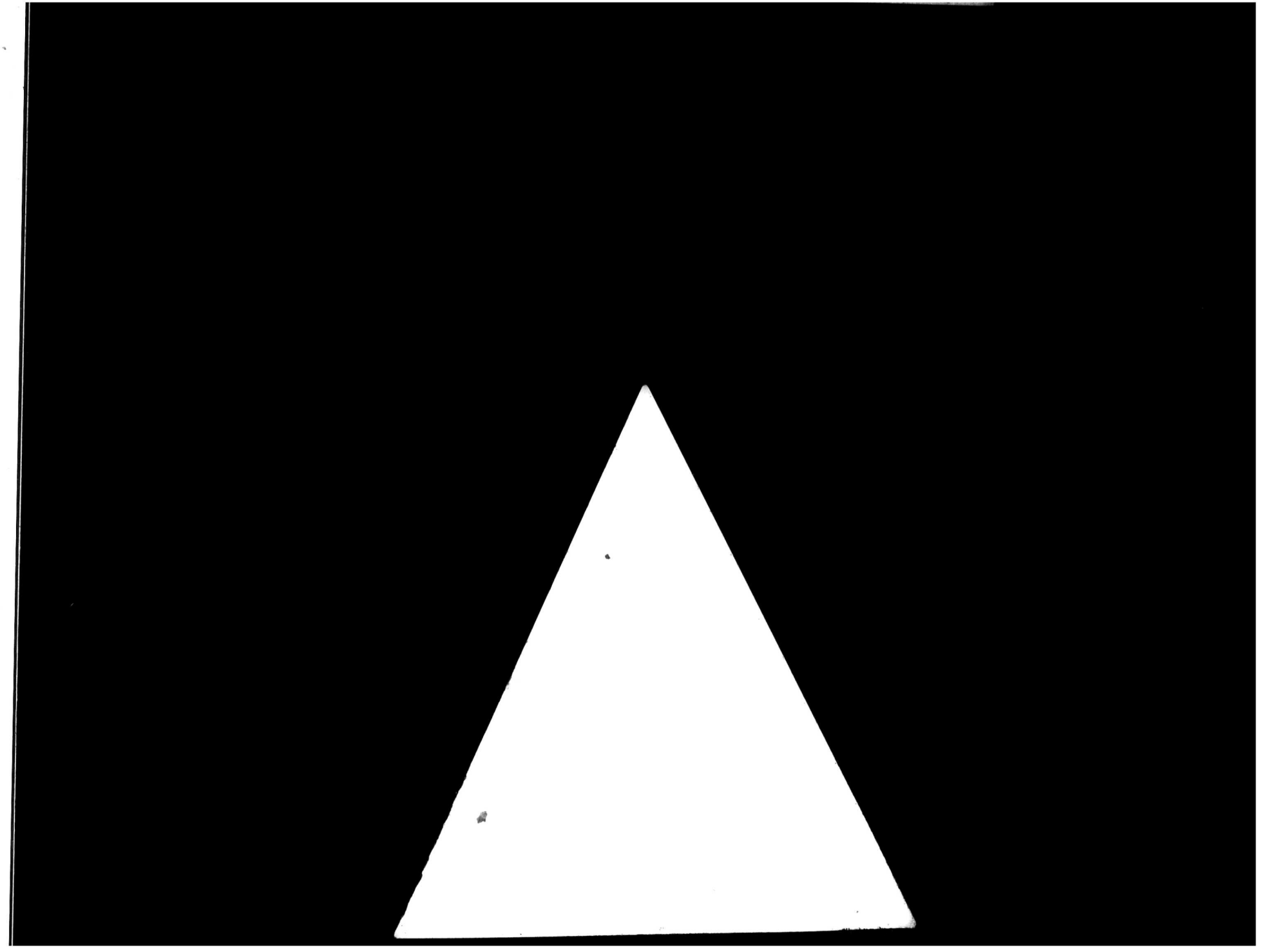
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES.

JWT



ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
Fulton COUNTY.

I, Claude L. Mason Ordinary of said County, do certify that I know Mrs. Martha Blackstock the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the ____ day of ____ 19____

That I also know B F Morris witness as to marriage, and I also know ____; that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 6 day of October 1920

(SEAL.) Claude L. Mason Ordinary.
Fulton County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

Blackstock Martha
Ft Hall County

No. ____

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1919— As Amended by Act of 1919.

County Fulton

Name Martha Blackstock

Widow of J. E. Blackstock

Company E

Regiment 2nd Ga Inf

Approved ____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

11-1-1920

ORDINARY'S CERTIFICATE

STATE OF GEORGIA }
Fulton COUNTY. }

I, Claude L. Mason, o. c. Ordinary of said County, do certify that I know Mrs. Martha Blackstock the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the ..... day of ..... 19..

That I also know A. F. Morris witness as to marriage, and I also know ..... ; that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 6 day of October 1920

(SEAL.) Claude L. Mason, o. c. Ordinary.
Fulton County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

Ex Confederate Widow
Ft. Hood Texas

No.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910— As Amended by Act of 1919.

County Fulton

Name Martha Blackstock

Widow of J. E. Blackstock

Company E

Regiment 2nd Ga. Cav.

Approved .....

J. W. LINDSEY.
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

11-1-1920

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,
DeKalb COUNTY.

Personally before me comes Mrs Martha Blackstock of said County, who, after being duly sworn, says that she is the widow of J. E. Blackstock to whom, in the County of Lamar Callahan State of Ga she was married on the ____ day of April 1876 and that she remained his wife, and resided with him to the date of his death in Feby 17. 1920 and that she has not since his death remarried. At the time of his death he was a resident of DeKalb County, in said State of Georgia, and he was on the ____ Pension Roll of the State and paid a pension of $10.00 in DeKalb County for 1920 per annum, on account of being a soldier in Company F. E. Regiment 8 Ga (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of DeKalb and she has so continuously resided since ____ day of ____ 19__ but has resided in this State all her life

Sworn to and subscribed before me, this the 9th day of October 1920
James R Gaunge Ordinary
of DeKalb County.
(SEAL)

her
Mrs Martha X Blackstock
mark

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

STATE OF GEORGIA,
Fulton COUNTY.

Personally before me comes B F Morris known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs Martha Blackstock who made the foregoing affidavit, is the lawful widow of J E Blackstock who died in DeKalb County in said State of Ga on the 17 day of Feb 1920 and that she has not since remarried. That she became the wife of ~~_____~~ on the ____ day of ____ 18__, and that she and he had resided together as man and wife continuously since 1 day of Janry 1880 and that the J E Blackstock was the same man who was on the pension roll of said State of Ga from DeKalb County Georgia when he died.

Sworn to and subscribed before me, this the 6 day of October 1920
Alexander Maxwell Ordinary
of Fulton County.
(SEAL)

B F Morris

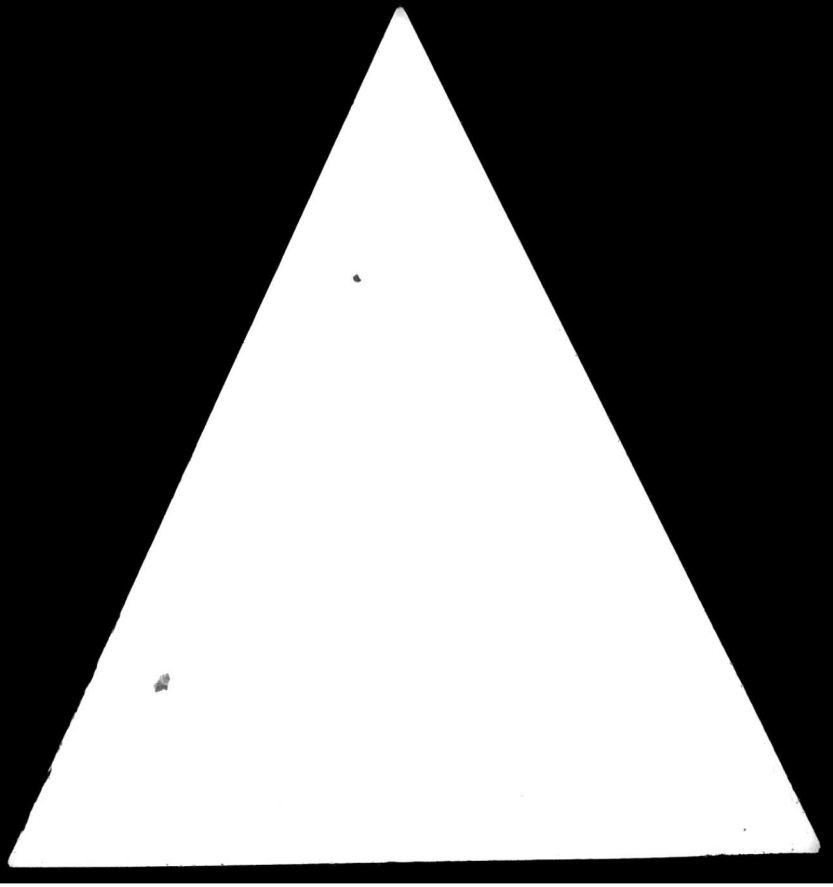
day of ---------- 19 20

Edward L. Massell Ordinary

of Dalton County.

(SEAL)

15 74 [illegible]



Confederate Pension & Record
Dept.
Atlanta, Ga. May 13,1944.

Joseph L. Deadwyler, soldier husband of applicant, enlisted as a private in Co. I, 15th Regt. Ga. Inf. July 15, 1861... .....Surrendered, Appomattox Va., Apr. 9, 1865.

This application is approved under a ruling of Hon. T. Grady Head, Attorney General of Ga., dated May 19, 1944.

Director

Widow's Application

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

County DeKalb

Name Mrs. Deadwyler Vail Blakemore

Widow of Joseph L. Deadwyler

Date of Marriage Nov. 19 1885

Date of Husband's Death Sept. 6 1906

Company I

Regiment 15th

Approved ..... 193...

Director.

CONFEDERATE DIVISION
STATE DEPARTMENT OF PUBLIC WELFARE

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. S. Morgan, Ordinary of said County, do certify that I know Mrs. Deadwyler Vail Blakemore the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know Sea Marriage Certificate the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this ..... day of ..... 193...

(SEAL OF ORDINARY) V. S. Morgan, Ordinary.

of ..... County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

Confederate Pension & Record
Dept.
Atlanta, Ga. May 13, 1944.

Joseph L. Deadwyler, soldier husband of applicant, enlisted as a private in Co. I, 15th Regt. Ga Inf. July 15, 1861.... .....Surrendered, Appomattox Va., Apr. 9, 1865.

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Name Mrs. Deadwyler Vail Blakemore

Widow of Joseph L. Deadwyler

Date of Marriage Nov. 19 1885

Date of Husband's Death Sept. 6 1906

Company I

Regiment 15th

Approved ..... 19..

Director.

CONFEDERATE DIVISION
STATE DEPARTMENT OF PUBLIC WELFARE

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. S. Morgan, Ordinary of said County, do certify that I know Mrs. Deadwyler Vail Blakemore the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know See Marriage Certificate the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this ..... day of ..... 193..

(SEAL OF ORDINARY) V. S. Morgan, Ordinary.

of ..... County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

(Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.)

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

DeKalb COUNTY.

Personally appears before me, Mrs. Deadwyler Vail Blakemore of said State and County and hereby applies for the pension allowed by the Act of 1940, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after being duly sworn, true answers to make to the questions propounded, answers as follow, to wit:

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County) Atlanta
Mrs. Deadwyler Vail Blakemore - 2374 Boulevard Dr. N. E., DeKalb Co., Ga.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? Since 1888
Give date, or year, of your birth. January 14, 1859 Age? 78
3. (1) When, (2) where and (3) to whom were you married? Married to Joseph L. Deadwyler November 19, 1885 at Elberton, Ga.
   a. Have you married since the death of first and soldier husband? yes
   b. When and where did your first husband die? Died September 6, 1906 at Elberton, Ga.
   c. Were you residing together when he died? yes
   d. If not, how long had you resided apart? x
   e. Are you now a widow? yes
   f. Have you or your husband heretofore been paid a pension by the State? NO
   g. If so, when and for what cause were you or your husband placed on the roll?

SECTION II.

Answer the following questions if your husband **was not** a pensioner:

1. **When, where** and **in what Company and Regiment** did your husband enlist as a soldier in Confederate Army or Georgia Militia. (**Give name of Colonel and Captain.**) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
Joseph Lumpkin Deadwyler enlisted in Lumpkin County, Ga. as a private in Co. I - 15th Regiment -Georgia Infantry
2. When and where did the Commands of your husband surrender or discharge from the Service?
Surrendered Appomattox, Va. April 9, 1865
3. Was your husband personally present with his Command when it was surrendered or discharged?
yes
4. If he was not present, state specifically and clearly where he was? x
5. When did he leave the Command? April 9, 1865
   a. For what cause did he leave? Surrendered Appomattox, Va.
   b. By whose authority did he leave? x
   c. For how long was his leave of absence granted? x d. In what way?
   e. What was his physical condition when he left his Command? Not so good
   f. What effort did he make to return to his Command? x
   g. In what way was he prevented from going back to his Command? x
   h. Was he captured by the enemy at any time? yes
   i. If so, when and where? In what prison was he held and when was he released?
Captured Gettysburg, Pa. July 2, 1863 - Exchangad Aug. 1, 1863

Sworn to and subscribed before me, this the 21 day of August, 193 7

V. S. Morgan, Ordinary

of DeKalb County.

(SEAL OF ORDINARY)

Mrs. Deadwyler Vail Blakemore
Applicant.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of DeKalb .

Before me, the Ordinary of said County, comes Mrs. Mrs. Deadwyler Vail Blakemore who, after being duly sworn, deposes and says:

1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;

2. That her deceased husband **was not** a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;

3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;

4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.

Mrs Deadwyler Vail Blakemore

Sworn to and subscribed before me, this the

21 day of August , 193 7.

P. D. McCraw, Ordinary,

DeKalb County.

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

.....COUNTY.

.....of said State and County is hereby presented as a witness in support of the application of.....for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being 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 Post Office and County).....

2. How long and since when have you known.....applicant

3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State?.....

4. When and to whom was she married?.....How do you know?.....

5. How long and since when did you know.....her husband?.....

6. When and where did.....the husband of applicant, die?.....

7. Were the applicant and her husband living together as husband and wife at the date of his death?.....

8. If not, how long did they live apart before his death?.....Were they divorced?.....

If the husband of the applicant was a pensioner, DO NOT answer the following questions.

9. When, where and in what Company and regiment did.....enlist? (Give date and place).....

10. How did you obtain your information of this service?.....

11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.).....

12. When and where was his Command surrendered or discharged? (Give date and place.).....

13. Were you personally present with this Command when it was surrendered?.....If not, where were you.....and how came you there?.....

14. Was the husband of applicant personally present with his Command at its surrender?.....If not where was he?.....and how came him there?.....When, where and for what cause did he leave his Command? (Give date.).....By whose authority did he leave his Command?.....and how long was he granted leave?.....How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically).....

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?.....

17. Was he captured as a prisoner?.....If so, when and where?.....In what prison was he held?.....amd when released?.....

Sworn to and subscribed before me, this the .....day of .....193...

.....Ordinary

of.....County.

(SEAL OF ORDINARY)

.....

(Witness)

GEORGIA, ELBERT COUNTY.

I, Clark Edwards, Jr., Ordinary of said County & Ex. Officio Clerk of the Court of Ordinary, do hereby certify that the above and foregoing is a true and correct copy and transcript from the records in my office of the Marriage Record of Joseph L. Deadwyler and Jamie A. Chamblee, as the same appears of file and record in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office, this the 30th day of June, 1937.

Clark Edwards, Jr.
Ordinary of said County & Ex. Officio Clerk of Court of Ordinary, Elbert County, Georgia.

Marriage License

OF

Joseph L. Deadwyler,

AND

Jamie A. Chamblee

Issued Nov. 21st, 1936, 19

and recorded on Page 50 Book

of Marriage Licenses.

Geo. L. Allen, ORDINARY

B. Blakemore

Mrs. Eleanor Blakemore
~~197 Boulevard Drive, N.E.~~
Atlanta, Ga

5-10-44-

Confederate Pension Dept-
State Capitol
Atlanta Ga

Attention:
Miss Lillian Henderson.

My Dear Miss. Henderson:-

Am writing to say that I am the daughter-in-law of Mr James B. Blakemore deceased husband of Mrs Deadwyler Nail Blakemore. I wish to state that- Mr James B. Blakemore passed away year of 1936- but I do not have record of exact date- My husband was at his bedside when he died.

He died in Piggott Ark. (one)

Vail

Miss Lillian Henderson;
Confederate Pension Dept
State Capitol-

This is to state that I was present when Mr. W.B. Vail died in Elberton Ga June the 17th 1909
I also went to his funeral-
(Mr. Vail was Mrs Joseph Lumpkin Bradwyfers second husband)

W.C. Bradwyfer

Signed and sworn to before
me this 11th Day of May, 1944

Clarence B Farrar

Notary Public [illegible]
My Commission [illegible]

4. Was buried in Kennett Mo. 2

Signed

Mr Elanor Blakemore

Sworn to and subscribed before me,

this, the 11th day of May, 1944.

J.H. Matthews

Notary Public, Georgia, State at Large.
My Commission Expires Feb. 10, 1946.

This is to state that I was present when Mr. W.B. Vail died in Elberton Ga June the 17th 1904 I also went to his funeral—
(Mr. Vail was Mrs Joseph Lumpkin Bradwyers second husband)

W.C. Bradwyer

Signed and sworn to before
Me this 11th Day of May, 1944

Clarence B Farrar

Notary Public, Georgia, State at Large.
My Commission Expires Feb. 10, 1946.

No. /

MARRIAGE LICENSE

STATE OF GEORGIA

ELBERT COUNTY

To any Judge, Justice of the Peace, or Minister of the Gospel

YOU ARE HEREBY AUTHORIZED TO JOIN

Joseph L. Beamyler and Mamie A. Chamblee

in the Holy State of Matrimony, according to the Constitution and Laws of this State and for so doing this shall be your License.

And you are hereby required to return this License to me, with your Certificate hereon of the fact and date of the Marriage, within thirty days after the date of said marriage.

Given under my hand and seal this 18 day of November, 1915. Geo. L. Alrond, (L.S.)

ORDINARY

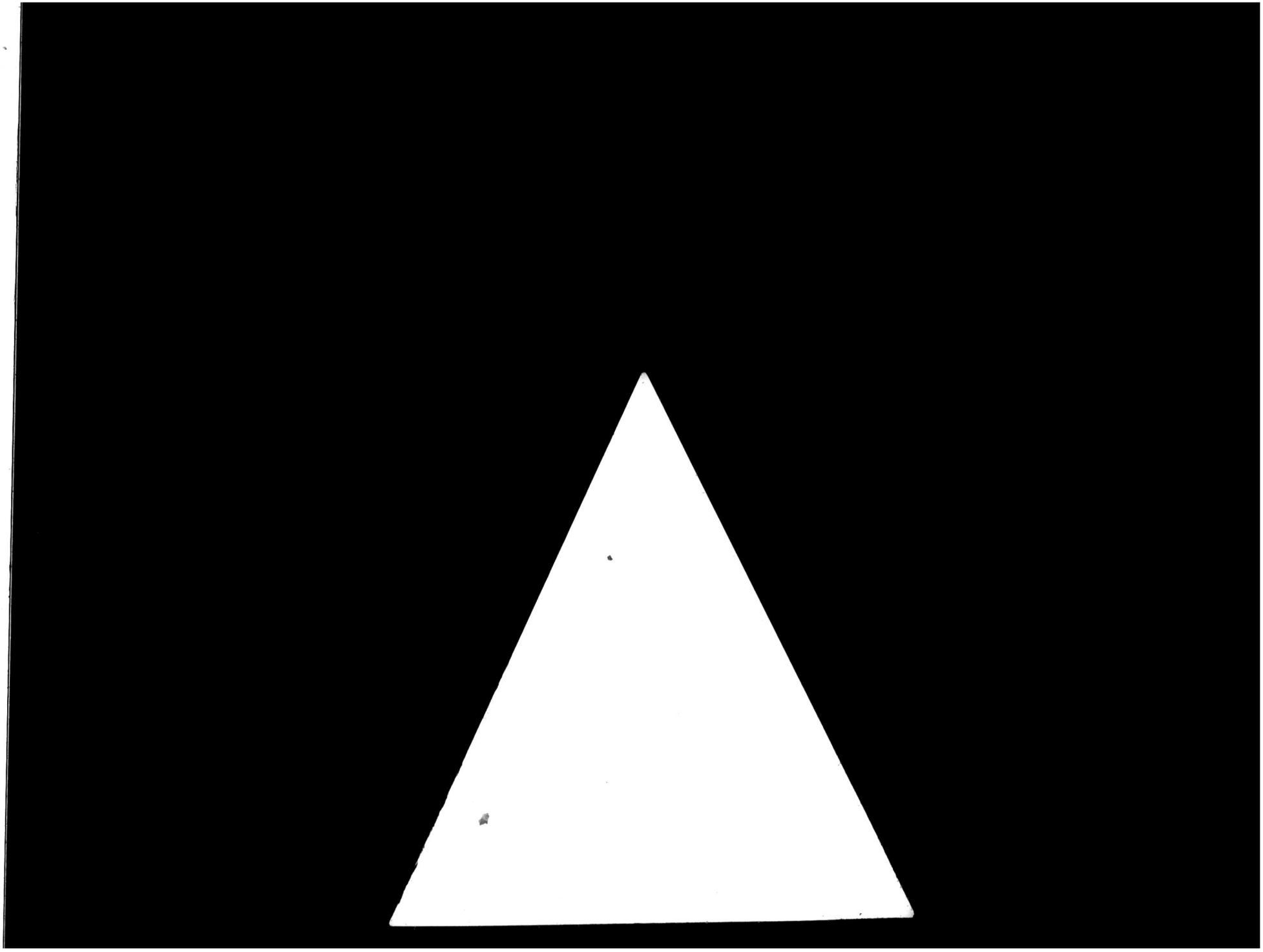
State of Georgia CERTIFICATE Elbert County

I CERTIFY that Joseph L. Beamyler and Mamie A. Chamblee were joined in Matrimony by me this 18 day of November, Nineteen Hundred and Fifteen.

Recorded Jany 18, 1916, 19 P. H. Ivey, J. C.

Geo. L. Alrond,

ORDINARY



OK
Blankinship, B. B.
DeKalb Co.

No.

INDIGENT PENSION

1899.

Name B. B. Blankinship

County DeKalb

Approved 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

3/24.99

POWER OF ATTORNEY.

STATE OF GEORGIA, }
COUNTY. }

I, _____, of _____, hereby authorize _____ to receive and receipt for the pension allowed, and request that be remit same to _____

Witness my hand and seal this _____ day of _____ 1899.

Executed in presence of

_____ (L. S.)

_____

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY.

I, _____, hereby authorize

of _____

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

at _____ by _____

Witness my hand and seal this _____ day of _____ 1899.

Executed in presence of

_____ (L. S.)

OK
E. [illegible] D.P.
Atlanta Ga

INDIGENT PENSION
1899.

Name B B Blanchard
County DeKalb

Approved _____ 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

3/2499

Questions for Applicant.

Every Question MUST be Answered.

STATE OF GEORGIA,
DeKalb County.

BB Blanchard 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.) State of Georgia. County of DeKalb. Post Office Stone mountain
2. How long and since when have you been a resident of this State? Since September 1865
3. When and where were you born? Dec 1838, Brodnax County State of North Carolina
4. When and where and in what company and regiment did you enlist or serve? 1864 at Covington Ga Company H 2nd Ga regiment Reserves
5. How long did you remain in such company and regiment? twelve months and fourteen days
6. For how long a period did you discharge regular military duty? one year & fourteen days
7. When, where and under what circumstances were you discharged from service? May 1865 at Albany Ga after surrender
8. What is your present occupation? Farming
9. How much can you earn (gross) per annum by your own exertions or labor? nothing
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Infirmity, blindness
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? my infirmity results from Rupture and general disability. have been partly blind for three years caused from exposure & old age
13. What property, effects or income do you possess, and its gross value? none
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897 and 1898, and what disposition, if any, did you make of same? I had but little in 1894 & 95 and that little my constantly increasing infirmities have compelled me to consume, having no other income or source of living,
15. In what County did you reside during those years, and what property did you then return for taxation? In DeKalb County. one hundred & forty or fifty dollars
16. How were you supported during the years 1897 and 1898? By the help of my family & friends
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I contributed nothing
18. What was your employment during 1897 and 1898? What pay did you receive in each year? Farming, I received only what I ate
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have wife & four children. their labor is their only means of support and we have no homestead
20. Are you receiving any pension? If so, what amount, and for what disability? I am not receiving any pension

Sworn to and subscribed before me this the 7th day of March, 1899.

BB Blanchard
Applicant.

_____ Ordinary,
of _____ County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
DeKalb COUNTY.

J.W. Jones, of said State and County, having been presented as a witness in support of the application of B.B. Blankenship for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J.W. Jones I reside At Kedar DeKalb County State of Georgia

2. Are you acquainted with B.B. Blankenship, the applicant; if so how long have you known him? I have known him for 45 years

3. Where does he reside, and how long and since when has he been a resident of this State? He resides near stone mountain DeKalb Co Ga, 54 years a resident of this State

4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted at Georgia Ga, Company F. 2nd Ga regiment I was member of same Company

5. Were you a member of the same company and regiment? Yes

6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? He served from this enlistment until the end of the war and I know from being in the same that he was a faithful Soldier

7. What property, effects or income has the applicant? (Give your means of knowledge.) None

8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what disposition, if any, did he make of same? He had very little and has consumed that little in support of his family

9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? No

10. What is the applicant's occupation and physical condition? Farming his occupation his physical condition is such that he is unable to make a support by his own labor

11. Is the applicant unable to support himself by labor of any sort, if so, why? Yes. Because of his weakened condition physically

12. How was he supported during the years 1897 and 1898? He was supported by his family and friends

13. What portion of his support for these two years was derived from his own labor or income? None

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is ruptured partly blind and is worn down from old age

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

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

J.W. Jones Witness.

Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
DeKalb COUNTY.

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

He is badly Ruptured and so suffers from the same and his age that he cannot perform any labour and his disability is permanent

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 7th day of March 1899.

D R Chupp M.D

Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Wm. Hagadon, Ordinary in and for said County, hereby certify that the applicant B.B. Blankenship resides in said County, and has been a bona fide resident of this State since the day of Sept 1845 and that the witnesses, viz: J.W. Jones, B.B. Blankenship, D.R. Chupp M.D. are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of DeKalb County show that applicant returned for taxation in his name in 1897 [illegible] Dollars of property, and in 1898 [illegible] Dollars of property.

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

Witness my hand and seal of office, this 4 day of April 1899.

Wm. Hagadon Ordinary,
of DeKalb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize

_____ of _____

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

_____ at _____

by _____

Witness my hand and seal, this _____ day of _____ 1900.

_____ [L. S.]

Executed in presence of

CODE SEC. 1284.
(For Those Already Enrolled.)

NO. [illegible]

INDIGENT
SOLDIER'S PENSION,
1900.

Name B B Blankenship
County DeKalb

WARRANT ISSUED
Aug 13 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

No Letter

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize

_____ of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of

Wife of B B Blankenship, B.B. #7

CODE SECTION 1284
(For Those Already Enrolled.)

No. 687

INDIGENT
SOLDIER'S PENSION.
1901.

Name B B Blankenship.
County DeKalb

WARRANT ISSUED
Aug 31 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta

No Letter

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears B B Blankinship of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 14 day of Feb 1823; that he is 77 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 1 1/2 Years in Company F, of 2 d Regiment of Ga Cal Rangers; that his physical condition is as follows: Old age and infirmity for over 5 years has been unable to work, now entirely blind

that his property consists of the following items None

of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have not heretofore as a resident of county been allowed a pension for the year 189 First Time.

Sworn to and subscribed before me, this the 16 day of Jan 1900. B. B. X Blankinship his mark

Wm Wagdale Ordinary.

State of Georgia,
De Kalb County.

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

Given under my official signature and seal, this 16 day of Jan 1900.

Affix your seal here.

Wm Wagdale
Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears B. B. Blankinship De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 14 day of Feb 1823; that he is 77 years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 1 1/2 Years in Company F, of 2d Regiment of Ga Cal Rangers; that his physical condition is as follows: Over 5 years has been unable to work for lifting on account of age and infirmity

that his property consists of the following items None

of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1900

Sworn to and subscribed before me, this the 9th day of Jan 1901. B. B. X Blankinship his mark

Wm Wagdale Ordinary.

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 9th day of Jan 1901.

Affix your seal here.

Wm Wagdale
Ordinary De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

Witness my hand and seal, this _____ day of _____ 1902.

_____ [L. S.]

Executed in presence of

_____

Blankinship, B.B.
De Kalb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 287

INDIGENT
SOLDIER'S PENSION
1902.

Name Blankinship B.B.
County DeKalb
Co. F Regiment 2d

WARRANT ISSUED
1/20 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Atty

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, B B Blankinship hereby authorize W M Ragsdale
of DeKalb County.
to receive and receipt for the pension allowed and request that he remit same to
_____ at _____
by _____

Witness my hand and seal, this 10 day of Jan 1903.

B B X Blankinship [L. S.]
his mark

Executed in presence of
W A Morris
O S Gross

Blankinship B B
DeKalb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 527

INDIGENT
SOLDIER'S PENSION
1903.

Name Blankinship B.B.
County DeKalb
Co. F Regiment 2nd

WARRANT ISSUED
1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Atty

Geo. Harrison, State Printer, Atlanta.

23d 7th Ga Cav

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears B B Blackmonship of DeKalb 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 14 day of Feb 1823; that he is 79 years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 11 Years in Company F, of 2 Ath Regiment of Ga Vol ; that his physical condition is as follows: Old age and Infirmity for past 7 years unable to work

that his property consists of the following items None

of the value of 20 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 DeKalb county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this the 15 day of Jan 1902. B. B. Blackmonship

W M Rogdale Ordinary.

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 15 day of Jan 1902.

Affix your seal here

W M Rogdale Ordinary DeKalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears B B Blackmonship of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 14 day of Feb 1823; that he is 80 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 11 Years in Company F, of 2 Ath Regiment of Ga Vol Reserves ; that his physical condition is as follows: Old age and Infirmity

that his property consists of the following items: None

of the value of 10 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of DeKalb county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the 10 day of Jan 1903. B B Blackmonship

W M Rogdale Ordinary.

STATE OF GEORGIA,
DeKalb County.

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

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

Affix your Seal here

W M Rogdale Ordinary DeKalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

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

Witness my hand and seal, this _____ day of _____ 1904.

_____ [L. S.]

Executed in presence of

_____

B Blankenship B.B.
Dekalb County

(FOR THOSE ALREADY ENROLLED.)

No. 876

INDIGENT
SOLDIER'S PENSION
1904.

Name B B Blankenship
County Dekalb
Co. H Regiment 2 Ga

WARRANT ISSUED
1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
_____

_____
Of W. Harrison Stat Printer Atlanta

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb COUNTY.

I, B B Blankship hereby authorize
T M Kenney of Clarkston Ga
to receive and receipt for the pension allowed, and request that he remit same to
B B Blankship at Clarkston
by _____

WITNESS my hand and seal, this 14th day of January 1905.

B. B. Blankinship [L. S.]
her mark

Executed in the presence of
James R George
Ordinary

B Blankenship B.B.
Dekalb County

(FOR THOSE ALREADY ENROLLED.)

No. 581

INDIGENT
SOLDIER'S PENSION
1905.

Name B.B. Blankship
County Dekalb
Co. H Regiment 2 Ga

WARRANT ISSUED
1/23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED to
F M Kenney

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears B. B. Blankingship of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 14 day of Feby 1813; that he is 86 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 1½ years in Company F, of 2 th Regiment of Ga Vols Reserves; that his physical condition is as follows: old age Infirmity 5 years unable to work

that his property consists of the following items:
None

of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of DeKalb County been allowed a pension for the year 1903

Sworn to and subscribed before me, this the 15 day of Jany 1904. James R George Ordinary. } B. B his X Mark Blankship

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 15 day of January 1904.

James R. George
Ordinary DeKalb County.

Affix your Seal here.

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.

Pearsonally appears B. B. Blankingship of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of January 1845; that he is 88 years old and by occupation a , that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of in Company F, of 2nd Th Regiment of Ga. Vols Reserves; that his physical condition is as follows: Age Infirmity & Poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of DeKalb County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 14th day of January 1905. James R George Ordinary. } B B his X mark Blankingship

STATE OF GEORGIA.
DeKalb County.

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

Given under my official signature and seal, this 14th day of January 1905.

James R George
Ordinary DeKalb County.

Affix your Seal here

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, B.B. Blankship hereby authorize
E A Warwick of Clarkston, Ga
to receive and receipt for the pension allowed, and request that he remit same to
B.B. Blankship at Clarkston Ga
by

WITNESS my hand and seal, this 17th day of January 1906.
B B Blankship [L. S.]

Executed in the presence of
[illegible]
[illegible]

Blankship B.B.
DeKalb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)
No. 4172

INDIGENT
SOLDIER'S PENSION
1906.

Name B B Blankinship
County DeKalb
Co. F Regiment 2 Ga

WARRANT ISSUED [illegible] 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
E A Warwick

The Franklin Printing and Publishing Co. Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, B B Blankship hereby authorize
R M Kenny of Clarkston
to receive and receipt for the pension allowed, and request that he remit same to
B.B. Blankship at Blankston
by

WITNESS my hand and seal, this 17th day of January 1907.
B B Blankship [L. S.]

Executed in presence of
James E Green
Ordinary

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)
No. 7287

INDIGENT
SOLDIER'S PENSION
1907.

Name B.B. Blankinship
County DeKalb
Co. F Regiment 2 Ga

WARRANT ISSUED 1/21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
R M Kenny

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
De Kalb County.

Personally appears B B Blankenship of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18__; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company F, of 2 th Regiment of Georgia _____; that his physical condition is as follows: Age, infirmity & poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of De Kalb County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 17 day of January 1906. } B B Blankenship Mark

James R George Ordinary.

State of Georgia,
De Kalb County.

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

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

James R George
Ordinary De Kalb County.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
_____ County.

Personally appears B B Blankenship of _____ County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18__; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company F, of 2 Geo Regiment of Ga Vols Cav; that his physical condition is as follows: Age infirmity & poverty

that his property consists of the following items: _____

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

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

Sworn to and subscribed before me, this the 17 day of January 1907. } B B Blankenship Mark

James R George Ordinary.

State of Georgia,
_____ County.

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

Given under my official signature and seal this January 17 day of January 1907.

James R George
Ordinary _____ County.

Affix your seal here

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

NAME Blankinship, B B YEAR 1899 COUNTY DeKalb

WHEN AND WHERE BORN? 1823 - Irredine Co., North Carolina

ENLISTED WHEN AND WHERE? Conyers, Georgia - 1864

RANK

COMPANY AND REGIMENT? Co F 2nd Georgia Regt. (Reserves)

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

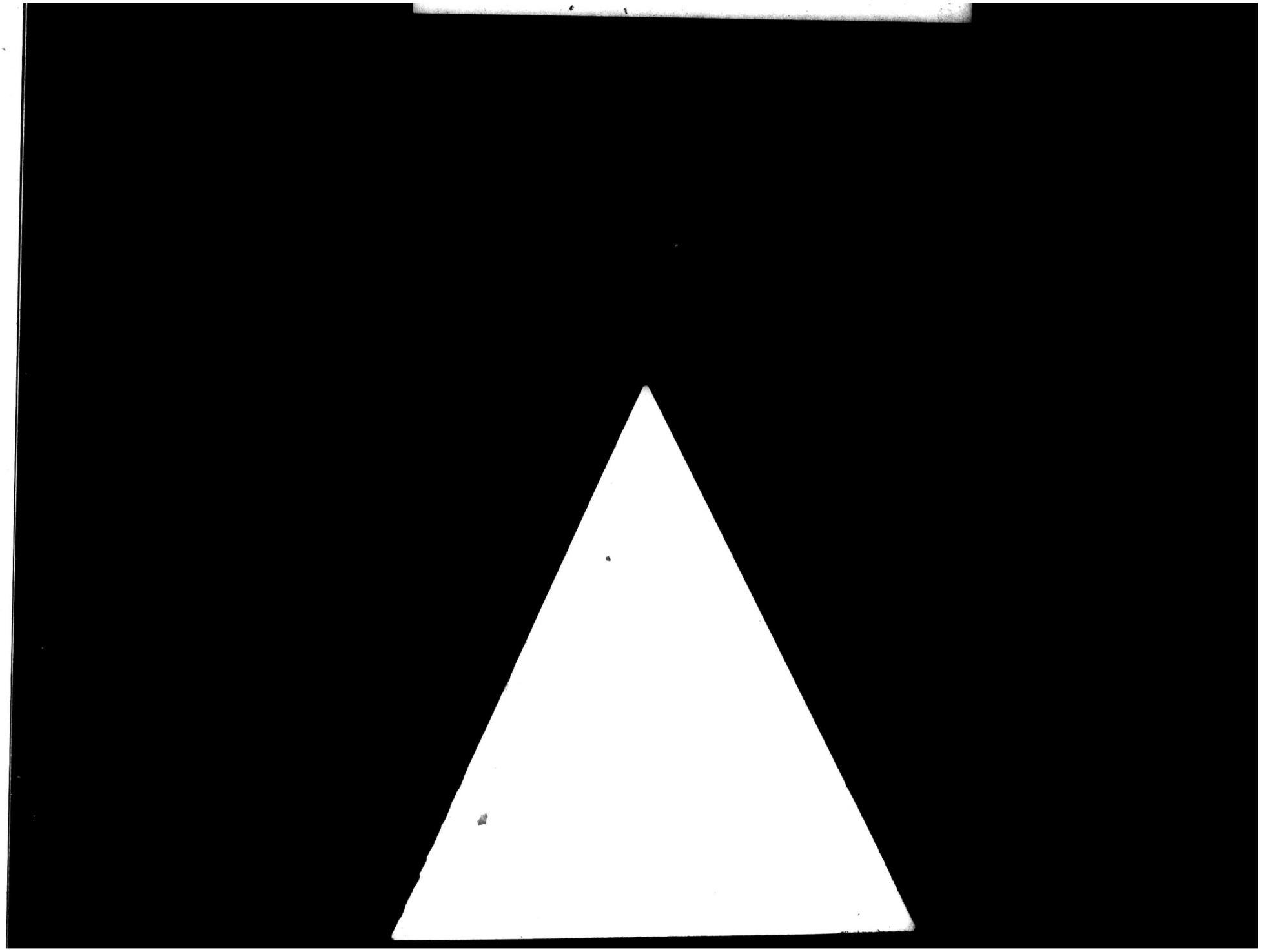
WHEN AND WHERE SURRENDERED? 1865 - Albany, Georgia

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J W Jones - same command - No data
mh



BLAYLOCK, ANNA T.
DEKALB COUNTY.
Class "B",

1943

Not a resident of Ga. Jan. 1, 1920.

X Disapproved Feb. 24, 1942. Approved effective Oct. 1, 1943. See letter in file dated May 4, 1943.

Widow's Application

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

County DeKalb
Name Blaylock, Anna T.
Widow of J. M. Blaylock
Date of Marriage July 2 1908
Date of Husband's Death Jan. 1925
Company Co. A, 3d Battn. V.E. 60
Regiment Ala. Inf.
Approved Feb. 24 1942
Lillian Henderson
Director.

CONFEDERATE DIVISION
~~State Department of Public Welfare~~

X See Disapproved file, Ben Hill County, 1938

See back of application

Atlanta, Ga., Feb. 24, 1942.
406 State Capitol.

John W. Blaylock enlisted as a private in Co. A, 3d Battn. Halliard's Legion, Ala. Vols. Mch. 10, 1862. Transferred to Co. E, 60th Regt. Ala. Inf., by consolidation, Nov. 25, 1863. Captured, Farmville, Va., Apr. 6, 1865. Released, Newport News, Va., June 25, 1865. (W.R.)

Above is true copy of record on file in this office.

Lillian Henderson
Director.

Letter authorizing payment from Attorney General's Fund. Lady Head is filed in Attorney General's special file, with other opinions. Letter is dated May 4, 1943 and is filed under "Residence". May 5, 1943.

BLAYLOCK, ANNA T.
DEKALB COUNTY.
Class "B",

1943

Not a resident of Ga. Jan. 1, 1920.

Disapproved
July 24, 1942.

Approved
July 24, 1942.

Atlanta, Ga., July 24, 1942.
406 State Capitol.

John W. Blaylock enlisted as a private in Co. A, 3d Battn. Hilliard's Legion, Ala. Vols. Mch. 10, 1862. Transferred to Co. E, 60th Regt. Ala. Inf., by consolidation, Nov. 25, 1863. Captured, Farmville, Va., Apr. 6, 1865. Released, Newport News, Va., June 25, 1865. (W.R.)

Above is true copy of record on file in this office.

Director.

Letter authorizing Samuel F. Bailey, General Attorney, to file application as Blaylock's special attorney, with letter dismissing letter and to file application as "Resident" May 5 1943.

May 5 1943.

Widow's Application

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

County Dekalb
Name Blaylock, Anna T.
Widow of J. W. Blaylock
Date of Marriage July 2 1908
Date of Husband's Death Jan. 1925
Company Ala. Inf. 3d Battn. Co. E 60
Regiment
Approved Feb. 24 1942
Director.

CONFEDERATE DIVISION
State Department of Public Welfare

See Disapproval file.
Bur. Vital Statistics, 1938

See Note of Application

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

(Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.)

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

DEKALB COUNTY.

Personally appeared before me, Mrs. Anna T. Blaylock of said State and County, and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after being duly sworn, true answers to make to the questions propounded, answers as follows, to-wit:

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County) Mrs. Anna T. Blaylock - 1419 Van Epps Ave. S. E., Atlanta, DeKalb, Ga.

2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? For the past nineteen years

Give date, or year, of your birth March 11, 1862 Age? 79

3. (1) When, (2) where and (3) to whom were you married? July 2, 1908 at Dothan, Alabama - John Wesley Blaylock

a. Have you married since the death of first and soldier husband? no

b. When and where did your soldier husband die? In Jan. 1925 near Dothan, Ala.

c. Were you residing together when he died? Yes

d. If not, how long had you resided apart? x

e. Are you now a widow? Yes

f. Have you or your husband heretofore been paid a pension by the State? Husband received pension from Alabama

g. If so, in what county was first pension drawn and what year were you or your husband placed on rolls? In State of Alabama

SECTION II.

1. **When, where and in what Company and Regiment** did your husband enlist as a soldier in Confederate Army or Georgia Militia. **(Give name of Colonel and Captain.)** State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.

2. When and where was the Command of your husband surrendered?

3. Was your husband personally present with his Command when it was surrendered?

4. If he was not present, state specifically and clearly where he was?

5. When did he leave the Command?

a. For what cause did he leave?

b. By whose authority did he leave?

c. For how long was his leave of absence granted? d. In what way?

e. What was his physical condition when he left his Command?

f. What effort did he make to return to his Command?

g. In what way was he prevented from going back to his Command?

h. Was he captured by the enemy at any time?

i. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the 21 day of February, 19xx 42
V. A. Morgan, Ordinary
of DeKalb County.
(SEAL OF ORDINARY)

Anna T. Blaylock
Applicant.

Questions for Witness as to Marriage

STATE OF GEORGIA,

DeKalb COUNTY.

Henry T. Matthews of said State and County is hereby presented as a witness in support of the application of Mrs. Anna T. Blaylock for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being 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 Post Office and County) Henry T. Matthews - 1419 VanEpps Ave. S. E. Atlanta, DeKalb Co., Ga.

2. How long and since when have you known Mrs. Anna T. Blaylock applicant All my life - about 41 years

3. Where does she now reside, and since when has she been, continuously, a bona fide resident citizen of this State? 1419 Van Epps Ave. S. E. Atlanta - Resident since 1926

4. When and to whom was she married? John Wesley Blaylock July 2, 1908 How do you know? Present at ceremony

5. How long and since when did you know John Wesley Blaylock her husband? From 1908 until death

6. When and where did John Wesley Blaylock the husband of applicant, die? Dothan, Houston County, Ala. in 1925

7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes

8. If not, how long did they live apart before his death?
Were they divorced?

Sworn to and subscribed before me, this the 21 day of February, 1942

V. S. Morgan, Ordinary

of DeKalb County.

(SEAL OF ORDINARY)

Henry T. Matthews
(Witness)

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. S. Morgan, Ordinary of said County, do certify that I know Mrs. Anna T. Blaylock the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since 1926 that I also know Henry T. Matthews the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavit, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 21 day of February, 1942

(SEAL OF ORDINARY)

V. S. Morgan, Ordinary

of DeKalb County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are eligible.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.
6. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
7. Do not take an application from any widow who is already receiving a pension.

Department of Confederate Pensions and Records

406 STATE CAPITOL
Atlanta, Georgia

LILLIAN HENDERSON
DIRECTOR

May
Sixth
1 9 4 3

Hon. T. Grady Head,
Attorney General of Georgia,
Atlanta, Georgia.

Dear Judge Head:

Complying with instructions contained in your letter of May fourth, we have today placed Mrs. Anna Blaylock on the Confederate pension roll of DeKalb county and made requisition on the Governor for the amount of one hundred and twenty dollars, this amount to cover Mrs. Blaylock's pensions for the months of February, March, April and May, 1943.

With sincere personal regards, I am

Cordially yours,

Lillian Henderson

Department of Confederate Pensions and Records

406 STATE CAPITOL
Atlanta, Georgia

LILLIAN HENDERSON
DIRECTOR

May
Sixth
1 9 4 3

His Excellency Ellis Arnall,
Governor of Georgia,
Atlanta, Georgia.

Dear Governor Arnall:

In accordance with Section 78-816 of the 1933 Code of Georgia, as amended 1939, I submit this the 19th requisition for the fiscal year 1943, for the sum of one hundred and twenty dollars, ($120.00), to be paid to Mrs. Anna Blaylock for the months of February, March, April and May, 1943.

Attached hereto is a letter from the Attorney General of Georgia authorizing this payment.

Respectfully submitted,

Lillian Henderson
Director

Department of Confederate Pensions and Records

406 STATE CAPITOL
Atlanta, Georgia

LILLIAN HENDERSON
DIRECTOR

May 11,
1943

Mr. H. T. Mathews,
1419 Van Epps ave., S.E.,
Atlanta, Georgia.

Dear Mr. Mathews:

It gives me pleasure to inform you that Hon. T. Grady Head, Attorney General of Georgia, has authorized me to place Mrs. Anna Blaylock on the pension rolls of DeKalb county, Georgia, effective February 1, 1943.

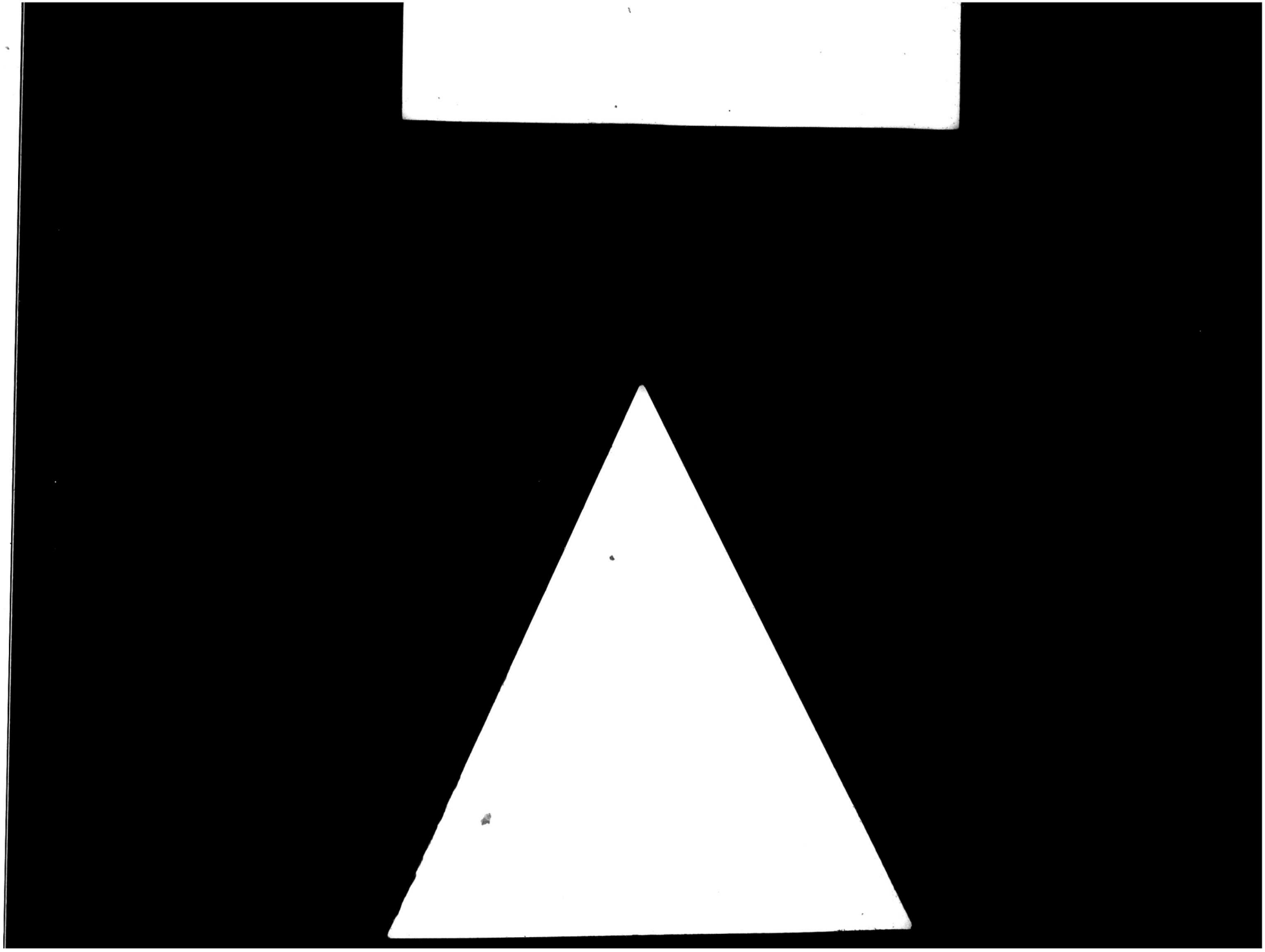
A check for one hundred and twenty dollars ($120.00), covering amount due Mrs. Blaylock, was mailed to Judge V. S. Morgan, Ordinary DeKalb county, on Saturday May the eighth.

We hope that Mrs. Blaylock will live many years to enjoy her pension.

With best wishes, I am,

Sincerely yours,

Lillian Henderson
Director



State Dept. Public Welfare,
Atlanta, Nov. 28, 1937.

Joseph F. Blissett enlisted as a private in Co. H, 32d Regt. Ga. Inf. Apr. 5, 1864. Name appears on hospital muster roll, 1st Ga. Hospital, Charleston, S. C., to June 30, 1864. No later record.

In his pension application, Gwinnett County, 1911, he claims to have surrendered, Greensboro, N. C., Apr. 26, 1865.

Director Confederate Records Div.

Reviewed

Rec'd Oct. 6 '37

Widow's Application

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

County DeKalb

Name Mrs. Lucy C. Blissett

Widow of Joseph F. Blissett

Date of Marriage Nov. 15 1894

Date of Husband's Death Mar. 10 1922

Company K, 32 Ga. Inf.

Regiment

Approved DEC 29 1937 19

Director.

AUG 11 1937

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. S. Morgan, Ordinary of said County, do certify that I know Mrs. Lucy C. Blissett the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know See Marriage Certificate the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 10 day of August 193 7.

(SEAL OF ORDINARY) V. S. Morgan, Ordinary.

of DeKalb County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

State Dept. Public Welfare,
Atlanta, Nov. 28, 1937.

Joseph F. Blissett enlisted as a private in Co. H, 32d Regt. Ga Inf. apr. 5, 1864. Name appears on hospital muster roll, 1st Ga. Hospital, Charleston, S. C., to June 30, 1864. No later record.

In his pension application, Gwinnett County, 1911, he claims to have surrendered, Greensboro, N. C., Apr. 26, 1865.

Director Confederate Records Div.

Approved

Widow's Application

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

County DeKalb
Name Mrs. Lucy C. Blissett
Widow of Joseph F. Blissett
Date of Marriage Nov. 15 1894
Date of Husband's Death Mar. 10 1922
Company
Regiment
Approved
Director

DEC 29 1937

AUG 11 1937

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. S. Morgan, Ordinary of said County, do certify that I know Mrs. Lucy C. Blissett the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know See Marriage Certificate the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 10 day of August 193 7.

(SEAL OF ORDINARY) V. S. Morgan, Ordinary.

of DeKalb County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

(Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.)

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

DeKalb COUNTY.

Personally appears before me, Mrs. Lucy C. Blissett of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after being duly sworn, true answers to make to the questions propounded, answers as follow, to wit:

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County)
Mrs. Lucy C. Blissett - 644 Moreland Ave. S. E., Atlanta, DeKalb Co., Ga.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All life
Give date, or year, of your birth. August 7, 1874 Age? 63
3. (1) When, (2) where and (3) to whom were you married?
Married November 15, 1894 at Lawrenceville, Ga. to Joseph F. Blissett
a. Have you married since the death of first and soldier husband? no
b. When and where did your first husband die? Died March 10, 1922 in Atlanta, Ga.
c. Were you residing together when he died? yes
d. If not, how long had you resided apart? x
e. Are you now a widow? yes
f. Have you or your husband heretofore been paid a pension by the State? Husband received pension from Gwinnett County
g. If so, when and for what cause were you or your husband placed on the roll? Service in Confederate Army

SECTION II.

Answer the following questions if your husband was not a pensioner:

1. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.

2. When and where did the Commands of your husband surrender or discharge from the Service?

3. Was your husband personally present with his Command when it was surrendered or discharged?

4. If he was not present, state specifically and clearly where he was?
5. When did he leave the Command?
a. For what cause did he leave?
b. By whose authority did he leave?
c. For how long was his leave of absence granted? d. In what way?
e. What was his physical condition when he left his Command?
f. What effort did he make to return to his Command?
g. In what way was he prevented from going back to his Command?
h. Was he captured by the enemy at any time?
i. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the 26 day of July, 193 7.

V. S. Morgan, Ordinary

of DeKalb County.

(SEAL OF ORDINARY)

Mrs. Lucy C. Blissett
Applicant.

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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

WHEREAS:

MRS. LUCY C. BLISSETT, WIDOW OF JOSEPH F. BLISSETT,

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore,

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January, 1938, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 1937.

L. Thos. Gillen

Director, Confederate Division
State Department of Public
Welfare

DeKalb County,
Decatur, Georgia.

WHEREAS:

MRS. LUCY C. BLISSETT, WIDOW OF JOSEPH F. BLISSETT,

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore,

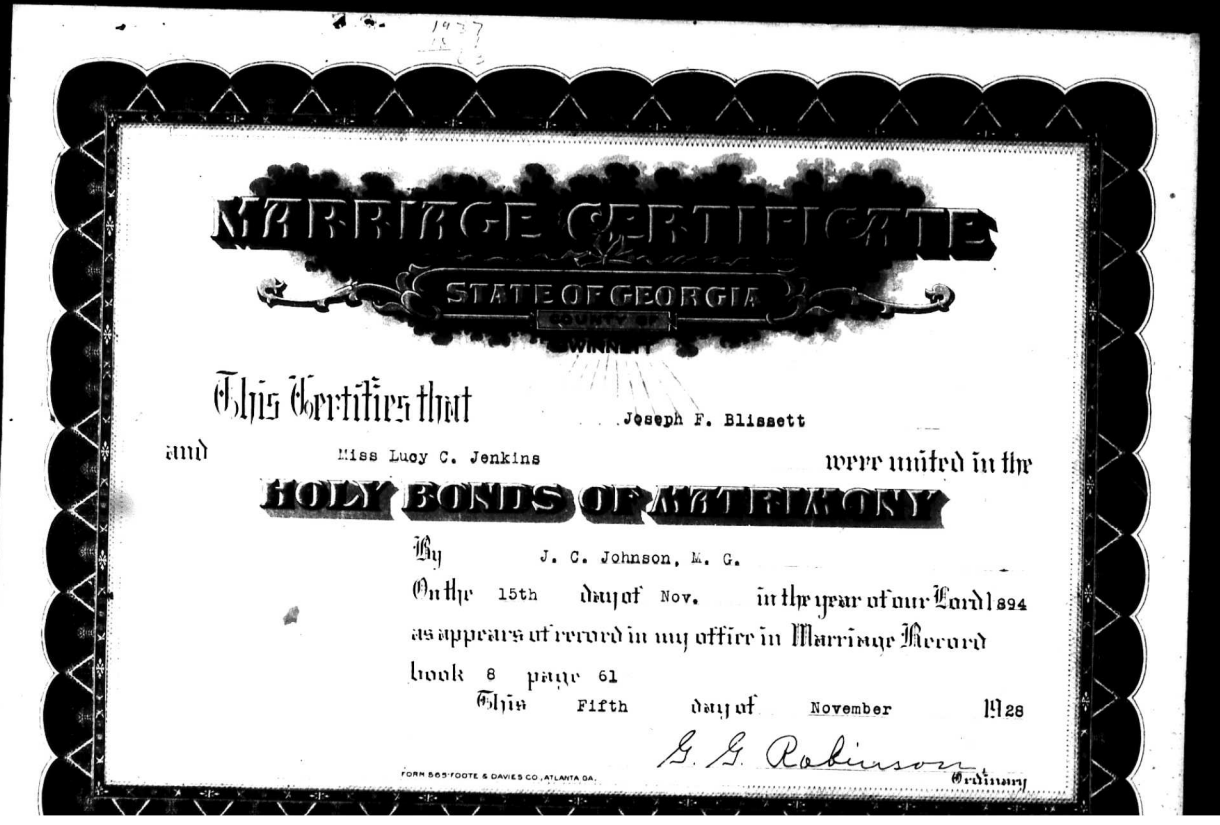
ORDERED:

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

This, the 27th day of December 19 37.

L. Thos Gillen
Director, Confederate Division
State Department of Public
Welfare

1937



MARRIAGE CERTIFICATE

STATE OF GEORGIA

COUNTY OF WINNEBAGO

This Certifies that Joseph F. Blissett

and Miss Lucy C. Jenkins were united in the

HOLY BONDS OF MATRIMONY

By J. C. Johnson, M. G.

On the 15th day of Nov. in the year of our Lord 1894

as appears of record in my office in Marriage Record

book 8 page 61

This Fifth day of November 1928

G. G. Robinson

Ordinary

FORM 565 FOOTE & DAVIES CO., ATLANTA GA.

1937

MARRIAGE CERTIFICATE

STATE OF GEORGIA

COUNTY OF WINNETT

This Certifies that Joseph F. Blissett

and Miss Lucy C. Jenkins were united in the

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By J. C. Johnson, M. G.

On the 15th day of Nov. in the year of our Lord 1894

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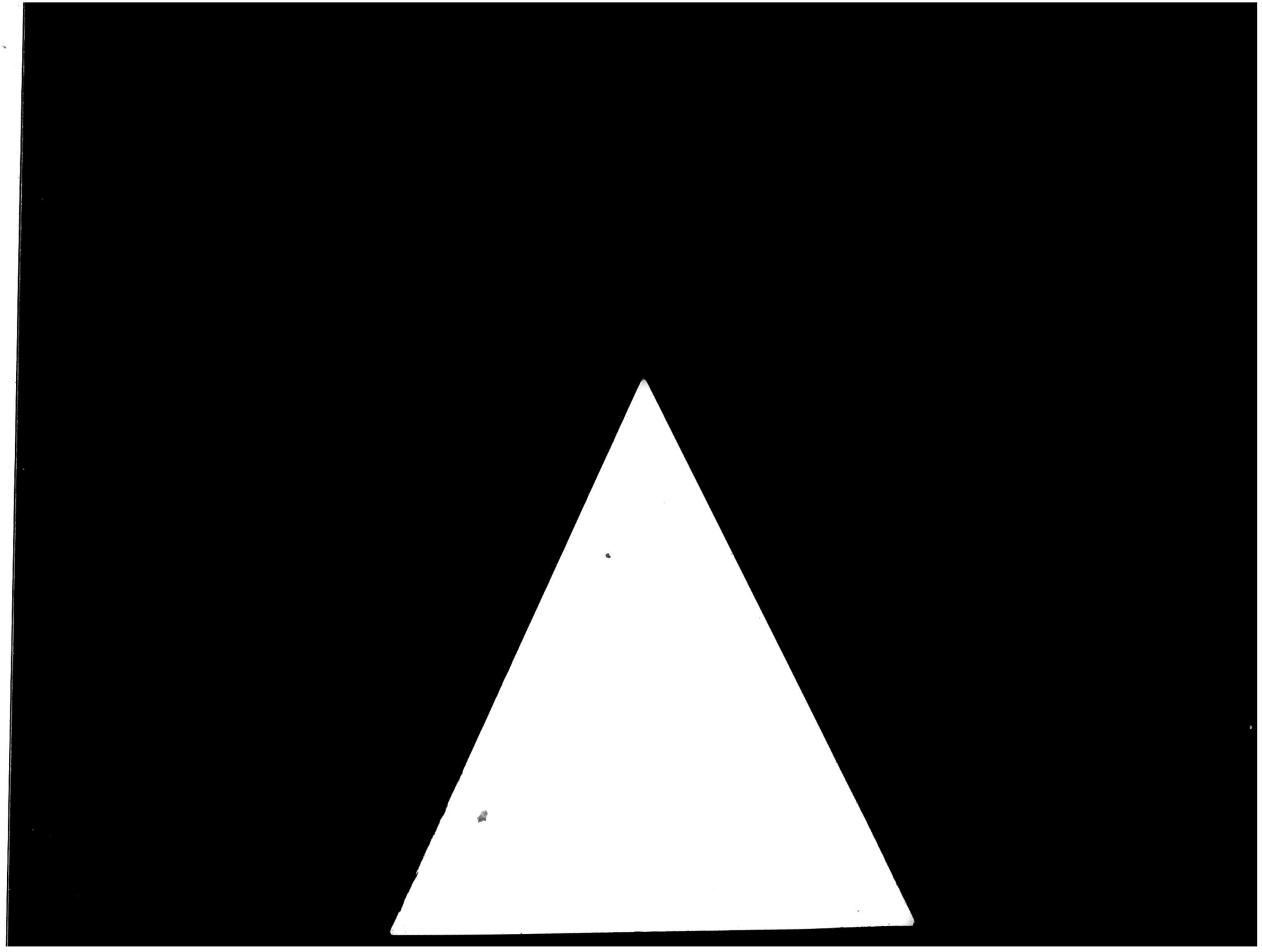
book 8 page 61

This Fifth day of November 1928

G. G. Robinson

Ordinary

FORM 865 FOOTE & DAVIES CO., ATLANTA GA.



(From Cobb 1896)

ACT OF 24 OCT., 1887.

(For Those Already Enrolled)

DeKalb County

No. 2713

Boggs, W. H.

INVALID
SOLDIER'S PENSION.
1897.

Name W. H. Boggs

County DeKalb

Disability Loss Arm

Amount, $ 100.00

2/26 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

applt

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No Data

POWER OF ATTORNEY.

STATE OF GEORGIA,
County. }

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1897.

Executed in presence of

_____ [L. S.]

_____

_____

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb **County.**

Personally appeared Wm. H. Boggs of DeKalb
Drew from Cobb last year
County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the
day of Oct 1842; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company C, of 24th Regiment of Ga Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Pa, on the 2 day of July 1863, he was wounded, injured or diseased of follows:
Was wounded at the battle of Gettysburg in the left arm causing loss of arm.

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

Sworn to and subscribed before me, this the 26th day of Feb 1897.

Wm. H. Boggs
POST OFFICE

W M Ragsdale Ordinary

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

STATE OF GEORGIA,
DeKalb **County.**

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

Given under my official signature and seal, this 26th day of Feb 1897.

Affix your seal here.

W M Ragsdale
Ordinary DeKalb County.

. . J. M. STONE, . .
Ordinary and Judge Probate.

OFFICE OF ORDINARY,
COBB COUNTY, GA.

Marietta, Ga., 189

Georgia, Cobb County:
J. M. Stone Ordy. of Cobb County do hereby Certify that Wm. H. Boggs is a State Pensioner — that he drew a pension of $100. as a resident of Cobb County, in 1896.
I am satisfied his Application is all Correct and that he is the Party he represents himself to be — that the Drawee is Wm. H. Boggs.
Witness my Official Signature and Seal of Office July 20/97 J. M. Stone Ordy

POWER OF ATTORNEY.

STATE OF GEORGIA,
..... County.

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

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

..... [L. S.]

Executed in presence of

Boggs W.H.
DeKalb Co

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 1692

INVALID
SOLDIER'S PENSION.
1898.

Name W.H. Boggs
County DeKalb
Disability Loss of Arm
Amount, $ 100.
2/14 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Ayer

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
..... County.

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

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

..... [L. S.]

Executed in presence of

Boggs, W.H.
DeKalb Co

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 2560
Ex Pension 1900

INVALID
SOLDIER'S PENSION.
1899.

Name W.H. Boggs
County DeKalb
Disability Loss of Arm
Amount, $ 100.
2/17 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Ayer

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears W. H. Boggs of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 22 day of Oct 1842; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Sergt in Company C, of 24th Regiment of Ga Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Va, on the 2 day of July, 1863, he was wounded, injured or diseased as follows: In the battle of Gettysburg was shot in the left arm causing loss of said arm

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of DeKalb county been allowed an invalid pension of $48 Dollars, for the year 1897.

Sworn to and subscribed before me, this the 14th day of Feb 1898. W. H. Boggs. POST-OFFICE

W. M. Ragsdale Ordinary.

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 14 day of Feb 1898.

Affix your seal here.

W. M. Ragsdale
Ordinary. DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears W. H. Boggs of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 22 day of Oct 1842; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Sergt in Company C, of 24th Regiment of Ga Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Va, on the 2 day of July, 1863, he was wounded, injured or diseased as follows: In the battle of Gettysburg was shot in the left arm causing loss of said arm

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

Sworn to and subscribed before me, this the 31 day of Jan 1899. W. H. Boggs. POST-OFFICE

W. M. Ragsdale Ordinary

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 31 day of Jan 1899.

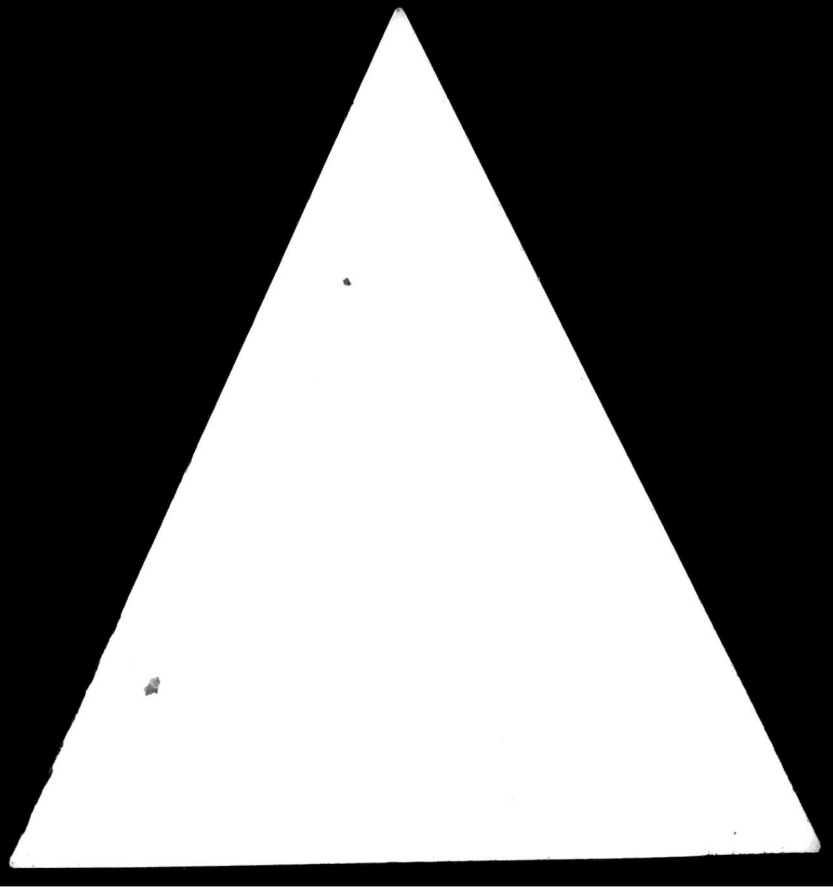
Affix your seal here.

W. M. Ragsdale
Ordinary DeKalb County.

Ordinary. [illegible] County.

(here)

Ordinary. DeKalb County.



Ordinary's Certificate

STATE OF GEORGIA,
DeKalb COUNTY.

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

Sworn under my hand and official seal of office this 22 day of Sept 1918

(SEAL)

James R George Ordinary,
DeKalb County.

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

BOLTON, Mattie
DeKalb Co. Ga.
Co. Ltr. 4-1-20

No. ?

Widow's Pension
Under Act 1910—as Amended by Act of 1918.

County DeKalb BOLTON
Name Mrs. Mattie Bolton
Widow of R. [illegible] Bolton
Company A 4th
Regiment 42 Ga 2 Loc Inf
Approved ____

E 11258

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

4/29/19

Pension Office,
Mar. 4, 1920.

B.S. Bolton,
DeKalb Co.,

Applicant must amend and account for her husband's absence from his lawful command from July 17, 1862- to the end of the war, to wit: Co. A. 42d Infantry. No authority stated or proven for leaving 42d Ga., and connecting himself with any other command. Must state and prove this fully and clearly.

J.W. Lindsey,
Com. of Pensions.

Ordinary's Certificate

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R George Ordinary of said County, do certify that I know Mrs Mattie Bolton 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 See ordinarys Certificate the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit

Sworn under my hand and official seal of office this 14 day of Sept 1916

(SEAL)

James R George Ordinary,
DeKalb County.

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

BOLTON DeKalb Co Ga Sept 14 1916

No

Widow's Pension
Under Act 1910 as Amended by Act of 1919

County DeKalb Bolton

Name Mrs Mattie Bolton

Widow of B.S. Bolton

Company A 44

Regiment 42 Ga Cav 2 Ga Mtd

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

Pension Office,
Macon 4, 1920.

B.S. Bolton,
DeKalb Co.,

Applicant must amend and account for her husband's absence from his lawful command from July 17, 1862- to the end of the war, to wit: Co. A. 42d Infantry. No authority stated or proven for leaving 42d Ga., and accounting himself with any other command. Must state and prove this fully and clearly.

J.W. Lindsey,
Com. of Pensions.

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

Questions for Applicant

STATE OF GEORGIA,
DeKalb COUNTY.

Personally before me comes Mrs Mattie Bolton of said State and County, and, after being duly sworn, says that she desires to apply for a pension allowed under the Act of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to the following questions to-wit:

1. What is your name, and where do you reside? Mrs Mattie Bolton DeKalb County
2. How long and since when have you been a continuing resident of the State of Georgia? 64 years old all my life
3. When, where and to whom were you married? March 18th 1872 Gwinnett County B S Bolton
   a. Have you married since the death of first and soldier husband? Have not
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) March 4 1862 Lawrenceville Ga Company A. 42 Ga Regiment
5. When and where did the commands of your husband surrender or discharge from the army? April 1865 Kingston Ga
6. Was your husband personally present at the time of the surrender or discharge of this command? I understand he was
7. If he was not present state clearly where he was? I understand he was
8. Where was his command when he left? —
   a. For what cause did he leave his command?
   b. By whose authority did he leave his command?
   c. For how long was he granted leave of absence?
   e. What was his physical condition when he left his command?
   f. What effort did he make to return to his command?
   g. In what way was he prevented from going back to Command
   h. Was he captured by the enemy at any time?
   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? Nov 13th 1908
   k. Were you residing together when he died? We was
   l If not, how long had you resided apart? —
   m. Are you now a widow? I am
9. Have you or your husband heretofore been paid a pension by the State? Have not

If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me this the 6 day of Sept 1916

Mrs. Mattie Bolton
her
mark

James R George Ordinary
of DeKalb County.

(SEAL)

Georgia, Gwinnett County.

Personally appeared before me, M.M.Waits, who on oath, says that he is personally acquainted with Mrs.Mattie Bolton the applicant for pension, and has known her since a child, and that he was also personally acquainted with D.S.Bolton her husband, and that the said Mrs.Mattie Bolton was before her marraige Miss.Mattie Wiggins, and that the said D.S.Bolton and Miss Mattie Wiggins was married March 18th 1872 and resided together until the said D.S.Bolton died which occured on the November 13th 1903, and he further says that the said D.S.Bolton enlisted March 1862 at Lawrenceville with Company "A" 42 Ga of Inft, and remained in servie with said company and regiment from March 1862 until August 1864 at which time he was transferred to Grahams Calvery on account of having been wounded at Pumkin-Vine battle, which caused him disabled to March.

M M Waits

Sworn to and subscribed to before me,
This 12th day of September, 1919.

G.G.Robinson
Ordinary.

Georgia, Gwinnett County.

I, G.G.Robinson, Ordinary of said County, Certify that I personally know M.M.Waits, that he is a bonafide resident and citizen of this county, that he is trustworthy, and truthful, and his statement made is entitled to full faith and credit. Given under my hand and seal of office, this 12th day of September, 1919.

G.G.Robinson
Ordinary.

Georgia, Gwinnett County.

Personally appeared before me, W.J.Warbington, who on oath says, that he was personally acquainted with D.S.Bolton in his lifetime, and says that the said D.S.Bolton about September 1st 1864 enlisted with company "H" 2nd Ga of Calvery, known Wafford's Batt, and remained with said company and regiment from Sept, 1st 1864 until April 1865 at surender, at Kingston, Ga, and that he was present at surender with said company and regiment.

W J Warbington

Sworn to and subscribed to before me,
This 17th day of September, 1919.

G.G.Robinson
Ordinary

Georgia, Gwinnett County.

I, G.G.Robinson ordinary of said county, certify, that, W.J.Warbington is personally known to me, as being a bonnifide resident citizen of this county, that he is truthful and his statement made is entitled to full faith and credit.

Given under my hand and seal, this 17th day of Sept, 1919.

G.G.Robinson
Ordinary

Georgia, Gwinnett County.

I. G.G.Robinson, Ordinary of said County, Certify, that the within writing contains a true and correct transcript from the records of this office, as recorded in marraige book #4 Page 23.

Given under my hand and seal of office, this the 4th day of September, 1919.

G.G. Robinson

Ordinary.

MARRIAGE LICENSE

OF

AND

Issued _____ 191__

and Recorded on Page _____ *Book*

_____ *of Marriage Licenses*

_____

Ordinary

PRINTED BY BANNER CO., ATLANTA, GA.

MARRIAGE LICENSE

OF

_____

AND

_____

Issued _____ *191*___

and Recorded on Page _____ *Book*

_____ *of Marriage Licenses*

_____

Ordinary

FOOTE & DAVIES CO., ATLANTA, GA.

No. XXXXX

MARRIAGE LICENSE.

STATE OF GEORGIA, COUNTY OF GWINNETT

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

You are hereby authorized to join

D. S. Bolton, *and* Miss. Mattie Wiggins,

in the Holy State of Matrimony, according to the Constitution and Laws of this State and for so doing this shall be your License.

And you are hereby required to return this License to me, with your Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal this Seventh *day of* March, 1872. XXXX

James T. Lamkin, (L.S.)
Ordinary.

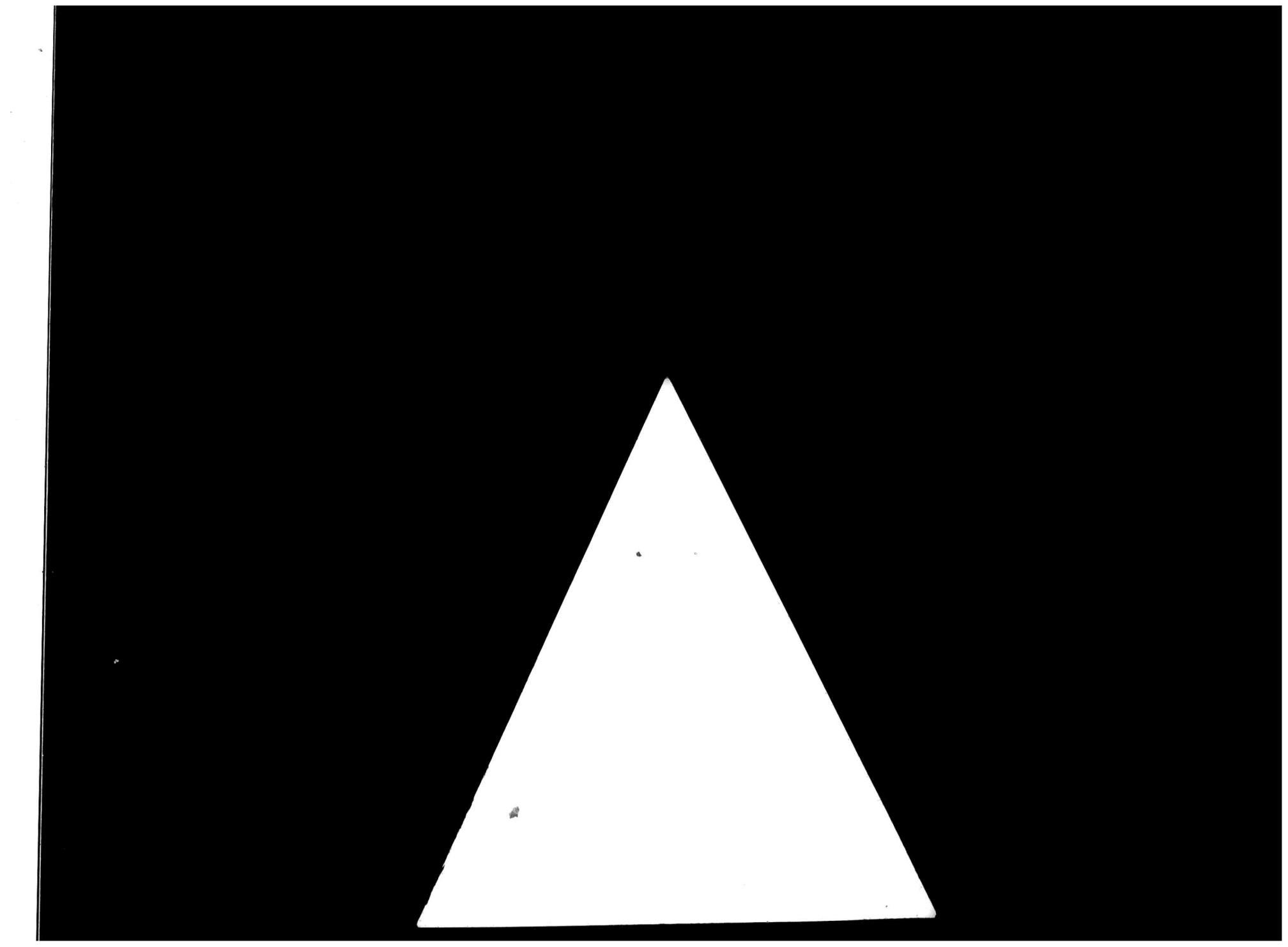
STATE OF GEORGIA CERTIFICATE. GWINNETT COUNTY

I Certify that D.S.Bolton, *and* Mattie Wiggins,

were joined in Matrimony by me this 18th *day of* March, Eighteen XXXXXX *Hundred and* Seventy-Two.

Recorded May, 14th 1872. XXX

James T. Lamkin, *Ordinary.* W. M. Davis,



From Ft. Oct 1895

Bond, John G.

ACT OF 24 OCT., 1887.

(For Those Already Enrolled.)

De Kalb Co.

No. 313

From Forsyth 1895

SOLDIER'S PENSION.

1896.

Name John G. Bond.

County DeKalb

Disability Hand wounded

Amount, $ 2500

2/25 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Agent

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1896.

Executed in presence of us [L. S.]

_____

_____

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appeare John G. Bond, now from Forsyth County in 1895 of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of May 1896; that he enlisted in the military service of the Confederate States (or of the State of Ga -) during the war between the States, and served as a Private in Company C, of 36th Regiment of Ga Volunteers, Cummings's Brigade; that whilst engaged in such military service in the State of Miss, on the 16 day of May 1863, he was wounded, injured or diseased as follows: Was shot through the right hand with minnie ball at the Battle of Bakers Creek, Miss, which cut the leaders and shattered the bones of hand in such a manner as to render the same substantially and essentially useless

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of De Kalb county been allowed a pension of 25.00 dollars, for the year 1895.

Sworn to and subscribed before me, this, the 18th day of Feb 1896. John G Bond

W M Ragsdale, Ordinary,

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

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 18th day of Feb 1896.

Affix your seal here.

W M Ragsdale.

Ordinary De Kalb County.

NAME Bond, John G. YEAR 1896 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? C. S. [illegible] Ga. Cummings Vols.

NAME OF BATTALION AND COLONEL?

WOUNDED? [illegible] Miss. May 16th, 1863, was shot through right hand [illegible] the bones of [illegible] hand.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

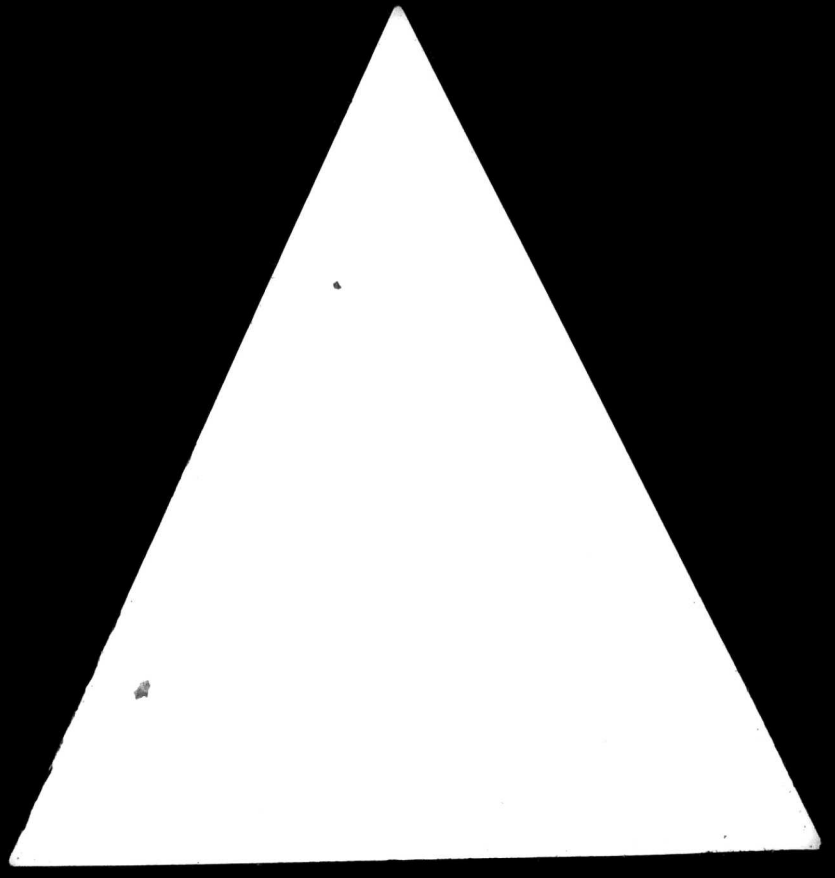
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. None

Ordinary DeKalb County.



POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

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

day of 189

[L. S.]

Executed in the presence of us:

DIRECTIONS.

If allowed, send amount by to

me at , and oblige

Clerk H. of R.

Comptroller General's Office

1891

No. 4444

Widows' Pension

PAID TO—

Mrs. S. E. Bond

OF

Wells COUNTY.

$100.00.

Warrant Issued

1893

AND HANDED TO

Mrs. Bond

Geo. W. Barnsley, State Printer, Atlanta.

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,
County.

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

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

[L. S.]

Executed in the presence of us:

DIRECTIONS.

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

Widows' Pension

PAID TO

Mrs. S. E. Bond

OF

Dekalb COUNTY.

$100.00.

Warrant Issued 189_.

AND HANDED TO

Oct 4 1016
Bond S. E. Dekalb Co.
1890

No. 11111

Affidavit to be Made by the Widow.

Form No. .

STATE OF GEORGIA,
County of De Kalb

In person came before me, the undersigned Ordinary in and for the County of De Kalb

Mrs. S. E. Bond, who being sworn according to law, says under oath that she is the widow of Joseph T. Bond, who was a soldier in the service of the Confederate States, and served as a member of Company G, of the 2 Georgia Regiment of State Volunteers; that he enlisted in said service on or about the _____ day of Sept 1863, and was in the Northern Va Army up to Dec 1864 That while in the Army, he was on the _____ day of _____ 186_, (See Note No. 1) He contracted a bronchial or throat trouble in addition from exposure while in service which continued to grow worse until he deceased from the disease on the 16 day of August 1867. He was under the care and treatment of a physician up to the time of his death. He was not disabled when he entered the service.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 7 th day of June 1863, and that she has resided in Georgia continuously since the _____ day of Dec 1863; 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 23d day of June 1892

J E Bond

W. McDonald Ordinary.

Post-Office

NOTE 1. State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is *known* positively to have resulted from the service of the soldier in the Army and not from any other cause.

Form No. 2.

Affidavit for Three Witnesses.

State of Georgia,

County of De Kalb

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

Jno. F. Alford and W. P. Bond, (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. S. E. Bond, of the County of De Kalb, State of Georgia, is the widow of Joseph Bond, who was a soldier in Company G of the 54th Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of Sept 1863. That while in said service, or by reason of said service in the Army, he lost his life as follows:

He was reported sick and left at Dalton Ga. and died in the service of the Confederate States. Was not present at his death but was with him in his last illness and previous to his death. He died in the Hospital at Dalton Ga. of Typhoid Pneumonia and was buried by the Masonic Fraternity of that place. He was a member of Co. G 54th Ga. Regt. and was in the service of the Confederate States when he died. We are satisfied that disease contracted in the service was the cause of his death.

Our opportunity for knowing the facts stated in reference to death of applicant's husband were We are his brother and neighbors and knew him in his life time and was present at the time of his death.

We further swear that Mrs. S. E. Bond was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in De Kalb County of the State of Georgia.

Sworn to and subscribed before me, this, the 22d day of June 1892. W. M. Rogsdale, Ordinary.

J. F. Alford

W. P. Bond M. D.

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

Form No. 3.

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

State of Georgia,

County of De Kalb

I, W. M. Rogsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. S. E. Bond 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 22d day of June 1892 This certificate renewed this the 21st day of January 1893

SEAL

W. M. Rogsdale, Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

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

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

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

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

By order of the Governor

W. H. HARRISON,
Sec. Ex. Department.

Form No. 2.

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

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. S. E. Bond, the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Joseph T. Bond 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 22d day of Jan 1894.

SEAL

W. M. Ragsdale Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. S. E. Bond of De Kalb County in said State, do hereby appoint David B. Bond of De Kalb Co my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 22d day of Jan 1894.

S. E. Bond [L. S.]

Executed in the presence of us:

J. K. Still

W. M. Ragsdale, Ordinary.

DIRECTIONS.

Send amount by to me at , and oblige

Bond S. E. Dekalb Co.

FOR THOSE HERETOFORE PAID.

1894.

No. 1027

WIDOWS' PENSION,

for year ending February 15th, 1894.

PAID TO Mrs. S. E. Bond

OF De Kalb COUNTY.

WARRANT ISSUED 2/10 1894,

AND HANDED TO D. B. Bond

GEO. W. HARRISON, State Printer, Atlanta.

Form No. 1

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. S E. Bond.

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since 1863 That she is the Widow of Joseph F. Bond who was a Soldier in Company C of the 66th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of Sept 1863 and served in the Army up to Feb 1864 That he lost his life on the 11th day of Aug 1869 (*State here full particulars of the husband's death, when, where and from what cause.*) (

He contracted a lung trouble and cought from which he never recovered but which resulted in his death as above stated which occured at his home in DeKalb Co

)

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1863 ; 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 22d day of Jan, 1894.
W R Rogers Ordinary.

S E Bond
Post-office Lithonia Ga.

Form No 2.

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

STATE OF GEORGIA, County of De Kalb

I, W M Rogsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. L E Bond the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of J. D. Bond deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 24 day of Jan 1895.

{SEAL} W M Rogsdale Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs L E Bond of De Kalb County in said State, do hereby appoint D. B. Bond of De Kalb my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be 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 24" day of Jan 1895. L E Bond [L. S.]

Executed in the presence of us:

W. B. Wally
W M Rogsdale
Ordinary.

DIRECTIONS.

Send amount by to me at , and oblige

Bond, L. E. De Kalb County FOR THOSE HERETOFORE PAID.

1895.

No. 939

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO Mrs L E Bond

OF De Kalb County.

widow of J. D. Bond.

WARRANT ISSUED 28 Jan 1895.

AND HANDED TO W. B. Wally

Geo. W. Hartridge, State Printer.

Form No. 2.

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

STATE OF GEORGIA, County of De Kalb

I, W M Rogsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. L E Bond the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of J. D. Bond, deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 30th day of Jan 1896.

{SEAL} W M Rogsdale Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

I, L E Bond hereby authorize D. B. Bond of De Kalb Co to receive and receipt for the pension paid hereon and request that he remit same to — — — at — — —

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24 th day of Jan 1896. L E Bond [L.S.]

Executed in the presence of

W. B. Wesley
W. M. Rogsdale
Ordinary.

Bond, L. E. De Kalb County FOR THOSE HERETOFORE PAID.

1896.

No. 2057

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO Mrs L E Bond

OF De Kalb County.

widow of J. D. Bond.

WARRANT ISSUED 27 1896.

AND HANDED TO Ally

Geo. W. Hartridge, State Printer.

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb | Personally Comes Mrs. L E Bond

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since 1863 That she is the Widow of J T Bond who was a Soldier in Company C of the 6th Regiment of Ga, Volunteers, that he enlisted in said Regiment on or about the month of Sept 1863, and served in the Army up to Feb 1864 That he lost his life on the 14th day of Aug 1869. (*State here full particulars of the husband's death, when, where and from what cause.*) (

He contracted consumption and throat trouble while in service from which he never recovered. He continued to grow worse never having been free from the disease until his death from same on date given.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1863, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this 24th day of Jan 1895. W M Rogers Ordinary. | L E Bond Post-office Lithonia Ga.

Form 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb | Personally Comes Mrs. L E Bond

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since she her life 18 That she is the Widow of J T Bond who was a Soldier in Company C of the 6th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Sept 1863 and served in the Army up to Feb 1864 That he lost his life on the 14th day of Aug 1869 (*State here full particulars of the husband's death, when, where and from what cause.*) (

He contracted consumption and throat trouble while in service from which he never recovered. He continued to grow worse never having been free from the disease until his death from same on date given.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1863, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this 24th day of Jan 1896. W M Rogers Ordinary. | L E Bond Post-office Lithonia Ga

Form No. 2.

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

STATE OF GEORGIA, County of DeKalb

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

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

(SEAL) W. M. Rogsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, [illegible] County.

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

In Witness Whereof, I have hereunto set my hand and seal, this [illegible] day of [illegible] 1897.

[illegible] [L. S.]

Executed in the presence of

[illegible]

Bond, L. E. Mrs.
DeKalb County
For Those Heretofore Paid.

1898.

No. 2698

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. L. E. Bond

OF

DeKalb County,

Widow of [illegible]

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/3 1898.

AND HANDED TO

[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Bond, L. E. Mrs.
DeKalb County
FOR THOSE HERETOFORE PAID.

1897.

No. 2495

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

Mrs. L. E. Bond

OF

DeKalb County,

widow of [illegible]

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/3 1897.

AND HANDED TO

[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia, DeKalb County.

I, L. E. Bond hereby authorize A. B. Bond of DeKalb to receive and receipt for the pension paid hereon and request that he remit same to [illegible] at [illegible]

In Witness Whereof, I have hereunto set my hand and seal, this 12th day of Jan 1898.

Mrs L E. Bond [L. S.]

Executed in the presence of

J. L. Argo

W. M. Rogsdale.
Ord inary.

Bond, L. E. Mrs.
DeKalb County
For Those Heretofore Paid.

1898.

No. 2698

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. L. E. Bond

OF

DeKalb County,

Widow of [illegible]

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/3 1898.

AND HANDED TO

[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of [illegible] } Personally Comes Mrs. [illegible]

who being sworn, says on oath, that she is a bona fide resident of said county of [illegible] State of Georgia, and that she has RESIDED in said State continuously ever since [illegible] 1836. That she is the Widow of [illegible] who was a Soldier in Company C of the [illegible] Regiment of [illegible] Volunteers, that enlisted in said regiment on or about the month of [illegible] 186[illegible], and served in the Army up to [illegible] 1864. That he lost his life on the [illegible] day of [illegible] 1864 (State here full particulars of the husband's death, when, where and from what cause.)

[illegible]

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 1863, 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 [illegible] County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this [illegible] day of [illegible] 1897. [illegible], Ordinary. } [illegible] Post-office [illegible]

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. S. E. Bond

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 1836 That she is the Widow of J. O. Bond who was a Soldier in Company O of the 6th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Sept 186[illegible] and served in the Army up to Dec 1864 That he lost his life on the 14th day of Aug 1864 (State here full particulars of the husband's death, when, where and from what cause.)

Contracted a fever while in service from which he died on date given

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1863.

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

Sworn to and subscribed before me, this 13 day of Jan 1898. W. M. Ragsdale, Ordinary. } Mrs S E. Bond Post-Office Lithonia

State of Georgia, DeKalb County. } I W. M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. S E Bond 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 [illegible] day of [illegible] 18[illegible]

Given under my official signature and seal this the 13 day of Jan 1898.

W. M. Ragsdale, Ordinary of DeKalb County.

{ Official Seal. }

POWER OF ATTORNEY.

State of Georgia,
DeKalb County.

I, S. E. Bond hereby authorize
D. B. Bond of DeKalb

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

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13
day of Jan 1899. S E Bond [L. S.]

Executed in presence of
W W Bond
W M Cogsdale
Ordinary.

Bond, S. E. Mrs.
DeKalb County
For Those Heretofore Paid.

1899.

No. 2612

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mrs. S. E. Bond
OF
DeKalb County
Widow of J. T. Bond

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
2/2 1899.
AND HANDED TO
D B Bond

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, S. E. Bond hereby authorize D. B. Bond
of DeKalb

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

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16th
day of Jan 1900. S E Bond [L. S.]

Executed in presence of
W. F. Jones,
W M Cogsdale
Ordinary.

Bond, S. E. Mrs.
DeKalb County
For Those Heretofore Paid.

1900.

No. 2278

WIDOW'S PENSION,

For year ending February 16th, 1900.

PAID TO
Mrs. S. E. Bond
OF
DeKalb County,
Widow of J. T. Bond

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Feb 19, 1900,
AND HANDED TO
D B Bond

GEO. W. HARRISON, State Printer, Atlanta.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. L. E. Bond

who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 1836. That she is the Widow of L. H. Bond who was a soldier in Company C of the 6th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Sept 1863 and served in the Army up to Dec 1864 That he lost his life on the 14th day of Dec 1864 (State here full particulars of the husband's death, when, where and from what cause.) Died in service he contracted a cough from which he never recovered but died from the disease there contracted

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 1863.

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

Sworn to and subscribed before me, this 13" day of Jan 1899. T. M. Reynolds Ordinary.

L E Bond
Post-Office Lithonia Ga

State of Georgia, De Kalb County. } I T. M. Reynolds Ordinary of said County, certify that I am well acquainted with Mrs. L. E. Bond 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 ____ 1836,

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

T. M. Reynolds
Ordinary of De Kalb County.

{ Official Seal. }

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. L. E. Bond

who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 1836. That she is the Widow of L. H. Bond who was a soldier in Company C of the 6th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of Sept 1863 and served in the Army up to Dec 1864 That he lost his life on the 14th day of Dec 1864 (State here particulars of the husband's death, when, where and from what cause) Died in service he contracted a cough and being feeble from which he never recovered but died of the disease

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1863.

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

Sworn to and subscribed before me, this 6" day of Jan 1900. T. M. Reynolds Ordinary.

L E Bond
Post Office ____

State of Georgia, De Kalb County. } I T. M. Reynolds Ordinary of said County, certify that I am well acquainted with Mrs. L. E. Bond, 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 ____ 1836

Given under my official signature and seal, this the 16 day of Jan 1900.

T. M. Reynolds
Ordinary of De Kalb County.

{ Official Seal. }

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, Mrs S. E. Bond, hereby authorize
D. B. Bond of De Kalb Co
to receive and receipt for the pension paid hereon and request that he remit same to
_____ at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9
day of Jan 1901.

S E Bond [L. S.]

Executed in presence of
M A McClellan
Wm Rogsdale
Ordinary.

To Those Heretofore Paid.

1901.

No. 378

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs S. E. Bond
OF
De Kalb County.
Widow of J. T. Bond.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Jan 31 1901,
AND HANDED TO
D B Bond

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

Mrs. S. E. Bond.
De Kalb Co.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, Mrs S. E. Bond, hereby authorize
D. B. Bond of DeKalb
to receive and receipt for the pension paid hereon, and request that he remit same to
_____ at _____

In Witness Whereof, I have hereunto set my hand and seal, this 17
day of Jan 1902.

S E Bond [L. S.]

Executed in presence of
Wm Rogsdale
Ordinary.

Mrs. S. E. Bond
De Kalb County

To Those Heretofore Paid.

1902.

No. 415

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs. S. E. Bond
OF
De Kalb County,
Widow of J. T. Bond
Co. C 1st Regiment Ga. Vet

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/20 1902
AND HANDED TO
S E Bond

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

FORM No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. S.E. Bond

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 1836. That she is the Widow of J.T. Bond who was a soldier in Company C of the 6th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of Sept 1863 and served in the Army up to Feb 1864. That he lost his life on the 14th day of Aug 1869. (State here particulars of the husband's death, when, where and from what cause) Contracted a Cough while in service from which he died

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1863

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

Sworn to and subscribed before me, this 9th day of Jan. 1901. W.M. Ragsdale Ordinary. } S E Bond Post Office Lithonia

State of Georgia, De Kalb County. } I, W.M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. S. E. Bond, 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 1836

Given under my official signature and seal, this the 9th day of Jan 1901.

{ Official Seal. }

W.M. Ragsdale Ordinary of De Kalb County.

FORM No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally comes Mrs. S.E. Bond

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 1836. That she is the Widow of J.T. Bond who was a soldier in Company C of the 6th Regiment of Geo. Volunteers, that he enlisted in said regiment on or about the month of Sept 1863, and served in the Army up to Feb 1864. That he died on the 14th day of Aug 1864. (State here particulars of the husband's death, when, where and from what cause) Contracted a Cough while in service from which he died

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1863.

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

Sworn to and subscribed before me, this 30 day of 1902. W.M. Ragsdale, Ordinary. } S E Bond Post-Office

State of Georgia, De Kalb County. } I, W.M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. S.E. Bond, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the day of 1836

Given under my official signature and seal, this the 15 day of Jan 1902.

{ Official Seal. }

W.M. Ragsdale Ordinary of De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA, DeKalb COUNTY.

I, Mrs S. E. Bond, hereby authorize D. B. Bond of DeKalb County to receive and receipt for the pension paid hereon, and request that he remit same to ____ at ____

In Witness Whereof, I have hereunto set my hand and seal, this 4 day of Jan 1903.

S E Bond [L. S.]

Executed in presence of

C W McDonald

W W Wagsdale

Ordinary.

Bond, Mrs. S. E. (Mrs.)
DeKalb County

To Those Heretofore Paid.

1903.

No. 247

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO Mrs. S. E. Bond

OF DeKalb County,

Widow of D. B. Bond

Co. C Regiment 6th

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 23 1903.

AND HANDED TO D. B. Bond

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

230

POWER OF ATTORNEY.

STATE OF GEORGIA, Dekalb COUNTY.

I, S. E. Bond, hereby authorize D. B. Bond of Dekalb to receive and receipt for the pension paid hereon, and request that he remit same to ____ at ____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13 day of January 1904. S E Bond [L. S.]

Executed in presence of

James R George

Ordinary

Bond, S. E. (Mrs.)
DeKalb County

TO THOSE HERETOFORE PAID.

1904.

No. 311

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO Mrs. S. E. Bond

OF Decatur County,

Widow of J. T. Bond

Co. C Regiment 6"

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/30 1904.

AND HANDED TO D. B. Bond

Geo. W. Harrison, State Printer, Atlanta.

FORM No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } PERSONALLY COMES MRS. S.E. Bond

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 1836. That she is the Widow of J.T. Bond who was a soldier in Company C of the 6th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Sept 1863, and served in the Army up to Feb 1864. That he lost his life on the 14th day of Aug 1864. (State here particulars of the husband's death, when, where and from what cause.) Contracted Cough while in Service and died of disease

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1863.

I have been paid a pension as a resident of DeKalb County for the year ending December 31, 1902, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, this 7 day of Jan 1903. W.M. Ragsdale, Ordinary. } S E Bond, Post-Office Lithonia Ga.

State of Georgia, DeKalb County. } I, W.M. Ragsdale, Ordinary of said County, certify that I am well acquainted with Mrs. S.E. Bond, 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 1836.

Given under my official signature and seal, this the 9th day of Jan 1903.

{ Official Seal. }

W.M. Ragsdale
Ordinary of DeKalb County.

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

FORM No. 1.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of DeKalb } PERSONALLY COMES MRS. S.E. Bonds

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 1836. That she is the Widow of J.T. Bonds who was a soldier in Company C of the 6th Regiment of Volunteers, that he enlisted in said regiment on or about the month of September 1863, and served in the Army up to Feby 1864. That he lost his life on the 14 day of August 1869 (State here particulars of the husband's death, when, where and from what cause.) Contracted cough from which he died

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1863

I have been paid a pension as a resident of DeKalb County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 13 day of Jany 1904. James R George, Ordinary. } S E Bond, Post Office Suttonia Ga

State of Georgia, DeKalb County. } I, James R George, Ordinary of said County, certify that I am well acquainted with Mrs. S.E. Bonds, 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 1836

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

{ Official Seal }

James R George
Ordinary of DeKalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb COUNTY.

I, Mrs L. E. Bond, hereby authorize
D. B. Bond of Dekalb County
to receive and receipt for the pension paid hereon, and request that he remit same to
Mrs L. E. Bond at Lithonia Ga Rt

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

J E Bond [L. S.]

Executed in presence of
James R George
Ordinary

Bond, D. E. (Mrs)
Dekalb County

To Those Heretofore Paid.

1905.

No. 196

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs. J. E. Bond
OF
Dekalb County,
Widow of Jas J Bond
Co. G Regiment Infantry

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/23 1905.
AND HANDED TO
D B Bond

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb COUNTY.

I, Mrs L. E. Bond, hereby authorize
D B Bond of Lithonia Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
Mrs L. E. Bond at Lithonia Ga Rt 9
In Witness Whereof, I have hereunto set my hand and seal, this
day of January 1906.

J E Bond [L. S.]

Executed in presence of
James R George
Ordinary

Bond, L. E. (Mrs)
Dekalb Co.

To Those Heretofore Paid.

1906.

No. 217

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs. L E Bond
OF
Dekalb County,
Widow of J. E. Bond
Co. G 7th Regiment Vol.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/22/ 1906,
AND HANDED TO
D B Bond

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

22 Ga

FORM No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } PERSONALLY COMES MRS. S. E. Bona

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 Jos. T. Bona who was a soldier in Company G of the Henderson Co Regiment of Volunteers, that he enlisted in said regiment on or about the month of Sept 1863, and served in the Army up to 186 . That he lost his life on the day of Aug 1867. (State here particulars of the husband's death, when, where and from what cause.)

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

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

Sworn to and subscribed before me, this 10th day of Jany 1905. James R George Ordinary. } S E Bond Post-Office Lithonia

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

Given under my official signature and seal, this the 10 day of January 1905.

{ Official Seal. }

James R George Ordinary of DeKalb County.

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

FORM No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } PERSONALLY COMES MRS. S E Bond

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 1836. That she is the Widow of Jos T Bond who was a soldier in Company G of the Henderson ~~Regiment of~~ County Volunteers, that he enlisted in said regiment on or about the month of Sept 1863, and served in the Army up to Dec 64 186 . That he lost his life on the Aug day of 1867. (State here particulars of the husband's death, when, where and from what cause.) Died of disease

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

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

Sworn to and subscribed before me this day of Jan 1906. James R George Ordinary. } S E Bond Post Office Lithonia Ga

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

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

{ Official Seal }

James R George Ordinary of DeKalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY.

I, Mrs S.E. Bond hereby authorize

S.B. Bond

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

Mrs S.E. Bond at Lithonia Ga

In Witness Whereof, I have hereunto set my hand and seal, this 7th

day of January 1907.

S E Bond [L. S.]

Executed in presence of

James R Grogan

Ordinary

Bond, S. E. (Mrs.)
De Kalb County
To Those Heretofore Paid.

39 1907.
No. 167

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs S.E. Bond

OF

DeKalb County,

Widow of Jno. V. Bond

Co. G Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

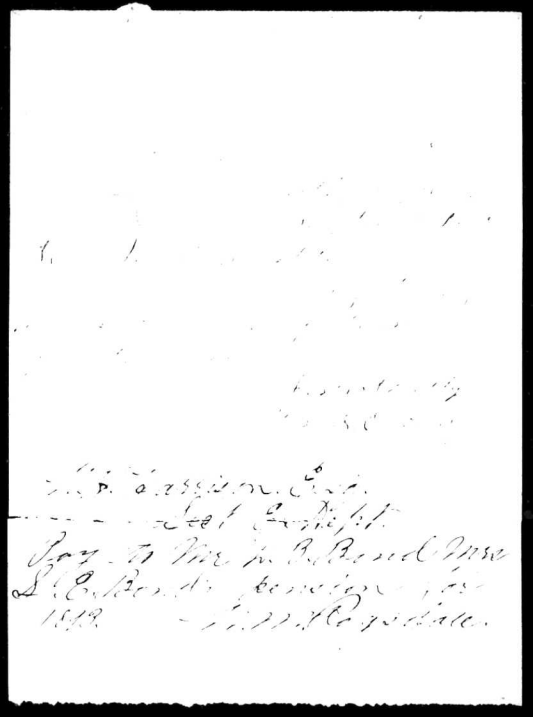
WARRANT ISSUED

Jan 4 1907,

AND HANDED TO

R F & P Exp

Geo. W. Harrison, State Printer, Atlanta.



Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of DeKALB.

PERSONALLY COMES MRS. J E Bond

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 Jos. T. Bond who was a soldier in Company G of the Henderson Co Regiment of Volounteers, that he enlisted in said regiment on or about the month of 186 , and served in the Army up to 186 That he lost his life on the day of August 1869. (*State here particulars of the husband's death, when, where and from what cause.*)

Disease

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

I have been paid a pension as a resident of DeKALB County, for the year ending December 31, 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this 10 day of Jany 1907.
James R George Ordinary.

J E Bond
Post Office Lithonia Ga

State of Georgia,
DeKALB County.

I James R George Ordinary of said County, certify that I am well acquainted with Mrs. J E. Bond, 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 Jany 18

Given under my official signature and seal this the 10 day of Jany 1907.

Official Seal

James R George
Ordinary of DeKALB County.

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

State of Georgia } This is to Certify that
Dekalb County } Joseph T. Bond was a
Soldier in the army & that he inlisted
in said Service about September 1862
and at that time was Sound & well
as far as was kosable & Sec — and after
he was in Service some time he Contracted
a Cough (Bronchitis) and he grew worse
and Died of said Disease on the 14th
day of August 1863 He was under my
Treatment from the Incipiency of the
Disease until his Death He was
and older Brother of mine and none
of his relatives have Died with any
Lung trouble as far back as I Know
anything of our relatives.
This June 22d 1872

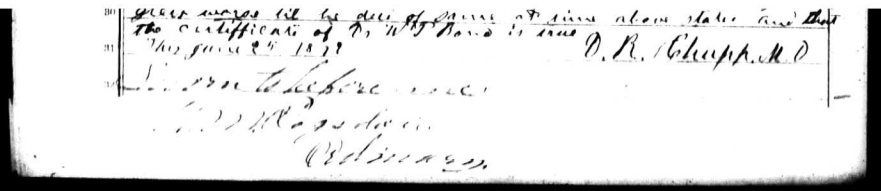
Wm P. Bond M.D.

Georgia }
DeKalb County } Wm P. Bond, M.D.
being Sworn by me says
the above affidavid is true and
the facts stated therein are correct.

W. McRoscoe
This June 22/1872 Ordinary

State of Georgia } This is certify That I was acquainted
DeKalb County } with Joseph T. Bond the time of my own
knowledge that he was a sound man when he entered the service as
far as I could be seen and that he came out of service with a Cough that
there was but little hopes of him ever getting home and that
the certificate of Dr. W. P. Bond is true
This June 25 1872 D. R. Clough M.D

W. McRoscoe
Ordinary



Decatur Ga. Dec 31 1925

D. A. Decatur Co

WIDOWS APPLICATION

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

County Decatur

Name Mrs. Wm. B. Bonnell

Widow of Wm B. Bonnell

Date of Marriage 1875.

Company A.

Regiment Cadets

Approved John W. Clark

Dec 31 1925

Cadets
Co. A
1-2-27

S. B. THOMPSON,
Commissioner of Pensions.

10/31/25-E-

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. J. Morgan, Ordinary of said County, do certify that I know Mrs M. B. Bonnell the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know ..... the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 18 day of Nov. 1925.

(SEAL OF ORDINARY) V. J. Morgan, Ordinary.

of DeKalb County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 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.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

Samuel Murray Mrs
D. A. R. Patriotic
Decatur Ga

WIDOW'S APPLICATION

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

Fulton

County

Name Mrs. Wm. B. Bonnell

Widow of Wm B. Bonnell

Date of Marriage 1875.

Company A.

Regiment Cadets

Approved John W. Glenn

OCT 31 1925

Cad Confed
Ga. Inf.
11-22227

Commissioner of Pensions.

10/31/25-E.

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb. COUNTY.

I, V. D. Morgan, Ordinary of said County, do certify that I know Mrs M B. Bonnell the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know ..... the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 18 day of Nov. 1925.

(SEAL OF ORDINARY) V. D. Morgan, Ordinary.

of DeKalb County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 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.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

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,

FULTON COUNTY,

Personally appears before me, Mrs. W. B. Bonnell of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1920, and submits testimony to support the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name, and where do you reside? (Give Post Office and County)
Mrs. W. B. Bonnell, Atlanta, DeKalb County, Georgia.

2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? Since birth, Oct. 4, 1851 to the present time

3. When, where and to whom were you married? On March 30, 1875 to W. B. Bonnell, in Macon, Georgia.

a. Have you married since the death of first and soldier husband? No

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service, and give name of Colonel and Captain.) July 6 1864, Macon, Ga. Smith's Division Georgia Militia Gen. Wood's Command.

5. When and where did the commands of your husband surrender or discharge from the Service?
Honorably discharged from said service by parole in Augusta, Ga. about 15th day of April, 1865, holding rank of private, Co. A, Bat. Ga. Mil.

6. Was your husband personally present with his command when it was surrendered or discharged? Yes. Lee's surrender.

7. If he was not present, state specifically and clearly where he was?

8. 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? 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 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?

j. When and where did your first husband die? March 30, 1912, Macon, Georgia.

k. Were you residing together when he died? Yes.

l. If not, how long had you resided apart?

m. Are you now a widow? Yes.

9. Have you or your husband heretofore been paid a pension by the State? No.

If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me, this the 18 day of Nov., 1925.

W. S. Morgan, Ordinary of DeKalb County.

(SEAL OF ORDINARY)

Mrs. W. B. Bonnell
Applicant.

Alice B. Knight

State Capitol, Atlanta, Ga.,
November 12, 1925.

Col. John W. Clark,
Commissioner of Pensions,
Capitol---

Dear Col. Clark: I am appealing to you on behalf of Mrs. Wm. B. Bonnell, widow of Mr. Wm. B. Bonnell, a Confederate Veteran. He did not care much about wordly affairs so kept no records as to his soldier service.

I have endeavored to find a member of Camp 1477, Macon. Gov. Nat Harris recently wrote me that he was, with the possible exception of Mr Wylly of Macon, the only survivor of that Camp to which Mr. Bonnell was granted admission in due form. Of course, he had to set forth his service as a Confederate soldier in order to be recognized and admitted.

A certificate, hereto attached, shows that Mr. Bonnell was in good standing in Camp 1477. It is signed by the then Commander Nat. E. Harris.

Hereto attached is a certificate from the Secretary of the Macon Daughters of the Confederacy who granted him a Cross of Honor. It follows that his application for that honor verified his worthiness and right to the Cross of Honor.

Mr. Bonnell volunteered July 6, 1864--did not join any Company, but was accepted by Gen G. W. Smith at Atlanta. By Gen Smith he was assigned to duty as ordnance sergeant; later, he went to Macon where he became attached in an ir-regular way --- all being excitement because of the rapidly developing results which you and I remember-- and saw active service. The dis-solution of Camp 1477 by the death of all its members, except Gov, Harris, renders it impossible to locate the Camp's records. It appears to me that the papers submitted make a

very strong prima facie case in favor of Mrs. Bonnell---that she is entitled to a pension, and ought be so listed as soon as she files the required affidavit.

I beg you will take the case up as early as possible. It is a matter wholly in your discretion, and the papers submitted will confirm a favorable decision on your part. Let me know your decision, and I will promptly get Mrs. B., to make the affidavit, in due form, before the Ordinary of Fulton County, that she was married to WM. B. Bonnell prior to 1881, and has not since married.

Yours truly,

Martin V. Calvin

...IV.

...A. Staff ...ge, Gen'l C. ... V.

Macon, Ga., Aug 31, 1901.

...Sir: I have the honor of ... to inform you:

...That I entered the ... at Macon, Ga.,

... Co. ... Battalion ... Regt. ... Ga. ... Brig. ... Div. ...

...C. S. A., ... for ... confederate ... from

... Confederate States

... Report-

... Thirty Volunteers, ... Hood's

...

...That application ... Medal of Honor ... said

... was ... after ... or about the 9th of

April, ..., ... made ... the Medal of Honor, on a

... of ... Inst.

Respectfully,

(Sgd) W. E. Bonnell,

Applicant.

We endorse the above application:

(Sgd) N. W. Bonner,

J. A. Ellis.

...Camp No. 434 United Confederate Veterans.

Approved by order of ... Adj. F. Jones,

N. W. Bonner, Commander Camp 434 U. C. Vs.

...

(Note: Mr. Bonnell was also a member of Camp 1477 at the ... E. Morris was Commander.)

XXXXXXXXX

Copy - Application for
Medal of Honor - by
the U. D. C - by W. B. Bonnell
Co A. Battalion - Regt.
Ga - Mtd. Cav Vols - C. S. A,
for Medal of Honor -
Filed Sep 9 - 1901 -
Was entitled to License
of the Confederate States
on the 6th day of July
1864 as a Sergeant -

GEORGIA--BIBB COUNTY.

I, C. M. WILEY, Ordinary and Clerk Court of Ordinary for Bibb County, Georgia, do hereby certify that the within printing, writing or typewriting is a true and correct copy of the marriage license as issued to William B. Bonnell and Alice J. Wright also a true and correct copy of the certificate of their marriage, as it all now appears of record in office of Ordinary, in Book of Marriage License "F" folio 26.

IN TESTIMONY WHEREOF, I have hereunto set my hand officially and affixed the seal of the Bibb County Court of Ordinary, this the 17th day of November 1925.

C. M. Wiley

Ordinary and Clerk Court Ordinary Bibb County, Ga.

(SEAL)

(SEAL)

Ordinary and Clerk Court Ordinary Bibb County, Ga.

(W)

Marriage License

William B. Bonnell

TO

Alice J. Wright.

RECORDED

Date March30th, 1875.

Book F.

Folio 26.

Smiths Division

Ga Militia Gen Howells

Command was at that

Time a resident of Macon Ga

He was honorably discharged

from said service by Special

Orders Rec'd surrendered about

the 15th of April 1865

At which time he held the

rank of private Co A. Battalion

of Ga Mil - Cook

Mrs H.S. Lawson

R of C - Macon Ga.

Marriage License

William B. Bonnell

TO

Alice J. Wright.

RECORDED

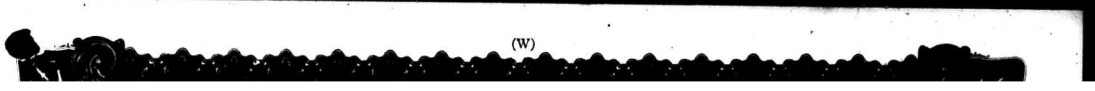
Date March30th, 1875.

Book F.

Folio 26.

...Command was at the
Time a resident of Macon Ga
He was honorably discharged
from said service by Parole
after Lee's surrender about
the 15th of April 1865
at which time he held the
rank of private Co A. Patterson's
Ga Mtd Rifles

Mrs H.S. Lawson
R of C - Macon Ga.



(W)

MARRIAGE LICENSE

STATE OF GEORGIA, BIBB COUNTY

To any Judge, Justice of the Peace or Minister of the Gospel:

YOU ARE HEREBY AUTHORIZED TO JOIN

William B. Bonnell [AND] Alice J. Wright

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. And you are hereby required to promptly return this License to me, with your certificate hereon, of the fact and date of the marriage.

Given under my hand and seal, this 30th day of March, ~~1~~1875.

C. T. Ward, ORDINARY. (L. S.)

CERTIFICATE

GEORGIA, BIBB COUNTY

I Certify, That William B. Bonnell and Alice J. Wright

were joined in Matrimony by me, this 30th day of March, ~~1~~1875.

W. C. Bass M. G.

(W)

MARRIAGE LICENSE

STATE OF GEORGIA, BIBB COUNTY

To any Judge, Justice of the Peace or Minister of the Gospel:

YOU ARE HEREBY AUTHORIZED TO JOIN

William B. Bonnell [AND] Alice J. Wright

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. And you are hereby required to promptly return this License to me, with your certificate hereon, of the fact and date of the marriage.

Given under my hand and seal, this 30th day of March, ~~22~~1875.

C. T. Ward, ORDINARY. (L. S.)

CERTIFICATE

GEORGIA, BIBB COUNTY

I Certify, That William B. Bonnell and Alice J. Wright

were joined in Matrimony by me, this 30th day of March, ~~22~~1875.

W. C. Bass M. G.

Alternate's Certificate

Headquarters Camp Macon Camp No. 1477 U.C.V.
Macon State of Georgia
April 7th 1905.

To Whom it may Concern:

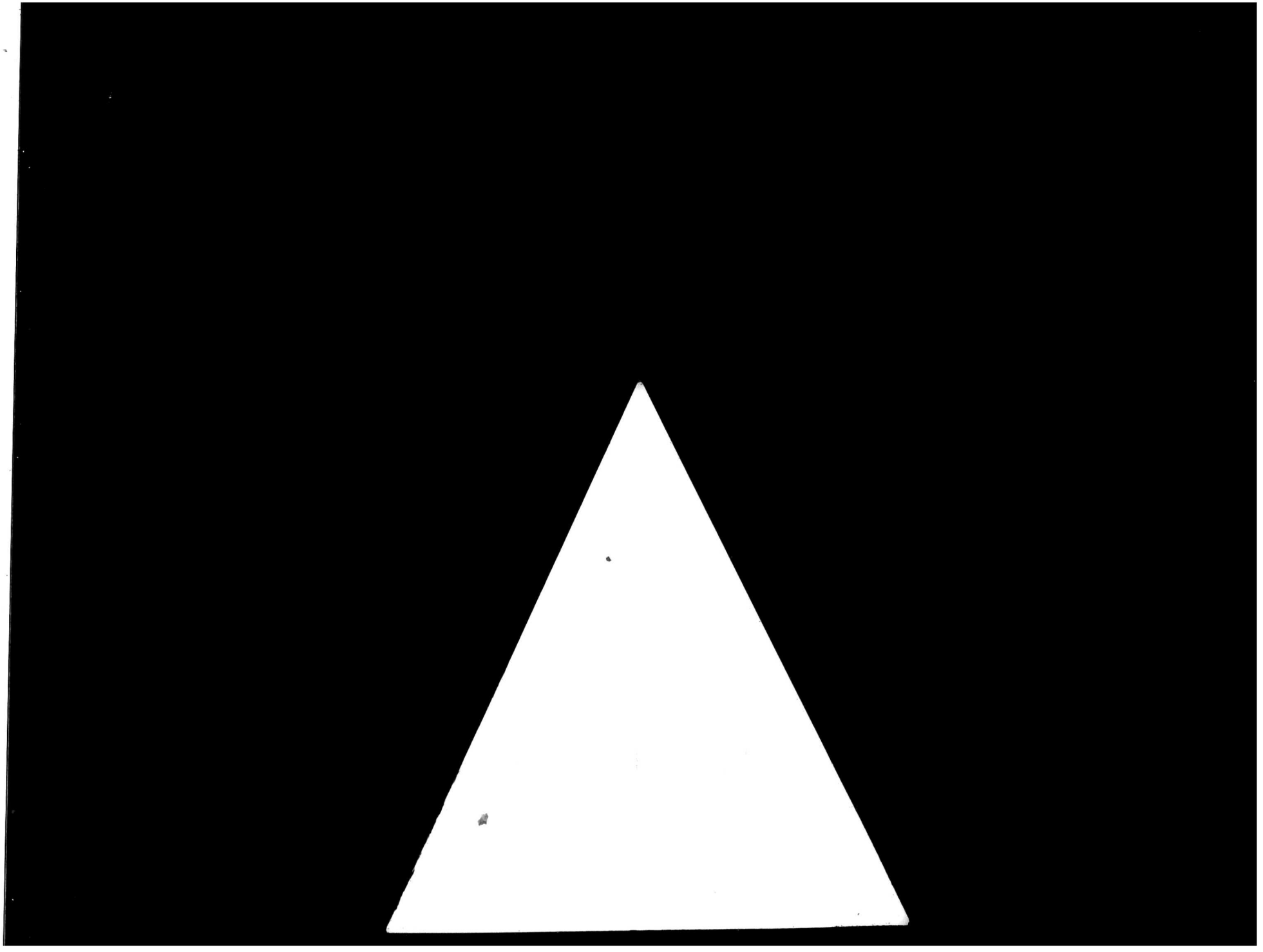
This is to Certify, That Comrade Wm B Bonnell is a member in good standing of Camp Macon. Camp No. 1477 U. C. V., and was on the 7th day of April 1905, duly elected (or appointed) as one of the Alternates of said Camp, to the Fifteenth Annual Reunion and Convention of United Confederate Veterans, to be held at Louisville, Ky., on June 14th, 15th, and 16th, 1905: Wednesday, Thursday and Friday, respectively.

In Testimony Whereof, witness our official signatures, this ____ day of ____ 1905.

J A Wilcox Adjutant. N. E. Harris. Commander.

Note. This certificate is the Alternate's Credential, and is to be kept by him to be shown at the Reunion whenever called upon. It is not under any circumstances to be returned to the Adjutant General.

Adjutant General



O.A. 1926
Sarah Bonner
Dekalb

WIDOW'S APPLICATION

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

County Dekalb
Name Mrs Sarah Bonner
Widow of William Bonner
Date of Marriage Dec 10 1857
Company I
Regiment 7th Reg. Ga. Cavalry.
Approved Colin W. Stearn
8/27/25

Chas. W. Lamp
C. of Pensions.
Commissioner of Pensions.

7-27-25 E.

Ordinary's Certificate

STATE OF GEORGIA,
DeKalb COUNTY.

I, V. D. Morgan, Ordinary of said County, do certify that I know Mrs Sarah Bonner the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know _____ the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 27 day of July 1925.

(SEAL OF ORDINARY) V. D. Morgan, Ordinary.
of DeKalb County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank space is insufficient.
3. Only widows who married prior to January 1st, 1861, 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 the Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't [illegible] Marriage Certificate in [illegible] the State. A short, simple form is easier to handle.

O.A. 1926

WIDOW'S APPLICATION

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

County DeKalb
Name Mrs Sarah Bonner
Widow of William Bonner
Date of Marriage Dec 10 1857
Company I 7th Reg. Ala. Cavalry
Regiment
Approved Robert W. Elsom 8/27/25

Chas. W. Hardy
Commissioner of Pensions.

7-27-25 C

Ordinary's Certificate

STATE OF GEORGIA,
DeKalb COUNTY.

I, V. L. Morgan, Ordinary of said County, do certify that I know Mrs Sarah Bonner the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know ..... the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 27 day of July 1926.

(SEAL OF ORDINARY) V. L. Morgan, Ordinary.
of DeKalb. County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 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.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

APPLICATION FOR PENSION BY A WIDOW

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,
DeKalb. COUNTY,

Personally appears before me, July 7th 1926 of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1920, and submits testimony to support the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name, and where do you reside? (Give Post Office and County)
Mrs. Sarah Bonner, 67 Druid Place.

2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? Seven years Atlanta Ga.

3. When, where and to whom were you married? William Bonner
Dec 10th 1856 Fayette Ala.

a. Have you married since the death of first and soldier husband? No.

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service, and give name of Colonel and Captain.) July 17th 1863. Carrollton Ga.
3rd corporal Co. 9. 7th Regiment Alabama Cavly.

5. When and where did the commands of your husband surrender or discharge from the Service?
Captain J. N. Ferguson. Col Job C. Johnson.

6. Was your husband personally present with his command when it was surrendered or discharged? Present West Point Ga. May 1865.

7. If he was not present, state specifically and clearly where he was? He was present

8. When did he leave the Command? At end of war at West Point Ga

a. For what cause did he leave? X

b. By whose authority did he leave? X

c. For how long was his leave of absence granted? X In what way? X

e. What was his physical condition when he left his command? Good

f. What effort did he make to return to his Command? Was present.

g. In what way was he prevented from going back to Command? X

h. Was he captured by the enemy at any time? No.

i. If so, when and where? In what prison was he held and when was he released? X

j. When and where did your first husband die? Georgia Ala Sept 30th 1899.

k. Were you residing together when he died? Yes.

l. If not, how long had you resided apart? Was living together

m. Are you now a widow? Yes

9. Have you or your husband heretofore been paid a pension by the State? No
If so, when and for what cause were you or your husband placed on the roll? Never asked for Pension

Sworn to and subscribed before me, this the 23 day of July, 1926.

V. L. Morgan, Ordinary
of DeKalb. County.
(SEAL OF ORDINARY)

Mrs Sarah Bonner
Applicant.

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.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

Sworn to and subscribed before me, this the
23 day of July, 192[illegible].
W. A. Morgan, Ordinary
of DeKalb County.
(SEAL OF ORDINARY)

Mrs Sarah Bonner
Applicant.

BONNER, SARAH (Mrs.)
DeKALB Co.

For DeKalb County

1929

Application for Pension Due Deceased Pensioner

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

W. A. Morgan Ordinary
For Mrs Sarah Bonner
Date of Death Aug 7 1929
Amount $100.00

Approved and ordered paid as of
October 1st, 1929
JOHN W. CLARK,
Commissioner of Pensions.

Received of W. A. Morgan and One Hundred Dollars for funeral expenses, Mrs Sarah Bonner
[illegible]

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.

LEE HEYMAN & Co.
ESTABLISHED 1884 AS HEYMAN & BROS
THE BEST POINT IN WEST POINT

West Point, Ga. Aug 3, 1929

Estate Mrs. Sarah Bonner

To Account Rendered

1 Casket	150 00
1 Steel vault	100 00
Embalming	25 00
Hearse	15 00
	290 00

The above and foregoing account is rendered for funeral expenses of Mrs. Sarah Bonner, who died without having sufficient property to pay the bill.
Lee Heyman & Co.
Aug 12, 1929 L. P. Heyman.

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, Heard County.

Personally before me, the Ordinary of said County, comes

A. J. Bonner of said County, who, after being sworn, on oath says that he knew Mrs Sarah Bonner of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Heard County, in this State, on the 7 day of August 192 9, 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 $ 290 00 per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

[signature], Ordinary

Heard County

(Seal of Ordinary)

A J Bonner

CERTIFICATE OF ORDINARY

GEORGIA, ~~Heard~~ DeKalb County.

I, V. A. Morgan, Ordinary of said County, do certify that I personally know A. J. Bonner, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Mrs Sarah Bonner while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of Two Hundred ($200) Dollars in said County for 192 8, 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 12 day of Aug, 1929.

(Seal of Ordinary)

V. A. Morgan, Ordinary

DeKalb County

INSTRUCTIONS:

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "just, true, due, unpaid," etc.)

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

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. Return this application, and attached bills, with your final settlement, to the Pension Department.

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

WILLIAM T. BONNER AND SARAH TOWLES.

Wm. T. Bonner and Sarah Towles being over the age of of twenty one and eighteen years, respectively, and bond with security in terms of law, having been filed, a marriage license of which the following is a copy, was issued on the day the same bears date.

STATE OF ALABAMA, CHAMBERS COUNTY.

To any ordained or licensed Minister of the Gospel, Judge of the Probate or Circuit Court, or Justice of the Peace, in and for said County---Greeting:

You are hereby authorized to celebrate the rites of matrimony between Wm. T. BONNER and SARAH TOWLES, and this shall be your sufficient authority for so doing.

Given under my hand and seal this 9th day of December, 1857,

Wm. L. Crayton, Judge of Probate.

I certify that I celebrated the rites of matrimony between Wm. T. Bonner and Sarah Towles at the residence of Toliver Towles in Chambers County, Alabama, on the 10th day of December, A. D. 1857.

Peter M. Rowland, J. P.

STATE OF ALABAMA,
CHAMBERS COUNTY.

I, Chas. E. Fuller, Judge of Probate in and for said County and State, hereby certify that the above and foregoing is a true and correct copy of the Marriage license of Wm. T. Bonner and Sarah Towles, together with Certificate of the celebration of the Rites of matrimony, as the same appears of file and of record in the Probate Office of said County, and State in Marriage Record Vol. 5, page 433.

I hereby further certify that I as the Judge of the Probate Court of said County and State, I am ex-officio Clerk of my own Court, and am the sole and proper authority under the law to make this Certificate.

In testimony whereof I have hereunto set my hand and affixed my seal this July 24, 1925.

Chas E Fuller

Judge of Probate.

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.

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON

A.G. 201
Bonner, William
(6-26-25)ORD

June 30, 1925.

Honorable William D. Upshaw,

House of Representatives.

My dear Mr. Upshaw:

Referring to your letter of June 26, 1925, with which you inclosed one, herewith returned, from Mrs. D. E. Floyd, 47 West North Ave., Atlanta, Georgia, who requested to be furnished the record of the Confederate military service of William Bonner who served in Company I, 7th Alabama, under Captain Ferguson and Colonel Job C. Johnson, I have the honor to inform you as follows:

The records show that William Bonner, 3rd corporal, Company I, (Capt. S.N.Ferguson) 7th Regiment Alabama Cavalry, C.S.A., enlisted July 17, 1863, at Carrollton, and on the rolls on file in this office to and including the one dated April 30, 1864 (last on file) he is shown present. No record of his capture or parole or subsequent record of him has been found. Colonel Job C. Johnson has not been identified.

Very respectfully,

Brigadier General,
Acting The Adjutant General.

1 Incl.

STATE OF ALABAMA
DEPARTMENT OF ARCHIVES AND HISTORY
Founded by Thomas M. Owen, LL. D., 1901
MONTGOMERY

IN REPLY REFER TO FILE NO. A911

B/y

May 4, 1925.

My dear Mrs. Floyd:

Replying to your inquiry of some days ago, addressed to Mrs. W. C. Thomas of Gold Hill and forwarded to us through her son, Judge W. H. Thomas of our Supreme Court, a compiled record of Co. I, 7th Alabama Cavalry, commanded by Capt. Ferguson from Pickens County, shows William Bonner. This compiled roll was presented to this Department on February 21, 1902, by Mr. M. B. Curry of Carrollton. It was prepared by Job C. Johnston, a member of the command.

You can determine from this information whether your relative, Wm. P. Bonner, is our Wm. Bonner.

It is proper to advise that we have no official Confederate Government records of this command.

Very truly,

Director.

Mrs. D. E. Floyd,
47 W. North Ave.,
Atlanta, Ga.

H. H. GREENE, J. P.

Court Convenes Fourth Wednesday in Each Month.

Special Attention Given to Collection of Claims.

WEST POINT, GA., ... 192...

State of Texas County
Personally appeared before me
P. A. Barnes the being duly sworn
says that R. H. Bonner of
Chambers Co. Ala. was William's
Company Confederate Army
Record as a private in said
Army from April 30th 1864
until the Close of the War in
April 1865

R. H. Bonner

Sworn to and subscribed
before me this April 22 1925
H. H. Greene J.P.

STATE OF ALABAMA,
CHAMBERS COUNTY.

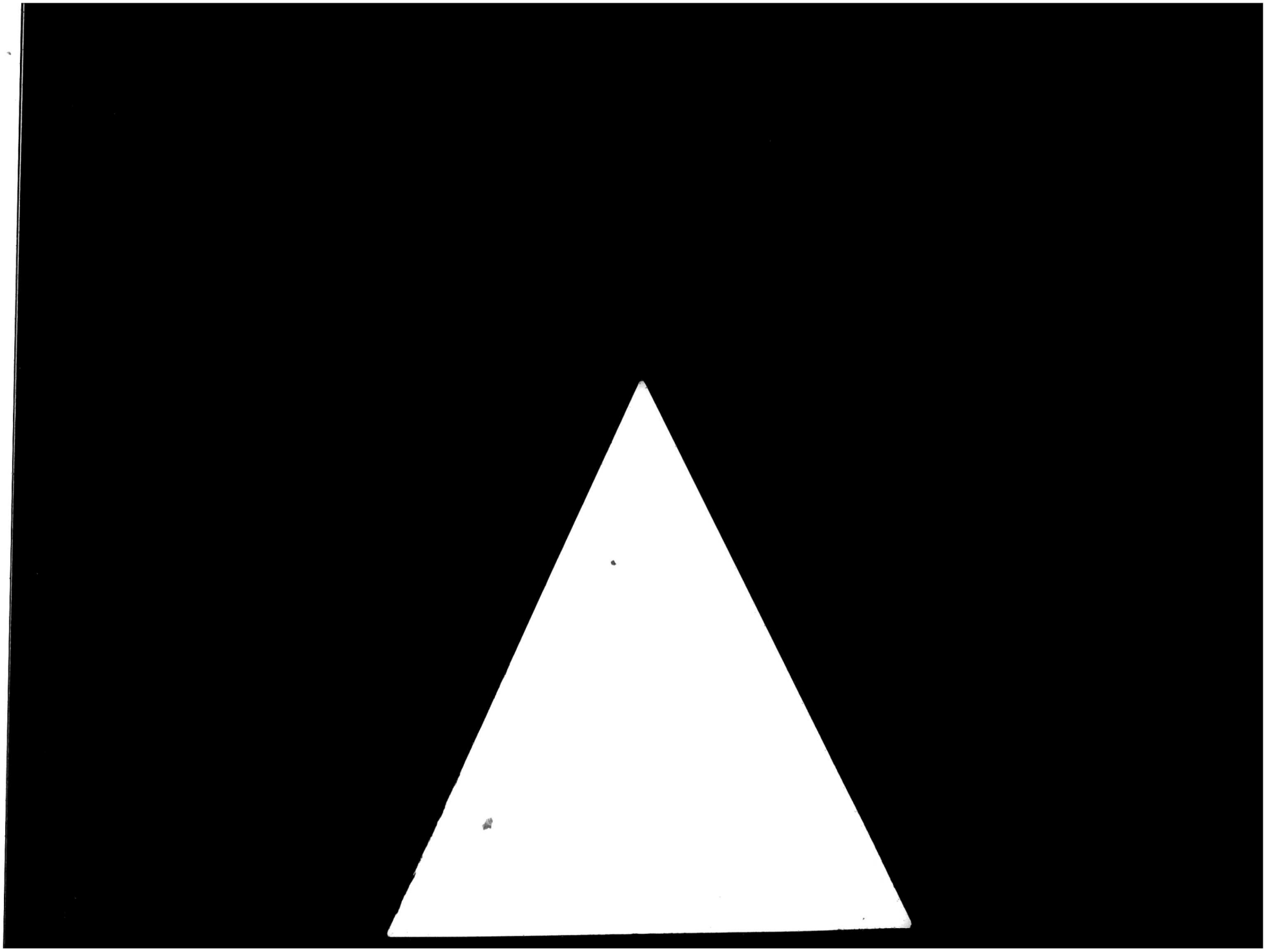
Before me, Chas. E. Fuller, Judge of the Probate Court in and for said County and State, personally appeared Ellender Combs, who being by me first duly sworn deposes and says that she was personally acquainted with William Bonner, and was personally acqainted with him prior to 1861; that he married affiants sister, Sarah Ann Towles, prior to the War between the States; that the said William Bonner was a resident of this County, and went to said war from this County in the year 1864, and remained in the war until its close, except he made one visit home on a furlough. I did not see him actually in the service, but know of my own personal knowledge that he left home to go to the war, and he came home after the war was over.

I do not know any Confederate Veteran now who was in the war with him, who is living, all dead.

Ellender Combs

Subscribed and sworn to before me
this Aug. 10, 1925.

Chas. E. Fuller
Judge of Probate.



POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb COUNTY.

I, J. S. Booyer hereby authorize
P. B. McCurdy of Dekalb County
to receive and receipt for the pension allowed and request that he remit same to me
at Stone Mountain by Geo R George

Witness my hand and seal, this 26 day of September 1907

John S. Booyer [L. S.]
Mark

Executed in presence of
J. W. McCurdy
N. P. & J. P. ex
Officio for Dekalb
County Ga

Ordinary's Office
Dekalb County
No. [illegible]

INDIGENT PENSION.
1908

Name J. S. Booyer
County Dekalb
Co. A 36 Ga Regt.

Approved 190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

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

9/28/07

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb County.

I, J. B. Booser hereby authorize
P. B. McCurdy of Dekalb County
to receive and receipt for the pension allowed and request that he remit same to me
at Stone Mountain by Geo. W. Scoggins

Witness my hand and seal, this 26 day of Sept. 1904
J. B. Booser [L. S.]
Mark

Executed in presence of
P. B. McCurdy
J. P. [illegible]
Dekalb Co. Ga.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Dekalb County.

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

1. What is your name and where do you reside? (Give State, County and Postoffice.)
J. B. Booser Dekalb Stone Mountain Ga
2. How long and since when have you been a resident of this State? all My life
76 yrs
3. When and where were you born? Oct. 29 1831 Gwinnett County Ga
4. When and where and in what company and regiment did you enlist or serve? March 1862
Gwinnett County. Company A. 36 Ga Regiment
5. How long did you remain in such company and regiment? Two years
6. When and where was your company and regiment surrendered and discharged?
May 1865 Kingston Ga
7. Were you present with your company and regiment when it was surrendered? I was
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was found
9. How much can you earn (gross) per annum by your own exertions or labor? nothing
10. What has been your occupation since 1865? farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty;" second, "infirmity and poverty," or third, "blindness and poverty"? Age & Poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
Age Infirmity and blindness
13. What property, real and personal, or income, do you possess, and its gross value? Nothing
14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same? Nothing
15. In what County did you reside during those years, and what property did you then return for taxation?
Dekalb County
16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? Charity
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? about $175.00
18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year?
Nothing
19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead or other property? Their ages and how employed? I have a wife She is 70 years old Not able to work
20. Are you receiving any pension? If so, what amount and for what disability? I am Not
21. Have you ever made an application for pension before? One
22. How many applications have you ever made and under what class? One Indigent

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 9 day of January 1907
James R. Gresham Ordinary.
of Dekalb County.

J. B. Booser
Applicant.

Boone's C.S.
Dekalb County
No. [illegible]

INDIGENT PENSION.

1908

Name J. B. Booser
County Dekalb
Co. A 36 Ga Regt.
Approved 190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

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

9/7/07

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Gwinnett County.

W T Nash of said State and County, having been presented as a witness in support of the application of J S Booser for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? W T Nash I reside in Gwinnett County
2. Are you acquainted with J S Booser, the applicant: if so how long have you known him? Yes, for over 50 years
3. Where does he reside, and how long and since when has he been a resident of this State? in DeKalb Co Ga, has lived in Ga all his life
4. When, where and in what company and regiment did he enlist, and how do you know? In March 1862 in Gwinnett County Co H 36 Ga Regt
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? Until surrender in 1865
7. When and where was his command surrendered? At Kingston Ga
8. Were you present when it surrendered? Yes
9. Was applicant present? Yes
10. If he was not present, where was he? Was Home
When did he leave his command? Died at home For what cause? —
By what authority he left? — How do you know all of this?
I was with him
11. What property, effects or income has the applicant? (Give your means of knowledge)
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition?
15. Is the applicant unable to support himself by labor of any sort; if so, why?
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?
17. What portion of his support for these four years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code
19. Who composes family? What property have they? Children's ages and their earning capacity?
20. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the 7 day of Jan 1907
John D Webb Ordinary.

W T Nash Witness.

I Certify that W T Nash resides in Gwinnett County Ga and is a man of good character and his word is entitled to full faith and credit Given under my hand and seal of office Jan 7 1907 John D Webb Ordy

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
DeKalb County.

Personally came before me W. J. McCurdy and Jas A Wells, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mr J S Booser, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Almost totally deaf formation of Cataracts, both eyes; large inguinal Hernia of Right side slight hernia on left; very feeble and infirm

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

Sworn to and subscribed before me, this the 26 day of Sept 1907
James R Georgia Ordinary.

W J McCurdy M.D.
Jas A Wells M.D

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb County.

I, James R Georgia Ordinary, in and for said County, hereby certify that the applicant J S Booser resides in said County, and has been a bona fide resident of this State since the 28 day of Oct 1838 and that the witnesses, viz.: W T Nash & D B McCurdy are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of County shows that applicant returned for taxation in his name in 1901 Nothing Dollars of property, and in 1902 Dollars of property; in 1903 Dollars of property; in 1904 Dollars of property; in 1905 Dollars of property.

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

Witness my hand and seal of office, this 26 day of Sept 1907
James R Georgia Ordinary.
of DeKalb County.

NOTE.

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

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

_____ COUNTY.

_____ of said State and County, having been presented as a witness in support of the application of _____ for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? _____

2. Are you acquainted with _____, the applicant; if so, how long have you known him? _____

3. Where does he reside, and how long and since when has he been a resident of this State? _____

4. When, where and in what company and regiment did he enlist, and how do you know? _____

5. Were you a member of the same company and regiment? _____

6. How long did he perform regular military duty? _____

7. When and where was his command surrendered? _____

8. Were you present when it surrendered? _____

9. Was applicant present? _____

10. If he was not present, where was he? _____

When did he leave his command? _____ For what cause? _____

By what authority he left? _____ How do you know all of this? _____

J S Booger

11. What property, effects or income has the applicant? (Give your means of knowledge.)
Nothing I live near him one ¼ of a mile

12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? He had about $15.00 00 he loaned same to one J.A. Campbell said Campbell Broke on

13. Has he conveyed away any of his property in the last four years, if so, what was it and to whom?
He has not

14. What is the applicant's occupation and physical condition? Has no occupation he is nearly blind & very hard of hearing Physical condition very bad

15. Is the applicant unable to support himself by labor of any sort? if so, why?
he is not on account of his Physical condition

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? he is a pauper the County pays him $3.00 per month his neighbors help him

17. What portion of his support for these four years was derived from his own labor or income?
Nothing

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? his Physical condition is very poor not able to make a living at any kind of labor

19. Who composes family? What property have they? Children's age and their earning capacity?
his wife have no Property

20. What interest have you in the recovery of a pension by this applicant? nothing

Sworn to and subscribed before me, this the 2 day of July 1902

A B McCurdy
Witness.

James R George Ordinary.

NAME Booser, J. S. YEAR 1908 COUNTY DeKalb

WHEN AND WHERE BORN? October 28th 1831, Gwinnett County , Ga

ENLISTED WHEN AND WHERE? March 1862, Gwinnett County, Ga

RANK.

COMPANY AND REGIMENT? Company A. 36th Georgia Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

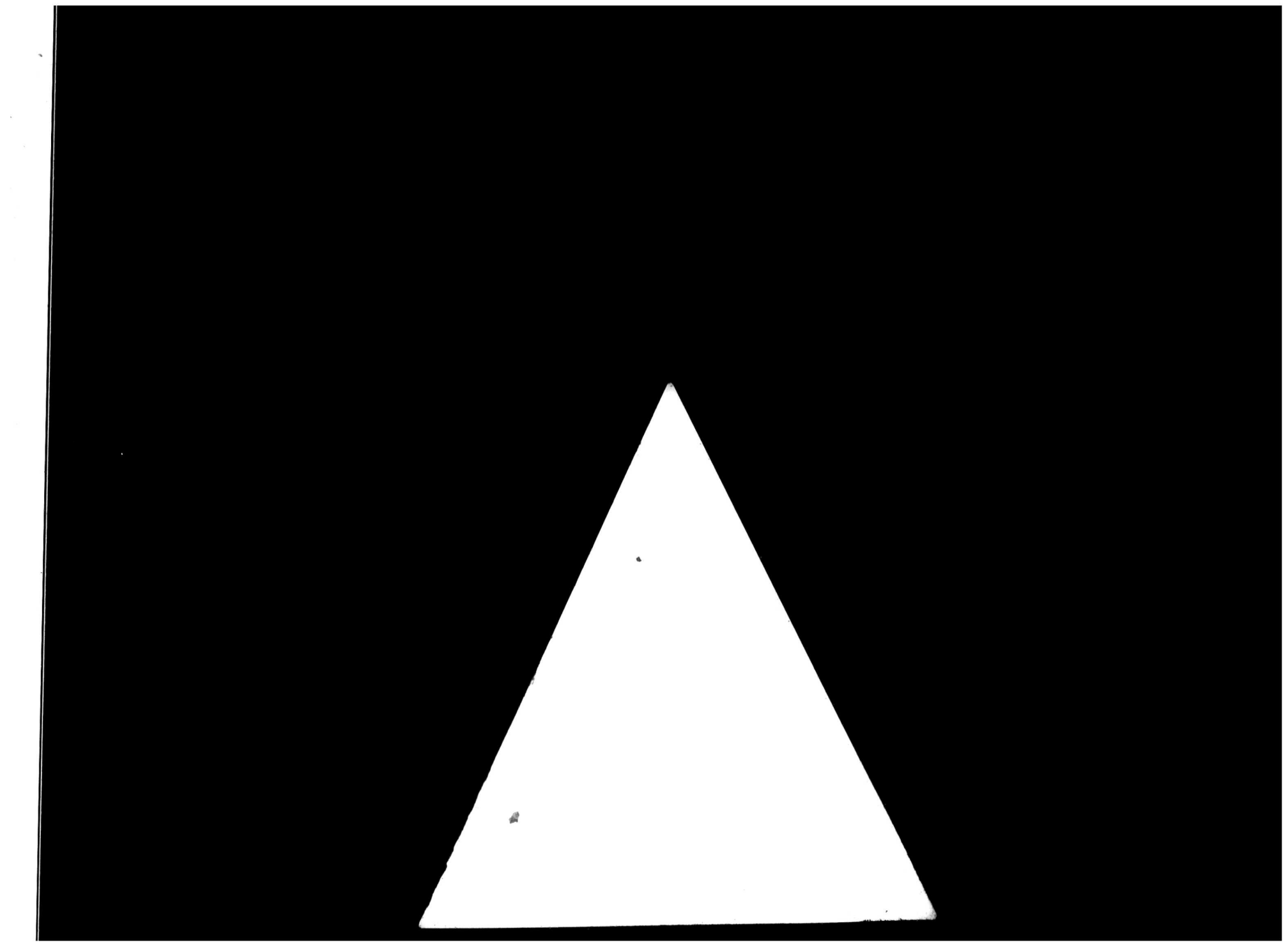
WHEN AND WHERE SURRENDERED? May 1865, Kingston, Ga.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. W. T. Nash- Same command- No data



Boozer, Eliza
DeKalb, County

ACT DEC. 16, 1901.

No.

WIDOW'S PENSION,

190 9

Mrs. Eliza Boozer

County of DeKalb

Widow of J. S. Boozer

Warrant issued . 190

and handed to

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, STATE PRINTER, ATLANTA

9/30/09

POWER OF ATTORNEY.

STATE OF GEORGIA.

.....County. }

I.....hereby authorize

.....of.....

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

.....at.....by.....

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

.....[SEAL.]

Executed in presence of

.....

.....

POWER OF ATTORNEY.

STATE OF GEORGIA,
.....County. }

I, ...hereby authorize
.....of .....
to receive and receipt for the pension allowed and request that he remit same to.....
.....at .....by .....
Witness my hand and seal, this.....day of .....190....
.....[SEAL.]

Executed in presence of
.....

Mrs. Eliza Boozer
Dekalb County, Ga.

ACT DEC. 18, 1901.

No.

WIDOW'S PENSION,

190 9

Mrs. Eliza Boozer
County of Dekalb
Widow of J. S. Boozer

Warrant issued ..... 190...
and handed to .....

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, STATE PRINTER, ATLANTA

9/30/09

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,
COUNTY OF Dekalb } Personally came Mrs. Eliza Boozer
.....who says on oath she is the
widow of J S Boozer .....to whom, in the County of
Dekalb .....State of Georgia .....she was married on the
23 day of October 1856, that she remained his wife up to the 27
day of January 1909, at which time he died, and that she has not since married.
At the time of his death he was a resident of Dekalb .....County, in said State of
Georgia, and was on the Indigent .....pension roll of the State of Georgia, having
been allowed a pension of $ 60.00 per annum on account of being a soldier in Company
A — 36 Ga. Regiment Ga. Volunteers or State Georgia

What affliction have you and how does it affect you? Rheumatism
It rendins Me from using my
Arms

What have you been doing to earn a support since 1st of January, 1900?
Nuthing Just My Household duties

What property or effects had you on 1st January, 1900? Nuthing

What have you acquired since, and what income have you now?
Nuthing no Income

What disposition have you made of any property since 1st January, 1900, and at what price and for what purpose? Had none to dispose of

Deponent further says that she is now a resident of Dekalb County, and has continuously resided in the State of Georgia since the 18 day of Janury 1833
She applies for the pension provided by Act of the General Assembly, approved Dec. 18, 1901.

Sworn to and subscribed before me, this.....day of Sept 1909

Eliza Boozer
her
X
mark

James R George
Ordinary of Dekalb County.

NOTE.—All blank spaces must be filled before signing.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, County of DeKalb } Personally came J S McCurdy, G F Marbut and John W McCurdy known to me to be reputable and truthful person, who says on oath that from his own personal knowledge Mrs. Elizer Bozer who made the foregoing affidavit, is the widow of ..... who died in DeKalb County and State of Ga on the 27 day of Jany 1907 and that she has not since married; that she became his wife on the 23 day of Oct 1856 and so remained up to the time of his death, and that she has resided in this State continuously since the 27 day of 1833

With what affliction does she suffer? Rheumatism

What property or income had she on 1st January, 1900? none

What has she in her possession and control now? nuthing

How was she supported in 1900 and 1901? By her Husband who is dead

I have no personal interest in the pension asked for } J S McCurdy, G F Marbut, John W McCurdy

Sworn to and subscribed before me this ..... day of ..... 190[illegible]

James R George

Ordinary DeKalb County, Georgia

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA, County of DeKalb } Personally came before me Jas R Wells MD and W T McCurdy MD both of whom are known to me to be reputable physicians, who say on oath that they personally know Elizer Bozer mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her earning a support) General debility and old age

Sworn to and subscribed before me, this 24 day of Sept 190[illegible]

James R George

Ordinary of DeKalb County.

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

STATE OF GEORGIA, County of DeKalb } I, James R George Ordinary, in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs Elizer Bozer the applicant for a pension in the 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 4th day of her life 18..., and has not lived out of the State since that date. I also certify that the witnesses, to-wit: J S McCurdy G F Marbut and John W McCurdy whose testimony she presents to sustain her claims, are *known to me to be truthful witnesses*, entitled to full faith and credit as such, and that the full text of the affidavit was read to and understood by them before same was signed. I am fully satisfied that this claim is made in good faith, and I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof I have hereunto set my hand and affixed the seal of my office, this the 24 day of Sept 190[illegible]

James R George

Ordinary.

(SEAL)

NOTES.

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

Proofs by one witness and two physicians will be accepted when it is shown that the same 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.

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, DeKalb County.

Personally before me, the Ordinary of said County, comes G L Johnson of said County, who, after being sworn, on oath says that he knew Eliza Boozer of said County, and that She was on the Pension Roll DeKalb County at the time of her death, which occurred in DeKalb County, in this State, on the 3 day of January 1917, and that a Pension of Seventy $70.00 Dollars was due her and unpaid at the time of her death. That She left no children surviving her, and no estate of any value sufficient to pay his funeral expenses, which amounted to the sum of 67.00 Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me this 25 day of May 1917.
James R George Ordinary
DeKalb County

G L Johnson

Georgia, DeKalb County.

I, James R George Ordinary of said County, do certify that I personally know G L Johnson, who is a resident citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew Eliza Boozer while in life; that She was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of Seventy ($70.00) Dollars in said County for 1917, and I now believe her to be dead.

Given under my hand and official seal, this 25 day of May 1917

James R George Ordinary,
DeKalb County.



Granite Bank

J STEVE McCURDY, Prest. J R IRVIN, Cashier
E J SPRATLING, Vice-Prest.

Stone Mountain, Ga.

May 24th, 1917.

Estate of Mrs. Eliza Boozer, Dec'd.

Decatur, Ga.

In Account with J. Steve McCurdy.

Jan. 3rd, 1916 To Casket for Mrs. Eliza Boozer, $67.00
For Burial Expenses. Mrs. Eliza Boozer.

Georgia, DeKalb County,

Personally appeared before me J. Steve McCurdy, who on oath deposes and says the above account is just, true, due and correct to the best of his knowledge and belief.

J Steve McCurdy

Sworn to and sibscribed before me this 24th day of May 1917.

E T Mason
Notary Public State at Large.

.....Ordinary,

.....DeKalb.....County.

Boozer, Eliza (Mrs.)
DeKalb Co.

1917

Application for Pension Due Deceased Pensioner Under Act 1904.

.....James R. Knopp.....Ordinary

For Mrs. Eliza Boozer

of .....DeKalb.....County

of Co.....Regiment

Approved and ordered paid

.....1917.

J. W. LINDSEY,
Commissioner of Pensions.

Georgia.....**County.**

I hereby authorize and constitute.....

of.....County, my lawful attorney to collect and receipt for me in my name, the pension due to .....for 191—, now deceased, who was on the.....Pension Roll from said County at his death.

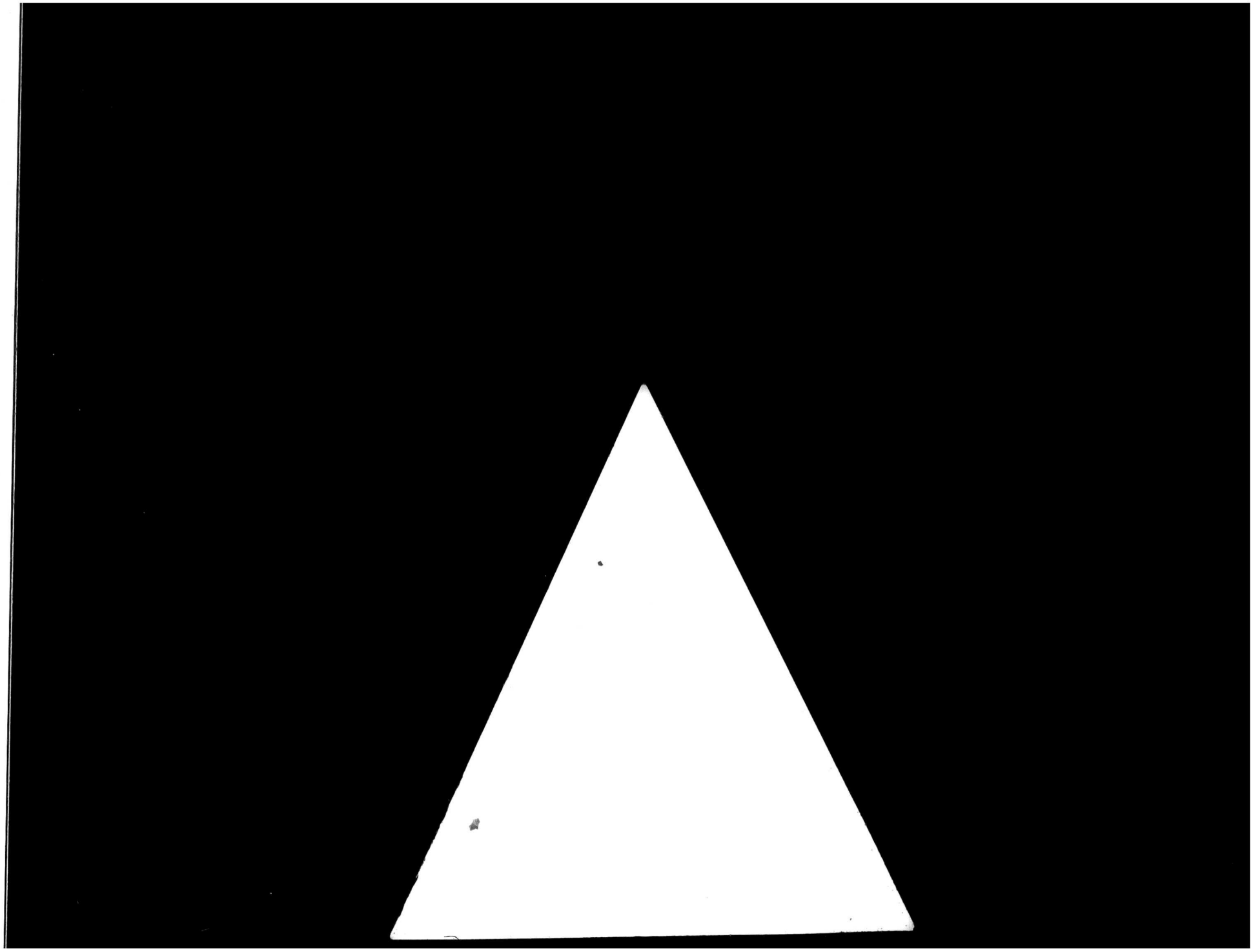
Witness my hand and seal, this.....day of.....1917.

ATTEST BY

.....

.....

Note 1.—Use this blank only when the Pension is wanted to pay funeral expenses.



Born, James Co
DeKalb Co.

Code Section 1250.

C. R. No.

INVALID

Soldier's Pension, 1902.

Name Wm. L. Born

County DeKalb

Co. C. Cobbs Legion Regt.

Disability Disease

Amount, $ 50

For 1903 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

3/27-1903

Form No 5.

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 _____ by _____

at _____

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

day of _____ 1902.

Executed in the presence of

_____ [L. S.]

Form No. 8.

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 ..... by .....
at .....

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

.....[L. S.]

Executed in the presence of

.....

.....

Name, James S. Born
Co. C. Cobb's Legion
Disability Disease
Amount, $ 12
For 1903
1902.

INVALID
Soldier's Pension,
1902.

Code Section 1250.
O. R. No.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

3-27-1903

Form No. 1.

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

The Instructions as set out in the Notes Must be Observed.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears Jas S Born of said De Kalb County, State of Georgia, who being duly sworn, says on oath that he was born on the 19th day of June 1843, that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the 19th day of June 1862, that he enlisted in the military service of the Confederate States (or the State of Va) on the ..... day of July 1861, during the war between the States, and served in Company C of Cobb's Legion Regiment of Ga Volunteers ..... Brigade, and was honorably discharged on the ..... day of ..... 186..; that whilst engaged in such military service, and in line of duty in the State of Va, on the ..... day of May 1863, he was disabled or wounded as follows: At the battle of Chancellorsville my hernia which in line of battle was forced to prolapse down a rail road cut and in jumping he was ruptured. The rupture was so bad and severe that Dr Spell the Regimental Surgeon was called and treated the said rupture. Supposse he is now dead. He has been affected with said rupture ever since requiring treatment of a Physician. Said rupture does continued to grow worse affecting his bowells, kidney and bladder and general health. For last four or six years he has been able to do but very little work of any kind, and at present he is unable, on account of said rupture, to do any kind of work, bowells being locked up and requissing constant treatment.

Where was command Surrendered? At Appomattax

Was applicant present? No If not, where was he? Was Captured How come there? Was captured with whole of McLaws Division on April 6th 1865, just a few days before surrender And by whose authority? State fully: He was with his command and was captured along with all of Company which made up a part of McLaws' Division

Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1902.

Sworn to and subscribed before me, this the 25th day of March 1902. J L Brown

W. W. Mayes Ordinary. Post Office .....

NOTE—State fully nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability. If claim is based on disease, give *full and connected history* of disease, tracing it directly to the service.
NOTE—Do not trouble to mention wounds which do not disable.
NOTE—The Ordinary will see that *all* blank spaces are filled when the affidavits are signed.

Form No. 2.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County DeKalb
Joseph Smith, J. L. Phillips and G. W. Johnson
personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say,
under oath, that they are personally and well acquainted with Jas L. Born
whose application is herewith presented for a pension, that he has resided in this State continuously since the
19th day of June 1862, that he served in Company C of the
Cobbs Legion Regiment of Brigade, and from our personal knowledge, he
while in line of duty, was injured by the service as follows: (*give full statement, and tell in your own language when, where and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor, or can do any, state what.*)

The witnesses Phillips and Smith know personally that he was left sick as he states in his application at the Battle of Chancellorsville. That he was picked up the time by the ambulance corps. That he has been troubled with said disease ever since. That it affects his general health and we know he is poor unable to earn a support for himself and family. He is very feeble both and this quite often.

All of the above is true to the best of our knowledge and belief.

Where was applicant's command surrendered? At Appomattox

Was he with it? Was fully captured Were all of you present? G. W. Johnson was present
Phillips was in prison
If not, where was he? He was there and captured with his Co.

Where were you all? J. L. Phillips was in prison at Point Lookout
G. W. Johnson was captured and was with Born. Smith was retired.

How do you know the facts you state to be true? We were in same company and
prison and know it to be true as stated

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 taking oath of allegiance day of
186 . Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18
We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 25th day of March 1903
W. M. Ragsdale
Ordinary.

Joseph Smith
J. L. Phillips
G. W. Johnson

NOTE 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are legally qualified to the same.
2.—Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.
3.—All blank spaces must be filled when signed.
4.—Three witnesses are required.

Form No. 3.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY comes before me J. T. Goss Ordinary of said County,
J. T. Goss and Wiley Stanley, both known to
me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully
examined James L. Born and after such personal examination, say that the present
condition of applicant is as follows: Physically unfit for manual labor, and life evidently runs in consequence of service during exposure & incidental hardships.

and that such condition is permanent. Said condition arises from the following facts: Inflamed, enlarged Prostate partially incurable

I have treated applicant professionally for 25 & more years, and his condition, as above stated, does not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this 26th day of March 1903
W. M. Ragsdale
Ordinary.

J. T. Goss M.D.
Wiley S. Stanley M.D.

NOTE 1.—*State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as understood by affiants.*
NOTE 2.—The physicians will be careful to fill every blank space in oath.

Form 4.

STATE OF GEORGIA,
DeKalb County.

I, W. M. Ragsdale, Ordinary of said County,
do certify that I am well acquainted with Jas L. Born the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are
true, *and he is disabled, as he claims,* and I know he is the individual he represents himself to be, and that he
resides in this County and has been a bona fide resident since the 19th day of June 1862
I also certify that the witnesses, to-wit: Joseph Smith, J. L. Phillips
and G. W. Johnson are persons of respectability, that their statements are worthy of full
credit and belief, *and that the full text of the affidavit was read to and understood by them before they signed the same.*

Given under my official signature and seal, this 26th day of March 1903
W. M. Ragsdale
Ordinary DeKalb County.

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb County.

I, J. L. Bowe hereby authorize
J. L. Bowe of DeKalb county
to receive and receipt for the pension paid hereon and request that he remit same to
J. L. Bowe by J. L. Bowe
at Decatur

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 21
day of January 1903.

J. L. Bowe [L. S.]

Executed in presence of
James R. Gurgle
Ordinary

Bowe James L
Dekalb County
(CODE SECT'S 1250.)
(FOR THOSE ALREADY ENROLLED.)
No. 264

DISABLED
SOLDIER'S PENSION
1903.

Name J. L. Bowe
County Dekalb
Co. 6 Regiment Cavalry
Disability Rupture
Amount, $ 5.00 1/23 1903.

JOHN W. LINDSEY.
Commissioner of Pensions.

WARRANT HANDED TO
J. L. Bowe

GEO. W. HARRISON, STATE PRINTER, ATLANTA

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

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

[L. S.]

Executed in the presence of

Born James L
Dekalb County
(CODE SECTION 1250.)
(FOR THOSE ALREADY ENROLLED.)
No. 264

DISABLED
SOLDIER'S PENSION
1905.

Name Jas. L. Bowe
County Dekalb
Co. G Regiment Cav's Ranger
Disability
Amount, $ 5.00
Jany 23 1905.

JOHN W. LINDSEY.
Commissioner of Pensions.

WARRANT HANDED TO
J. L. Bowe

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

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears, J. L. Born of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 19 day of June 1847; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a _____ in Company C, of Cobbs Legion of Ga Volunteers _____'s Brigade; that whilst engaged in such military service in the State of Va _____, on the 6 day of May 1863, he was wounded, injured or diseased as follows: Ruptured by jumping down and embankment in a charge in Battle at Chancellorsville Va

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 DeKalb County, been allowed an invalid pension of Fifty _____ Dollars, for the year 1902.

Sworn to and subscribed before me, this the 21 day of Jany 1903.
James R George Ordinary
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,
DeKalb County.

J. L. Born

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

Given under my official signature and seal, this 21 day of Jany 1903.

James R George
Ordinary DeKalb County.

Affix your seal here.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb COUNTY.

Personally appears Jas. L. Born of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the _____ day of _____ 18 ; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a _____ in Company C, of Cobbs Legion of Ga Volunteers _____'s Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186 , he was wounded, injured or diseased as follows: Disease

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 DeKalb County, been allowed an invalid pension of Fifty _____ Dollars, for the year 1904.

Sworn to and subscribed before me, this the 18 day of Jany 1905.
James R George Ordinary
J. L. Born
Post-office Decatur

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

STATE OF GEORGIA,
DeKalb COUNTY.

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

Given under my official signature and seal, this 18 day of January 1905.

James R George
Ordinary DeKalb County.

Affix your seal here.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Jas L Born, hereby authorize
Chas Holcomb of Decatur
to receive and receipt for the pension paid hereon, and request that he remit same to
Jas L Born by Decatur Ga
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20th
day of January 1906.

J. L. Born [L. S.]

Executed in the presence of
James R. George
Ordinary

Born, J. L.
Jas. L. Born
(CODE SECTION 1250.)
(FOR THOSE ALREADY ENROLLED.)
No. 2264

DISABLED
SOLDIER'S PENSION
1906.

Name Jas L Born
County De Kalb
Co. C Regiment Cavalry
Disability Disease
Amount, $ 50 00
1/22, 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Chas. Holcomb Agt

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. COUNTY.

I, J. L. Born, hereby authorize
J. L. Born of Decatur Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
J. L. Born by
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 21
day of January 1907.

J. L. Born [L. S.]

Executed in presence of
James R. George
Ordinary

Born, J. L.
Dec. Ga.
31
(CODE SECTION 1250.)
(FOR THOSE ALREADY ENROLLED)
No. 814

DISABLED
SOLDIER'S PENSION
1907.

Name J. L. Born
County DeKALB.
Co. C Regiment Cavalry Division
Disability disease
Amount, $ 50
1/31, 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J. L. Born

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
De Kalb County.

Personally appears Jas L Born of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 19 day of June 1847; that he enlisted in the military service of the Confederate States, (or of the State of _____) during the war between the States, and served as a Private in Company C, of Cobb Legion Regiment of Ga Volunteers _____'s Brigade; that whilst engaged in such military service in the State of Virginia, on the _____ day of May 1863, he was wounded, injured or diseased as follows:

Disease.

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

Sworn to and subscribed before me, this the 16 day of January 1906.

James R George Ordinary

J. L. Born

Post-Office Decatur

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

State of Georgia,
De Kalb County.

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

Given under my official signature and seal, this 16th day of January 1906.

James R George

Ordinary De Kalb County.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
DeKALB. County.

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

Disease

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

Sworn to and subscribed before me, this the 16 day of January 1907.

James R George Ordinary

Jas L Born

Postoffice _____

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

State of Georgia,
DeKALB. County.

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

Given under my official signature and seal this 16th day of January 1907.

James R George

Ordinary DeKALB. County.

Affix your seal here

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

I J. L. Argo do make this affidavit that I personally knew that J.L. Born of Company C — Cobbs Legion was ruptured as he states in his affidavit at the Battle of Chancellorsville Va Know he was treated at the Time by the regimental Physician that he has been affected with said rupture ever since that it affects his general health and I know he is now unable on account of said rupture to do very little work and that only at Times; and also Know of his servis as a Soldier and was always in his place

Sworn to and Subscribed before me August 26th 1903

J. L. Argo Late of the at the Time of that Battle and Know this to be True of Co C. 9 Cobbs Ga Legion

Personally appeard J L Argo who on oath says that the above statement is Just and True

Sworn Too and Subscribed before Me this aug 26 1903

J J Nash JP

Personally appeard J L Argo
who on oath deys that the above statement
is Corrct and True
Sworn Too and Subscribed before Me
This aug 26- 1903

J Y Nath JP

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

COUNTY.

Personally came before me L. F. Dorn and
W. J. Hamilton, both known to me as reputable physicians
of said County, who, being severally sworn, say on oath that they have examined carefully J. L. Dorn,
applicant for pension under Section 1254, Code, and after
such personal examination say that his precise physical condition is as follows: Besides a wound
in right Elbow weakening the limb & another near
left shoulder joint both from rifle or minnie
balls, Applicants life is constantly in jeopardy
from irreducible inguinal hernia, altogether
rendering him unfit to perform manual labor, the
same is permanent & incurable
and that we have no interest in said pension being allowed.

D. H. Cope, M.D.
W. Hamilton M.D

Sworn to and subscribed before me, this the
August day of 24 1903.

Jas. R. George Ordinary.

NAME Born, James L. YEAR 1903 COUNTY DeKalb

WHEN AND WHERE BORN? June 19, 1842, Georgia

ENLISTED WHEN AND WHERE? July 1861, Virginia

RANK

COMPANY AND REGIMENT? Co. C, Cobb 's Legion Georgia

NAME OF CAPTAIN AND COLONEL? J. L. Argo, Lieut.

WOUNDED? May 1863, at the battle of Chancellarville, Virginia, while in line, was forced to jump down a railroad cut and in jumping was ruptured. The rupture was so bad and severe that Regt. surgeon was called and treated said rupture. Applicant has grown worse affecting bowels, kidneys and bladder.

CAPTURED. WHEN AND WHERE? April 6, 1865

RELEASED.

WHEN SURRENDERED?

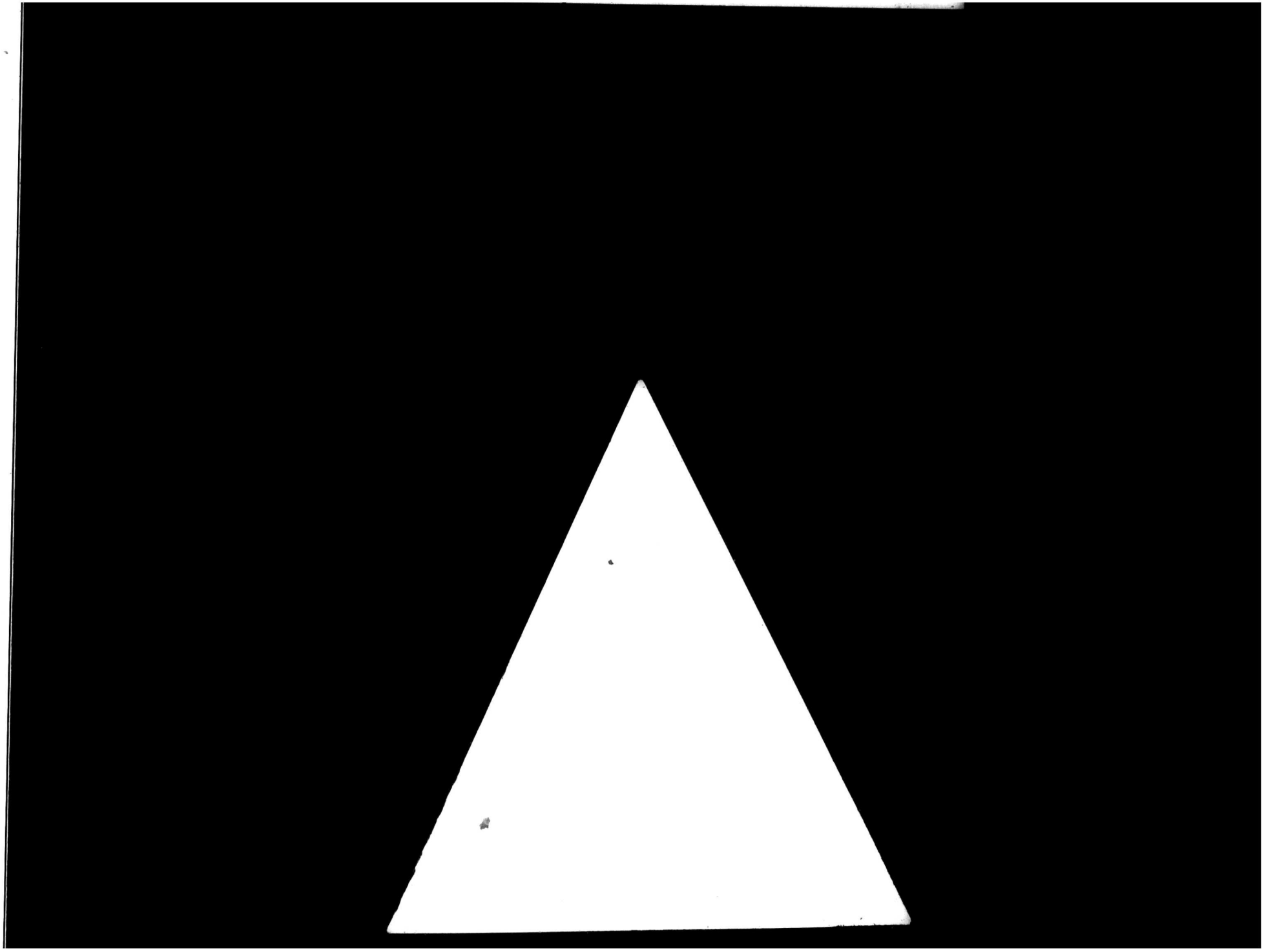
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In prison

DIED. WHEN AND WHERE?

BURIED.

WITNESSES. Joseph Smith, J. L. Phillips, G. W. Johnson - same command -

No data



J L Born the
Husband was
on Invalid Roll Dec 5200
G/C Fr. 1912
No.

Born, Martha A
DeKalb, County

Widow's Pension

UNDER ACT 1910.

County DeKalb

Name Martha A Born

Widow of Jas. L. Born
was on Invalid Roll = $50 pr
Co. - 60th Ga Regt

J. W. LINDSEY,
Commissioner of Pensions.

ENTERED ROSTER OFFICE

Chas. P. Byrd, State Printer.

11/10-1914

Husband was on Roll at Death

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

STATE OF GEORGIA,
DeKalb County.

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

1. What is your name, and where do you reside? Martha A. Born
2. How long and since when have you been a continuing resident in the State of Georgia? 69 - may 1842
3. When, where and to whom were you married? Dec. 31 1867 - DeKalb Co Ga
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) Confederate State augst 1 1861 - Decatur Ga - company C - Cobbs Legion
5. When and where did the Commands of your husband surrender or discharge from the army? April 9th 1865 - Appomatox C.H. Va
6. Was your husband personally present at the time of the surrender or discharge of this Command? He was Present
7. If he was not present state clearly where he was? Present
8. Where was his Command when he left? did not leave
   a. For what cause did he leave his command? ____
   b. By whose authority did he leave his Command? Surrender
   c. For how long was he granted leave of absence? ____
   e. What was his physical condition when he left his Command? ____
   f. What effort did he make to return to his command? ____
   g. In what way was he prevented from going back to Command? Surrender
   h. Was he captured by the enemy at any time? He was
   i. If so, when and where captured and where held as a prisoner, and when and for what cause released? 1862 - South Mountain Md fort Dellaware Exchange
   j. When and where did your husband die? May 8th 1907 - DeKalb Co Ga
   k. Were you residing together when he died? We was
   l. If not, how long had you resided apart? ____
9. What property of any description did you own, hold or control for your use and its cash value Nov. 4, 1908. (State same by items.) Myself & My Children to wit James Born John Born and Callie Born owns together 75 acres of Land left by my husband
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.) Nothing
11. What property of any description of any value have you now? Give list and cash value? My Children & Myself owns 75 acres Val $2000.00
12. What are your annual earnings or income and their value? we get a Small rent from farm
13. Have you heretofore been paid a pension by the State? Have not If so, when and for what cause were you struck from the Roll? ____

Sworn to and subscribed before me this the 1st day of Nov 1911

Martha A Born

James B George Ordinary.
of DeKalb County.

James C Born
at this Death $50.00

James A Born
at this Death $100.00

Ga Confed
Husband
Co C 4th Ga Cav
Co C Cobbs Legion Inf
Born Martha A
No.
DeKalb, County

Widow's Pension

UNDER ACT 1910.

County DeKalb

Name Martha A Born

Widow of Jas A. Born who was a Soldier in Co C Cobbs Legion

J. W. LINDSEY, Commissioner of Pensions.

ENTERED ON ROSTER OFFICE

Chas. P. Byrd, State Printer

11/15/11

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

STATE OF GEORGIA,
DeKalb County.

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

1. What is your name and where do you reside? J. L. Argo Lithonia DeKalb Co Ga
2. How long and since when have you known Martha A Born applicant?
3. How long and since when has she continuously resided in this State? (Give date.) 50 years all her life
4. When and to whom was she married? J. L Born How do you know? My own Knowledge
5. How long and since when did you know J. L Born her husband? 60 years from a boy
6. When and where did Jas L Born the husband of Applicant die? May 8th 1907 – DeKalb County
7. Were the Apicant and her husband living together as husband and wife at the date of his death? They was
8. If not, how long did they live apart before his death? ——
Were they divorced? ——
9. When, where and in what Company and Regiment did Jas L Born enlist? August 1st 1861 – Decatur Ga Company C – Cobbs Legion
10. Were you a member of the same Company? I was
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? August 1st 1861 – to April 9th 1865
12. When, and where did his Command surrender, and was discharged? April 9th 1865 Appomattox C.H. Va
13. Were you personally present when it was surrendered? I was If not where were you Present and how came you there? with My Command
14. Was the husband of applicant personally present at surrender? He was If not where was he? Present when, where and for what cause did he leave Command? (Give date.) April 9th 1865 Appomattox C.H. Va By whose authority did he leave his Command? Surrender and how long was he granted leave? —— How do you know all this? I was Present Know it of My own Knowledge I was Lieutenant of the Company
15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? Surrender
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Surrender

Sworn to and subscribed before me this the 26 day of Oct 1911 — J. L. Argo

James R George Ordinary,
of DeKalb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
DeKalb County.

Personally before me comes W. L. Hinley & D. C. Thompson who on oath says that they are freeholders of said County and that they know Mrs Martha A Born of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows Mrs Martha A Born and her Children own 75 acres of Land Val at $1200.00 left by him [illegible]

Personal property	$ 1200.00
Notes and accounts due	$ None
Total	$ ——

Schedule (B).

We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:

Personal property	$ None
Money, Notes and accounts	$ None

Schedule (C).

We also know what property she has now in her possession, use and control to wit: as stated above Mrs Born & her children own 75 acres of Land Val

Horses and Mules	$ 1200.00
Cows and Hogs	$ ——
Other property	$ ——
income and earnings	$ ——
Total Value of all property and effects	$ 1200.00

Sworn and subscribed before me this the 1st day of Nov 1911 — W. L. Hinley, D. C. Thompson

James R George Ordinary,
of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb County.

I James R George Ordinary of said County do certify that, I know Mrs Martha A Born the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov. 1908.

But I also know J. L. Argo, W. L. Hinley & D. C. Thompson the witness who swears to service of husband, and who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns J. L. Born's Estate Returned for Tax is for 1908 $1200.00 for 1910 $1100.00 — 1911 $1200.00

Sworn under my hand and official seal of office this 1st day of Nov 1911

SEAL.

James R George Ordinary,
DeKalb County

(SEAL.)

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

Mrs Born Returns nothing for Dekalb Co

This Dept of DeKalb Shows that Mrs Martha A Born returns Nothing for Taxes James R George Ordinary Nov 1st 1911

State of Georgia, DeKalb County.

To any Minister of the Gospel, Judge of the Superior Court, Justice of the Inferior Court or Justice of the Peace to celebrate:

You are hereby authorized and permitted to join in the Honorable State of Matrimony James L. Born and Miss Mattie A. Barnes according to the Rites of your Church provided there be no lawful cause to obstruct the same according to the Constitution and Laws of this State, and for so doing this shall be your sufficient license.

Given under my hand and seal this 24th day of December 1867.

J. B. Wilson, Ordinary(Seal)

I hereby certify that James L. Born and Miss Mattie A. Barnes were duly joined together in the holy bans of matrimony on the 31st day of December 1867 by me.

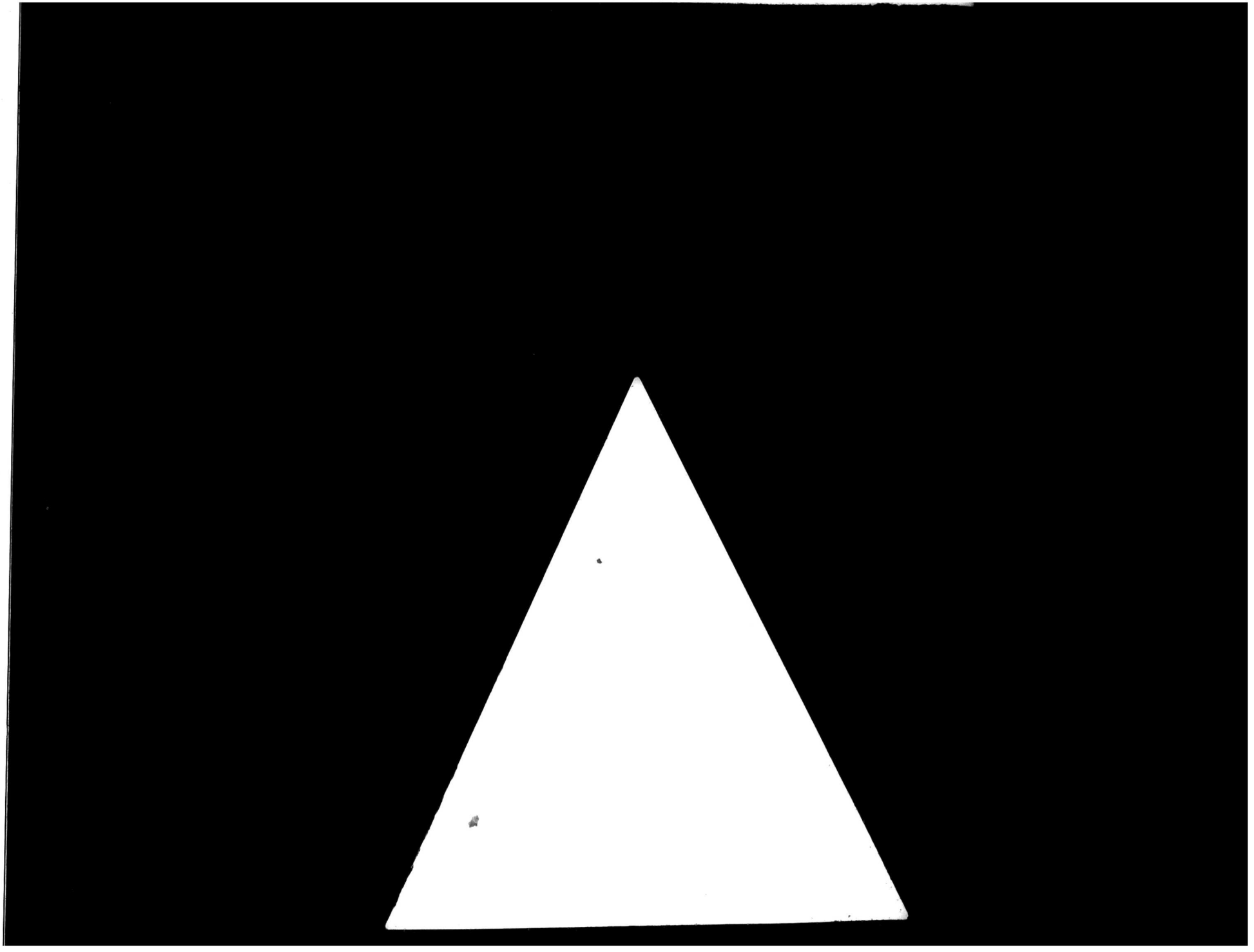
E. J. Bailey, J. I. C.

Georgia, DeKalb County.

I, James R. George, Ordinary in and for said county, do hereby certify that the above and foregoing copies of marriage license and certificate of marriage of James L. Born and Miss Mattie A. Barnes, are true, correct and complete copies of said license and certificate as appears of record in my office in Book B. Record of Marriages, Page 223. In Testimony Whereof, I have hereto set my hand and affixed the seal of said court of ordinary, this the 26th day of October, 1911.

James R. George

Ordinary, DeKalb County, Georgia.



Form No. 2.

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

STATE OF GEORGIA, County of De Kalb

I, W. M. Capsalier Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Ellen Bosier 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, 1850, and has not lived out of the State since that date. That she is the widow of Drayton Bosier 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 23rd day of Jan 1894.

W. M. Capsalier Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. Ellen Bosier of De Kalb County in said State, do hereby appoint Dr J. L. Johnson of De Kalb my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be 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 23rd day of Jan 1894.

Ellen Bosier [L. S.]

Executed in the presence of us:

W. M. Pinnell

W. M. Capsalier

Notary Public

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

Bosier, Ellen
De Kalb Co.
FOR THOSE HERETOFORE PAID.

1894.

No. 1026

WIDOWS' PENSION,
for year ending February 15th, 1894.

—PAID TO—
Mrs. Ellen Bosier
—OF—
De Kalb County.

WARRANT ISSUED
2/2
1894,
AND HANDED TO
Dr J. L. Johnson

GEO. W. HARRISON, State Printer, Atlanta.

Form No. 2.

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

STATE OF GEORGIA, County of De Kalb

I, W. M. Magsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Ellen Bosier 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 Drayton Bosier 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 23rd day of Jan 1894.

[SEAL] W. M. Magsdale Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs Ellen Bosier of De Kalb County in said State, do hereby appoint Mr J. L. Johnson of De Kalb my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be 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 23rd day of Jan 1894.

Ellen Bosier [L. S.]

Executed in the presence of us:

Willy Pinnell

[illegible]

DIRECTIONS.

Send amount by to me at , and oblige

Bosier, Ellen
De Kalb Co.
FOR THOSE HERETOFORE PAID.

1894.

No. 10226

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—
Mrs. Ellen Bosier
—OF—
De Kalb COUNTY.

WARRANT ISSUED
2/2 1894.
AND MAILED TO
J. L. Johnson

Geo. W. Harrison, State Printer, Atlanta.

Form No. 1

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. Ellen Bosier

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since 1859 That she is the Widow of Drayton Bosier who was a Soldier in Company E of the 64th Regiment of Ga Volunteers, that he enlisted in said Regiment on or about the month of June 1862 and served in the Army up to Aug 1864 That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) (Had reciepts of measles and bowel trouble and died while in service at Covington Ga. on the 29th day of August 1864.

)

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1856 ; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this 23rd day of Dec 1894.
W.M. Logsdon Ordinary.

Ellen Bosier
Post-office Lithonia Ga

Form No 2.

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

STATE OF GEORGIA, County of DeKalb

I, W. W. Ragsdale, Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. Ellen Bozier 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 Drayton Bozier deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 24" day of Jan 1895.

{SEAL} W. W. Ragsdale Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. Ellen M Bozier of De Kalb County in said State, do hereby appoint D. R. J. D. Johnson, of De Kalb my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be 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 24" day of Jan 1895. Ellen Bozier [L. S.]

Executed, in the presence of us:

S. C. Doby
W. W. Ragsdale
C. Bruce,

DIRECTIONS.

Send amount by to me at , and oblige

Bozier, Ellen M.
DeKalb Co.
FOR THOSE HERETOFORE PAID.

1895.

No. 940

WIDOW'S PENSION,

for year ending Febuary 15th, 1895.

—PAID TO—
Mrs. Ellen Bozier

—OF—
DeKalb County.
widow of Drayton Bozier

WARRANT ISSUED
Jan 28 1895.

AND HANDED TO

John W. Harrison, State Printer.

Form No. 2.

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

STATE OF GEORGIA, County of De Kalb

I, W. W. Ragsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Ellen Bozier 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 Drayton Bozier deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 30th day of Jan 1896.

{SEAL} W. W. Ragsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

I, Ellen Bozier hereby authorize J. D. Johnson of De Kalb Co to receive and receipt for the pension paid hereon and request that he remit same to — — at — —

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24th day of Jan 1896.

Ellen Bozier. [L. S.]

Executed in the presence of
W. J. Terry
W. W. Ragsdale,
Ordinary.

Bozier, Ellen
DeKalb County
FOR THOSE HERETOFORE PAID

1896.

No. 3245

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO
Mrs. Ellen Bozier

OF
DeKalb County.
widow of Drayton Bozier

WARRANT ISSUED
Jan 27 1896.

AND HANDED TO

Geo. Williamson, State Printer.

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb | Personally Comes Mrs. Ellen Bosier

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since 1857 That she is the Widow of Drayton Bosier who was a Soldier in Company E of the 64th Regiment of Ga Volunteers, that he enlisted in said Regiment on or about the month of June 1862 and served in the Army up to Aug 1864 That he lost his life on the 24th day of Aug 1864. (*State here full particulars of the husband's death, when, where and from what cause.*) (

He had measles and chronic Dysentery and died of the disease at Covington after the retreat from Atlanta on date above given

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1856, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this 24th day of Jan 1895. W.M. Reynolds Ordinary. | Ellen Bosier Post-office Lithonia Ga.

Form 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb | Personally Comes Mrs. Ellen Bosier

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 1852 That she is the Widow of Drayton Bosier who was a Soldier in Company E of the 64th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of June 1862 and served in the Army up to Aug 1864, That he lost his life on the 27th day of Aug 1864 (*State here full particulars of the husband's death, when, where and from what cause.*) (

had chronic bowel trouble while in service and died in a hospital at Covington Ga on date above

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1856, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this 24th day of Jan 1896. W.M. Reynolds Ordinary. | Ellen Bosier Post-office Lithonia Ga.

Form No. 2.

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

STATE OF GEORGIA, County of DeKalb

I, W. M. Ragsdale, Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. Ellen Bosier 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 Douglas Bosier deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 6th day of June 1897.

(SEAL) W. M. Ragsdale Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, DeKalb County.

I, Ellen Bosier hereby authorize L. L. Johnson of DeKalb to receive and receipt for the pension paid hereon and request that he remit same to at

In Witness Whereof, I have hereunto set my hand and seal, this 5th day of June 1897. Ellen Bosier [L. S.]

Executed in the presence of

R. L. Langford

W. M. Ragsdale, Ordinary.

Bosier, Ellen
DeKalb County
For Those Heretofore Paid.

1897.

No. 2438

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO Mrs. Ellen Bosier

OF DeKalb County,

Widow of Douglas Bosier

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED 2/3 1897.

AND HANDED TO A. T.

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia, DeKalb County.

I, Ellen Bosier hereby authorize J. L. Johnson of DeKalb to receive and receipt for the pension paid hereon and request that he remit same to at

In Witness Whereof, I have hereunto set my hand and seal, this 12th day of Jan 1898.

Ellen Bosier [L. S.]

Executed in the presence of

J. K. Still

W. M. Ragsdale, Ordinary.

Bosier, Ellen
DeKalb County
For Those Heretofore Paid.

1898.

No. 2637

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO Mrs. Ellen Bosier

OF DeKalb County,

Widow of Douglas Bosier

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED 2/2 1898.

AND HANDED TO J. L. Johnson

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. Ellen Bosier

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 1852. That she is the Widow of Drayton Bosier who was a Soldier in Company E of the 64th Regiment of Ga Volunteers, that enlisted in said regiment on or about the month of June 1862 and served in the Army up to Aug 1864. That he lost his life on the 24 day of Aug 1864 (State here full particulars of the husband's death, when, where and from what cause.)

Had bowel trouble and was on sick leave home and died of the disease at Covington Ga sometime in August 64

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 1852, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 17th day of Jan 1897. Wm. Ragsdale, Ordinary. | Ellen Bosier, Post-office Lithonia, Ga.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. Ellen Bosier

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 1847. That she is the Widow of Drayton Bosier who was a Soldier in Company E of the 64th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of June 1862 and served in the Army up to Aug 1864. That he lost his life on the 24 day of Aug 1864 (State here full particulars of the husband's death, when, where and from what cause.)

Had bowel trouble from measles contracted while in service from which he died at Covington Ga.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1856.

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

Sworn to and subscribed before me, this 12 day of Jan 1898. Wm. Ragsdale, Ordinary. | Ellen Bosier, Post-Office Lithonia

State of Georgia, DeKalb County. } I Wm. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Ellen Bosier who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18

Given under my official signature and seal this the 13th day of June 1898.

Wm. Ragsdale

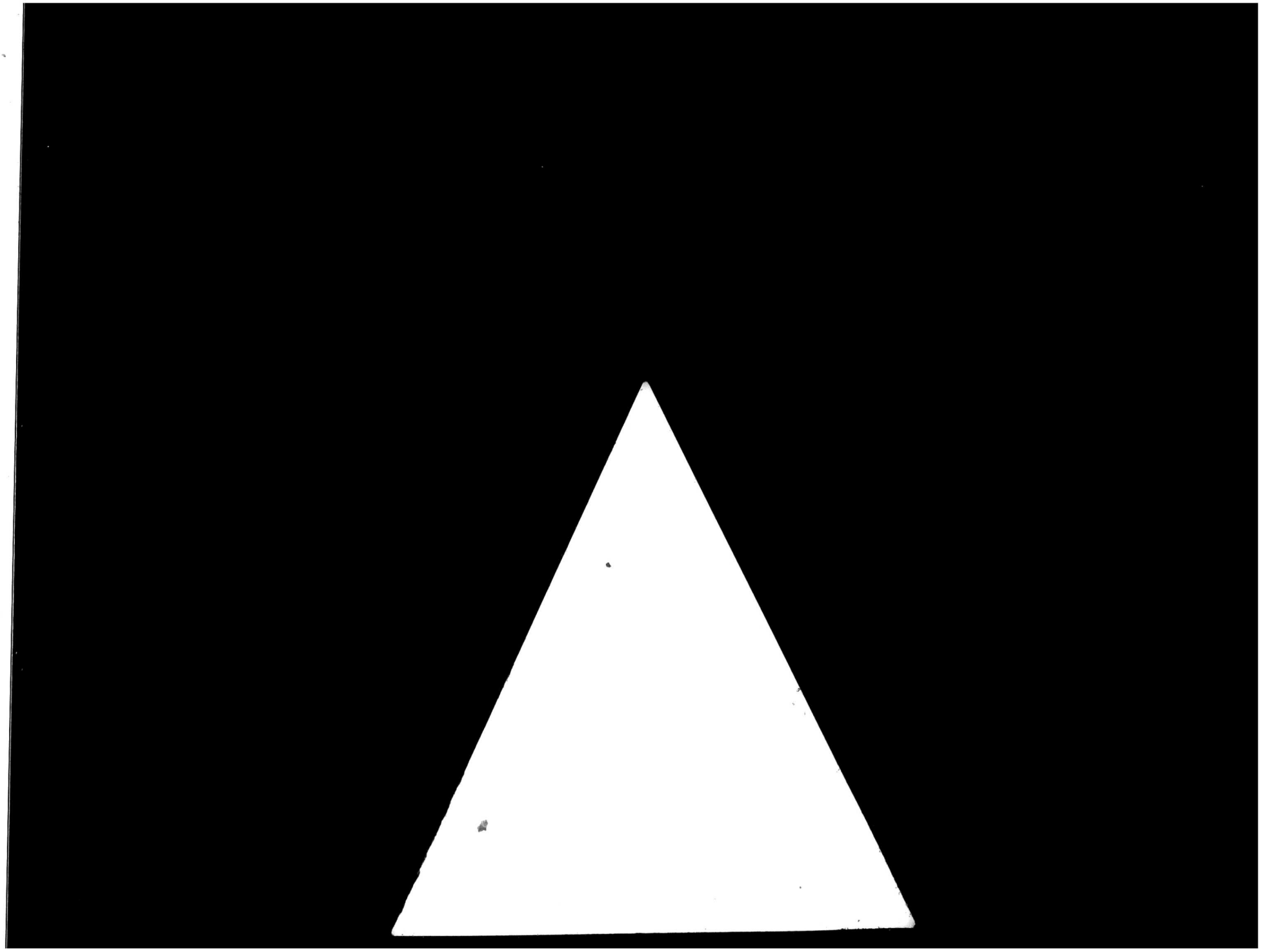
Official Seal.

Ordinary of DeKalb County.

Bosier Ellen
Widow
DeKALb Co.

See 64th Regt. Ga. Inf.
Company E

2 applications, dated
1871, 1893



Bowden, John M.
DeKalb Co
Oct 1914

No. 1

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb

Name John M Bowden

Company B

Regiment 2nd Ga

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

10/22/1913

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,
DeKalb County.

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

1. What is your name and where do you reside? (Give County and Post-office) John M Bowden DeKalb Co Decatur Ga

2. How long and since when have you been a continuous resident citizen of this State? 73 years June 28th 1840

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) August 16th 1861 Manassas Va Comp'y B 2nd Ga Regt

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) from 1861 To 1865 April

6. When and where was your Company and Regiment surrendered or discharged from the Service? April 9th 1865 Appomattox Va

7. Were you actually present with your Command when it was surrendered or discharged? was not

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

a. Where was your Command when you left it? near Richmond

b. When did you leave the Command? Captured Sept 28th 1864

c. For what cause did you leave? In Prison

d. By whose authority did you leave? Prison

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

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

g. In what way were you prevented? In Prison

h. What effort did you make to return? None

i. Were you captured during the war? I was

j. If so, when, and where? In what prison were you held and when were you released? Sept 28th 1864 near Richmond Point Lookout when war closed

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.) $1000.00 Personally Property

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? Nothing

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) Personal Property about $1000.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? Nothing

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

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Never have

Sworn to and subscribed before me, this the 2nd day of October 1913

James L George Ordinary, of DeKalb County.

J M Bowden

Bowden, John M
DeKalb Co

No. 4

Oct 1914

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb

Name John M Bowden

Company B

Regiment 2nd Ga

Approved

J. W. LINDSEY,
Commissioner of Pensions

THIS 1 DAY State Prison Atlanta

10/22/1913

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Troup County.

R. A. Freeman of said State and County is hereby presented as a witness in support of the application of John M. Bowden for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? R. A. Freeman and I reside at West Point Troup County Georgia.
2. How long and since when have you known John M. Bowden the applicant? Since 1860
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? He was at Thomaston Georgia and was then a bonafide Continuing resident of This State since 1860. I know
4. When, where and in what Company and Regiment did he enlist during war from 1861 to 1865? (Give date and place) Aug 26 1861 in Co B 2d Reg Ga Vols
5. How did you obtain your information of this Service? I was a Younger Soldier Company and Regt and personally know the facts stated
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) from Aug. 26 1861 to Sept. 29 1864
7. When and where was his Command surrendered or discharged (give date and place) April 9 1865 at Appomattox Va.
8. Were you personally present at the Surrender? I was and a Captain of the Co
9. If not, where were you and how came you there? I was present
10. Was the applicant personally present with his Command at surrender? Yes
11. If not where was he and how came him there? A prisoner at Point Lookout Captured at Fort Harrison Va Sept 29 1864
12. When did he leave his Command? Sept. 29 1864 Where was his Command when he left it? Near Fort Harrison for what cause did he leave? Captured By whose authority did he leave Made prisoner by Yankees and how long was he granted leave? He was Captured in battle How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I was present in Command of The Company and personally know the
13. In what way was he prevented from returning to his Command? Imprisoned How do you know? I was in the battle and know of my own knowledge
14. What effort did he make to return to his Command and how do you know? He was held as a prisoner of war and was not exchanged
15. Was applicant captured as a prisoner Yes If so, when and where? Sept 29 1864 at Fort Harrison In what prison was he held? Point Lookout and when released? Not until after the Close of the war

Sworn to and subscribed before me, this the 27th day of Oct 1910 — R. A. Freeman

W. D. Woodyard Ordinary.
of Troup County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.
DeKalb County.

Personally before me comes Mrs J. G. Addy & J. G. Addy who on oath says that they are free holders residing in said County and we know John M. Bowden 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.) Personal Property $1000.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov. 1908? (State it fully by items.) Wife's Personal Property
2. When and to whom was it sold or given? Not any Sold
3. What was the price paid or stipulated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale? No Sale
6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension? No

Sworn to and subscribed before me, this the 7th day of Oct 1910 — Mrs J. G. Addy — J. G. Addy

James R. George Ordinary DeKalb
of County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb County.

I, James R. George Ordinary of said County, certify that I know the applicant J. M. Bowden for Pension is the person he represents himself to be and resides in said County. That I also know the witness swearing to the service and Mrs J. G. Addy & J. G. Addy who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of DeKalb Co shows that J. M. Bowden and wife value for tax is in 1908 $ Nothing for 1909 $ for 1910 $

Sworn under my hand and official seal of office this 11 day of Oct 1910

James R. George Ordinary.
of DeKalb County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary.

Personally before me comes [illegible] who on oath says that they are free holders residing in said County and we know John M Bowden 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.) $1000.00

Personal Property

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

Bowden, J. M.
DeKalb Co.

1920

Application for Pension Due Deceased Pensioner Under Act 1904

James P. Gunn Ordinary

For J. M. Bowden

of DeKalb County

of Co. B 2 Ga Regiment

Died January 28th 1920

Amount $ 42.50

Approved and ordered paid.

Apr. 27th 1920.

J. W. LINDSEY,
Commissioner of Pensions.

HAMPTON, S. C. Jan 31 1920

Mr R. O. Bowden
Hampton S. C.

HAMPTON UNDERTAKING CO., INC.

UNDERTAKERS AND EMBALMERS

COMPLETE LINE OF COFFINS, CASKETS AND BURIAL SUPPLIES.

1 Metalic Casket & Box	250.00
Funeral ma[illegible]	25.00
1 Dress Clothes	25.00
[illegible]	40.00
	20.00
	42.50

Affidavit
on Back

Paid
E. H. Alexander
Hampton S.C. 2/3/20

over
Affidavit

Application for Pension Due to a Deceased Pensioner

Under the Act of August 15, 1904

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

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes Mrs. Mary B. Addy of said County, who, after being sworn, on oath says that She knew J.M. Bowden of said County, and that he was on the Indigent Pension Roll of DeKalb County at the time of his death, which occurred in South Carolina County, in this State, on the 28 day of January 1920 and that a Pension of One Hundred Dollars $100.00 Dollars was due him and unpaid at the time of his death. That he left no widow or dependent children surviving him, and no estate of any value sufficient to pay his funeral expenses, which amounted to the sum of $425.00 Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me

this 24 day of March 1920 Mrs. Mary B. Addy

James R. George Ordinary.

DeKalb County.

GEORGIA, DeKalb County.

March 24th 1920

AFFIDAVIT OF ORDINARY

I, James R. George Ordinary of said County, do certify that I personally know Mrs. Mary B. Addy, who is a resident citizen of said County, and that she is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew J.M. Bowden while in life; that he was the same person whose name appears on the Indigent Pension Roll of DeKalb County, and was paid a Pension of $100.00 Dollars in said County for 1920, and I now believe him to be dead.

Given under my hand and official seal, this 24 day of March, 1920

James R. George Ordinary.

County.

NOTE.—Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the account in itemized form, giving value of each item and for what. Running accounts, other than those connected with last illness before death, cannot be paid. All accounts must be made out and sworn to before the Ordinary, in the following form:

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

Parties who pay such bills must see to it that they are itemized and sworn to as above directed before presenting them for payment by the State.

The Ordinary must see that an affidavit has been made on the face or back of each bill submitted for payment, and must then attach such bills to this voucher and send to the Pension Office so that his account may be given credit for the money thus paid out. If you have any doubt about a claim, send it to this Office for instructions.

South Carolina)
Hampton County)

Personally appeared before me E.M.Peeples who on oath says that he is the proprietor of Hampton Undertaking Co.Inc. and that the within bill is true and correct for services and supplies for Rev.J.M.Bowden deceased.
Sworn and subscribed to before me this March 17th, 1920.

C.L. Hanson (L.S.)
Notary Public for S.C.

E.M. Peeples
Licensed No 184

NAME Bowden. John M. YEAR 1914 COUNTY DeKalb.

WHEN AND WHERE BORN? 73 years. Resident of Georgia since June 28th, (1840

ENLISTED WHEN AND WHERE? August 26th, 1861, Manassas,Va.

RANK:

COMPANY AND REGIMENT? Company B. 2nd Georgia Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? September 28th 1864, near Richmond, Va. Sent to prison at Point Lookout, Md.

RELEASED: At the close of the war.

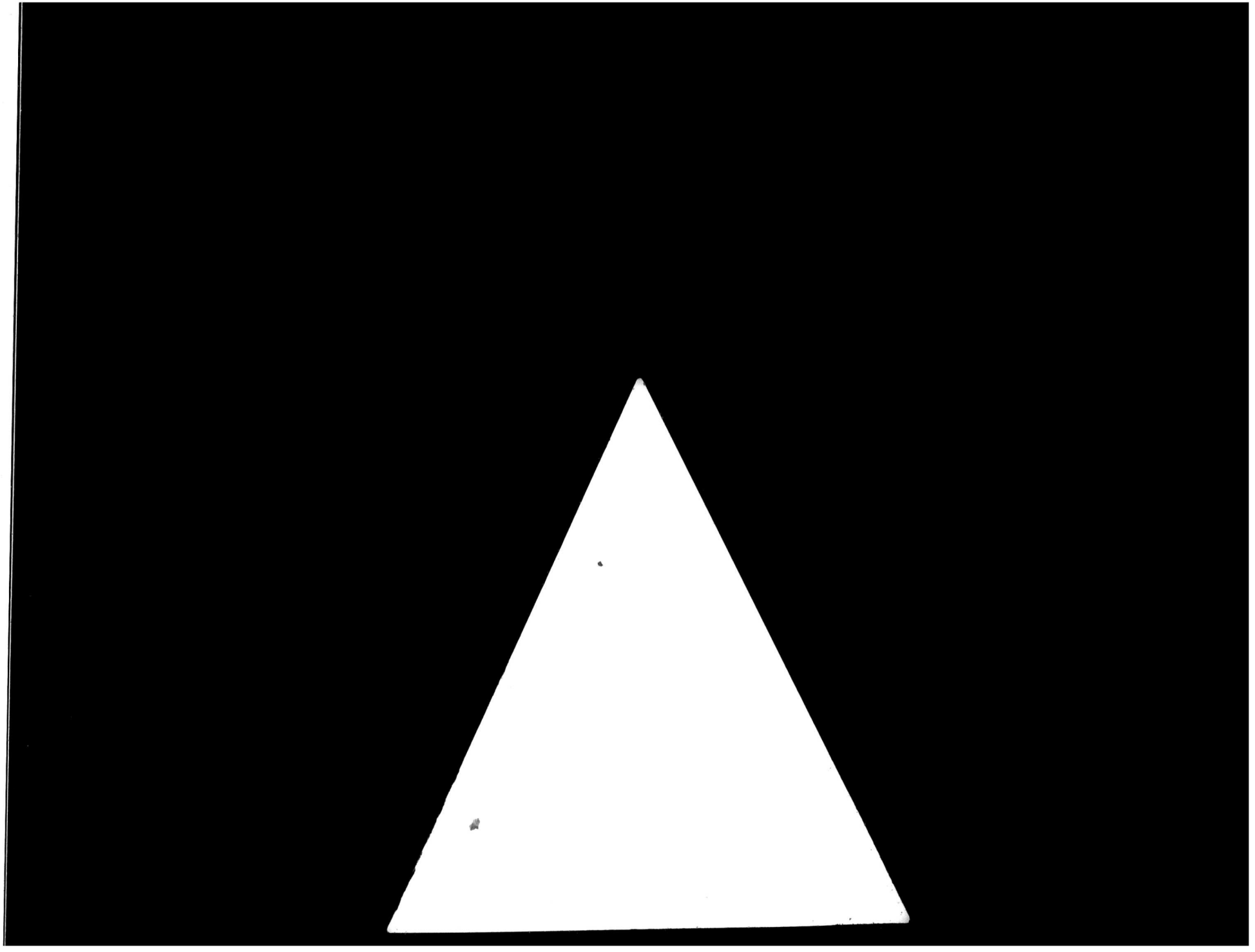
WHEN AND WHERE SURRENDERED? Command / April 9th, 1865, Appomattox, Va.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?. In prison, Point Lookout Md. Left command September 28th, 1864, captured. near Richmond, Va, captured.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: R. A. S. Freeman,- Same command,- No data.
cb



CERTIFICATE OF ORDINARY

STATE OF GEORGIA, DeKalb Georgia.

I, E. L. Morgan, Ordinary of said County, do certify that I personally know Tina Bynon Bowers, the applicant, and that she is the lawful widow of Dixon Bowers, and was on the Soldiers Pension Roll of said DeKalb County, and was paid a Pension from DeKalb County for 1924, and at the time of his death on the 21 day of June 1924, there was due to him and unpaid his Pension of twenty five Dollars from the State of Georgia, and I know , the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 19 of June, 1924.

(Seal of Ordinary)

E. L. Morgan, Ordinary

DeKalb, County

Bowers, Dixon
DeKalb Co.

of DeKalb, County

1924

Application for Pension Due Deceased Soldier

(UNDER ACT 1901)

(To be paid to his Widow or Dependent Children)

BY

Mrs. Dixon Bowers

Widow of Dixon Bowers

Date of Marriage Jul 16 1877

Date of Death June 21 1924

Approved and ordered paid.

FEB 24 1924

Commissioner of Pensions.

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

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 Pension Roll and paid from County for 19 .

Witness my hand this day of , 192

Attested before me:

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, DeKalb Georgia.

I, V. A. Morgan, Ordinary of said County, do certify that I personally know Mrs Byron Bowers, the applicant, and that she is the lawful widow of Byron Bowers, and was on the Soldiers Pension Roll of said DeKalb County, and was paid a Pension from DeKalb County for 19 24, and at the time of his death on the 21 day of June 192 4, there was due to him and unpaid his Pension of Twenty five Dollars from the State of Georgia, and I know, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 19 of Dec, 1924.

(Seal of Ordinary)

V. A. Morgan, Ordinary
DeKalb, County

Bowers, Byron
DeKalb Co.

of DeKalb, County

1924

Application for Pension Due Deceased Soldier
(UNDER ACT 1891)
(To be paid to his Widow or Dependent Children)

BY

Mrs. Byron Bowers
Widow of Byron Bowers
Date of Marriage Sept 16 1877
Date of Death June 21 192 4

Approved and ordered paid.
FEB 24 1925
W. H. Mays
Commissioner of Pensions.

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

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 Pension Roll and paid from County for 19.

Witness my hand this day of, 192

Attested before me:

}

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow or Dependent Children)

(UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA, DeKalb. County.

Personally before me, the Ordinary of said County, comes Mrs. Mary E. Bowers of said County, who after being duly sworn, on oath says that she is the widow of Byron Bowers and that said Pensioner was on the Pension Roll of DeKalb County and was paid a Pension of One Hundred ($100.00) Dollars from DeKalb County for 1924, and that the said Pensioner died in DeKalb County on the 21 day of June, 1924, and at the time of his death a Pension of $25.00 was due him from DeKalb County and unpaid for 1924. Applican further swears that she married the said Byron Bowers on the 16 day of Dec, 1877, in Franklin County and State of, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 19 day of Dec, 1924

V. D. Morgan, Ordinary
DeKalb, County
(Seal of Ordinary)

Mrs Mary E. Bowers (Her Mark)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, County.

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

Sworn to and subscribed before me this day of, 1924.

, Ordinary
, County
(Seal of Ordinary)

INSTRUCTIONS:

1st. This form is for widows of Service and Disabled Soldier pensioners, who died after November 1st. If pensioner died after January 1st, leaving dependent children but no widow, their guardian may use this form in their behalf.

2nd. Proof of marriage must be made, though the date of marriage need not be proven, it being only necessary to prove that pensioner and widow were living together as husband and wife at the time of death.

3rd. Do not use the enormously large form of marriage certificate in common vogue throughout the State, suitable only for framing. Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage license is the proper thing.

4th. The Ordinary should examine the blank after it is filled in, and see that everything is fully and correctly completed, and the seals affixed, and that back of application, when folded, is filled in.

5th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make the payment.

6th. Return this application with your final settlement to the Pension Department.

7th. The widow or person holding her proper power-of-attorneq receipts for this pension by signing name, as widow, opposite the name of husband on the soldier pay roll.

8th. Only the one pension is covered by this application. If the marriage took place before 1881, take another application, on the white blank, to admit widow to rolls in her own right. November 1st is the last filing date for the next year's rolls.

....., County }
(Seal of Ordinary)

INSTRUCTIONS:

1st. This form is for widows of Service and Disabled Soldier pensioners, who died after November 1st. If pensioner died after January 1st, leaving dependent children but no widow, their guardian may use this form in their behalf.

2nd. Proof of marriage must be made, though the date of marriage need not be proven, it being only necessary to prove that pensioner and widow were living together as husband and wife at the time of death.

3rd. Do not use the enormously large form of marriage certificate in common vogue throughout the State, suitable only for framing. Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage license is the proper thing.

4th. The Ordinary should examine the blank after it is filled in, and see that everything is fully and correctly completed, and the seals affixed, and that back of application, when folded, is filled in.

5th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make the payment.

6th. Return this application with your final settlement to the Pension Department.

7th. The widow or person holding her proper power-of-attorney receipts for this pension by signing name, as widow, opposite the name of husband on the soldier pay roll.

8th. Only the one pension is covered by this application. If the marriage took place before 1881, take another application, on the white blank, to admit widow to rolls in her own right. November 1st is the last filing date for the next year's rolls.

MARRIAGE LICENSE 489

State of Georgia **County of DeKalb**

To any Judge, Justice of the Peace, or Minister of the Gospel:

YOU ARE HEREBY AUTHORIZED TO JOIN

AND

In the Holy State of Matrimony, according to the Constitution and Laws of this State, and for so doing this shall be your License. And you are hereby required to return this License to me with your Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal of office, this *day of* *19*

License obtained under oath by

L. S.

ORDINARY.

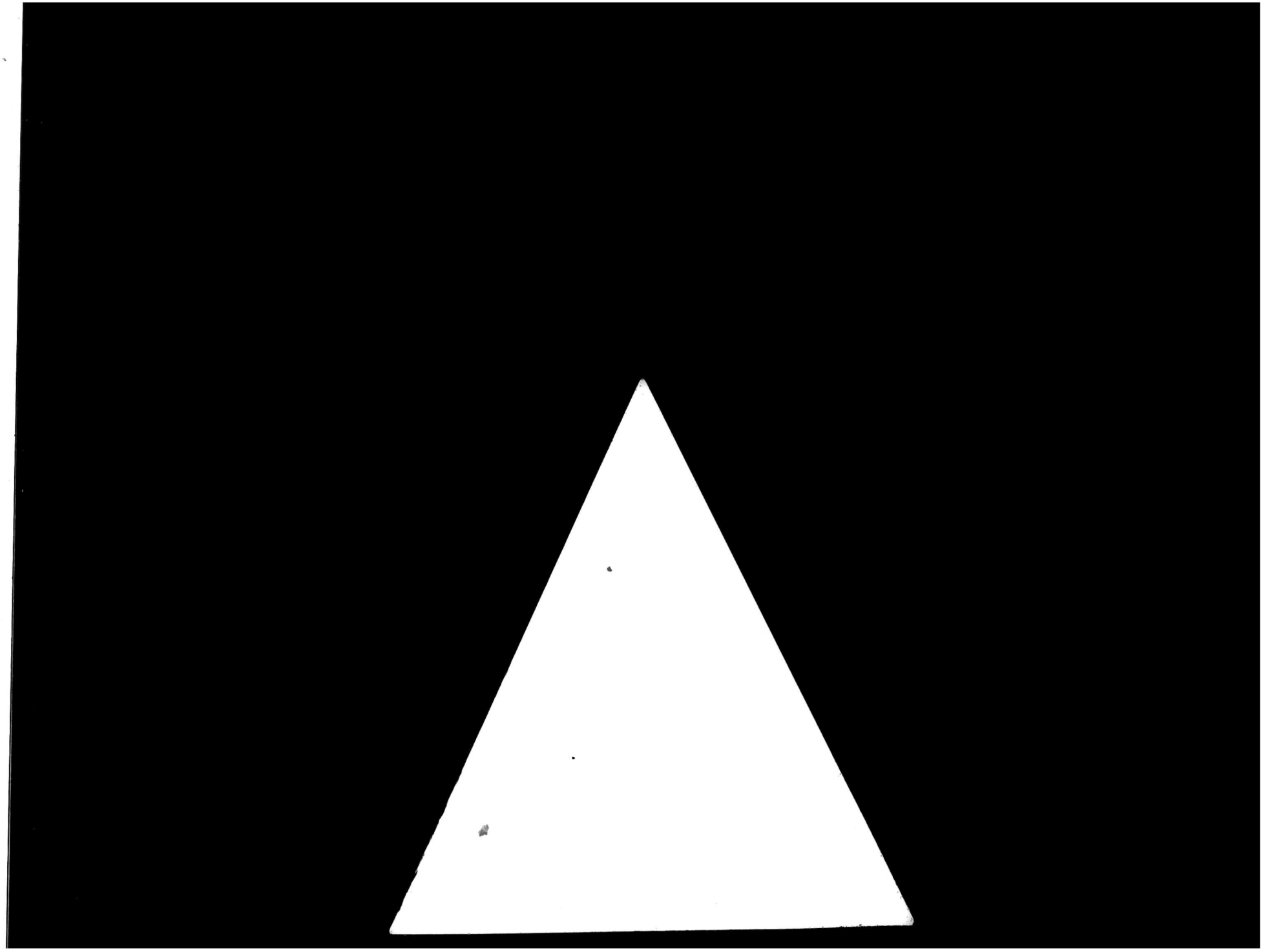
STATE OF GEORGIA **CERTIFICATE** **DeKALB COUNTY**

I Certify that Byron Bowers *and* Mary E Manley

were joined in Matrimony by me, this 16 *day of* Dec *Nineteen Hundred and* 1877

According to certified copy of marriage certificate now on file ~~Recorded~~ in the Pension Dept at Atlanta Ga

V. D. Morgan *Ordinary.* This Feby 6th 1920



ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
DEKALB COUNTY.

I, V. S. Morgan Ordinary of said County, do certify that I know Mrs. Mary E. Bowers 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 1st day of March 1919.

That I also know witness as to marriage, and I also know ; that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 16th day of July 1924.

(SEAL.) V. S. Morgan Ordinary.

DeKalb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

(Reissue Mary E. Bowers) Ord. for 1925
DeKalb County

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910— As Amended by Act of 1919.

County DEKALB
Name Mrs. Mary E. Bowers
Widow of Byron Bowers
Company B
Regiment 24th Georgia
Approved Feb. 5, 1925

N. E. Harris
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-21-1924

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

DEKALB COUNTY.

I, V. S. Morgan Ordinary of said County, do certify that I know Mrs. Mary E. Bowers 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 1st day of March 1919

That I also know witness as to marriage, and I also know that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 16th day of July 1924

(SEAL.) V. S. Morgan Ordinary.

DeKalb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

Bowers, Mary E. (Mrs.)
Ok for 1925
DeKalb County

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910— As Amended by Act of 1919.

County DEKALB

Name Mrs. Mary E. Bowers

Widow of Byron Bowers

Company B

Regiment 24th Georgia

Approved Feb. 5, 1925

N. E. Harris
Commissioner.
W. DIMSDALE
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-21-1924

Georgia, Franklin County.

I, E. A. Phillips, Ordinary and clerk of the court of Ordinary of said county, do certify that the within is a true and correct copy of marriage license and marriage certificate, as same appears of record in my office, in marriage record from 1869 to 1882 page 334.

Given under my official signature and seal, this July 2nd, 1924.

E. A. Phillips
Ordinary & Clerk of Court of
Ordinary Franklin County, Ga.

MARRIAGE LICENSE
OF
Mr. Byram Bowers
AND
Miss Mary E. Manley

Issued Dec 15 – 1877

and recorded on page 334
Book 1869 to 1882 Marriage Licenses.

E. A. Phillips
Ordinary.

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,
GEORGIA COUNTY.

Personally before me comes Mrs. Mary E. Bowers of said County, who, after being duly sworn, says that she is the widow of Byron Bowers to whom, in the County of Franklin State of Georgia she was married on the 16th day of December 1877, and that she remained his wife, and resided with him to the date of his death in June 1924 and that she has not since his death remarried. At the time of his death he was a resident of DeKalb County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of $100.00 in DeKalb County for 1924 per annum, on account of being a soldier in Company B, 24th Regiment Ga. Reg't (Volunteers ~~Regular Militia~~)

That she is now a bona fide resident citizen of said County of DeKalb and she has so continuously resided since 1st day of March 1919

Sworn to and subscribed before me, this the
16th day of July 1924
V. S. Morgan Ordinary
of DeKalb County.
(SEAL)

Mrs. Mary E. Bowers

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

STATE OF GEORGIA,
COUNTY.

Personally before me comes known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. , who made the foregoing affidavit, is the lawful widow of who died in County in said State of on day of 19, and that she has not since remarried. That she became the wife of on the day of 18, and that she and he had resided together as man and wife continuously since day of 18, and that the was the same man who was on the pension roll of said State from County when he died.

Sworn to and subscribed before me, this the
day of 19
Ordinary
of County.
(SEAL)

day of 19

Ordinary

of County.

(SEAL)

No. 960

Marriage License

State of Georgia — Franklin County

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

You are hereby authorized to join

Mr. Byram Bowers *and* Miss. Mary E. Manley

in the Holy State of Matrimony according to the Constitution and Laws of this State and for so doing this shall be your License. And you are hereby required to return this License to me with your Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal this 15th *day of* December, 1877

Lemuel N. Tribble *(L.S.)*
Ordinary.

LICENSE OBTAINED UNDER OATH BY

STATE OF GEORGIA CERTIFICATE. FRANKLIN COUNTY

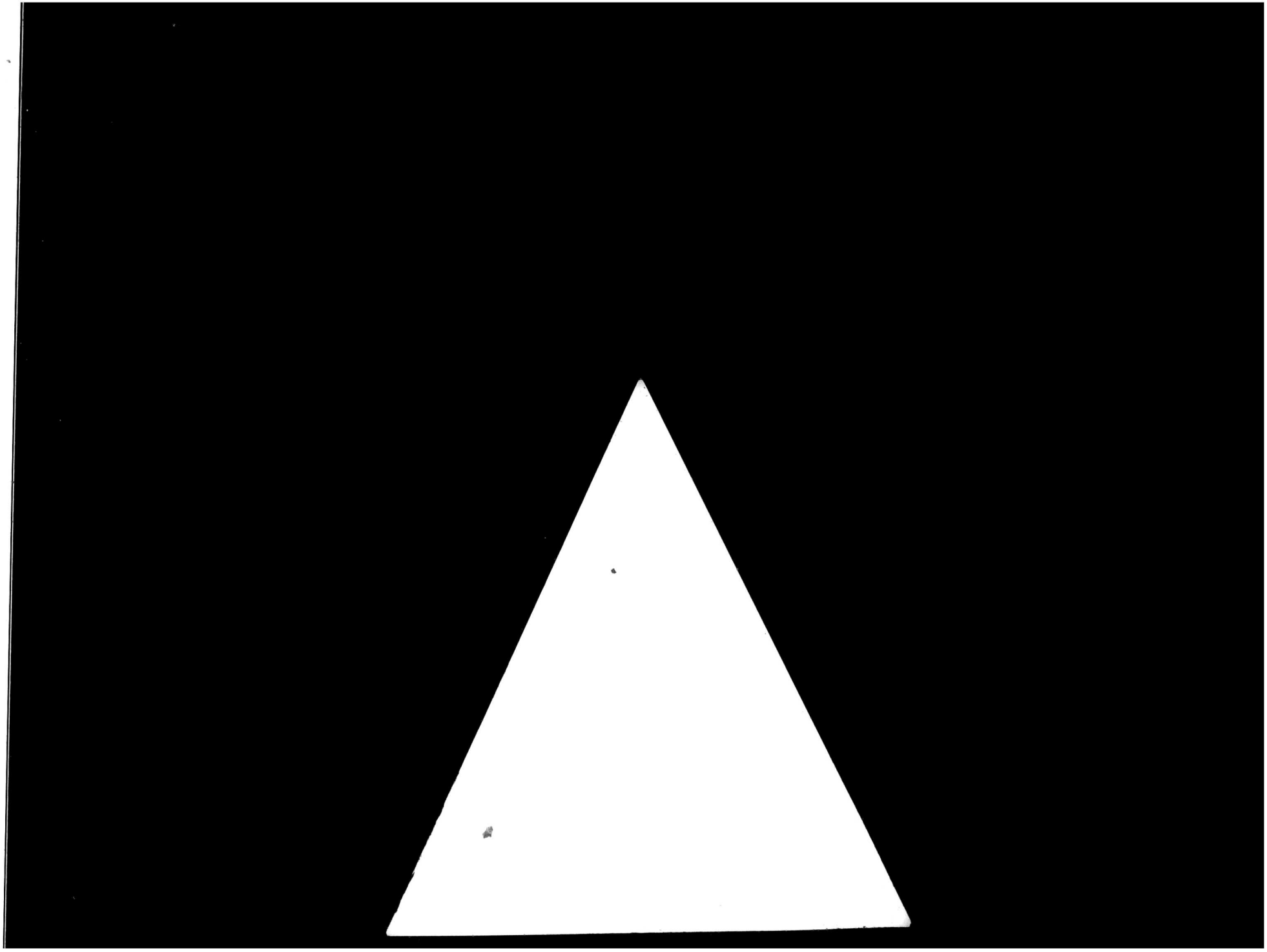
I Certify that Mr. Byram Bowers *and* Miss. Mary E. Manley *were joined in Matrimony by me this* 16th *day of* December, 1877 . ~~Recorded~~

Recorded 19

Ordinary.

Marion Cheek, M.G.

PARTY PERFORMING CEREMONY RETURN TO ORDINARY TO BE RECORDED



NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted.

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

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

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

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

5. If papers are returned for correction, and amendments are *added* to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.

6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

Bowers, Thomas J.
Co. I 31
Bowers, Thomas J.
Total Disability

De Kalb Co

No. 2291

APPLICATION FOR ALLOWANCE

FOR

Total Disability

Applicant Thos J Bowers
County De Kalb
Amount 30.
Date of Warrant May 22
Entered on record
May 24 1889
SECRETARY EXECUTIVE DEPARTMENT.

W. J. Speairs

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted.

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

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6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

Recd. Mar. 30 1889
Ord. & Sec. Ho.
Soldiers Relief

De Kalb Co.

No. 2291

APPLICATION FOR ALLOWANCE

FOR

Thos. J. Bowers

Applicant Thos. J. Bowers

County DeKalb

Amount 30. May 25

Date of Warrant May 25 1889

Entered on record May 25 1889

SECRETARY EXECUTIVE DEPARTMENT.

W. J. Hoffman

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY appears Thos J Bowers 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 7th day of February 1860; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Captain in Company K of 18th Regiment of Georgia Militia Volunteers Cromwell's Brigade; that whilst engaged in such military service, at the battle of in the State of , on the day of February 1865, he ~~was wounded as follows:~~ Was much exposed and from said exposure in said service contracted cold resulting in Cerebro spinal Meningetis which paralized the nerves of hearing and produced total Deafness from said date of attack until the present, deponent still being deaf.

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

Sworn to and subscribed before me, this the 15th day of March 1889
H.W. Ragsdale Ordinary
DeKalb Co.

Thos. J Bowers

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

Commissioned Officer's Affidavit.

STATE OF GEORGIA,
Walker County.

PERSONALLY came before me William House of the county of State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company C, of First Regiment of Georgia Militia Volunteers, and that deponent knows Thos J Bowers, 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 Thomas J Bowers as stated by him in said affidavit. Deponent further states that said Thos J Bowers is a *bona fide* citizen of this State and resides in DeKalb county.

Signed in my presence
E. M. Anthony Ordinary

William House

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

STATE OF GEORGIA,
County.

PERSONALLY came

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

Sworn to and subscribed before me, this
day of 188

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

STATE OF GEORGIA,
DeKalb County.

I, W. M Ragsdale Ordinary of said county, do certify that I am well acquainted with Thos J Bowers the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in 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 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 24th day of May 188[illegible]

W. M. Ragsdale

Ordinary DeKalb County.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY comes before me Wm M Ragsdale Ordinary of said county, C. D. Mayson and A. Green, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Thos J Bowers and after such examination say that the applicant has been injured as follows:

He said to applicant suffering from total loss of vision which by affidavit now in office & Commissioners Office has received from Rivers Enlisted While in line of duty as a soldier

Sworn to and subscribed before me, this
day of May 188

C. D. Mayson M.D.
A. Green M.D.

W. M. Ragsdale
Ordinary
DeKalb Co

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton County.

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

In witness whereof I have hereunto set my hand and seal, this 11th day of May 188[illegible]

Thos J Bowers (L. S.)

Executed in the presence of us:

F. M. Mayes
W. L. Latham

Witness

Fulton Co Ga

day of May 188 } W. H. Green M.D.

Thos. Rassday.

Ordinary.

ORDINARY.

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

De Kalb Co

Executed in the presence of us: Thos J Bowers (L. S.)

F. M. Nyles

W. L. Southern

Ordinary

Millwood Ga

Audited 1889.

COMPTROLLER GENERAL.

De Kalb.

Maimed Soldiers.

Voucher No. 2291

Amount, $ 30

Paid to Thos Bowers

For Total Loss of Hearing

May 30 1889

Dictated in Warrant No.

issued to Treasurer

1889.

WARRANT CLERK.

W. J. Campbell, State Printer Constitution Job Office

Thos J Bowers

State of Georgia
DeKalb county } In person came before me — D. Maguire who on oath says that he was capt of co D 15th Georgia Regiment which was on duty at Augusta Ga in February 1865 and that Thos J. Bowers was capt of Co C in said Regiment and that sometime in the month of Feb 1865 said Bowers went home on a sick furlough and never got back to the command any more =

Sworn to & subscribed before me
This May 1889

D. Maguire

R. F. Scay J.I.C. 164th G.S.I. Sp. A.

No. 2291

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. Atlanta, Ga. May 22 1889

Mr Thomas J Bowers of the County of DeKalb having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec 24, 1888, and the same having been allowed for

Loss of hearing Thirty 00/

He is entitled to receive the sum of Thirty 00/ Dollars on account of such disability, the same being the allowance due for the year ending October 24, 1889.

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

J. B. Gordon
GOVERNOR.

By the Governor
W. A. Harrison
CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Thirty 00/ Dollars,
per above voucher, this 22 day of May 1889.

Thos J Bowers By
Wm J Speairs Att'y in fact

State of Georgia
Fulton county } Personally came before me Thos J Bowers who after oath made this affidavit made March 15th 1889 - in which he affirms that he is a pensioner in the Invalid list of the act of Oct 24 1887 and the act Amendatory thereof passed December 24 1888 - and on oath says he was on duty in Augusta Ga in Feb 1865 during very cold and severe weather and from exposure from which he could not screen himself he contracted severe cold which resulted in a severe attack of pleurisy this and total deafness that at the time he was first taken he obtained a short furlough & went home where his family resided in Wilkes county Ga near Washington and within 2 and a half miles of Danburg. that in one or two days after he got home he became completely delirious and remained so for six or seven weeks that during the attack he lost his hearing and has been totally deaf from then till now - that Dr. Jno H Moore (now a very old man) who lives in Danburg as who did him then when he lost the hearing from him was his attendg Physician -

Sworn to & subscribed before me this May 11th 1889 } Thos J Bowers

W. L. Lachlan
Notary
Fulton Co Ga

Atty Fee

State of Georgia
Fulton county } Personally appeared before me Thos J Bowers who being sworn says that she is the wife of Thos J Bowers who has been since October 1865 that she has knowledge that her husband was in the service of the state of Georgia as a volunteer first as a private and afterwards some time in 1864 he was elected & appointed Captain of company C of the 1st Regiment Ga Militia in Cobbs Brigade that he came home from Augusta sometime in February 1864 on a few days sick furlough that he was taken down to his bed in about 2 days after he got home and was confined for months that for the first 7 or 8 weeks he was entirely out of his mind that about the 3rd day or mother night after my husband got home he lost his hearing (it all went from one evening till next morning) and has been totally deaf ever since - the Doctors (Jno H Moore) said it was from the meningitis the had that that the Meningitis had been induced by severe cold taken in

Sworn to & subscribed before me this May 11th 1889

W. L. Lachlan,
Notary
Fulton Co Ga

Mary R Bowers

NAME, Bowers, Thomas J. YEAR 1889 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Captain Co. C, 1st. Regt. Ga. Vols. Militia
Cornwell's Brigade.

NAME OF CAPTAIN AND COLONEL? William House Commissioned Officer.

WOUNDED? February 1865 From exposure from cold contracted cenebro spinal miengitis, causing deafness.

CAPTURED, WHEN AND WHERE?

RELEASED.

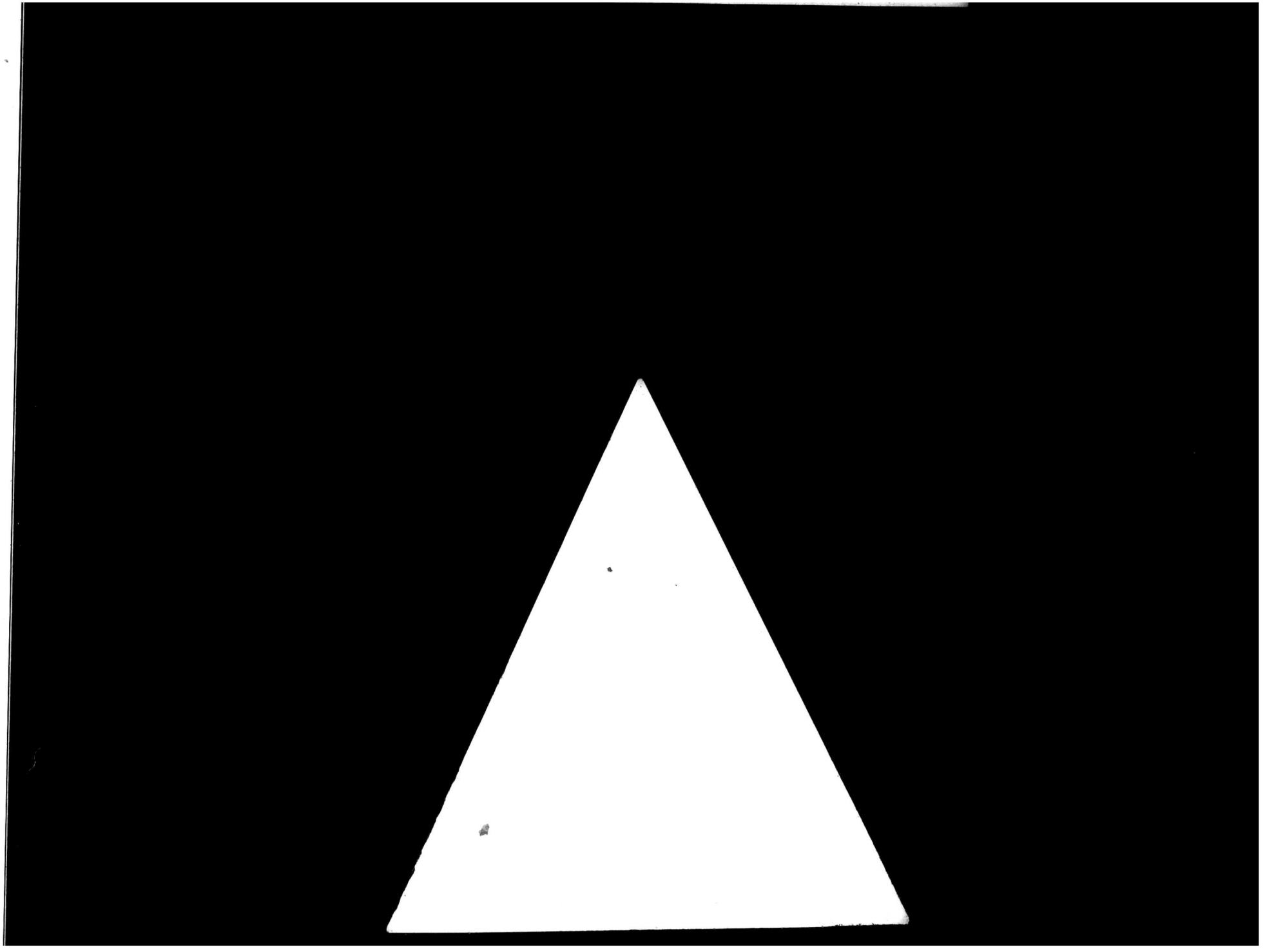
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. B. McGuire, No data.



Bowman, Sarah J.
Dr Telfair County

No. 401402

WIDOW'S INDIGENT PENSION.

1904.

Name Sarah J Bowman
County Dublin
Widow of J R Bowman

Approved ..... 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

..... 1904.

Geo. W. Harrison, State Printer, Atlanta.
9/2/06

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

I, _____ hereby authorize _____
of _____ County, to receive and receipt for the pension allowed and that be remit the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 190 ____

Executed in presence of

_____ Ordinary. _____ L. S.

_____ County.

{SEAL}

QUESTIONS FOR WITNESSES.

STATE OF GEORGIA.
DeKalb County.

M. H. McDonald, of said State and County, having been presentd as a witness in support of the application of Mrs. _____ for a Pension under the Act of 1900, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? M H McDonald DeKalb Co Georgia
2. Are you acquainted with the applicant, Mrs. Sarah J Bowman If so, how long have you known her? I am 36 yrs
3. Where does she reside, and how long and since when has she been a resident of this State? DeKalb county all her life
4. When and where was she born? August 14th 1837
5. Were you ever acquainted with her husband? I was
6. Where did she reside in 1861? Walton Co Ga
7. When and to whom was he married? 22 May 1856 Sarah J Stanley
8. When and where was he born? Walton Co Ga
9. How long have you known him? about 30 years
10. When and where did _____ enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this?
11. Were you a member of the same Company and Regiment?
12. How long did he perform regular military duty?
13. When and where was his Company and Regiment surrendered and discharged from service?
14. Were you with the Command when it surrendered?
15. Was _____ the husband of applicant present?
16. If not present, where was he?
17. When and where did he leave his command?
For what cause?
By whose authority he left?
How do you know all this? (State fully and clearly.)
18. When and where did J R Bowman die? DeKalb Co 11th Nov 1904
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? DeKalb Co all his life
20. Do you of your own knowledge know that applicant is the lawful widow of J R Bowman? I do
21. Has she remained unmarried since her soldier husband's death, and is now his widow? She has She is now his Widow
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? Nothing I live near her
23. What property, effects or income did applicant possess in 1899, 1900, 1901, 1902 and 1903, and what disposition did she make of it? Nothing
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? Nothing had nothing to convey
25. What is applicant's physical condition and her chances and ability to earn a support? Physical Condition is very feeble She is not able to work at all

26. Is applicant able to earn a support at labor of any sort, if not, why?
27. How was she supported for 1899, 1900, 1901, 1902 and 1903?
28. How much did applicant contribute to her support for last two years?
29. Give a full and complete statement of applicant's physical condition?
30. What interest have you in the recovery of this pension by the applicant?

Sworn to and subscribed before me this 15 day of Sept 1904
R E Cunyus Ordinary, Walton County.

W. L. Johnston 1st Serg
Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA,
DeKalb County.

Personally before me comes J E Flowers MD and _____, both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. Sarah J Bowman, applicant for a Pension under act of 1900, and after such personal examination say that her physical condition is this. Very old and above the infirmities due to Old age. She is unable to do any work

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 15 day of Nov 1904
Parker R Gregg Ordinary, _____ County.

J E Flowers MD.

26. Is applicant able to earn a support at labor of any sort, if not, why? She is Not at any Kind of Labor
27. How was she supported for 1899, 1900, 1901, 1902 and 1903? by her Husband & Grand Children
28. How much did applicant contribute to her support for last two years? Nothing
29. Give a full and complete statement of applicant's physical condition? Physical Condition is very feable
30. What interest have you in the recovery of this pension by the applicant? None

Sworn to and subscribed before me this 18 day of Nov 1904
Parker R Gregg Ordinary, DeKalb County.

M H McDonald
Witnesses.

AFFIDAVITS OF PHYSICIANS.

( ) County.

NOTES.—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since the 9th April, 1865, not entitled.
5. ..... Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

QUESTIONS FOR WITNESSES.

STATE OF GEORGIA.
DeKalb County.

M. H. McDonald, of said State and County, having been presented as a witness in support of the application of Mrs. _____ for a Pension under the Act of 1900, and after being duly sworn, true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? M H McDonald DeKalb Co Donaville
2. Are you acquainted with the applicant, Mrs. Sarah J Bowman
If so, how long have you known her? I am 30 yrs
3. Where does she reside, and how long and since when has she been a resident of this State? DeKalb county all her life
4. When and where was she born? August 14th 1837
5. Were you ever acquainted with her husband? I was
6. Where did she reside in 1861? Walton Co Ga
7. When and to whom was he married? 22 May 1856 Sarah J Stanley
8. When and where was he born? Walton Co Ga
9. How long have you known him? about 20 years
10. When and where did _____ enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this?
11. Were you a member of the same Company and Regiment?
12. How long did he perform regular military duty?
13. When and where was his Company and Regiment surrendered and discharged from service?
14. Were you with the Command when it surrendered?
15. Was _____ the husband of applicant present?
16. If not present, where was he?
17. When and where did he leave his command?
For what cause?
By whose authority he left?
How do you know all this? (State fully and clearly.)
18. When and where did J R Bowman die? DeKalb Co 11th May 1904
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? DeKalb Co all his life
20. Do you of your own knowledge know that applicant is the lawful widow of J R Bowman? I do
21. Has she remained unmarried since her soldier husband's death, and is now his widow? She has She is now his Widow
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? Nothing I live near her
23. What property, effects or income did applicant possess in 1899, 1900, 1901, 1902 and 1903, and what disposition did she make of it? Nothing
24. Has applicant conveyed any property in last two years or given any away? If so, what was it, and to whom? Nothing Had nothing to convey
25. What is applicant's physical condition and her chances and ability to earn a support? Physical Condition is very feeble She is not able to work at all

26. Is applicant able to earn a support at labor of any sort, if not, why? _____
27. How was she supported for 1899, 1900, 1901, 1902 and 1903? _____
28. How much did applicant contribute to her support for last two years? _____
29. Give a full and complete statement of applicant's physical condition? _____
30. What interest have you in the recovery of this pension by the applicant? _____

Sworn to and subscribed before me this 15 day of Sept 1904
A B Kingsbo Ordinary,
Walton County.

M. L. J Thurston for Serg
Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA,
DeKalb County.

Personally before me comes J E Flowers M.D. and _____, both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. Sarah J Bowman, applicant for a Pension under act of 1900, and after such personal examination say that her physical condition is this very old and above the infirmities due to old age. She is unable to do any work

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 15 day of Sept 1904
Arthur R Gregg Ordinary,
_____ County.

J E Flowers M.D.

26. Is applicant able to earn a support at labor of any sort, if not, why? She is not at any Kind of Labor
27. How was she supported for 1899, 1900, 1901, 1902 and 1903? By her Husband & Grand Children
28. How much did applicant contribute to her support for last two years? Nothing
29. Give a full and complete statement of applicant's physical condition? Physical Condition is very feeble
30. What interest have you in the recovery of this pension by the applicant? None

Sworn to and subscribed before me this 18 day of Sept 1904
Arthur R Gregg Ordinary,
DeKalb County.

M. H. McDonald
Witnesses.

AFFIDAVITS OF PHYSICIANS.

(Seal.) _____ County.

NOTES.—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since the 9th April, 1865, not entitled.
5. ..... Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

QUESTIONS FOR WITNESSES.

STATE OF GEORGIA, Walton County.

W L Johnston, of said State and County, having been presented as a witness in support of the application of Mrs. Sarah J Bowman for a Pension under the Act of 1900, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? W L Johnston Walton County Monroe Ga
2. Are you acquainted with the applicant, Mrs. Sarah J Bowman
If so, how long have you known her? No
3. Where does she reside, and how long and since when has she been a resident of this State? DeKalb County Ga
4. When and where was she born? —
5. Were you ever acquainted with her husband? Yes
6. Where did she reside in 1861? —
7. When and to whom was he married? —
8. When and where was he born? —
9. How long have you known him? Ever since we were boys 40 yrs
10. When and where did J R Bowman enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? May 12 1862 Walton County Company G 42nd Ga
11. Were you a member of the same Company and Regiment? I was
12. How long did he perform regular military duty? Was in May 1862 to Sometime in Dec 1864 when Lee surrendered
13. When and where was his Company and Regiment surrendered and disbanded from service? Dec 1865 Greensboro N C
14. Were you with the Command when it surrendered? Yes
15. Was J R Bowman the husband of applicant present? Absent Remained —
16. If not present, where was he? Absent Known
17. When and where did he leave his command? Absent Remained
For what cause? I thought he was sick & furloughed
By whose authority he left? Absent Known —
How do you know all this? (State fully and clearly.) I was in same Company & Regiment and Know he was Wounded & Disabled & Honorably Discharged
18. When and where did J R Bowman die? Absent Known —
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
20. Do you of your own knowledge know that applicant is the lawful widow of
21. Has she remained unmarried since her soldier husband's death, and is now his widow?
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge?
23. What property, effects or income did applicant possess in 1899, 1900, 1901, 1902 and 1903, and what disposition did she make of it?
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom?
25. What is applicant's physical condition and her chances and ability to earn a support?
26. Is applicant able to earn a support at labor of any sort, if not, why?
27. How was she supported for 1899, 1900, 1901, 1902 and 1903?
28. How much did applicant contribute to her support for last two years?
29. Give a full and complete statement of applicant's physical condition?
30. What interest have you in the recovery of this pension by the applicant?

Sworn to and subscribed before me this 15 day of April 1904
R E Knight Ordinary, Walton County.
W L Johnston 1st Serg
Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA, DeKalb County.

Personally before me comes J E Flowers M D and ——, both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. Sarah J Bowman, applicant for a Pension under act of 1900, and after such personal examination say that her physical condition is this very old and above the infirmities due to old age. She is unable to do any work

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 15 day of April 1904
James R Gunby Ordinary, —— County.
J E Flowers M D

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, DeKalb County.

I, James R Gunby Ordinary, in and for said County, hereby certify that the applicant, Mrs. Sarah J Bowman, resides in said County, and has been a bona fide resident of this State since the Civil War left 18——, 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 was signed and subscribed.*

I further certify that the tax digest of —— County shows that applicant returned for taxation in her own name in 1899 —— dollars worth of property, and in 1900 Nothing dollars worth of property, in 1901 —— dollars worth of property, in 1902 —— dollars worth of property, and in 1903 —— dollars worth of property.

Witness my hand and official seal this 15 day of April 1904

{SEAL.} James R Gunby Ordinary, —— County.

NOTES.—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since the 9th April, 1865, not entitled.
5. ..... Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. COUNTY.

I, Sarah J. Bowman, hereby authorize M. H. McDonald of

to receive and receipt for the pension paid hereon, and request that he remit same to Sarah J. Bowman at Doraville Ga

In Witness Whereof, I have hereunto set my hand and seal, this 15th day of January 1907.

Sarah (her X mark) Bowman [L. S.]

Executed in presence of
James R. George
Ordinary

Bowman, Sarah J.
De Kalb County
To Those Heretofore Paid.

1907.

No. 4238

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO
Mrs Sarah J. Bowman
OF
DeKALB. County,
Widow of J. R. Bowman
Co. F 42d Ga Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/31 1907.

AND HANDED TO
Mrs Sallie Dunaway

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of DeKALB. } PERSONALLY COMES MRS. Sarah J. Bowman

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 J. R. Bowman who was a soldier in Company E of the 42nd Ga Regiment of ..... Volounteers, that he enlisted in said regiment on or about the month of ..... 186..., and served in the Army up to ..... 186... That he died on the ..... day of ..... 18...

Age & poverty

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

I have been allowed an Indigent pension as a resident of DeKALB. County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this 15 day of June 1907.
James R George, Ordinary.

Sarah J Bowman

Post Office .....

State of Georgia,
DeKALB, County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Sarah J Bowman, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the ..... day of ..... 18...

Given under my official signature and seal, this the 15 day of June 1907.

{ Official Seal }

James R George
Ordinary of DeKALB. County.

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

Marriage License

OF

James R Bowman

AND

Miss Sarah Jane Stanley

Issued May 22 1858

and recorded on page 29,

Book E, of Marriage Licenses.

Jesse Mitchell

Ordinary.

MARSHALL & BRUCE CO., NASHVILLE.

MARRIAGE LICENSE.

STATE OF GEORGIA — COUNTY OF WALTON

To any JUDGE, JUSTICE of the PEACE, or MINISTER of the GOSPEL:

You are hereby authorized to join James R Bowman and Miss Sarah Jane Stanley in the Holy State of Matrimony according to the Constitution and Laws of this State and for so doing this shall be your License. And you are hereby required to return this License to me with your Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal, this 22 day of May 1858

Jesse Mitchell (L.S.)
Ordinary

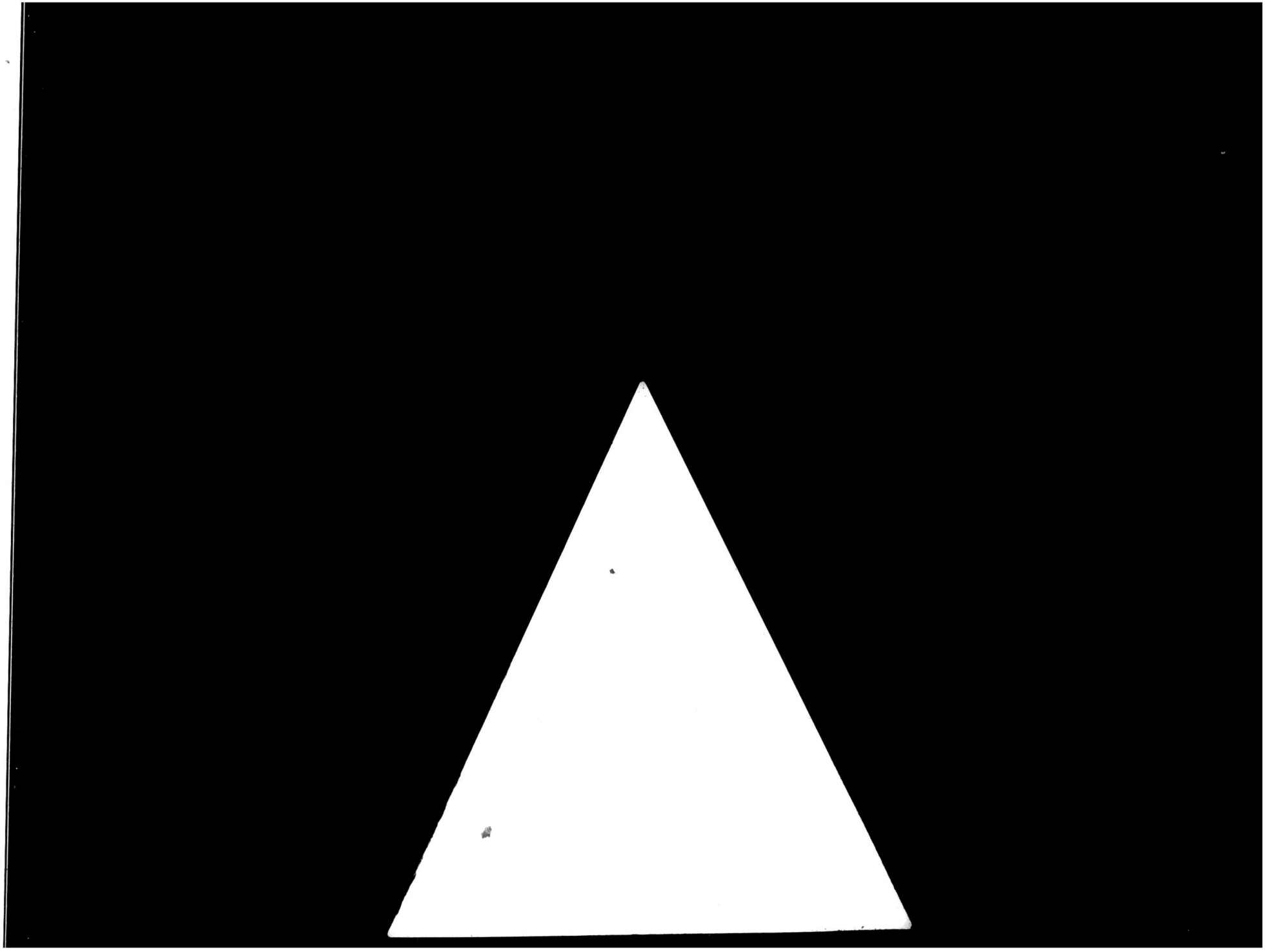
STATE OF GEORGIA — CERTIFICATE. — WALTON COUNTY

I Certify that James R Bowman and Miss Sarah Jane Stanley were joined in Matrimony by me this 27th day of May 1858

Recorded May 29th 1858

James R Thompson J.P.

R R Mitchell Clerk Ordinary



DISAPPROVED

NAME Bowman, T. F. YEAR 1910 COUNTY DeKalb.

WHEN AND WHERE BORN? Continuous resident of Ga. 66 yrs. May 1, 1844. Cobb County, Georgia.

ENLISTED WHEN AND WHERE? About Nov. 1863. Dalton, Ga.

RANK.

COMPANY AND REGIMENT? Co. C, 5th Ga. Inf.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Feb.--Mar. 1865. Eyes burned by powder and was furloughed home for 60 days or until eye sight restored.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Command surrendered N. C. and

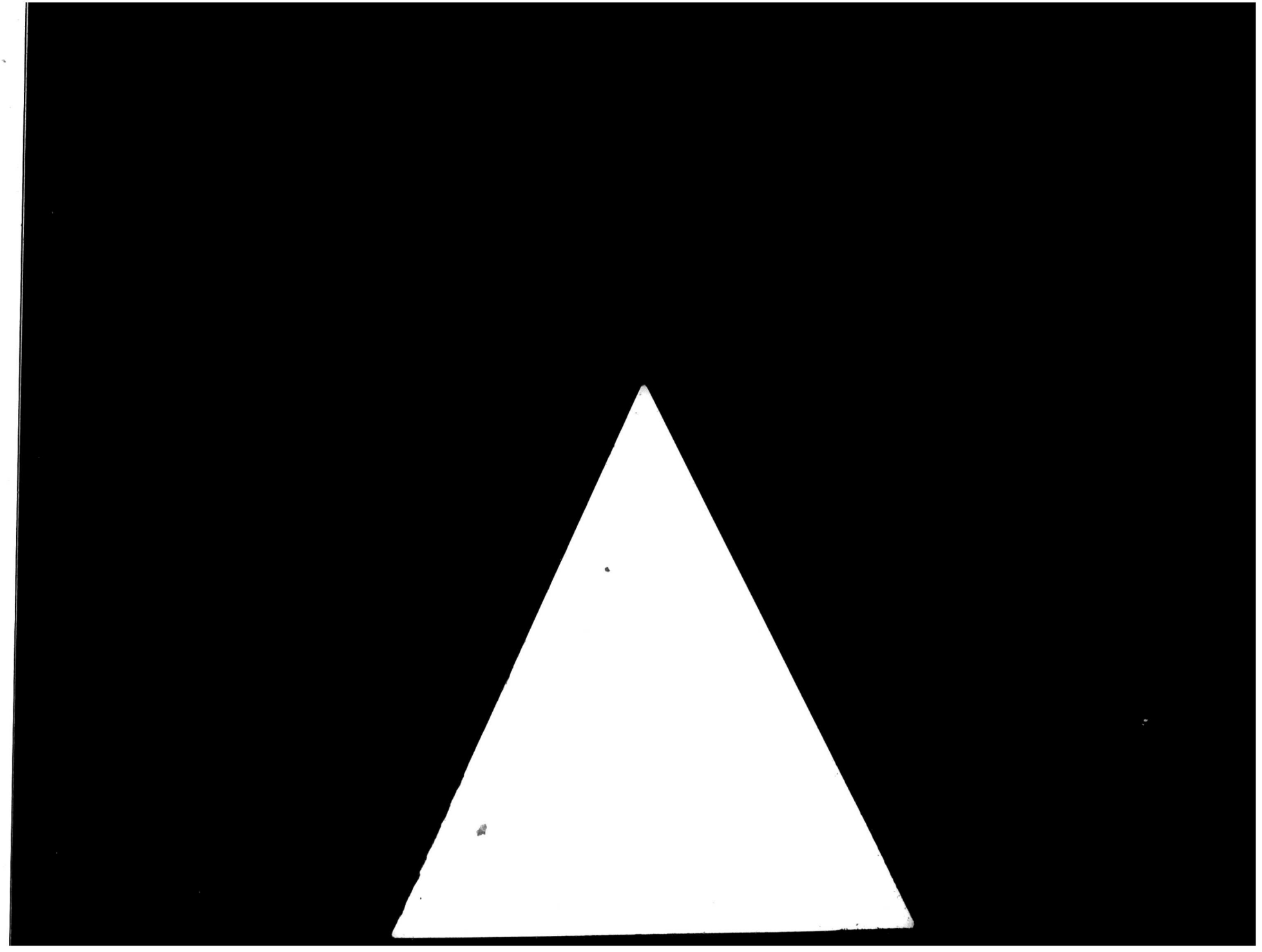
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home on furlough on account of injured eyes, had started back to command when heard of surrender.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. L. W. Lee.-Same command--No. data.

m.t.



OK ?
DeKalb Co
Bradley, J. E.
No. 2867

INDIGENT PENSION
1897.

Name J.E. Bradley

County DeKalb.

Approved 7/10 1897.

WARRANT HANDED TO

Applicant
Care Ordinary

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

#2 2/2747

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ County.

I, _____, hereby authorize

_____ of _____

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

_____ at _____ by _____

Witness my hand and seal this _____ day of _____ 1897.

Executed in presence of

_____

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

Witness my hand and seal this _____ day of _____ 1897.

Executed in presence of

_____

Mr. Walker C. C.
Bradley J. E.
No. 8304

INDIGENT PENSION
1897.

Name J. E. Bradley
County DeKalb.
Approved 7/10 1897.

WARRANT HANDED TO
Atlanta Const Printing

2/27 47

Co C. 26 Batt. Ga Inf

Questions for Applicant.

STATE OF GEORGIA,
DeKalb County.

J. E. Bradley of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

Every Question MUST be Answered.

1. What is your name and where do you reside? (give State, County and post office) J. E. Bradley in DeKalb County
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? In DeKalb County, Seventy two years Ga.
3. When and where were you born? In 1824 in Early Co, Ga.
4. When and where and in what company and regiment did you enlist or serve? In Sept 1862 In Conrad Legion Ga. Co C 26th Ga Battalion.
5. How long did you remain in such company and regiment? Two and one half years
6. For how long a period did you discharge regular military duty? Two and one half years
7. When, where and under what circumstances where you discharged from service? Was paroled at the Surrender at Columbus, Ga
8. What is your present occupation? Farmer
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing
10. What has been your occupation since 1865? Farmer
11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? Age and Infirmity + Poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? About six or seven years I coud not earn a support Suffering from Catarrh and Kidney disease
13. What property, effects or income do you possess and its gross value? No Property. Have no income from any source
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? None, No income
15. In what County did you reside during those years and what property did you then return for taxation? In DeKalb. Returned no property
16. How were you supported during the years 1895 and 1896? By my son-in-law R. W. Grey of DeKalb County
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? Seventy five Dollars Nothing
18. What was your employment during 1895 and 1896? What pay did you receive in each year? Worked a little on farm, Rent on my support
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Myself and wife age 65 years She had no home or property
20. Are you receiving any pension, if so what amount and for what disability? No

Sworn to and subscribed before me this the 15th day of Feb 1897. J. E. Bradley Applicant.

W. M. Reynolds Ordinary.
of DeKalb County.

STATE OF GEORGIA.

Douglas County.

J. F. Hembree, of said State and County, having been presented as a witness in support of the application of J. E. Bradley for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? W. F. Hembree, Resides in Douglasville Co Douglas Co Ga,

2. Are you acquainted with J. E. Bradley, the applicant, is of how long have you known him? Have known Thirty Years.

3. Where does he reside, and how long has he been a resident of this State? Is and has resided in the Applicant in Carroll Co Ga about the year 1855 and know.

4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I do, I was in the same company and Battalion with him.

5. When, where and in what company and regiment did he enlist? September 1863 at Buena Vista, Co. C 26th Georgia Battalion,

6. Were you a member of the same company and regiment? I was

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? Eighteen or twenty months as nearly as I recollect, I do not know about his discharge from service,

8. What property, effects or income has the applicant? (Give your means of knowledge.) I, myself and J. R. Hembree being sworn say we have no property or income

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? He has no property to dispose of

10. What is the applicant's occupation and physicial condition? Has been working. He is now on account of age and disease unable to do anything

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is unable to support himself on account of disease and age

12. How was he supported during the years 1895 and 1896? By his son-in-law and son

13. What portion of his support for these two years was derived from his own labor or income? He has not been able to do any work for two years

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? He is weak and constantly suffers with a cough and disease

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

Sworn to and subscribed before me, this the 17th day of Feb 1897.

J. F. Hembree
Witness.

W. H. Hembree
Ordinary.

Last 40 acres sold off of this tract

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

County.

Personally came before me J H Cofs and R. M Strayberry, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully James E. Bradley, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

debility from age & General & Catarrhal troubles.

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.

J. H. Cofs M.D.
R. M. Strayberry M.D.

Sworn to and subscribed before me, this the 23d day of Feb 1897.

W. H. Ragsdale, Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

De Kalb County.

I, W. H. Ragsdale, Ordinary in and for said County, hereby certify that the applicant Jas E. Bradley resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: J. R. Hembree are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of De Kalb County show that applicant returned for taxation in his name in 1895, No Property dollars of property, and in 1896, No Property dollars of property.

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

Witness my hand and seal of office, this 23d day of Feb 1897.

W. H. Ragsdale
Ordinary
of De Kalb County.

NOTE.

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

POWER OF ATTORNEY.

State of Georgia,
De Kalb County.

I, J. E. Bradley hereby authorize W. W. Ragsdale of Decatur

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 11th day of Jan 1898.

J. E. Bradley [L. S.]

Executed in presence of

J. W. Rodgers
James Hunter

(For Those Already Enrolled.)

No. 1196

INDIGENT
SOLDIER'S PENSION,
1898.

Name J. E. Bradley
County DeKalb.

WARRANT ISSUED
1/15 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Atty

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Bradley, J. E.
Richard Co.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____, hereby authorize

_____ of _____

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

_____ at _____

by _____

Witness my hand and seal this _____ day of _____ 1899.

Executed in presence of

_____ (L. S.)

(For Those Already Enrolled.)

CODE SEC. 1254.

No. 2063

INDIGENT
SOLDIER'S PENSION,
1899.

Name J. E. Bradley
County DeKalb

WARRANT ISSUED
1/18 1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Atty

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears J.E. Bradley of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 6th day of Nov 1824; that he is 74 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 2½ yrs in Company C, of 26th ~~Regiment of~~ Ga Batalion Inf; that his physical condition is as follows: Old age and disease he is unable to work for a living

that his property consists of the following items No property

of the value of 0 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1897

Sworn to and subscribed before me, this, the 11th day of Jan 1898. J.E. Bradley

W.M. Rogersdale, Ordinary.

State of Georgia,
De Kalb County.

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

Given under my official signature and seal, this 11th day of Jan 1898.

Affix your seal here.

W.M. Rogersdale, Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.

60.6, 2675 Ga Inf

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears J.E. Bradley of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 6 day of Nov 1824; that he is 75 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 3 years in ~~Company F, of 26th Regiment of~~ Ga; that his physical condition is as follows: Old age and disease he is unable to work for a living

that his property consists of the following items None

of the value of 0 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1898,

Sworn to and subscribed before me, this, the 9 day of Jan 1899. J E Bradley

W.M. Rogersdale, Ordinary.

State of Georgia,
De Kalb County.

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

Given under my official signature and seal, this 9 day of Jan 1899.

Affix your seal here.

W.M. Rogersdale, Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1899.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

Witness my hand and seal, this _____ day of _____ 1900.

_____ [L. S.]

Executed in presence of

CODE SEC. 1264.
(For Those Already Enrolled.)

NO. 1095

INDIGENT
SOLDIER'S PENSION,
1900.

Name J.E. Bradley
County DeKalb.

WARRANT ISSUED
January 2 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
C. Hyatt

Geo. W. Harrison, State Printer, Atlanta.

DeKalb Co.
Bradley, J.E.

CODE SECTION 1264
(For Those Already Enrolled.)

No. 4.7

INDIGENT
SOLDIER'S PENSION.
1901.

Name J.E. Bradley
County DeKalb

WARRANT ISSUED
Jany 21 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Register

Geo. W. Harrison, State Printer, Atlanta

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, J.E. Bradley hereby authorize W. M. Ragsdale,
of DeKalb
to receive and receipt for the pension allowed and request that he remit same to
at
by

Witness my hand and seal, this 12th day of [illegible] 1901.
J.E. Bradley [L. S.]

Executed in presence of
Wm. H. Stone

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

_____ County.

Personally appears [illegible] of [illegible]

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 [illegible] day of [illegible] 18[illegible]; that he is [illegible] years old and by occupation a [illegible]; that he enlisted in the military service of the Confederate States (or of the State of [illegible]) during the war between the States, and served for the term of [illegible] in Company [illegible], of [illegible] th ~~Regiment of~~ [illegible]; that his physical condition is as follows: [illegible]

that his property consists of the following items [illegible]

of the value of [illegible] 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 [illegible] county been allowed a pension for the year 189[illegible]

Sworn to and subscribed before me, this the [illegible] day of [illegible] 1900. Ordinary. [illegible] E Bradley

State of Georgia,

[illegible] County.

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

Given under my official signature and seal, this [illegible] day of [illegible] 1900.

Affix your seal here.

[illegible] Ordinary [illegible] County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

DeKalb County.

Personally appears W. E. Bradley of DeKalb

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 6th day of Nov 1824; that he is 76 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 2 Years in Company C, of 26th Regiment Bat of Ga; that his physical condition is as follows: Suffers with Kidney Trouble and Rheumatism

that his property consists of the following items None

of the value of 100 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of DeKalb county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this the 15 day of Dec 1901. [illegible] Ordinary.

STATE OF GEORGIA,

DeKalb County.

I, W. M. Cagdale Ordinary of said County, do certify that I am well acquainted with W. E. Bradley the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Dec 1901.

Affix your seal here.

W. M. Cagdale Ordinary DeKalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

Witness my hand and seal, this _____ day of _____ 1902.

_____ [L. S.]

Executed in presence of

_____

Bradley J. E.
De Kalb Co

(FOR THOSE ALREADY ENROLLED.)
CODE SECTION 1254.

No. 456

INDIGENT
SOLDIER'S PENSION
1902.

Name Bradley J E.
County De Kalb
Co. C Regiment 24

WARRANT ISSUED
1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Dyk

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

Witness my hand and seal, this _____ day of _____ 1903.

_____ [L. S.]

Executed in presence of

_____

Bradley J.E.
DeKalb Co

(FOR THOSE ALREADY ENROLLED.)
CODE SECTION 1254.
50 Fulton 61904

No. 376

INDIGENT
SOLDIER'S PENSION
1903.

Name Bradley J.E.
County De Kalb
Co. C Regiment 26th

WARRANT ISSUED
1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. Harrison, State Printer, Atlanta

2321 Not late

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.

Personally appears J. E. Bradley of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 6 day of Nov 1824; that he is 76 years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 2½ years in Company C, of 26 th Regiment of Ga Vol; that his physical condition is as follows: Is suffering from Catarrh and Rheumatism

that his property consists of the following items None

of the value of 25 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1901.

J. E. Bradley

Sworn to and subscribed before me, this the 15 day of Jan 1902.

W. M. Rogsdale Ordinary.

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 15 day of Jan 1902.

Affix your seal here

W. M. Rogsdale
Ordinary De Kalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.

Personally appears J. E. Bradley of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 6 day of Nov 1824; that he is 78 years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 2½ years in Company C, of ~~26~~ 24 th Regiment of Ga Vol; that his physical condition is as follows: From Catarrh and Rheumatism and old age

that his property consists of the following items: None

of the value of 20 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1902.

J. E. Bradley

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

W. M. Rogsdale Ordinary.

STATE OF GEORGIA,
De Kalb County.

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

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

Affix your seal here

W. M. Rogsdale
Ordinary De Kalb County.

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

Affix your seal here

W. H. Rogsdale

Ordinary De Kalb County.

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

Affix your Seal here

W. H. Rogsdale

Ordinary De Kalb County.

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

Georgia
Douglas County } I W. H. Rogsdale ordinary in and for said County hereby Certify that W. J. Kemburt was presented as a witness to sustain the claim of J. E. Bradley of De Kalb Co. Ga. I further Certify that said W. J. Kemburt lives in Douglas Co. and that he answered questions from One to Seven inclusive, on the within blanks: that said witness is of trust worthy character, and his statement is entitled to full faith and credit.
I further Certify that before answering the foregoing questions the witness took the oath therein prescribed.
Witness my hand and seal of office this 17th day of February 1877.

W. H. Rogsdale
Ordinary

NAME Bradley, J.E. YEAR 1897 COUNTY DeKalb

WHEN AND WHERE BORN? 1824 Clark County, Ga.

ENLISTED WHEN AND WHERE? August 1862 in Carroll County, Ga.

RANK.

COMPANY AND REGIMENT? Co. C, 26th. Ga. Battalion of Infantry.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Columbus, Ga. peroled at surrender.

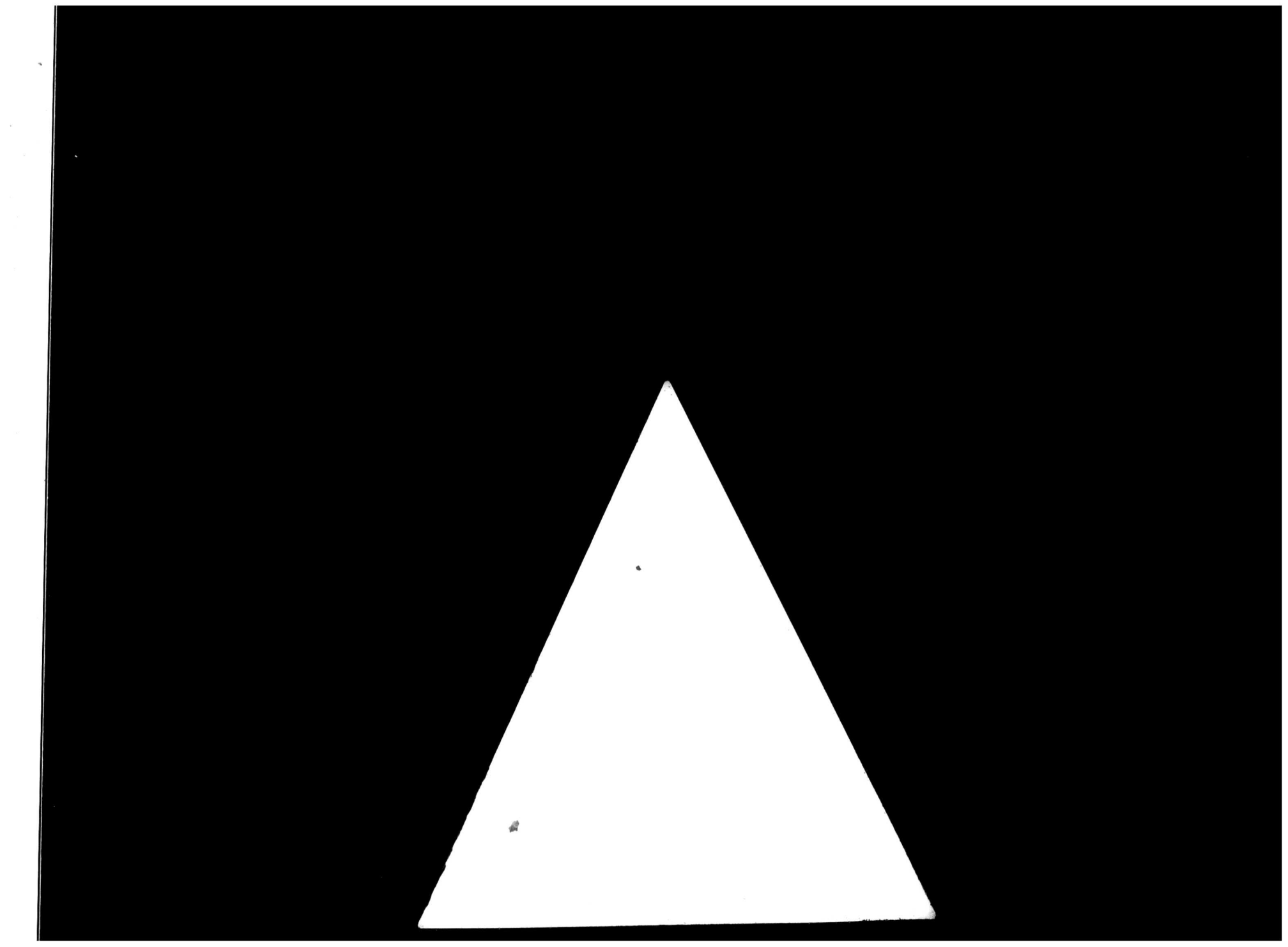
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. W.J. Hembree, same command - No data.

JWT



Brand J. H.
Co. K 5th Ga Cavalry

OK for 1913

No. 1

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb

Name J. H. Brand

Company D

Regiment 28 Ga

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

10/31/1912

ENTERED ROSTER OFFICE

Confederate Soldier's Application.

UNDER ACT 1910.

County. Name J W Brand

Company D

Regiment 28 Ga

Approved

J. W. LINDSEY,
Commissioner of Pensions.

PRINT F. BYRD, State Printer, ATLANTA

ENTERED ROSTER OFFICE

J W Brand
Late Pvt Co D 28 Ga Regt
No. 1
Ap for 1913

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

DeKalb County.

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

1. What is your name and where do you reside? (Give County and Post-office) J W Brand Clarkeston DeKalb Co Ga

2. How long and since when have you been a continuous resident citizen of this State? 76 years March 14th 1836

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) March 1861 Canton Ga Company D 28 Ga Regt

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) March 1861 to April 9th 1865

6. When and where was your Company and Regiment surrendered or discharged from the Service? April 9th 1865 Appomattox Va

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

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

a. Where was your Command when you left it? did not leave

b. When did you leave the Command? Surrender

c. For what cause did you leave? did not leave

d. By whose authority did you leave? Surrender

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

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

g. In what way were you prevented? Surrender

h. What effort did you make to return?

i. Were you captured during the war? was not

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

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) My wife owned 52 acres of Land Value $2400.00 = Town Property Val $900.00

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? Nothing

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). My wife Georgia A died owning 52 acres of Land owned by her at her death went to her children Jas Hodges = Town 45 acres of Land $1800.00 1600.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? I have No income only rent off the 45 acres of Land

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

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

Sworn to and subscribed before me, this the 23 day of Oct 1912

Jesse R George Ordinary

DeKalb County.

his
J W Brand
mark

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Cherokee County.

T. H. Roach of said State and County is hereby presented as a witness in support of the application of J. W. Brand for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded answers as follows:

1. What is your name and where do you reside? T. H. Roach, Reside in Cherokee Co. Ga
2. How long and since when have you known J. W. Brand the applicant? Since 1850.
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? Clarkston Dekalb Co. Ga Been in this State all his life
4. When, where and in what Company and Regiment did J. W. Brand enlist during war from 1861 to 1865? (Give date and place) March 1864, at Canton Ga - Comp. D - 28th Ga Reg.
5. How did you obtain your information of this Service? I enlisted about same time and in same company and Regiment
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) From Mar. 1861 to April 9th 1865.
7. When and where was his Command surrendered or discharged (give date and place) April 9, 1865. Appomattox Va.
8. Were you personally present at the Surrender? Yes.
9. If not, where were you and how came you there? I was present
10. Was the applicant personally present with his Command at surrender? Yes
11. If not where was he and how came him there? He was present
12. When did he leave his Command? Never left till at Surrender Where was his Command when he left it? for what cause did he leave? By whose authority did he leave and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge tell clearly and specifically) Personal Knowledge, by being on service with him
13. In what way was he prevented from returning to his Command? How do you know?
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner No. If so, when and where? In what prison was he held? and when released

Sworn to and subscribed before me, this the 26 day of Oct 1912

T. H. Roach

W. J. Neth Ordinary, Cherokee County.

Ga. Cherokee County.

I hereby certify that T H Roach is a citizen of this county, and was sworn before answering any of the foregoing questions, and that his statements are entitled to full faith and credit. Oct. 2th 1912. W J Neth Ord

STATE OF GEORGIA.
Dekalb County.

Personally before me come H. A. Jolly & J. A. Morris who on oath says that they are freeholders residing in said County and we know J. W. Brand 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.) J. W. Brands wife is dead - Said Mrs. Brand owned 5 acres of land at her death said land reverted to her children by deed from her father and J. W. Brand owns 4 acres of land Value $1500.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) Just living
2. When and to whom was it sold or given to? was not sold
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant? None
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full values? or was it made to obtain a pension?

Sworn to and subscribed before me, this the 30th day of Oct 1912

H. A. Jolly

James R. George Ordinary, Dekalb County, Ga.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Dekalb County.

I, James R. George Ordinary of said County, certify that I know the applicant J. W. Brand for Pension is the person he represents himself to be and resides in said County. That I also know the witness swearing to the service and H. A. Jolly & J. A. Morris who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of Dekalb County shows that J. W. Brand and wife value for tax is in 1908 $1535.10 for 1909 $1535.10 for 1910 $1535.10

1911 $1535.10 - 1912 - $1765-

Sworn under my hand and official seal of office this 30 day of Oct 1912

James R. George Ordinary, Dekalb County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, J. W. Brand, who being first duly sworn, says on oath, That during the years 1908, 1909, 1910, 1911 and 1912, he made tax returns of his own and his wife's property and that he returned it all in his own name. That he owns forty-five (45) acres of land in DeKalb County worth $20.00 per acre, Value $900.00 and that is all that he owns, and is all the property of any kind he has.

Sworn to and subscribed before me, this the 30th day of October, 1912.

his
J. W. X Brand
mark

James P. George
Ordinary DeKalb County, Georgia.

NAME Brand, J. W. YEAR 1913 COUNTY DeKalb.

WHEN AND WHERE BORN? Born in Georgia, March 14, 1836.

ENLISTED WHEN AND WHERE? March 1861, Canton, Georgia.

RANK:

COMPANY AND REGIMENT? Co. D, 28th Ga. Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED?

WHEN AND WHERE SURRENDERED? April 9, 1865, Appomattox, Va.

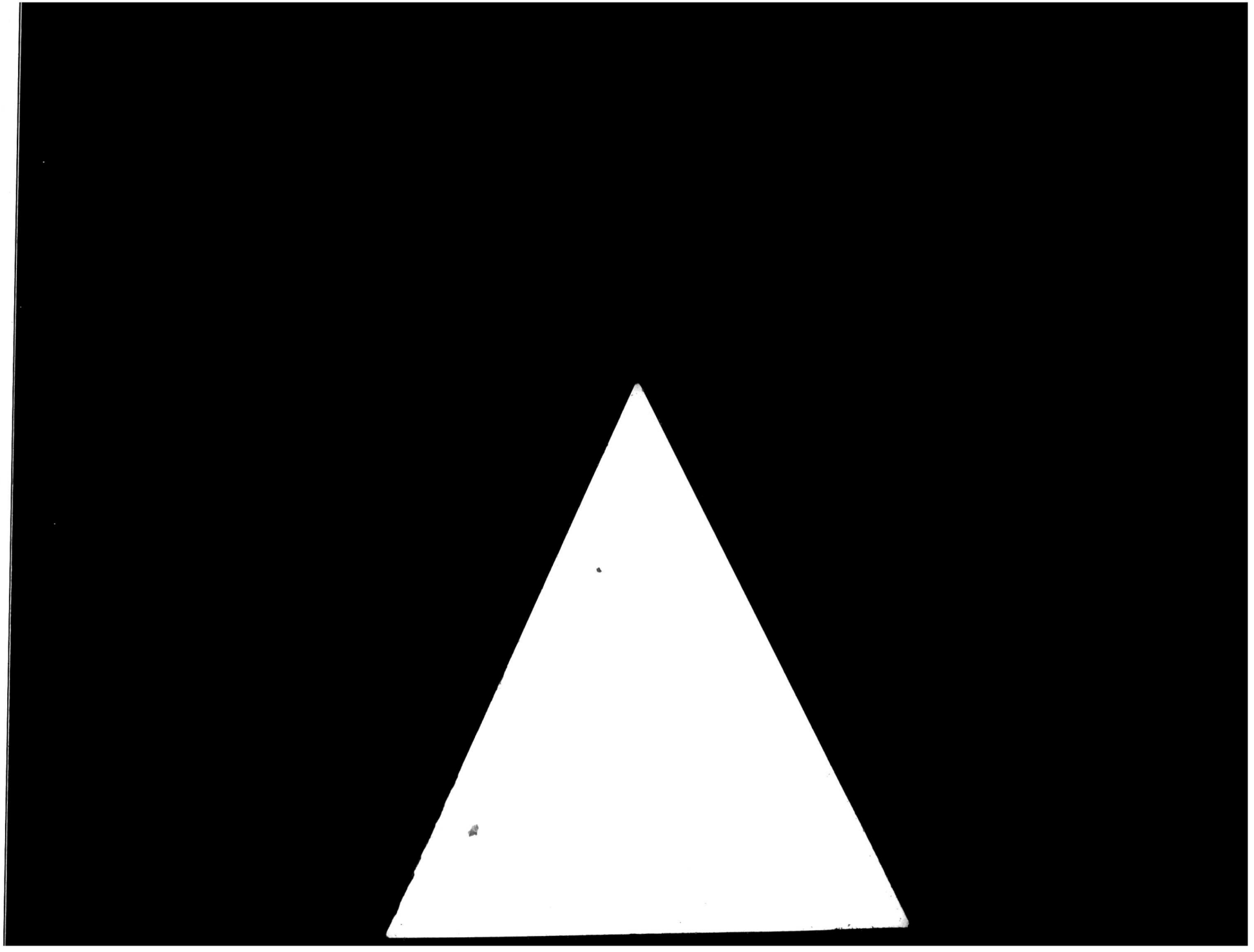
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: T. H. Roach--Same command--No data.

mt.



Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, James R George Ordinary of said County, certify that I know the applicant John [illegible] who applies for pension is the person he represents himself to be and resides in said county. That I also know F M Chandler the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 28 day of Oct 1919

James R George Ordinary

of DeKalb County.

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witnesses resides and must be certified by such Ordinary.

I C F Cook Ordinary do certify that I know J & F M Chandler witness to the service whose statement are intitled to full credit - Given under my hand & seal Oct 28 1919 C F Cook Ordinary DeKalb Co

Brantley Johnson Co DeKalb

No. [illegible] Ga 1220

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County DeKalb

Name John W Brantley

Company F 47

Regiment 4 2 Ga

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919

Ordinary's Certificate

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R George Ordinary of said County, certify that I know the applicant John W Braselton is the person he represents himself to be and resides in said county. That I also know F M Chandler the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 28 day of Oct 1919

James R George Ordinary
of DeKalb County.

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the Whole Truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

I C F Cook Ordinary do Certify That I Know J F M Chandler witness To the Service whose Statement are entitle to full Credit - Given under My Hand & Seal Oct - 28 1919
C F Cook Ords DeKalb Co

No. 1

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

County DeKalb
Name John W Braselton
Company F 42 Ga
Regiment
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

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

Questions For Applicants to Answer

STATE OF GEORGIA,
DeKalb COUNTY.

J. W. Brantley of said State and County, hereby applies for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give County and Post-office) J. W. Brantley DeKalb Co Redan Ga
2. How long and since when have you been a continuous resident citizen of this State? 75 all My life
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Confederate
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) May 13th 1862 Covington Ga Company F - 42 Ga Regt
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) from May 1862 to April 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? April 1865 - Bentonville N C
7. Were you actually present with your command when it was surrendered or discharged? I was
8. If you were not actually present, state specifically and clearly where you were. Present

a. Where was your command when you left it? Did not leave until Surrender left at Bentonville
b. When did you leave the command? Surrender
c. For what cause did you leave? Surrender
d. By whose authority did you leave?
e. For how long was your leave granted? In what way?
f. Why did you not return to your command after leave expired?
g. In what way were you prevented?
h. What effort did you make to return?
i. Were you captured during the war? I was
j. If so, when, and where? In what prison were you held and when were you released? Vicksburg Miss was Paroled Ct changed

9. Are you drawing a pension of any amount from this State or the United States? am Not
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Have Not

Sworn to and subscribed before me, this the 24 day of October 1919

John W Brantley

James R George Ordinary
of DeKalb County.

(SEAL)

Questions for Witness as to Service

STATE OF GEORGIA,
Rockdale COUNTY.

F M Chandler of said State and County is hereby presented as a witness in support of the application of John W Brantley 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? F M Chandler near Conyers Ga.

2. How long and since when have you known John W Brantley the applicant? Since Since 1867

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? DeKalb Co Ga all his Life been living all on Lines

4. When, where and in what Company and Regiment did John W Brantley Co Ga enlist during war from 1861 to 1865? (Give date and place.) May 1862 From Newton Co

5. How did you obtain your information of this Service? I was in Co F 42 Ga and he was there Two

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) up to 26 April 1865

7. When and where was his command surrendered or discharged (give date and place) April 26 1865 Near Bentonville N C.

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

9. If not, where were you and how came you there? With My Command

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

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

12. When did he leave his command? April 26 1865 Where was his command when he left it? Surrender For what cause did he leave? Surrendad By whose authority did he leave Surrender and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically I was in Co F 42 Ga And So was John W Brantley

13. In what way was he prevented from returning to his command? How do you know? I was with him all though war

14. What effort did he make to return to his command and how do you know?

15. Was applicant captured as a prisoner? No If so, when and where? Nothing mis In what prison was he held? Paroled at Charlotte and when released

Sworn to and subscribed before me this the 28 day of October 1919

F M Chandler

G F Cook Ordinary of Rockdale County.

(SEAL)

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, DeKalb County.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know MrsJohn W. Brantley, the applicant, and that she is the lawful widow of John W. Brantley, who was on the Pension Roll of said DeKalb County, and was paid a Pension from DeKalb County for 1933, and at the time of his death on the 29 day of April, 1933, there was due to him and unpaid his Pension of Three Hundred Dollars from the State of Georgia, and I know , the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 3 of May, 1933

(Seal of Ordinary)

V. S. Morgan Ordinary

DeKalb, County

DeKalb, County

192 33

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid to his Widow)

BY

Mrs. John W. Brantley

Widow of John W. Brantley

Date of Marriage April 27, 1898

Date of Death Apr. 29 1933

Approved and ordered paid.

192

JOHN W. CLARK,
Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Department for approval before any part of the money, and then return with proofs for permanent filing in Pension Department.

MAY 4 1933

VETERAN SERVICE OFFICE
A. L. HENSON, Director

c/ Brantley, John W.
DeKalb Co.

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow)

(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, DEKALB County.

Personally before me, the Ordinary of said County, comes Mrs. J. W. Brantley of said County, who after being duly sworn, on oath says that she is the widow of J. (John) W. Brantley.

and that said Pensioner was on the Pension Roll of DEKALB County and was paid a Pension of Sixty ($60.) Dollars from said County for 2Months~~arter~~, 1933, and that the said Pensioner died in DeKalb County on the 29th. day of April 1933 ~~xxx~~.

Applicant further swears that she married the said J. (John) W. Brantley on the 27th day of April, 1898, in DeKalb County and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Balance Pension, 1933 ~~xxx~~ due and unpaid be paid to her.

Sworn to and subscribed before me this 3rd. day of May 1933, ~~xx~~

V. A. Morgan, Ordinary
DeKalb, County
(Seal of Ordinary)

Mrs. John W. Brantley (L. S.)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, ... County.

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

Sworn to and subscribed before me this ..... day of ....., 192...

....., Ordinary
....., County
(Seal of Ordinary)

.....

INSTRUCTIONS:

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

INSTRUCTIONS:

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

STATE OF GEORGIA

Marriage Certificate

DEKALB COUNTY

This Certifies that J. W. BRANTLEY

and LUCINDA STOWERS

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By T. W. Ivey

On the 27th day of April, in the year of our Lord ~~1898~~ 1898

as appears of record in my office in Marriage Record, book "G"

page 186. This 3rd day of May, 1933 ~~XXXX~~

W. D. Morgan

Ordinary.

NAME Brantley, John W. YEAR 1920 COUNTY DeKalb.

WHERE BORN? A resident of Georgia all my life, 75 years.

ENLISTED WHEN AND WHERE? May 13,1862, Conyers, Georgia

RANK.

COMPANY REGIMENT? Company F, 42nd Georgia Regiment

BRIGADE AND COLONEL?

WOUNDED?

WHERE AND WHEN? Captured at Vicksburg, Miss. (does not state when).

PRISONER? Paroled and exchanged (does not state when or where).

WHEN DISCHARGED? April, 1865, Bentonville, North Carolina.

WHAT OFFICE, IF ANY, DO YOU HOLD?

WHAT OFFICE DID YOU HOLD?

OTHER DATA.

REMARKS. F. M. Chandler - same command - - -No data.

SB.

VETERANS SERVICE OFFICE

SUCCEEDING TO THE DUTIES FORMERLY DEVOLVING UPON
THE PENSION COMMISSION
THE ROSTER COMMISSION
THE VETERANS SERVICE OFFICE

A. L. HENSON, DIRECTOR

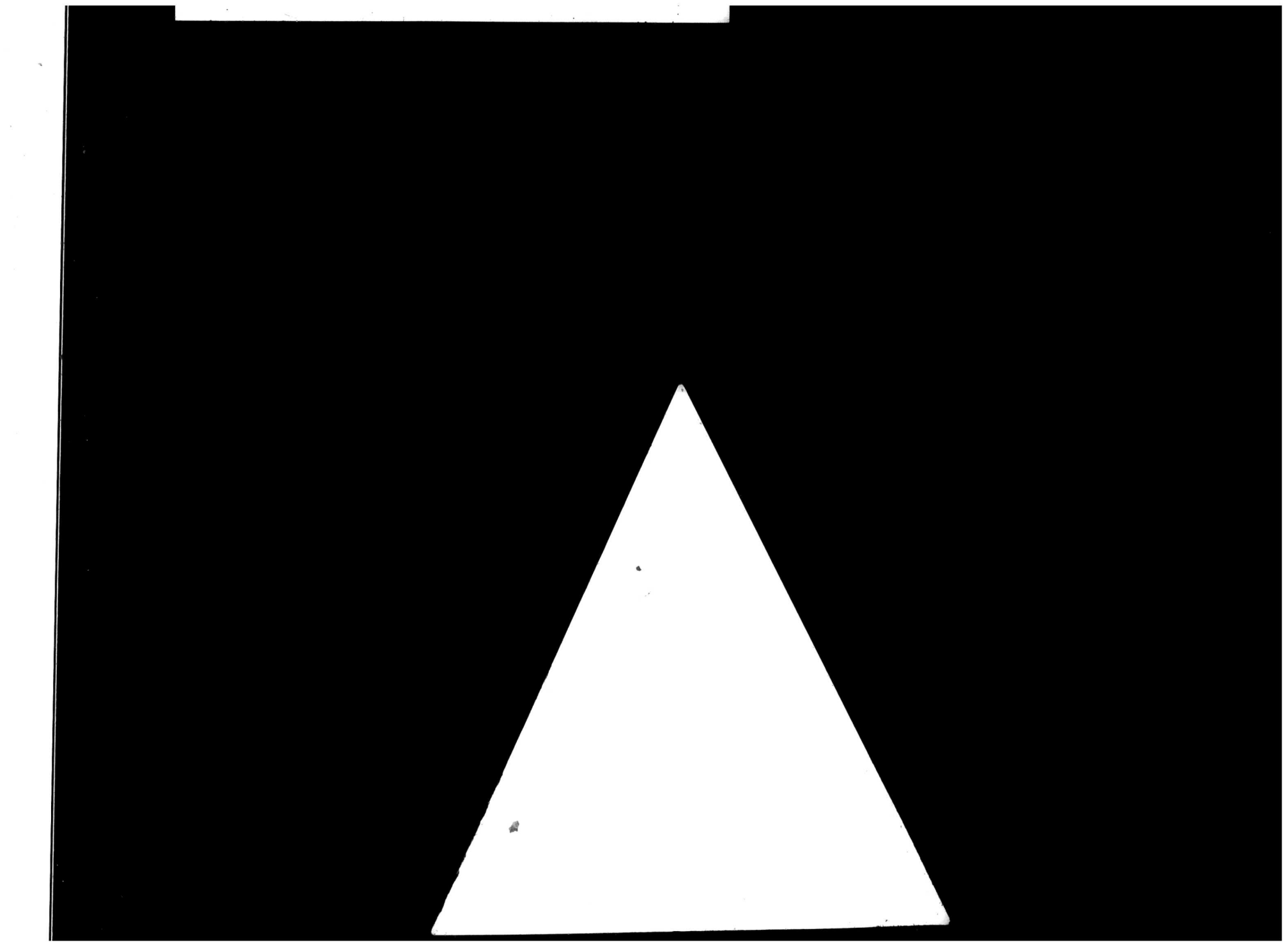
STATE CAPITOL
ATLANTA

IN RE: Application of Mrs. John W. Brantley, widow of John W. Brantley, for pension accrued to her husband for the years 1930 and 1933:

It appearing that the late husband of this applicant established his right to a pension as a Confederate veteran and was such a pensioner at the time of his death; that applicant was married to said pensioner and that she lived with her said husband to the date of his death and has not remarried, and that the pension payments which had accrued to the husband, but had not been received by him: $130.00 for the year 1930, and the payments for the year 1933 not collected by him, 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, as they may become payable.

This the 4th day of May, 1933.

A L Henson
Director.



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

John W. Brantley enlisted as a private in Co. F, 44th Regt. Ga. Inf. May 16, 1862. Captured, Marietta, Ga. July 3, 1864....Received, Boulware & Cox's Wharves, James River, Va. Mch. 23, 1865.

Director Confederate Records Div.

Brantley, John W. Mrs
RECORD O. K.

Widow's Application

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

County DeKalb
Name Mrs. John W. Brantley
Widow of John W. Brantley
Date of Marriage April 27 1898
Date of Husband's Death Apr. 23 1933
Company H
Regiment 44 Ga Inf
Approved DEC 27 1937 193
Director.

AUG 11 1937

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. S. Morgan, Ordinary of said County, do certify that I know Mrs. John W. Brantley the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know See Marriage Certificate the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 10 day of August 193 7.

(SEAL OF ORDINARY) V. S. Morgan, Ordinary.

of DeKalb County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

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

John W. Brantley enlisted as a private in Co. F, 44th Regt Ga. Inf. May 16, 1862. Captured, Marietta, Ga. July 3, 1864....Received, Boulware & Cox's Wharves, James River, Va. Mch. 23, 1865.

Director Confederate Records Div.

1919

Brantley, John W. Mrs
RECORD O. K.

Widow's Application

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

County DeKalb
Name Mrs. John W. Brantley
Widow of John W. Brantley
Date of Marriage April 27 1898
Date of Husband's Death Apr. 23 1933
Company F
Regiment 44th Regt Ga Inf
Approved DEC 27 1937 193
Director.

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. S. Morgan, Ordinary of said County, do certify that I know Mrs. John W. Brantley the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know See Marriage Certificate the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 10 day of August 193 7.

(SEAL OF ORDINARY) V. S. Morgan, Ordinary.

of DeKalb County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

$ 144

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

(Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.)

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

DEKALB COUNTY.

Personally appears before me, Mrs. John W. Brantley of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after being duly sworn, true answers to make to the questions propounded, answers as follow, to wit:

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County)
Mrs. John W. Brantley - Redan, DeKalb County, Ga.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All life
Give date, or year, of your birth. February 2, 1860 Age? 77
3. (1)When, (2)where and (3)to whom were you married?
Married April 27, 1898 in Rockdale County to John W. Brantley
a. Have you married since the death of first and soldier husband? no
b. When and where did your first husband die? Died April 23, 1933 at Redan, Georgia
c. Were you residing together when he died? yes
d. If not, how long had you resided apart? X
e. Are you now a widow? yes
f. Have you or your husband heretofore been paid a pension by the State? Husband received pension from DeKalb County
g. If so, when and for what cause were you or your husband placed on the roll? Service in Confederate Army

SECTION II.

Answer the following questions if your husband **was not** a pensioner:

1. **When, where** and **in what Company and Regiment** did your husband enlist as a soldier in Confederate Army or Georgia Militia. (**Give name of Colonel and Captain.**) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.

2. When and where did the Commands of your husband surrender or discharge from the Service?

3. Was your husband personally present with his Command when it was surrendered or discharged?

4. If he was not present, state specifically and clearly where he was?
5. When did he leave the Command?
a. For what cause did he leave?
b. By whose authority did he leave?
c. For how long was his leave of absence granted? d. In what way?

e. What was his physical condition when he left his Command?
f. What effort did he make to return to his Command?
g. In what way was he prevented from going back to his Command?
h. Was he captured by the enemy at any time?
i. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the 22 day of July, 193 7.

V. S. Morgan, Ordinary

of DeKalb County.

(SEAL OF ORDINARY)

Mrs. John W. Brantley
Applicant.

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

2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

Sworn to and subscribed before me, this the
22 day of July, 193 7.
V. A. Morgan, Ordinary
of DeKalb County.
(SEAL OF ORDINARY)

Mrs John W Brantley
Applicant.

STATE OF GEORGIA

Marriage Certificate

DeKALB COUNTY

This Certifies that J. W. Brantley

and Lucinda Stowers

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By T. W. Ivey

On the 27 day of April, in the year of our Lord ~~18~~ 1898

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

page 186. This 29 day of July 193 7

V. A. Morgan
ORDINARY

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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

WHEREAS:

MRS. JOHN W. BRANTLEY, WIDOW OF JOHN W. BRANTLEY,

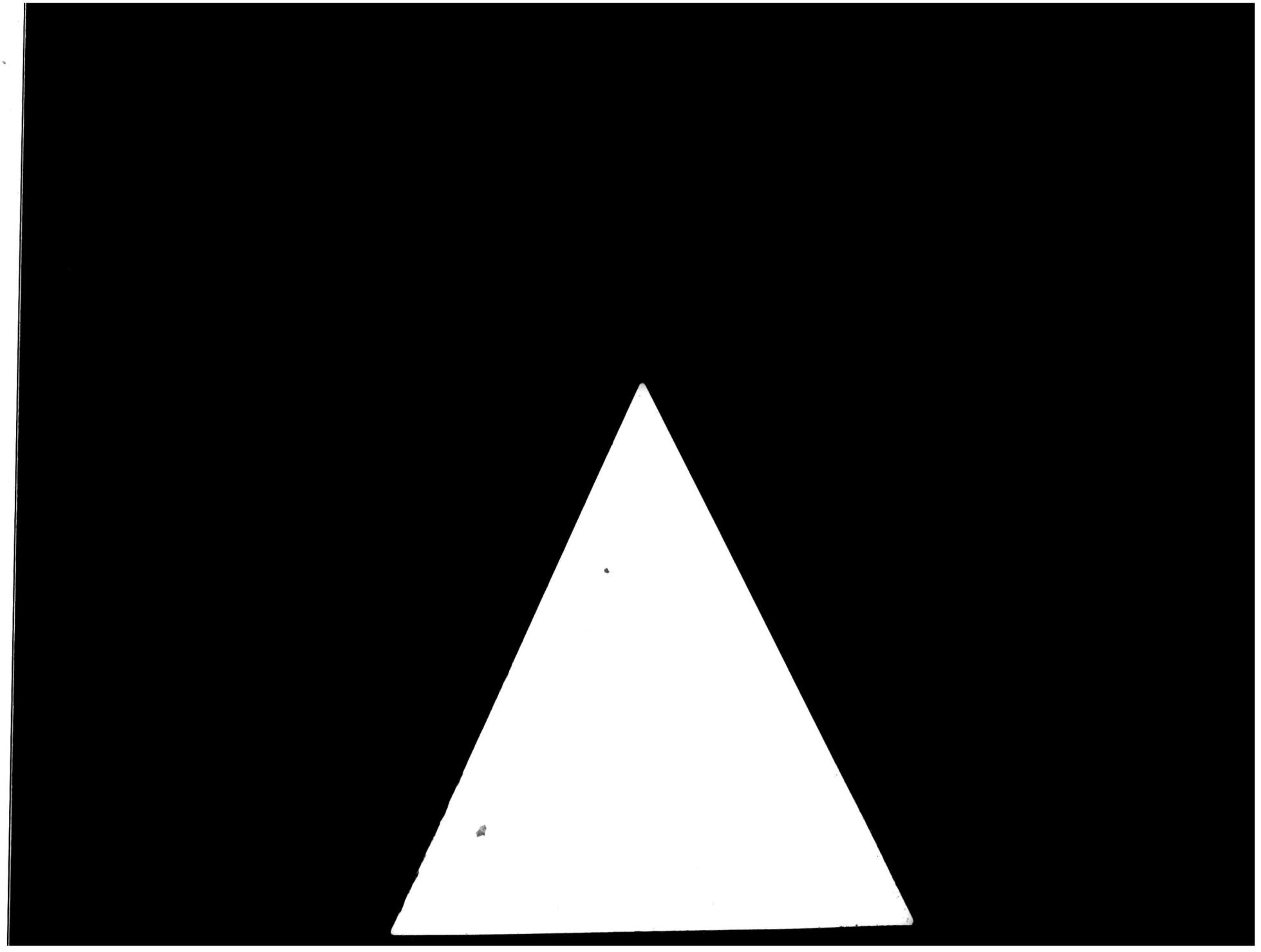
has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore,

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January, 1938, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 1937.

W. Tom Gillen
Director, Confederate Division
State Department of Public
Welfare



Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
.....COUNTY.

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

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

[L. S.]

Executed in the presence of us:

DIRECTIONS.

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

.....

Widows' Pension,
for year ending February 15th, 1893.
—PAID TO—
Mrs. Mary F. Williams
—OF—
De Kalb COUNTY.

Warrant Issued
1893
AND HANDED TO
Applicant

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No. 4187

1893.

Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
.....COUNTY. }

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

.....of.....

County, in said State, do hereby appoint.....

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

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

day of 189

[L. S.]

Executed in the presence of us }

}

}

DIRECTIONS.

If allowed, send amount by .....to

me at ....., and oblige

.....

Oct 13 Brantley Mrs Mary J
Dekalb Co Ga
1893.

No. 41894

Widows' Pension,

for year ending February 15th, 1893.

—PAID TO—

Mrs Mary J Brantley

—OF—

Dekalb County.

Warrant Issued

1894

1893

AND HANDED TO

Applicant

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Affidavit to be Made by the Widow.

Form No. 1.

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

Mrs. Mary J Brantley, who being sworn according to law, says under oath that she is the widow of Warrent H Brantley, who was a soldier in the service of the Confederate States, and served as a member of Company F., of the 42nd Regiment of Georgia Volunteers; that he enlisted in said service on or about the 10th day of March 1862, and was in the Confederate Army up to April 1865. That while in the Army, he was on the ..... day of ..... 186..., (See Note No. 1)

He had measles while in the service Relapsed and from cold and exposure it settled on his lungs which caused Consumption. He was discharged from service in 1863 but went off in another Capt Mattox Company from Newton Co. and went to Andersonville and stayed till the close of the war. After the war he was under the constant treatment of a Physician but he was never able to do any thing and died from the disease on the 9th of September 1870. Never had any disease before he entered the service

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 7th day of Jan 1863, and that she has resided in Georgia continuously since the 26th day of Jan 1845; 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, 1893, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the 30th day of Jan 1893.
W M Rogsdale
Ordinary.

Mary J Brantley

Post-Office Lithonia, Ga.

Note 1. State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is *known* positively to have resulted from the service of the soldier in the Army and not from any other cause.

Form No. 2.

Affidavit for Three Witnesses.

State of Georgia,
County of Fulton

In person came before me, the undersigned Ordinary in and for said County, witnesses J M Summers E B Rosser and Dr S S Gunter and Mocked (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, FROM THEIR OWN PERSONAL KNOWLEDGE, Mrs. Mary J Brantley, of the County of DeKalb State of Georgia, is the widow of Warren A Brantley, who was a soldier in Company F1 of the 42 Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 4th day of March 186 2 That while in said service, or by reason of said service in the Army, he lost his life as follows: While in service he was Taken with Measels and from opposure it run in to Consumption and he was discharged from said service on account of said disease so Contracted, he Died with Consumption until his death September 7th 1870

Our opportunity for knowing the facts stated in reference to death of applicant's husband were we were in the service with him and knew the facts above stated personally and saw him frequently after the war up to his death

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

Sworn to and subscribed before me, this, the 20 day of January 1893

J M Summers
E B Rosser

W L Calhoun
Ordinary.

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

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

Form No. 3.

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

State of Georgia,
County of DeKalb

I, W M Rogsdale Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. Mary J. Brantley 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 21st day of Jan 1893.

SEAL

W M Rogsdale
Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

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

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

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

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

By order of the Governor.

W. H. HARRISON,
Sec. Ex. Department.

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

Form No. 2.

STATE OF GEORGIA, County of De Kalb

I, W.M. Rogsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Mary F. Brantley 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, 1850, and has not lived out of the State since that date. That she is the widow of W.H. Brantley 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 24th day of Jan 1894.

[SEAL]

W.M. Rogsdale Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs Mary F. Brantley of De Kalb County in said State, do hereby appoint W.H. Brantley of De Kalb my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be 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 24th day of Jan 1894.

Mary F. Brantley [L. S.]

Executed in the presence of us:

C.D. Mason
W.M. Rogsdale
Ordinary.

DIRECTIONS.

Send amount by to me at , and oblige

Brantley, Mary F.
De Kalb County
FOR THOSE HERETOFORE PAID.

1894.

No. 1128

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—
Mrs. Mary F. Brantley
—OF—
De Kalb County.

WARRANT ISSUED
2/2 1894,
AND HANDED TO
Lizzie Brantley

GEO. W. HARRISON, State Printer, Atlanta.

Form No. 1

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. Mary J. Brantley,

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since Jan 1845. That she is the Widow of W. H. Brantley who was a Soldier in Company F of the 42d Regiment of Ga Volunteers, that he enlisted in said Regiment on or about the month of March 1862, and served in the Army up to June 1865. That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) (

had been sick at home since last October in the year from which disease he died at his home in Henry county on the 9th day of Sept 1870.

)

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 1861; 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 24th day of Jan 1894.
W. M. Rapsdale, Ordinary.

Mary J. Brantley
Post-office Lithonia, Ga.

Form No 2.

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

STATE OF GEORGIA, County of De Kalb

I, W.M. Rogsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Mary J Brantley the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of W.H. Brantley deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 24" day of Jan 1895.

{SEAL} W.M. Rogsdale Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs Mary J. Brantley of De Kalb County in said State, do hereby appoint D.J. Brantley of De Kalb my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be 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 24" day of Jan 1895. Mary J. Brantley [L.S.]

Executed in the presence of us:
L.L. Still
W.M. Rogsdale,
Ordinary.

DIRECTIONS.

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

Brantley, Mary J.
De Kalb County

FOR THOSE HERETOFORE PAID.

1895.

No. 941

WIDOW'S PENSION,

for year ending February 15th, 1895.

—PAID TO—
Mrs. Mary J. Brantley
—OF—
De Kalb County.
widow of W.H. Brantley

WARRANT ISSUED
25 Jan 1895.
AND HANDED TO
Boy

Geo. W. Harrison, State Printer.

Form No. 2.

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

STATE OF GEORGIA, County of De Kalb

I, W.M. Rogsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Mary J. Brantley the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of W.H. Brooks deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 30th day of Jan 1896.

{SEAL} W.M. Rogsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

I, Mary J. Brantley hereby authorize D.J. Brantley Jr of De Kalb to receive and receipt for the pension paid hereon and request that he remit same to ..... at .....

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24 th day of Jan 1896.

Mary J. Brantley [L.S.]

Executed in the presence of
G.R. Bond
W.M. Rogsdale,
Ordinary.

Brantley, Mary J.
De Kalb County

FOR THOSE HERETOFORE PAID.

1896.

No. 2568

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO
Mrs. Mary J. Brantley
OF
De Kalb County.
widow of W.H. Brantley

WARRANT ISSUED
27 1896.
AND HANDED TO
Boy

Geo. W. Harrison, State Printer.

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of DeKalb

Personally Comes Mrs. Mary J. Brantley

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 all her life 18 That she is the Widow of W H Brantley who was a Soldier in Company F of the 42d Regiment of Ga Volunteers, that he enlisted in said Regiment on or about the month of March 4th 1862 and served in the Army up to April 1865 That he lost his life on the 9th day of Sept 1870 (*State here full particulars of the husband's death, when, where and from what cause.*) (

While in service was taken with measles and from exposure run into Consumption of which disease he died on the 9th of Sept 1870 at home in Henry Co Georgia

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1862, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this 24th day of Jan 1895. W M Ragsdale, Ordinary.

Mary J Brantley
Post-office Lithonia, Ga.

Form 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of DeKalb

Personally Comes Mrs. Mary J. Brantley

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 all her life 18 That she is the Widow of W H Brantley who was a Soldier in Company F of the 42d Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to April 1865 That he lost his life on the 9th day of Sept 1870 (*State here full particulars of the husband's death, when, where and from what cause.*) (

He contracted consumption while in service was discharged at one time but reinlisted and continued to grow worse after the war he still suffered from the disease and finally died with it on date above

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 , that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of DeKalb County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this 24 day of Jan 1896. W M Ragsdale Ordinary.

Mary J. Brantley
Post-office Lithonia Ga

Form No. 2.

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

STATE OF GEORGIA, County of DeKalb

I, W. H. Ragsdale, Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. Mary J. Brantley 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 L. J. Brantley deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 11th day of Jan 1897.

{SEAL} W. H. Ragsdale, Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, DeKalb County.

I, Mary J. Brantley hereby authorize L. J. Brantley of to receive and receipt for the pension paid hereon and request that he remit same to at

In Witness Whereof, I have hereunto set my hand and seal, this 11th day of Jan 1897.

Mary J. Brantley [L. S.]

Executed in the presence of

J. L. Dyer

W. H. Ragsdale

Ordinary

Brantley, Mary J.
DeKalb County, Ga.

For Those Heretofore Paid.

1898.

No. 2613

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. Mary J. Brantley

OF

DeKalb County,

Widow of W. H. Brantley

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/11 1898.

AND HANDED TO

L. J. Brantley

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Brantley, Mary J.
DeKalb County, Ga.

FOR THOSE HERETOFORE PAID.

1897.

No. 2553

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

Mrs. Mary J. Brantley

OF

DeKalb County,

widow of W. H. Brantley

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/3 1897.

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia, DeKalb County.

I, Mary J. Brantley hereby authorize L. J. Brantley of to receive and receipt for the pension paid hereon and request that he remit same to at

In Witness Whereof, I have hereunto set my hand and seal, this 12th day of Jan 1898.

Mary J. Brantley [L. S.]

Executed in the presence of

J. L. Dyer

W. H. Ragsdale

Ordinary

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of DeKalb

Personally Comes Mrs. W. F. Brantley

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 [illegible] 1865 That she is the Widow of [illegible] who was a Soldier in Company F of the [illegible] Regiment of [illegible] Volunteers, that enlisted in said regiment on or about the month of [illegible] 186[illegible] and served in the Army up to [illegible] 1865 That he lost his life on the [illegible] day of [illegible] 1870 (*State here full particulars of the husband's death, when, where and from what cause.*)

[illegible]

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[illegible], that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of DeKalb County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this [illegible] day of [illegible] 1897.
[illegible], Ordinary.

Mary J. Brantley
Post-office [illegible]

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of DeKalb

Personally Comes Mrs. Mary J. Brantley

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 1845 That she is the Widow of W. F. Brantley who was a Soldier in Company F of the 42d Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to Close of war 1865 That he lost his life on the 9th day of Sept 1870 (*State here full particulars of the husband's death, when, where and from what cause.*)

had measles while in service from which he never recovered but died of same on date given above in Pierce County Ga

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1862.

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

Sworn to and subscribed before me, this 12 day of Jan 1898.
W. M. Cogsdale, Ordinary.

Mary J. Brantley
Post-Office Tucker

State of Georgia,
DeKalb **County.**

I W. M. Cogsdale, Ordinary of said County, certify that I am well acquainted with Mrs. Mary J. Brantley 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 [illegible] day of [illegible] 18[illegible]

Given under my official signature and seal this the 13 day of Jan 1898.

W. M. Cogsdale
Ordinary of DeKalb County.

Official Seal.

POWER OF ATTORNEY.

State of Georgia,
DeKalb County.

I, M J Brantley hereby authorize
L G Brantley Jr of DeKalb
to receive and receipt for the pension paid hereon and request that he remit same to
at

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

Mary L. Brantley [L. S.]

Executed in presence of
M F Watson
W W Rogdale
Ordinary.

Brantley, Mary L.
DeKalb Co.

For Those Heretofore Paid.

1899.

No. 3166

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mrs. M J Brantley
OF
DeKalb County
Widow of W H Brantley

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
26 1899.
AND HANDED TO
L. G. Brantley Jr

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

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

[L. S.]

Executed in presence of

Brantley, Mary L.
DeKalb County
To Those Heretofore Paid.

1900.

No. 22260

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. Mary L Brantley
OF
DeKalb County,
Widow of W H Brantley

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Feb 12 1900,
AND HANDED TO

GEO. W. HARRISON, State Printer, Atlanta.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs. M J. Brantley who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 1845 That she is the Widow of W H. Brantley, who was a soldier in Company F of the 42d Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to April 1865 That he lost his life on the 9 day of Sept 1870 (*State here full particulars of the husband's death, when, where and from what cause.*)

Had measles while in the army and never recovered from them to the time of his death

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1862.

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

Sworn to and subscribed before me, this 13th day of Jan 1899.
W M Ragsdale Ordinary.

Mary J. Brantley
Post-Office Lithonia

State of Georgia,
De Kalb County.

I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. M J. Brantley 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 ____ 1845

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

{Official Seal.}

W M Ragsdale,
Ordinary of De Kalb County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs. Mary J Brantley who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Jan 26 1845. That she is the Widow of W H. Brantley who was a soldier in Company F of the 42d Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Mar 1862 and served in the Army up to April 1865 That he lost his life on the 9 day of Sept 1870 (*State here particulars of the husband's death, when, where and from what cause*)

He had measles while in service and from exposure went to consumption which resulted in his death on date above given

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1862.

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

Sworn to and subscribed before me, this 16 day of Jan 1900.
W M Ragsdale Ordinary.

Mary J Brantley
Post Office Lithonia

State of Georgia,
De Kalb County.

I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Mary J. Brantley, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 26 day of Jan 1845

Given under my official signature and seal, this the 16 day of Jan 1900.

{Official Seal.}

W M Ragsdale
Ordinary of De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, Mrs M. Z. Brantley hereby authorize
L. L. Brantley of DeKalb County
to receive and receipt for the pension paid hereon and request that he remit same to
M. Z. Brantley at Lithonia DeKalb Co

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th
day of January 1901.

Mrs M. Z Brantley [L. S.]

Executed in presence of

J W Johnson

Luther R Hogan

Brantley, Mary Z.
DeKalb Co. Ga.

To Those Heretofore Paid.

1901.

No. 3694

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs M Z Brantley
OF
DeKalb County.
Widow of L. L. Brantley

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Jan 21 1901,
AND HANDED TO
M Z Brantley

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
..... County.

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

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

..... [L. S.]

Executed in presence of

Brantley, Mary Z.
DeKalb County

To Those Heretofore Paid.

1902.

No. 2685

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs Brantley MZ
DeKalb County,
Widow of L L Brantley
Co. F Regiment 42 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/7 1902
AND HANDED TO
Ofp

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb County.

I, Mrs M. J. Brantley hereby authorize
T. J. Brantley of Dekalb County
to receive and receipt for the pension paid hereon and request that he remit same to
M. J. Brantley at Stone Mountain Dekalb Co
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18th
day of January 1901.

Mrs M J Brantley [L. S.]

Executed in presence of

J W Johnson
J Thos R Hayes

To Those Heretofore Paid.

1901.

No. 3604

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. M. J. Brantley
OF
Dekalb County.
Widow of W. T. Brantley

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Jan 21 1901,
AND HANDED TO
M J Brantley

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

I, , hereby authorize
of
to receive and receipt for the pension paid hereon, and request that he remit same to
at
In Witness Whereof, I have hereunto set my hand and seal, this
day of 1902.

[L. S.]

Executed in presence of

Granted Mary J. Brantley
De Kalb County

To Those Heretofore Paid.

1902.

No. 2665

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs. M. J. Brantley
Widow of W. T. Brantley
Co. F Regiment 42 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
17 1902
AND HANDED TO
Agent.

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

FORM No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. M J. Brantley

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 1845. That she is the Widow of W. F. Brantley, who was a soldier in Company F of the 42d Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to April 1865. That he lost his life on the 9th day of Sept 1870 (State here particulars of the husband's death, when, where and from what cause) contracted measles while in service and died from effects of disease

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1862.

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

Sworn to and subscribed before me, this 5 day of Jan 1901. M. J. Brantley

W. M. Ragsdale, Ordinary. Post Office

State of Georgia, DeKalb County. } I, W. M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. M. J. Brantley, 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 9 day of 1845.

Given under my official signature and seal, this the 9 day of Jan 1901.

{ Official / Seal. }

W. M. Ragsdale
Ordinary of DeKalb County.

FORM No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally comes Mrs. M. J. Brantley

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 1845. That she is the Widow of W. F. Brantley, who was a soldier in Company F of the 42d Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 1862, and served in the Army up to April 1865. That he ~~died~~ on the 9th day of Sept 1870 (State here particulars of the husband's death, when, where and from what cause) contracted measles while in the war and died of the effect of same.

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 DeKalb County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me, this 15 day of Jan 1902. Mrs M. J. Brantley

W. M. Ragsdale, Ordinary. Post Office

State of Georgia, DeKalb County. } I, W. M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. M. J. Brantley, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the 9 day of 1845.

Given under my official signature and seal, this the 15 day of Jan 1902.

{ Official / Seal. }

W. M. Ragsdale
Ordinary of DeKalb County

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Mrs M J Brantley, hereby authorize
L G Brantley of DeKalb
to receive and receipt for the pension paid hereon, and request that he remit same to
at

In Witness Whereof, I have hereunto set my hand and seal, this 13th
day of Jan 1903.

Mrs M J Brantley [L. S.]

Executed in presence of
A T Bruce
W M Maddox
Ordinary

Brantley, Mary J.
DeKalb county
To Those Heretofore Paid

1903.

No. 289

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs. M. J. Brantley
DeKalb County,
Widow of L. G. Brantley
Co. F Regiment 42d

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
12 1903.
AND HANDED TO
L G Brantley

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

234

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, M. J. Brantly hereby authorize
L. G. Brantly of DeKalb
to receive and receipt for the pension paid hereon, and request that he remit same to
at

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

M J Brantly [L. S.]

Executed in presence of
James R George
Ordinary

Brantley, Mary J. (Mrs)
DeKalb County, Ga

TO THOSE HERETOFORE PAID.

1904.

No. 285

WIDOW'S PENSION

FOR
YEAR ENDING DECEMBER 31, 1904.

PAID TO
Mrs M J Brantley
DeKalb County,
Widow of L G Brantley
Co. F Regiment 42d

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1 25 1904.
AND HANDED TO
L G Brantley

Geo. W. Harrison, State Printer Atlanta.

FORM No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } PERSONALLY COMES MRS. M J Brantley

who, being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 1845. That she is the Widow of W H Brantley who was a soldier in Company F of the 42 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Mar 1862, and served in the Army up to April 1865. That he lost his life on the 9th day of Sept 1870 (State here particulars of the husband's death, when, where and from what cause.) Had measles while in Ky and never recovered but died from effects.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1862

I have been paid a pension as a resident of De Kalb County for the year ending December 31, 1902, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, this 7 day of Jan 1903. Wm Ragsdale Ordinary. } Mrs M J Brantley Post-Office Lithonia, Ga.

State of Georgia, De Kalb County. } I, W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. M J Brantley, 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 1845

Given under my official signature and seal, this the 9th day of Jan 1903.

{ Official Seal. } Wm Ragsdale Ordinary of De Kalb County.

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

FORM No. 1.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of DE Kalb } PERSONALLY COMES MRS. M J Brantley

who, being sworn says on oath, that she is a bona fide resident of said County of DE Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 1845. That she is the Widow of W H Brantley who was a soldier in Company F of the 42 Regiment of Volunteers, that he enlisted in said regiment on or about the month of March 1862, and served in the Army up to April 1865. That he lost his life on the 9th day of Sept 1870. (State here particulars of the husband's death, when, where and from what cause.) Died of effects of Measles contracted in army

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1862

I have been paid a pension as a resident of DE Kalb County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 13 day of Jany 1904. James R George Ordinary. } M J Brantley Post Office Lithonia Ga

State of Georgia, DE Kalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. M J Brantley 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 1845

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

{ Official Seal } James R George Ordinary of DE Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Mrs Mary J. Brantley, hereby authorize
L.G. Brantley of Lithonia Ga
to receive and receipt for the pension paid hereon and request that he remit same to
Mary J. Brantley at Lithonia Ga R.F.D. 2

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

M J Brantley [L. S.]

Executed in presence of
James R George
Ordinary

Brantley, Mary J.
DeKalb Co. Ga.

To Those Heretofore Paid.

1905.

No. 193

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs Mary J. Brantley
OF
Lithonia County,
Widow of Warren N. Brantley
Co. F Regiment 42 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1823 1905.

AND HANDED TO

The Franklin Printing and Publishing Co. Atlanta, Ga. W. Hancock, Manager. Blank Specialties.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Mary J. Brantley, hereby authorize
L.G. Brantley of Lithonia Ga
to receive and receipt for the pension paid hereon and request that he remit same to
Mary J. Brantley at Lithonia Ga R.F.D. 2

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

Mary J Brantley [L. S.]

Executed in presence of
James R George
Ordinary

Brantley, Mary J.
DeKalb Co. Ga.

To Those Heretofore Paid.

1906.

No. 153.

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs Mary J. Brantley
OF
Lithonia County,
Widow of W. N. Brantley
Co. F Regiment 42 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1322 1906,

AND HANDED TO

The Franklin Printing and Publishing Co. Ga. W. Hancock, Mgr.

FORM No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } PERSONALLY COMES MRS. Mary J. Brantley

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 Warren H. Brantley who was a soldier in Company F of the 42 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 1862, and served in the Army up to 1865. That he lost his life on the day of 1870 (State here particulars of the husband's death, when, where and from what cause.)

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

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

Sworn to and subscribed before me, this 10 day of January 1905. James R George Ordinary

Mrs. M. J. Brantley
Post Office Lithonia Ga

State of Georgia, DeKalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Mary J. Brantley who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18.

Given under my official signature and seal, this the 10 day of January 1905.

{ Official Seal }

James R George
Ordinary of DeKalb County.

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

FORM No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } PERSONALLY COMES MRS. Mary J. Brantley

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 1845. That she is the Widow of Warren H. Brantley who was a soldier in Company F of the 42 Georgia Regiment of Volunteers, that he enlisted in said regiment on or about the month of March 1862, and served in the Army up to ~~1864~~ April 1865. That he lost his life on the day of 1870 (State here particulars of the husband's death, when, where and from what cause.) died of disease

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

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

Sworn to and subscribed before me this 9th day of January 1906. James R George Ordinary.

Mary J. Brantley
Post Office

State of Georgia, DeKalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Mary J Brantley, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18

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

{ Official Seal }

James R George
Ordinary of DeKalb County.

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

Application for Pension Due to a Deceased Pensioner

Under the Act of August 15, 1904

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

GEORGIA DeKalb County.

Personally before me the Ordinary of said County, comes L. G. Brantley of said County, who, after being sworn, on oath says that he knew Mrs. Mary J. Brantley of said County, and that she was on the Pension Roll of DeKalb County at the time of her death, which occurred in DeKalb County, in this State on the 16 day of [illegible] 1907, and that a Pension of Ninety ($90.00) Dollars was due him and unpaid at the time of his death. That he left no widow or dependent children surviving him, and no estate of any value sufficient to pay her funeral expenses, which amounted to the sum of $15.10 Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me this 10 day of June 1907. L. G. Brantley

James R. George Ordinary. DeKalb County.

GEORGIA DeKalb County.

I James R. George Ordinary of said County, do certify that I personally know L. G. Brantley, who is a resident citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and credit.

I also know Mrs. Mary J. Brantley while in life; that she was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of Ninety ($90.00) Dollars in said County for 1907, and I now believe her to be dead.

Given under my hand and official seal, this 10 day of June, 1907.

James R. George Ordinary. DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, DeKALB. COUNTY.

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

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

_____ [L. S.]

Executed in presence of

_____

Brantley, Mary J.
DeKalb County
To Those Heretofore Paid.

1907.

No. 214

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. Mary J. Brantley

Of DeKALB County,

Widow of Warren H. Brantley Co. F Regiment 42 Ind. Vol.

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT ISSUED 1/24/ 1907,

AND HANDED TO

Geo. W. Hartley, Agent, Decatur, Ga.

Joseph A. Moore

PHONE 477 — **FUNERAL DIRECTOR** — OPEN DAY AND NIGHT

121 WEST HANCOCK STREET
MILLEDGEVILLE, GA.

March, 16th. 1919.

Mr. L. G. Brantley,

Lithonia. Ga.

For Acc't Mrs. M.Z.Brantley.

TERMS CASH:

DATE	ITEMS	AMOUNT	TOTAL
Feb. 17th.	Casket & Shipping Box	140.00	
	Dress	10.00	
	Tickets	6.24	
	Messages	1.80	
			$158.10

Georgia, Baldwin County.

Personally appeared before me, the undersigned, Joseph A. Moore, who being duly sworn, deposes and says on oath; that the above account is just, true, due and unpaid.

Sworn to and subscribed before me this 17 day of June, 1919.

Notary Public

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKALB

PERSONALLY COMES Mrs. Mary J. Brantley

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 Jan 26th 1844. That she is the Widow of Warren H. Brantley who was a soldier in Company A of the 42 nd Ga Regiment of Volounteers, that he enlisted in said regiment on or about the month of 186 , and served in the Army up to 186 That he lost his life on the day of 1870 (*State here particulars of the husbands death, when, where and from what cause.*)

Disease

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

I have been paid a pension as a resident of DeKALB County, for the year ending December 31, 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this 7 day of Jany 1907.

James R George Ordinary.

Mary Z. Brantley

Post Office Lithonia Ga

State of Georgia, DeKALB. County.

I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Mary Z. Brantley, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 26 day of Jany 18 44

Given under my official signature and seal, this the 7 day of Jany 1907.

Official Seal

James R George

Ordinary of DeKALB. County.

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

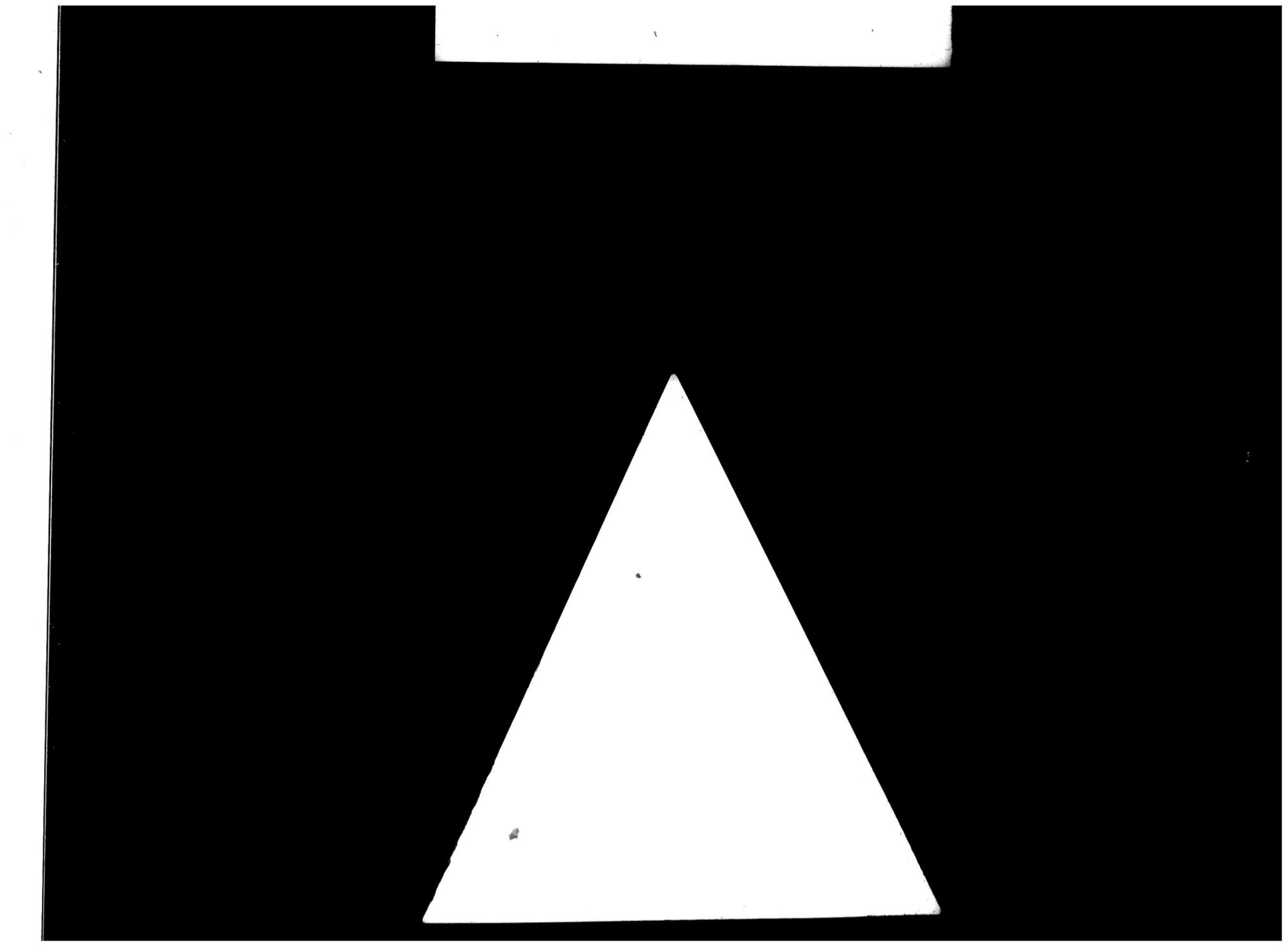
State of Georgia
Spaulding County } This is to certify that

W H Brantly whose widow Mrs Mary J Brantly is hereby applying for a pension lost his life by reason of service in the Confederate army. He enlisted in Company "D" 42 Reg Ga Vol sometime in the year 1862 where he soon contracted measles and was sick near dying from which he only partially recovered and soon relapsed the disease settling on his lungs and bringing on Pulmonary Consumption by reason of which he was discharged from the army and from which he never recovered but lingered gradually growing worse until his decease Sept 9th 1870 Deponent further certifies that he was well acquainted with W H Brantly ~~before~~ before the war, being in business with his father and knew him to be as healthy as ordinary boys, and that there was no consumptive tendency in his family. Deponent also certifies that he was a member of the same company with the said W H Brantly, witnessed him when he had the measles, knew of his being discharged on account of lung disease. Was his family Physician from the close of the war until his death, — Treated him constantly for a considerable time before his death, and was present when he died — Deponent also certifies that the applicant Mrs Mary J Brantly was the wife of W. H. Brantly and has never since remarried

one

Sworn to and subscribed before me
this January 30th 1893
E. W. Adamson
Ordinary D.C., Ga.

J. S. Gunter M.D.



Brangon, Rosanah E.
De Kalb County
(From Fulton)
To Those Heretofore Paid.

1907.

No. 196

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. Rosanah E. Bryan

OF

DeKalb County,

Widow of

Co. Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/21 1907,

AND HANDED TO

C. A. Bryan

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Mrs. Rosanah E. Brannyan hereby authorize

C. A. Brannyan

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

at Clarkston, Ga.

In Witness Whereof, I have hereunto set my hand and seal, this 16th

day of January 1907.

Rosanah E. Brannyan [L. S.]

Executed in presence of

J. W. Pettit

Sullivan

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Mrs. Rosannah E. Brannyan hereby authorize
C. S. Brannyan

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

In Witness Whereof, I have hereunto set my hand and seal, this 18th
day of January 1907.

Rosannah E. Brannyan [L. S.]

Executed in presence of
James R Gantt
Ordinary

Brannyan, Rosannah E.
DeKalb County
(Farm Fulton)

To Those Heretofore Paid.

1907.

No. 196

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO
Mrs. Rosannah Brannyan
OF
DeKalb County.

Widow of

Co. Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/31 1907,
AND HANDED TO
C. S. Brannyan

Geo. W. Harrison, State Printer, Atlanta.

FORM No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

PERSONALLY COMES MRS. Rosannah E. Branyan

who, being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since ____. That she is the Widow of Francis M. Branyan who was a soldier in Company G. of the 58th Ga Regiment of ____ Volounteers, that he enlisted in said regiment on or about the month of May 1862, and served in the Army up to Dec 1863. That he lost his life on the ____ day of Dec 1863. (*State here particulars of the husband's death, when, where and from what cause.*)

Killed

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

I have been paid a pension as a resident of ____ County, for the year ending December 31, 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this 18th day of Jany 1907.
James R George, Ordinary.

Rosannah E Branyon
Post Office ____

State of Georgia,
De Kalb County.

I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Rosannah E. Branyan who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the ____ day of ____ 18 ____

Given under my official signature and seal, this the 18th day of Jany 1907.

{ Official Seal }

James R George
Ordinary of ____ County.

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

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18____.

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

Official Seal

John R. Goodwyn
Ordinary of _____ County.

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

GEORGIA, Fulton County.

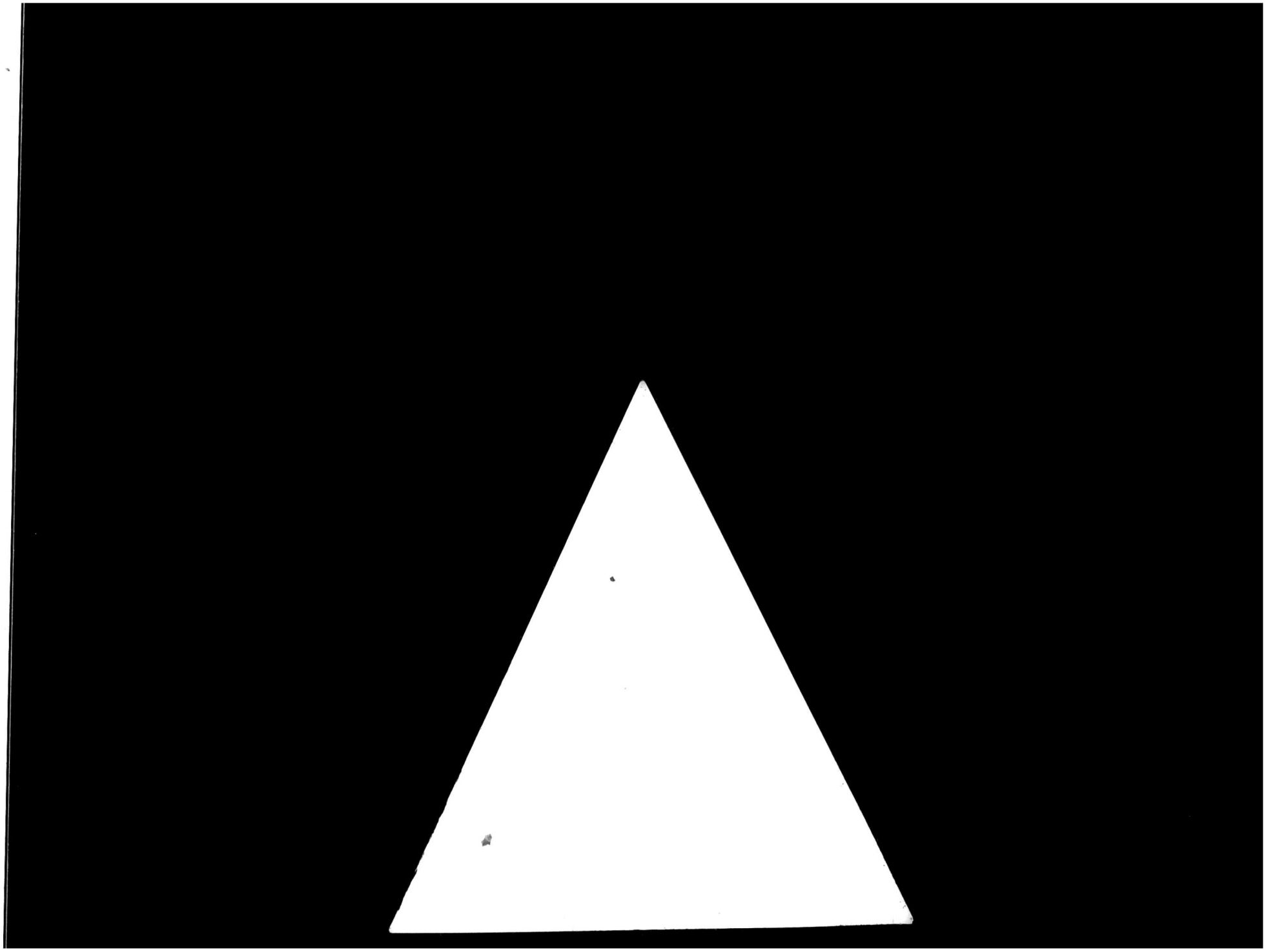
I, the undersigned, do certify that Rosanah E. Branyon now Widow Pensioner of this County, is on the Pension roll and draws a pension of Sixty Dollars for 1907. The bearer is the same woman who is the widow of Francis M. Branyon of G Company, 5 Ga Regiment, who enlisted on _____ day of May 1862, and was ~~discharged~~ killed on the _____ day of Dec 1863, was granted a pension $60.00 for 1907.

Proven by H. Douglas, J. P. Strickland & E. Kennicutt as witnesses.

Given under my hand and official seal this the 18th day of January 1907

John R. Goodwyn
Ordinary's L. S.

(SEAL)



Braswell, Georgia R.F.D.
Douglas
County

No. X

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County DeKalb

Name Mrs. Georgia A. Braswell

Widow of S. H. Braswell

Company H

Regiment 38 Ga

Approved

RECORDER'S OFFICE

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

1/29/19

S. H. 26. 61
Ft. Fredericks
1 Ga. Cav. 62.

9-11-1, 64.

8-64,

Ordinary's Certificate

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R. Kemp, Ordinary of said County, do certify that Mrs. Georgia A. Braswell, 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 S. H. Hughes the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 30 day of Sept 19 19

(SEAL)

James R. Kemp Ordinary.

DeKalb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."

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

3. Only persons who served prior to January 1st, 1881, are entitled.

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

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

Ordinary's Certificate

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R George Ordinary of said County, do certify that I know Mrs Georgia A Braswell 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 G L Hudgins the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 20 day of Sept 1915

(SEAL)

James R George Ordinary,
DeKalb County.

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

Braswell, Georgia A.
DeKalb County
Co. No. 1114

Widow's Pension
Under Act 1910—as Amended by Act of 1919.

County DeKalb
Name Mrs Georgia A Braswell
Widow of G H Braswell
Company A
Regiment 38 Ga
Approved

WAR DEPT. ROSTER OFFICE

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

9/24/1919

Sgt. Sept. 26. 61
Wounded. Fredericksburg
Aug. may 4. 63.
Absent wounded
Abs. 30 - Sept. 1, 64.
On muster roll
Sept, nov. 8/64
Last roll on file.

Estate Ordinary
Account for Year
Annual of Estate

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

Questions for Applicant

STATE OF GEORGIA,
DeKalb COUNTY.

Personally before me comes Mrs Georgia A Braswell of said State and County, and, after being duly sworn, says that she desires to apply for a pension allowed under the Act of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to the following questions to-wit:

1. What is your name, and where do you reside? Mrs Georgia A Braswell
2. How long and since when have you been a continuing resident of the State of Georgia? 77 Years all My life
3. When, where and to whom were you married? Dec 22nd 1864 DeKalb County to G H Braswell
   a. Have you married since the death of first and soldier husband? I have Not
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) Sept 26th 1861 Decatur County Co A 38 Ga Regiment
5. When and where did the commands of your husband surrender or discharge from the army? April 9th 1865 Appomattox
6. Was your husband personally present at the time of the surrender or discharge of this command? Was Not
7. If he was not present state clearly where he was? At Home Wounded
8. Where was his command when he left? Second Ma
   a. For what cause did he leave his command? Wounded
   b. By whose authority did he leave his command? Doctors Officers in Command
   c. For how long was he granted leave of absence? He Was Sent to Hospital
   e. What was his physical condition when he left his command? Wounded
   f. What effort did he make to return to his command? Made No Effort Wounded
   g. In what way was he prevented from going back to Command Wounded as Stated before
   h. Was he captured by the enemy at any time? Was Not
   i If so, when and where captured and where held as a prisoner, and when and for what cause released?
   j. When and where did your first husband die? Ruby 19th 1914 DeKalb County
   k. Were you residing together when he died? We was
   l If not, how long had you resided apart?
   m. Are you now a widow? I am
9. Have you or your husband heretofore been paid a pension by the State? Husband had been If so, when and for what cause were you or your husband placed on the roll? Invalid

Sworn to and subscribed before me this the 20 day of Sept 1919

Mrs Georgia A Braswell

James R George Ordinary
of DeKalb County.

(SEAL)

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,
DeKalb COUNTY.

Personally before me comes F. L. Hudgins 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? F. L. Hudgins

2. How long and since when have you known Mrs. George T. Brasswell applicant? 45 years Since

3. How long and since when has she continuously resided in this State? (Give date.) All her life

4. When and to whom was she married? Dec 22nd 1864 S. H. Brasswell How do you know? Known my own Personal Knowledge

5. How long and since when did you know S. H. Brasswell her husband? 1861 to his death

6. When and where did S. H. Brasswell 19 day of July 1914 DeKalb Co the husband of applicant, die? July 19th 1914 DeKalb Co.

7. Were the applicant and her husband living together as husband and wife at the date of his death? They Was

8. If not, how long did they live apart before his death? Living Together

Were they divorced? Was Not

9. When, where and in what Company and Regiment did S. H. Brasswell enlist? Sept 26 1861 Decatur Company K 38 Ga Regiment

10. Were you a member of the same Company? I was No I was in Company K Same Regiment

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from Sept 26th 1861 to August 30th 1862

12. When and where did his Command surrender, and was discharged? April 9 1865

13. Were you personally present when it was surrendered? I was If not where were you Present and how came you there? Present

14. Was the husband of applicant personally present at surrender? was not If not where was he? At Home Wounded When, where and for what cause did he leave Command? (Give date.) August 30 1862 By whose authority did he leave his Command? Doctors & Officers in Command And how long was he granted leave? Sent to Hospital then Home How do you know all this? I was present Know it from My own Knowledge I was in Company K 38 Ga Regiment Same Regiment with S. H. Brasswell

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? Wounded and as Stated before Never able to return to Command Know he was wounded and know he was never able to return to his Command

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Made No Effort Never was able to return I know what I know State of my own Personal Knowledge

Sworn to and subscribed before me this the 20 day of Sept 1915

F. L. Hudgins

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

Cannot Locate a witness that belonged to his Company S. H. Hudgins as a witness is best She can do

State of Georgia, DeKalb County.

To any Minister of the Gospel, Judge of the Superior Court, Justice of the Peace, or any person authorized to celebrate:

These are to authorise and permit you to join in the Honorable State of Matrimony, Samuel H. Braswell and Miss Georgia A. Flowers, according to the Constitution and Laws of this State, and this shall be your authority for so doing.

Given under my hand as Ordinary for the County aforesaid, this 21st day of December, 1864.

J. B. Wilson,
Ordinary.

I hereby certify that Samuel H. Braswell and Miss Georgia A. Flowers were joined together in the Holy Bans of Matrimony by me, on the 23rd day of December, 1864.

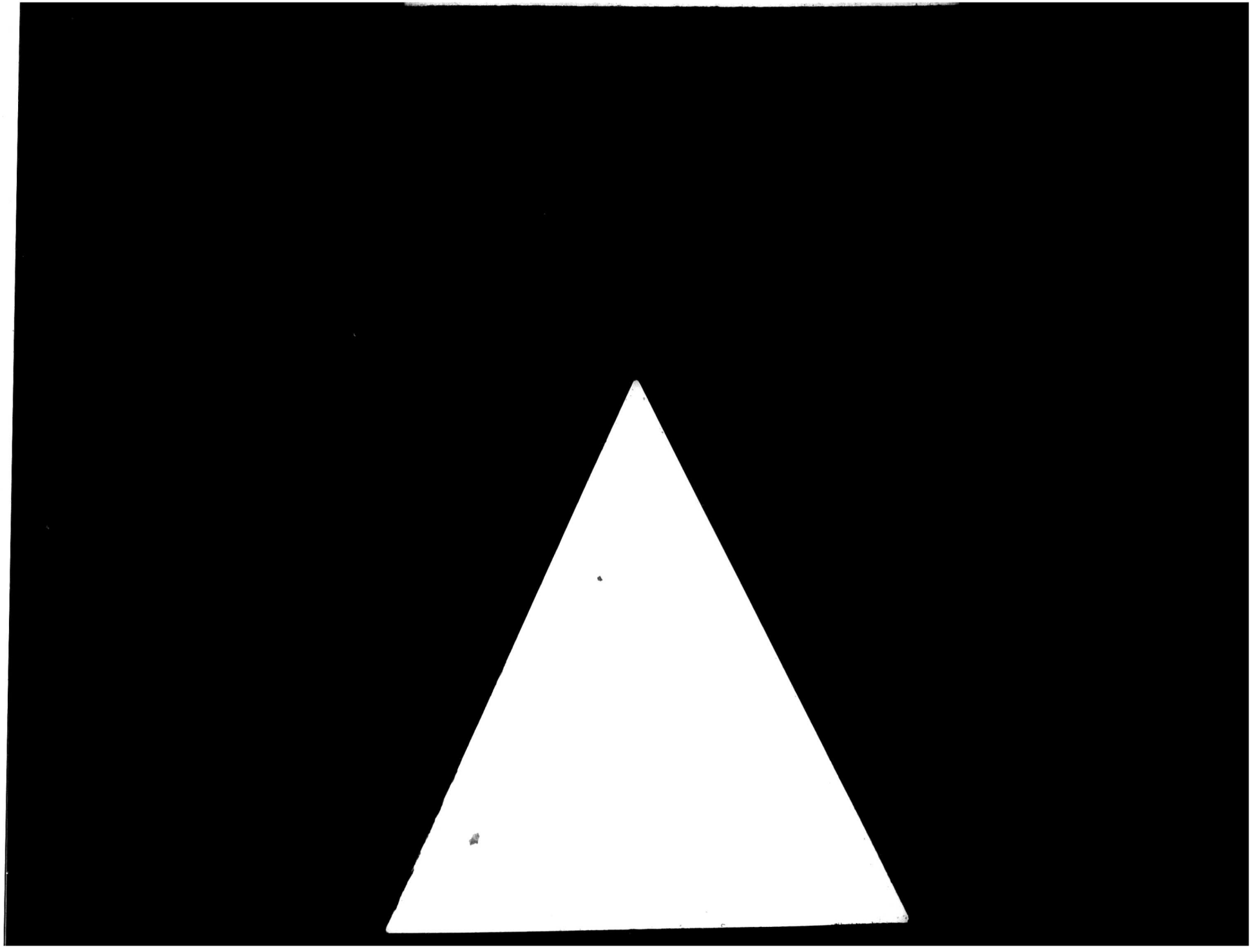
Ichabod Williams, J. P.

Georgia, DeKalb County.

I, James R. George, Ordinary and ex-officio Clerk Court Ordinary, in and for said county, do hereby certify that the above and foregoing copies are true, correct, and complete copies of the marriage license and certificate of marriage of Samuel H. Braswell and Miss Georgia, A. Flowers, as they appear of record in Book "B", Record of Marriages, Page 144.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court of Ordinary, at Decatur, Georgia, this 20th day of September, 1919.

James R. George
Ordinary & ex-officio Clerk Court Ordinary
DeKalb County, Georgia,



Pension office 11-14-1916.
Amend and state was the command of Husband Georgia Militia or State Troops, or was it of Confederate army. Where did applicant's husband enlist, state all facts fully and prove them to be true.
J W Lindsey, Com of Pensions.

Braswell, Sarah
DeKalb Co

No.

Widow's Pension

UNDER ACT 1910

County DeKalb

Name Mrs. Sarah Braswell

Widow of E Braswell

Co. K Regt. 2nd Ga Regt

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer

Pension office 11-14-1916.
Amend and state was the command of husband Georgia Militia or State Troops, or was it of Confederate Army. Where did applicant's husband enlist, state all facts fully and prove them to be true.
J. W. Lindsey, Com of Pensions.

Sarah Braswell
DeKalb Co.
No. 12790
Widow's Pension
UNDER ACT 1910
County DeKalb
Name Mrs. Sarah Braswell
Widow of E. Braswell
Co. F Regt. 2nd Ga Regt
J. W. LINDSEY,
Commissioner of Pensions.
Chas. P. Byrd, State Printer

12790

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

STATE OF GEORGIA,
DeKalb County.

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

1. What is your name, and where do you reside? Sarah Braswell DeKalb Co
2. How long and since when have you been a continuing resident of the State of Georgia? 73 years January 27th 1843
3. When, where and to whom were you married? E Braswell DeKalb County
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) April 1864 Dekalb Company K 2 Ga Regiment
5. When and where did the Commands of your husband surrender or discharge from the army? May 1865 Albany
6. Was your husband personally present at the time of the surrender or discharge of this Command? He was
7. If he was not present state clearly where he was? Wounded
8. Where was his command when he left? did not leave Macon
   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? did not leave
   f. What effort did he make to return to his Command? ~~~
   g. In what way was he prevented from going back to Command? did not leave
   h. Was he captured by the enemy at any time? He was not
   i. If so, when and where captured and where held as a prisoner, and when and for what cause released? ~~~
   j. When and where did your husband die? June 1916 DeKalb County
   k. Were you residing together when he died? His wife
   l. If not, how long had you resided apart? ~~~
9. What property of any description did you own, hold or control for your use and its cash value Nov. 4, 1908? (State same by items and where situated) Life Interest in 100 Acres of land which is worth about $2000
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.) Have not Soldany
11. What property of any description of any value have you now? Give list and cash value: I have a life interest in 100 Acres of land
12. What are your annual earnings or income from any source and their value? I have the rent from the 100 Acres of land
13. Have you or your husband heretofore been paid a pension by the State? From us If so, when and for what cause were you or your husband placed on the Roll? ~~~

Sworn to and subscribed before me this the 19 day of Sept 1916
James R. Georgas Ordinary
of DeKalb County.

Sarah Braswell

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

STATE OF GEORGIA,
DeKalb County.

Personally before me comes J. A. Goddard & L. R. Cowley who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? J. A. Goddard
2. How long and since when have you known Sarah Braswell applicant?
3. How long and since when has she continuously resided in this State? (Give date.) 5 years all her life
4. When and to whom was she married? E. Braswell How do you know? by my own knowledge
5. How long and since when did you know E. Braswell her husband? all my life 57 years
6. When and where did E. Braswell the husband of Applicant die? DeKalb County
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death? ~~~ Were they divorced? ~~~
9. When, where and in what Company and Regiment did E. Braswell enlist? Third first Batn. Artillery Co. K 2 La Regiment
10. Were you a member of the same Company? I was
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from April 1864 to May 65
12. When and where did his Command surrender, and was discharged? At Thomasville Ga
13. Were you personally present when it was surrendered? I was If not where were you Present and how came you there? Present
14. Was the husband of applicant personally present at surrender? He was If not where was he? Present when, where and for what cause did he leave Command? (Give date.) did not leave Surrender By whose authority did he leave his Command? ~~~ and how long was he granted leave? ~~~ How do you know all this? I was present Know it of my own Knowledge
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? Present
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? did not leave

Sworn to and subscribed before me this the 17 day of Sept 1916
James R. George Ordinary
of DeKalb County.

J. A. Goddard
L. R. Cowley

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
DeKalb County.

Personally before me comes J. M. Floyd & O. Johnson who on oath says that they are freeholders of said County and that they know Mrs. Sarah Braswell of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows did not own any of this time

Personal property ..... $ None
Notes and accounts due ..... $ ~~~
Total ..... $ ~~~

Schedule (B).

We know the property sold or given away since Nov. 4th, 1908, its cash value to be as follows:

Personal property ..... $ Household
Money, Notes and Accounts ..... $ ~~~

Schedule (C).

We also know what property she has now in her possession, use and control to-wit: A life Interest in
100 Acres of land worth L. B. Johnson $ 1200.00
Horses and Mules $ None
Cows and Hogs $ ~~~
Other Property $ ~~~
Income and Earnings $ ~~~
Rent from the remainder acres of land
Total Value of all property and effects $ 1200.00

Sworn and subscribed before me this the 19 day of September 1916
James R. George Ordinary.
of DeKalb County.

J. M. Floyd
O. Johnson

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb County.

I, James R. George Ordinary of said County do certify that, I know Mrs. Sarah Braswell the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th Nov., 1908

That I also know J. A. Goddard & L. R. Cowley the witness who swears to the service of husband, and J. M. Floyd & O. Johnson who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns Don't Work Prior to this husband Returned Taxes before death
Returned for Tax is for 1908 $ ~~~ for 1910 $ ~~~ for 1911 $ ~~~ for 1912 $ ~~~ for 1913 $ ~~~ for 1914 $ ~~~ for 1915 $ ~~~ for 1916 $ 950.00 for 1917 $ ~~~

Sworn under my hand and official seal of office this 7th day of Oct 1916

(SEAL.)

James R. George Ordinary.
DeKalb County.

(SEAL)

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

State of Georgia,)
)
DeKalb County.)

To any Minister of the Gospel, Judge of Superior Court, or Justice of the Peace to Celebrate:

You are hereby authorized and permitted to join in the Honorable State of Matrimony Elijah Braswell and Sallie Chupp; according to the Rites of your Church, provided there be no lawful cause to obstruct the same, according to the Constitution and Laws of this State, and for so doing this shall be your sufficient License.

Given under my hand and Seal, this 31st day of December, 1866.

J. B. Wilson, Ordinary

I hereby certify that Mr. Elijah Braswell and Miss Sallie Chupp were joined together in the Holy Bans of Matrimony on the 3rd day of January, 1867, by me.

W. A. Dodge, M. G.

Georgia, DeKalb County.

I, James R. George, Ordinary in and for said county, do hereby certify that the above and foregoing copies of Marriage License and certificate of W. A. Dodge, M. G., are true, correct and complete copies of the Marriage License and Certificate of Marriage of Elijah Braswell and Miss Sallie Chupp, as the same appear of record in Book "B", Record of Marriages, Page 198.

In Testimony Whereof, I have hereunto set my hand and affixed the Seal of said Court of Ordinary at Decatur, Georgia, this October 27th, 1916.

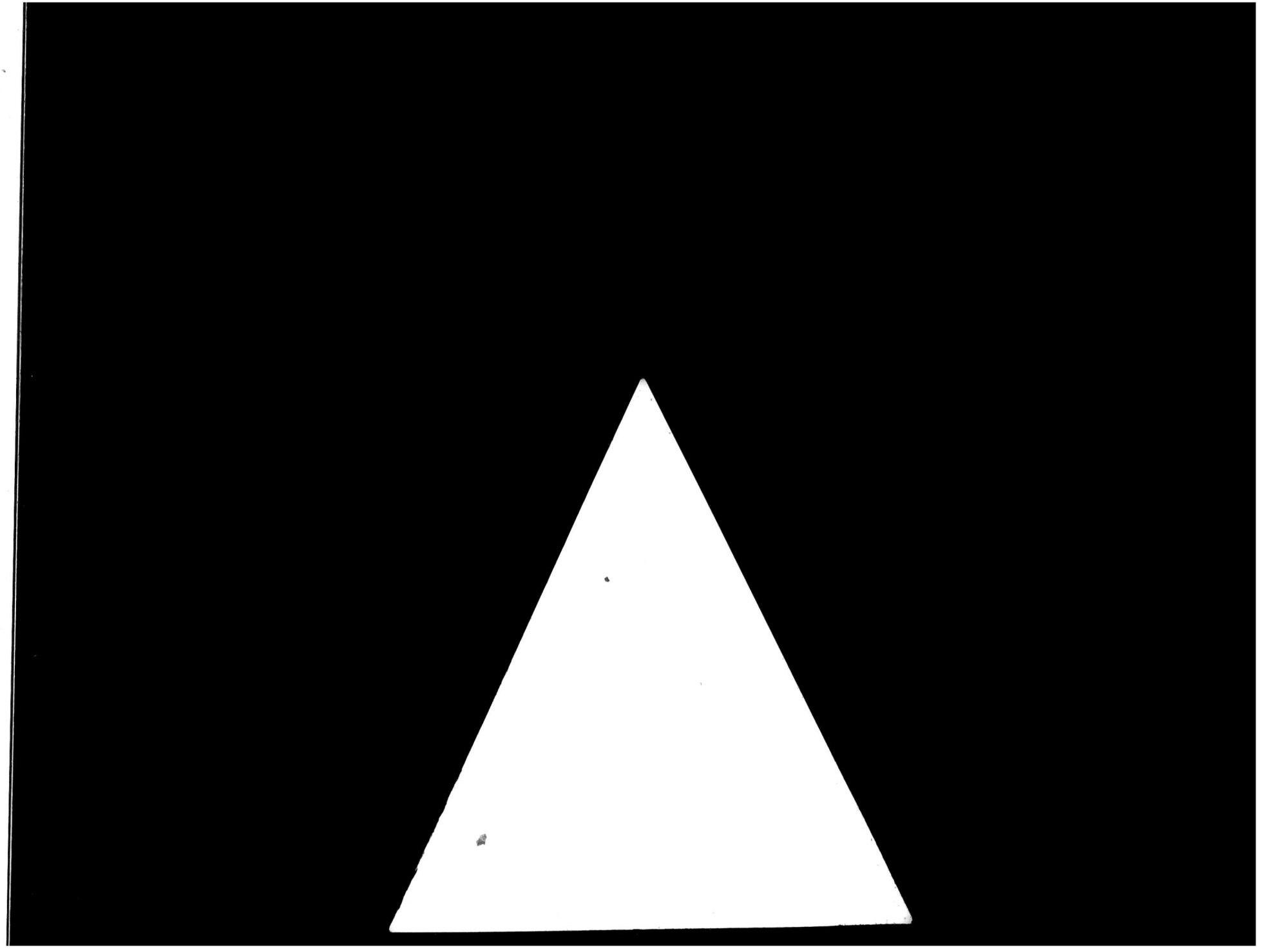
James R. George
Ordinary

Georgia, DeKalb County.

Personally appeared before me, the undersigned, R. M. Thompson, who being duly sworn, says on oath: That he was personally acquainted with E. Braswell, husband of the applicant, that said E. Braswell enlisted in Company K. Second Regiment Georgia Reserves, near Decatur, Ga., about April 1st, 1864, and served, so far as affiant knows to the contrary, until the surrender. Affiant was a member of the same Company and Regiment, but was at home on sick furlough at the time of the surrender.

Sworn to and subscribed before me,) R. M. Thompson
this the 27th day of January, 1917.)

James R. George
Ordinary



Form 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

Know all Men by These Presents, That I, S H Braswell
of De Kalb
County, in said State, do hereby appoint Col J S James
of Atlanta my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States [or of this State], as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17th day of April 1895.

S H Braswell [L. S.]

Executed in presence of us:
E. H. Grason
W M Rogsdale
Ordinary.

DIRECTIONS.

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

Georgia, } I W M Rogsdale Ordinary
De Kalb County. } in and for said County
do hereby certify that Dr. D G Miller M D and
J E Flowers M D are regular practicing
Physicians resident in this County and
that D T Stewart before whom the
affidavit was made is an acting Justice
of the peace, duly elected and under Commission.
Witness my hand and Seal of Office
this April 22nd 1895. W M Rogsdale,
Ordinary.

Braswell S H
De Kalb Co
No. 3395

SOLDIER'S PENSION
1895.

Name S H Braswell
County De Kalb
Disability Arm
Amount, $ 50
April 22nd 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Atty

Geo. W. Harrison, State Printer, Atlanta.

1 S 4

Form 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

Know all Men by These Presents, That I, S. H. Braswell of De Kalb County, in said State, do hereby appoint Col. J. S. James of Atlanta my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States [or of this State], as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12th day of April 1895.

S H Braswell [L. S.]

Executed in presence of us:
E. H. Mason
W. M. Rogsdale,
Ordinary.

DIRECTIONS.

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

Georgia,
De Kalb County. } I, W. M. Rogsdale Ordinary in and for said County do hereby certify that D. G. Miller M. D. and J. E. Hoberers M. D. are regular practicing Physicians residents in this County and that D. T. Stewart before whom the affidavit was made is an acting Justice of the Peace, duly elected and under Commission. Witness my hand and Seal of Office this April 22nd 1895.
W. M. Rogsdale,
Ordinary.

Braswell S. H.
De Kalb Co.
No. 3398
SOLDIER'S PENSION
1895.
Name S. H. Braswell
County De Kalb
Disability Arm
Amount, $ 72
April 22nd 1895.
RICHARD JOHNSON,
Secretary Executive Department.
WARRANT HANDED TO
Atty
L. S.
Geo. W. Harrison, State Printer, Atlanta.

Form 1.

For Use of Applicants Who Have Not Heretofore Drawn.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY appears Samuel H Braswell of DeKalb 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 continuously since the 16th day of December 1864; that he enlisted in the military service of the Confederate States (or the State of) during the war between the States, and served as a Private in Company A, of 38 th Regiment of Georgia Volunteers Gordons Brigade; that whilst engaged in such military service, at the battle of Manassa in the State of Virginia, on the 2nd day of August 1862, he was disabled as follows: With a minnie ball in right forearm breaking and fracturing bone, so as to necessitate resection of about two inches of bone. Said wound not being properly treated my arm was drawn into a twist, and so contracted in healing as to permanently dislocate wrist joint. Said wound has never permanently healed, at times inflames and becomes very painful. The wound and dislocation of wrist joint has so weakened and left my arm in such an unnatural condition as to render said arm substantially and essentially useless to me.

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 26th, 1895.

Sworn to and subscribed before me, this the 12th day of April 1895.
S H Braswell
W. M. Rogsdale,
Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability. If claim is based on disease, give *full and connected history* of disease, tracing it directly to the service.
NOTE.—Do not trouble to mention wounds which do not disable.

Form 2.

AFFIDAVIT FOR WITNESSES.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY appears before me, the undersigned, Ordinary in and for said County,
T. J. Chapman J. E. Howe
W. H. Mitchell each of whom, being duly sworn according to law,
severally say, under oath, that they are personally well acquainted with
S. H. Braswell whose application is herewith presented for a pension,
and that they served with him in the army, and from our personal knowledge he was injured by the service
as follows: (*give full statement, and tell in your own language how badly applicant is disabled from work. If he does any labor, or can do any, state what.*) Was shot with a minnie ball in the right arm, fracturing the bone, necessitating the taking out of a part of the bone. The muscles of the arm were cut and in healing the arm contracted and became twisted and dislocated the wrist joint, rendering the arm substantially and essentially useless. He is disabled from labor sufficient to make a support.

We personally know above stated facts. We were with him in the army and have known him ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18 62, We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this
12th day of April 1895.
W. M. Ragsdale, ORDINARY.

T. J. Chapman
J. E. Howe
W. H. Mitchell

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

2. Witnesses are asked to make their statements full and explicit.

Form 3.

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY comes before me T. T. Stewart J. P. Ordinary of said County,
D. S. Miller M.D. and J. E. Flowers M.D., both known to
me as reputable physicians of said county, who being severally sworn, say on oath, that they have carefully examined S. H. Braswell, and after such personal examination, say
that the applicant has been injured as follows:

By a gunshot wound of right arm, breaking & fracturing the radius, necessitating resection of about two inches of bone, not being properly cared for and treated, in healing contracted so as to produce a permanent dislocation of wrist joint and left arm in a twist. Altogether leaving the arm in such unnatural and wrecked condition as to render said arm substantially and essentially useless

We have treated applicant professionally for years.

Sworn to and subscribed before me, this
15th day of April 1895.
T. T. Stewart J.P. Ordinary.

D. S. Miller M. D.
J. E. Flowers M.D

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

NOTE 2.—If claim is for disability resulting from disease, state *how* the disease is *known* to result from the service as a soldier. Also state how long physicians have known and treated applicant.

Form 4.

STATE OF GEORGIA,
DeKalb County.

I, W. M. Ragsdale, Ordinary of said County,
do certify that I am well acquainted with S. H. Braswell the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and he is disabled, as he claims*, and I know he is the individual he represents himself to be, and that he resides in this County. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.

Given under my official signature and seal this 15th day of April 1895.

W. M. Ragsdale,
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

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

[L. S.]

Executed in presence of us

Braswell S H.
De Kalb Co.

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 3090

SOLDIER'S PENSION.
1896.

Name S H Braswell
County De Kalb
Disability Arm Wound
Amount, $ 50 00
Mch 1 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Agt

Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

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

[L. S.]

Executed in presence of

De Kalb Co
Braswell, S. H.

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 1755

INVALID
SOLDIER'S PENSION.
1897.

Name S H Braswell
County De Kalb
Disability Arm Wound
Amount, $ 50 00
Mch 1 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Agt

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears S. H. Braswell of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 16 day of Dec 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served as a Private in Company A, of 38th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 4th day of May 1862, he was wounded, injured or diseased as follows:

Was shot with a minnie ball through the right arm at the 2d Manassas battle fracturing bone and cutting muscle rendering arm permanently and essentially useless

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

Sworn to and subscribed before me, this the 11th day of Feb 1896. S H Braswell

W M Ragsdale, Ordinary,

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

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 11th day of Feb 1896.

Affix your seal here.

W M Ragsdale,
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears S. H Braswell of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 16th day of Dec 1844; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company A, of 38th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 26 day of Aug 1862, he was wounded, injured or diseased of follows:

Was shot with a minnie ball in the right forearm dislocating the joint rendering the arm permanently and entirely useless

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

Sworn to and subscribed before me, this the 15th day of Feb 1897. S H Braswell POST OFFICE

W M Ragsdale, Ordinary,

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

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 15th day of Feb 1897.

Affix your seal here.

W M Ragsdale,
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

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

_____ [L. S.]

Executed in presence of
_____

Braswell, S. H.
Dekalb Co.

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 1995

INVALID
SOLDIER'S PENSION.
1898.

Name S.H. Braswell
County DeKalb
Disability Arm
Amount, $ 50.00
2/15 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Agent

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

700 Atla

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

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

_____ [L. S.]

Executed in presence of
_____

Braswell, S. H.
Dekalb Co.

CODE SECTION 1258.
(For Those Already Enrolled.)

No. 2694

INVALID
SOLDIER'S PENSION.
1899.

Name S.H. Braswell
County DeKalb
Disability Arm
Amount, $ 50.00
2/4 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Agent

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

700 Atla

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears S.H. Braswell of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 16 day of Dec 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Privat. in Company A, of 38th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 30 day of Aug 1862, he was wounded, injured or diseased as follows:

was wounded in the right arm at 2d Manassas battle fracturing bone rendering arm substantially and essentially useless

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

Sworn to and subscribed before me, this the 14 day of Feb 1898. S H Braswell, POST-OFFICE Doraville, Ga

W M Ragsdale Ordinary

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 14th day of Feb 1898.

Affix your seal here.

W M Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears S H Braswell of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 16 day of Dec 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company A, of 38th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the day of Aug 1862, he was wounded, injured or diseased as follows:

Was shot with minnie ball through the right arm, cutting leader and fracturing bone rendering same substantially and essentially useless

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1899. I have heretofore under said law as a resident of DeKalb County been allowed an invalid pension of Fifty Dollars, for the year 1898.

Sworn to and subscribed before me, this the 20 day of Feb 1899. S H Braswell, POST-OFFICE Doraville, Ga.

W M Ragsdale Ordinary,

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 20th day of Feb 1899.

Affix your seal here

W M Ragsdale
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

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

_____ [L. S.]

Executed in presence of
_____

Braswell, S. H.
Sub Lieut Co. E

ACT OF 24 OCT., 1888.
(For Those Already Enrolled.)
No. 1995

INVALID
SOLDIER'S PENSION.
1898.

Name S. H. Braswell
County DeKalb
Disability Arm
Amount, $ 50.00
2/21 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Ayer

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Voucher

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

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

_____ [L. S.]

Executed in presence of
_____

Braswell, S. H.
Atlanta Ga.

CODE SECTION 1538.
(For Those Already Enrolled.)
No. 2694

INVALID
SOLDIER'S PENSION.
1899.

Name S. H. Braswell
County DeKalb
Disability Arm
Amount, $ 50.00
2/21 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Ayer

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Voucher

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1900.

_____ [L. S.]

Executed in presence of

_____

Braswell, S. H.
DeKalb Co.

CODE SECTION 1260.
(For Those Already Enrolled.)
No. ✓ 752

INVALID
SOLDIER'S PENSION.
1900.

Name S. H. Braswell
County DeKalb
Disability Arm
Amount, $ 50
Warrant issued Mch 1 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Mch

Geo. W. Harrison, State Printer, Atlanta.

Mch 1st

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1901.

_____ [L. S.]

Executed in presence of

_____

DeKalb Co.
Braswell, S. H.

CODE SECTION 1260.
(For Those Already Enrolled.)
No. 822

DISABLED
SOLDIER'S PENSION.
1901.

Name S. H. Braswell
County DeKalb
Disability Arm
Amount, $ 50
January 21 1901.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Mch

Geo. W. Harrison, State Printer, Atlanta.

Mch 1st

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears S. H. Braswell of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the 6th day of Dec 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company A, of 38 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 30 day of August 1862, he was wounded, injured or diseased as follows; At the 2d battle of Manassas was shot through the right arm fracturing the bone and cutting leaders causing the same to be substantially and essentially useless,

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

Sworn to and subscribed before me, this the 18th day of Dec 1900. S H Braswell
POST OFFICE Scottdale

W M Ragsdale Ordinary

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

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 18 day of Dec 1900.

Affix your seal here.

W M Ragsdale
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears S. H. Braswell of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 16th day of Dec 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company A, of 38 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 30 day of Aug 1862, he was wounded, injured or diseased as follows: Was wounded in right arm at 2d battle of Manassas fracturing bone and cutting leaders rendering same substantially and essentially useless

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

Sworn to and subscribed before me, this the 4th day of Jan 1901. S H Braswell
Postoffice Doraville

W M Ragsdale

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

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 4 day of Jan 1901.

Affix your seal here.

W M Ragsdale
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1902.

_____ [L. S.]

Executed in presence of

_____

Braswell, S.H.
De Kalb Co.

CODE SECTION 1260.
(FOR THOSE ALREADY ENROLLED.)

No. 870

DISABLED
SOLDIER'S PENSION
1902.

Name Braswell, S.H.
County DeKalb
Co. A Regiment 38th
Disability Arm
Amount, $ 30.
1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1903.

_____ [L. S.]

Executed in presence of

_____

Braswell, S.H.
DeKalb Co.

CODE SECTION 1260.
(FOR THOSE ALREADY ENROLLED.)

No. 312

DISABLED
SOLDIER'S PENSION
1903.

Name Braswell, S.H.
County DeKalb
Co. A Regiment 38th
Disability Arm
Amount, $ 30.
1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison State Printer, Atlanta

No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.

Personally appears S. H. Braswell of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 16 day of Dec 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company A, of 38 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 30 day of Aug 1862, he was wounded, injured or diseased as follows:

Was wounded in the right arm fracturing bone and cutting ligaments rendering same substantially useless. 2nd Battle of Manassas.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of De Kalb County, been allowed an invalid pension of Fifty Dollars, for the year 1901.

Sworn to and subscribed before me, this the 15 day of Jan 1902. S H Braswell
Post-office Doraville Ga
W M Ragsdale

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

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 15 day of Jan 1902.

Affix your seal here

W M Ragsdale
Ordinary De Kalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.

Personally appears S. H. Braswell of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 16 day of Dec 1844; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company A, of 38 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 30 day of Aug 1862, he was wounded, injured or diseased as follows:

At 2d Manassas battle was shot through right arm fracturing bone rendering sabre substantially and essentially useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of De Kalb County, been allowed an invalid pension of Fifty Dollars, for the year 1902.

Sworn to and subscribed before me, this the 8 day of Jan 1903. S H Braswell
Post-office Doraville, Ga,
W M Ragsdale, Ordinary

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

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 8th day of Jan 1903.

Affix your seal here

W M Ragsdale
Ordinary De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, S N Braswell hereby authorize
A L Hudgins of DeKalb 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 14
day of January 1904.

S N Braswell [L. S.]

Executed in presence of
James R Gurley
Ordinary

Braswell, S. H.
DeKalb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 2863

DISABLED
SOLDIER'S PENSION
1904.

Name S.H. Braswell
County DeKalb
Co. A Regiment 38
Disability Shot in Arm
Amount, $ 50.00
1/30 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
F. Hudgins

Geo. W. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY.

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

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

[L. S.]

Executed in the presence of

Braswell, S H
DeKalb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 2863

DISABLED
SOLDIER'S PENSION
1905.

Name S.H. Braswell
County DeKalb
Co. A Regiment 38 Ga
Disability
Amount, $ 50.00
January 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

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

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears S.H. Braswell of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 16 day of Dec 1844; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Pri in Company A, of 38 th Regiment of Georgia Volunteers Gordon 's Brigade; that whilst engaged in such military service in the State of Georgia, on the 30 day of July, 1862, he was wounded, injured or diseased as follows: Shot through right arm fract bone and cut tendons.

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 DeKalb County, been allowed an invalid pension of Fifty Dollars, for the year 1903.

Sworn to and subscribed before me, this the 14 day of January 1904.
James R George Ordinary

S H Braswell
Post-office Doraville

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 14 day of January 1904.

Affix your Seal here.

James R George
Ordinary DeKalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb COUNTY.

Personally appears S. H. Braswell DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the _____ day of _____ 18__; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a _____ in Company A, of 38 th Regiment of Ga Volunteers Gordon's 's Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186__, he was wounded, injured or diseased as follows: Right arm disabled Manassas Aug 2nd, 1862.

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 DeKalb County, been allowed an invalid pension of Fifty Dollars, for the year 1904.

Sworn to and subscribed before me, this the 17th day of January 1905.
James R George Ordinary

S. H. Braswell
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,
DeKalb COUNTY.

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

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

Affix your Seal here.

James R George
Ordinary DeKalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ 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 _____ 1906.

_____ [L. S.]

Executed in the presence of

_____

Brunswell, L.F.
Dis Roll [illegible]

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 47

DISABLED
SOLDIER'S PENSION
1906.

Name J.A. Braswell
County DeKalb
Co. A Regiment 35th Ga
Disability Right Arm
Amount, $ 50.00
1/2 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

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

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. COUNTY.

I, _____, hereby authorize

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1907.

_____ [L. S.]

Executed in presence of

_____

Brunswell S.H.
Dekalb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED)

No. 302

DISABLED
SOLDIER'S PENSION
1907.

Name S.H. Braswell
County DeKALB.
Co. A Regiment 35th Ga
Disability Right Arm Disabled
Amount, $ 50.00
1/31 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

GEO. W. HARRISON, SUPERINTENDENT, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
De Kalb County.

Personally appears S H Braswell of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 16 day of Dec 18[illegible]; that he enlisted in the military service of the Confederate States, (or of the State of) during the war between the States, and served as a Private in Company A, of 38 th Regiment of Georgia Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Virginia, on the 2 day of August 186 2, he was wounded, injured or diseased as follows: Shot through right arm.

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1906. I have heretofore, under said law, as a resident of De Kalb County, been allowed an invalid pension of Fifty Dollars, for the year 1905.

Sworn to and subscribed before me, this the day of January 1906.
James R George Ordinary

S H Braswell
Post-Office Doraville Ga

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

State of Georgia,
De Kalb County.

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

Given under my official signature and seal, this 10th day of January 1906.

James R George
Ordinary De Kalb County.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
DeKALB. County.

Personally appears S. H. Braswell of DeKALB. County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a in Company A, of 38 th Regiment of Georgia Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of , on the day of 186 , he was wounded, injured or diseased as follows: Right arm disobled Manassas Aug 2nd, 1862

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1907. I have heretofore, under said law, as a resident of DeKALB. County, been allowed an invalid pension of Fifty Dollars, for the year 1906.

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

S. H. Braswell
Postoffice Doraville

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

State of Georgia,
DeKALB. County.

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

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

James R George
Ordinary DeKALB. County.

Affix your seal here

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

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA.... DeKalb .....County.

Personally before me comes Mrs. Georgia Braswell, of said county, after being duly sworn, on oath says that she is the widow of S.H. Braswell who was duly enrolled as a Confederate Soldier Pensioner from the county of DeKalb and was paid a Pension of Fifty Dollars from DeKalb county for 1913, and that the said S.H. Braswell died in DeKalb county on the 19th day of February 1914 and at the time of his death a Pension of 150.00 was due him from DeKalb County county and unpaid for 1914

Applicant further swears that she married the said S.H. Braswell on the 22nd day of December 1864, in DeKalb county and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 27 day of February 1914

James R. George .....Ordinary,
DeKalb .....County.

Mrs Georgia Braswell (L. S.)

AFFIDAVIT OF WITNESS.

GEORGIA, DeKalb .....County.

Personally before me comes J.W. Pierce, who on oath says that he knew S.H. Braswell while in life and that he knows Georgia A. Flemming Mrs. Georgia Braswell the above applicant; that he knows that the said S.H. Braswell and Georgia A. Flemming were in due form of law married in the county of DeKalb in the State of Georgia on the 22nd day of December 1864, and that they resided together as husband and wife from date of marriage to the day of his death on the 19th day of February 1914 and I now know that she is his dependent widow.

Sworn to and subscribed before me this 27 day of February 1914

James R. George .....Ordinary.
DeKalb .....County.

J.W. Pierce

J.W. Pierce

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.

GEORGIA, DeKalb County.

I, James R. George, Ordinary of said county, do certify that I personally know Mrs. S. H. Braswell, the applicant, and that she is the lawful widow of S. H. Braswell, and was on the DeKalb Pension Roll of said DeKalb county, and was paid a Pension from DeKalb county for 1913., and at the time of his death on the 19th day of February 1913, there was due to him and unpaid his Pension of Fifty Dollars from the State of Georgia, and I know J. W. Pierce, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 27 day of Feby 1914

James R. George Ordinary,
DeKalb County.

Braswell, S. H.
DeKalb Co.

No. _____
1914

Application for Pension Due Deceased Soldier
UNDER ACT 1891
To be paid his Widow or Dependent Children
BY

Mrs. S. H. Braswell
Widow of S. H. Braswell
of DeKalb County
Co. A Regt. 8th Ga. Vols.

Approved and paid
_____ 191__
J. W. LINDSEY,
Commissioner of Pensions.

GEORGIA, _____ County.

I hereby authorize and constitute _____ of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 19...., through my deceased husband, _____, who was on _____ Pension Roll and paid from _____ for 19.....

Witness my hand this _____ day of _____ 19....

Attested before me:

_____ } _____

MRS R. GEORGE,
ORDINARY
DEKALB COUNTY.

Certified Copy

DECATUR, GA.,

State of Georgia }
DeKalb County }

To any Minister of the Gospel, Judge, Justice of the Inferior Court or Justice of the Peace or any person authorized to celebrate:

These are to authorize you and permit you to join in the Honorable State of Matrimony Saml. A. Braswell and Miss Georgia A. Flowers according to the Constitution and Laws of this State and this shall be your authority for so doing. Given under my hand as Ordinary for the County aforesaid this 21st day of December 1864.

J. B. Wilson Ordinary

I hereby certify that Samuel A. Braswell and Miss Georgia A. Flowers were joined in the Holy Bands of Matrimony by me on the 22nd day of December 1864

Richard Williams J.P.

State of Georgia, DeKalb 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 Marriage License issued to Samuel A. Braswell & Georgia A. Flowers December 21st 1864, and recorded in Marriage License Book B page 144. 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 WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Court of Ordinary, this the 21st day of February 1904

James R George
Ordinary and ex-officio C. C. O.

Certified Copy
— of —
Marriage License
— issued to —
Spurl H. Braswell
and
Miss Georgia A. Flowers
December 21st 1864

Recorded in
Marriage License
Book B page 144
J. B. Williams
Ordinary

J. S. JAMES, U. S. ATTORNEY. T. W. HUCKER, G. L. BELL, ASSISTANTS. G. L. BELL, C. D. CAMP, CLERKS.

.... OFFICE OF ....

UNITED STATES ATTORNEY,

FOR THE NORTHERN DISTRICT OF GEORGIA.

Atlanta, Ga., April 22, 1895. 189

Hon. Dick Johnson,

Atlanta, Ga.

Dear Sir:-

You will remember I called at your office a few days ago and was talking to you in regard to the pension application of Mr. S. H. Braswell of DeKalb County. You looked over the papers and told me to have him get a certificate from the Ordinary of DeKalb County certifying to the standing of Messrs. D. G. Miller and J. E. Flowers, physicians and also certificate regarding the standing of T. T. Stewart, Acting Justice of the Peace, and that upon the receipt of this information, you would send me warrant for the same. I herewith enclose to you the papers, with the certificate required, and request that you send me draft by bearer. Mr. Braswell is now in my office waiting for same.

Yours truly,

J. S. James

NAME Braswell, S H YEAR 1895 COUNTY DeKalb

WHEN AND WHERE BORN? Resident of Ga since December 16, 1844

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co A 38th Regt. Ga. Vols
Gordon's Brigade

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Manassas, Va. - August 2, 1862 - shot in right forearm, breaking and fracturing bone, so as to necessitate resection of about two inches of bone, not being properly treated, arm drawn into a twist, and so contracted in healing as to permanently disable applicant.

CAPTURED, WHEN AND WHERE?

RELEASED.

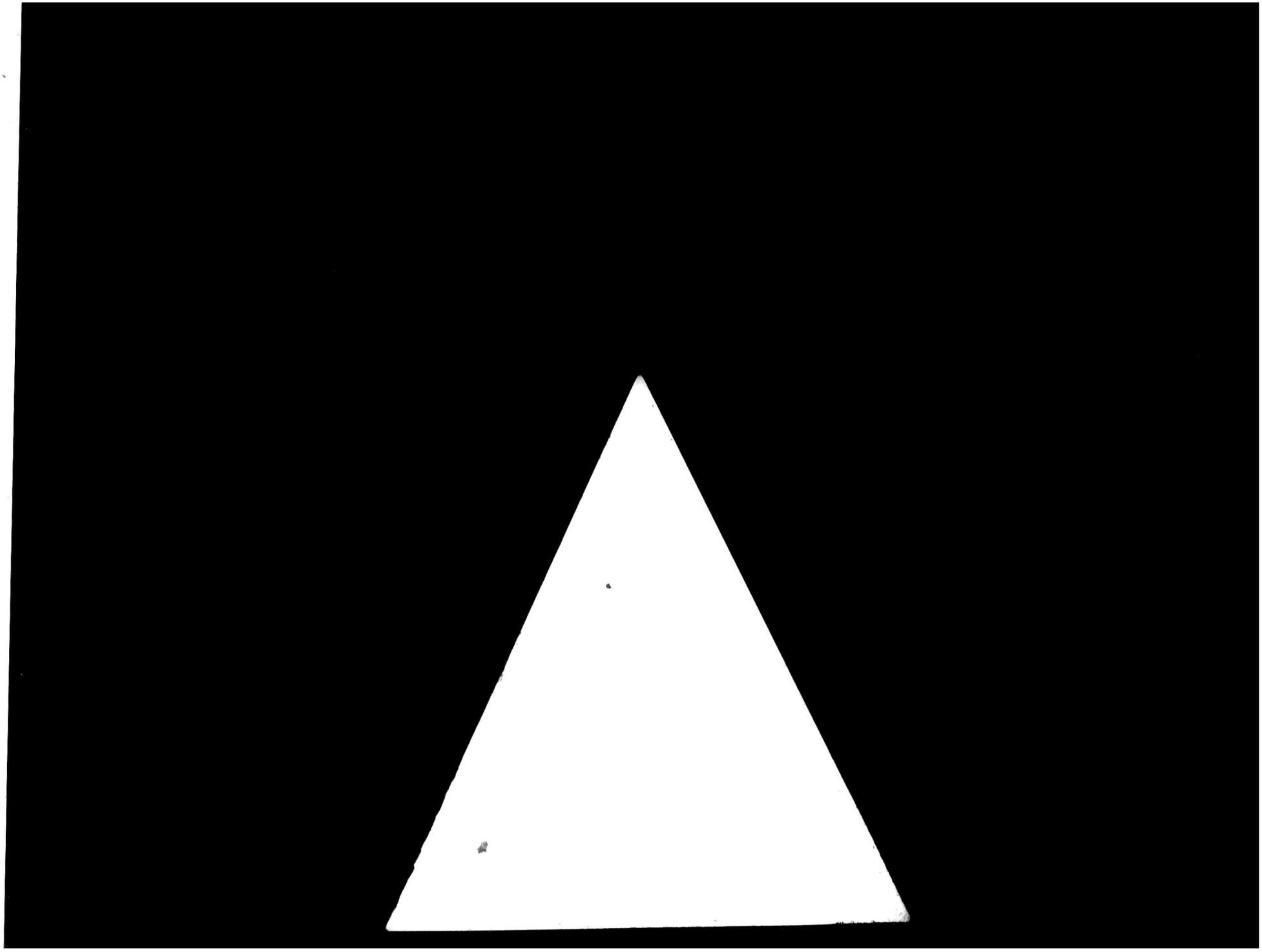
WHEN AND WHERE SURRENDERED?

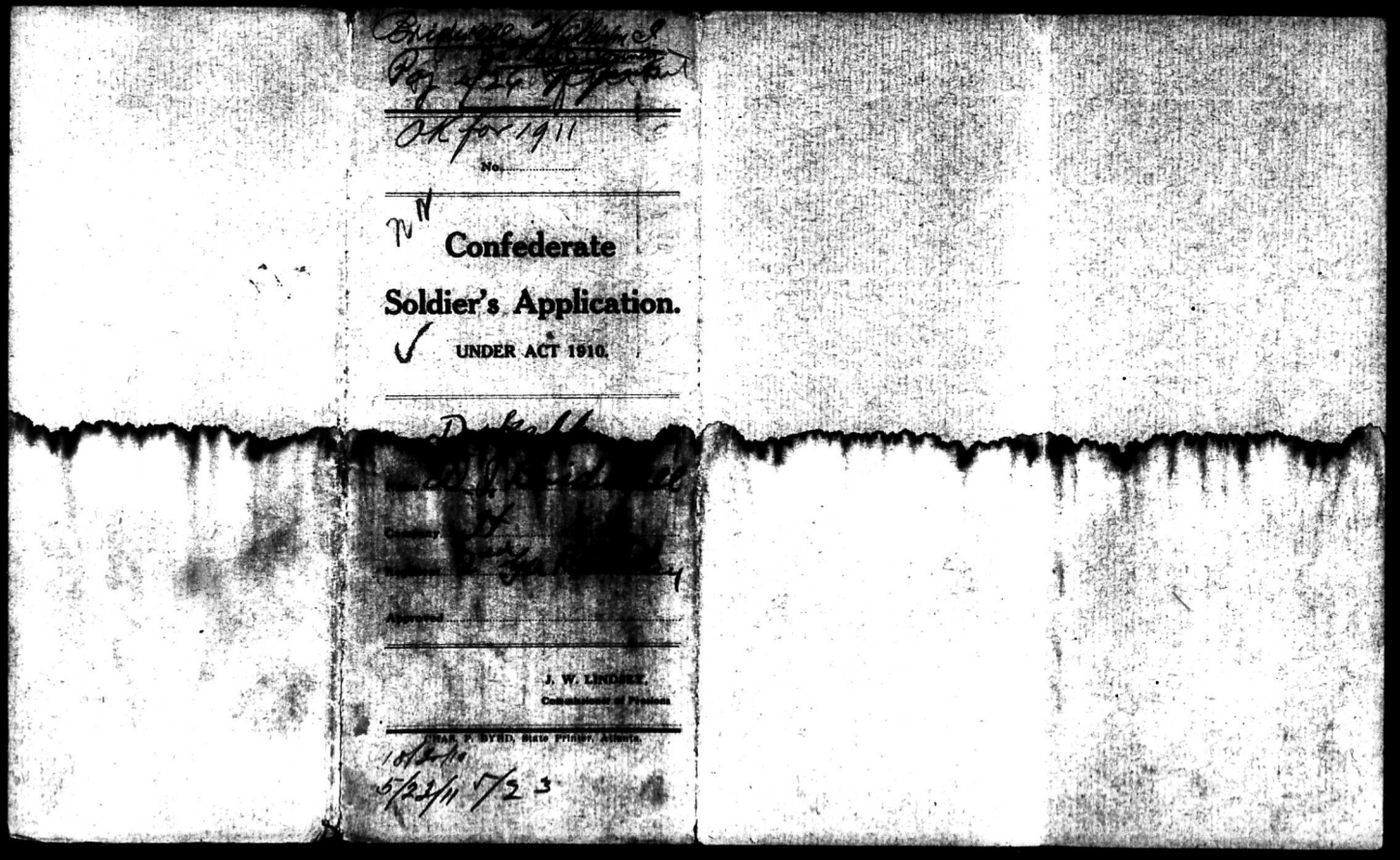
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. D A Chestnut, T J House, W H Mitchell No data





Ok for 1911

No.

NW

Confederate Soldier's Application.

✓ UNDER ACT 1910.

J. W. LINDSEY,
Commissioner of Pensions.

THAD. P. BYRD, State Printer, Atlanta.

10/2/10

5/23/11 723

LIGHT PRINT OR BAD COPY *

Brideswell, William S.
Pvt. Co. F 5th Ga. Inf.

Apt for 1911

No.

Confederate Soldier's Application.

UNDER ACT 1910.

DeKalb

W. S. Brideswell

Co. F

5th Ga Cavalry

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

1911 5 2 3

APPLICATION FOR SOLDIER'S [illegible] UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,
DeKalb County.

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

1. What is your name and where do you reside? (Give County and Post-office) William S Brideswell DeKalb

2. How long and since when have you been a continuous resident citizen of this State? More or less Ga continuous & [illegible]

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Enlisted in April, 1863 Putnam

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge). Until April 1 [illegible]

6. When and where was your Company and Regiment surrendered or discharged from the Service? Surrendered at Greensboro, N.C.

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

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

a. Where was your Command when you left it?

b. When did you leave the Command?

c. For what cause did you leave?

d. By whose authority did you leave?

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

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

g. In what way were you prevented?

h. What effort did you make to return?

i. Were you captured during the war? No

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

9. What property of every discription was owned by you in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make itemised by items and value.)

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

11. What property of any discription of any kind and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemised list).

None

I have no [illegible]

12. What annual or monthly income or earnings have yourself and wife and the source derived have you? I have no income [illegible]

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? No.

Sworn to and subscribed before me, this the 6th day of Sept 1911

W S Brideswell

James R George Ordinary,
of DeKalb County.

I will make Paper Some day after 7th

Said Mayfield Source date
I saw Lindsey about this Matter about the 1st of Dec

Confederate Soldier's Application.

UNDER ACT 1910.

No.

Application for Pension, Ga. Vol. Service

Approved

Ordinary.

County.

Comptroller General.

Clerk.

JOHN P. BYRD, State Printer, Atlanta.

J. W. LINDSEY,
Comptroller of Pensions

County.

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

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

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 of 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)

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date 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?

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

a. Where was your Command when you left it?

b. When did you leave the Command?

c. For what cause did you leave?

d. By whose authority did you leave?

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

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

g. In what way were you prevented?

h. What effort did you make to return?

i. Were you captured during the war?

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

9. What property of every discription was owned by you in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make itemized list by items and value.)

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price?

11. What property of any discription of any kind or character owned of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemised list).

12. What annual or monthly income or earnings have yourself and wife and the source derived have you?

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?

Sworn to and subscribed before me, this the

day of 191

Ordinary,

County.

W. S. Bridewell

James R. George

I will Make Paper Some day after 7/4/10

I w Lindsey Said Maybe Some date as was his Pension Application of Bolton

LIGHT PRINT OR BAD COPY

LIGHT PRINT OR BAD COPY

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Fulton County.

James Colley

as a witness in support of the application of ... of said State and County is hereby presented by the Act of 1910, in said State, and after being ... for the pension provided ... sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? James Colley, resides ...
2. How long and since when have you known ... the applicant? ...
3. Where does he now reside, and ... State and how do you know? ...
4. When, where and in what Company ... has he been a bonafide, continuing resident in this ... war from 1861 to 1865? (Give date and place) ... engaged & served during the Civil War ...
5. How did you obtain your information ... Regiment did Chas. D. Bondurant enlist during ... of this Service? I was with him ...
6. How long within your own personal ... knowledge did he perform actual military service with this Company and Regiment? (give date) ... his enlistment till surrendered,
7. When and where was his Command ... surrendered or discharged (give date and place) ... N.C. in 1865.
8. Were you personally present at the ... surrender? Yes
9. If not, where were you and how came ... there? ...
10. Was the applicant personally present with his Command at surrender? Yes
11. If not where was he and how came he ... there? ...
12. When did he leave his Command? ... Where was his Command when he left it? ... For what cause did he leave? ... By whose authority did he leave ... and how long was he granted leave? ... How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) ... living the time - Left together ...
13. In what way was he prevented from returning to his Command? ... How do you know? ...
14. What effort did he make to return to his Command and how do you know? ...
15. Was applicant captured as a prisoner ... If so, when and where? ... In what prison was he held? ... and when released? ...

Sworn to and subscribed before me, this 7 day of Sept 1910
Marcellus McAndrew Ord
James Colley
Ordinary.
of Fulton County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
County.

Personally before me came W. D. Campbell who on oath says that they are free holders residing in said County and we know Chas. D. Bondurant 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 of Items and value.) ...

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

1889? (State it fully by items.) None ...
2. When and to whom was it sold or given ...
3. What was the price paid or stated to be ...
4. What relation is the party to applicant? ...
5. What disposition was made of the proceeds ...
6. Was the disposition of this property made in good faith and full value? ... or was it made to obtain a pension? ...

Sworn to and subscribed before me, this the 7th day of Sept 1910
Marcellus McAndrew Ord
W. D. Campbell
Ordinary.
of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I, Marcellus McAndrew, Ordinary of said County, certify that I know the applicant ... for pension to the said County. That I also know James Colley ... the witness swearing to the service and ... who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Receiver's ... shows that ... and wife ... value for tax for 1909 ... for 1910 ... for 1910

Sworn under my hand and official seal of office ... 7th day of Sept 1910.
James Colley Ordinary.
Fulton DeKalb County.

NOTES 1. Before any questions are answered the Ordinary ... the applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank ... insufficient.
3. All affidavits must be made before the Ordinary ... signed by him.
4. If applicant has no property at all in his possession ... consent of self and wife, affidavits of Free holders unnecessary.

LIGHT PRINT OR BAD COPY **

QUESTIONS FOR W[illegible]NESS AS TO SERVICE.

STATE OF GEORGIA,
Fulton County.

James Colley

as a witness in support of the application of [illegible] for the pension provided by the Act of 1910, in said State, and after being [illegible] sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? James Colley resides
2. How long and since when have you known [illegible] the applicant? [illegible] years
3. Where does he now reside, and has he been a bonafide, continuing resident in this State and how do you know? [illegible]
4. When, where and in what Company and Regiment did he enlist during war from 1861 to 1865? (Give date and place) [illegible]
5. How did you obtain your knowledge of this Service? [illegible]
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) [illegible]
7. When and where was his Command [illegible] surrendered or discharged (give date and place) [illegible]
8. Were you personally present at the S[illegible] under? Yes
9. If not, where were you and how came you to know [illegible] there?
10. Was the applicant personally present with his Command at surrender? Yes
11. If not where was he and how came he to know [illegible] there?
12. When did he leave his Command? [illegible] Where was his Command when he left it? [illegible] For what cause did he leave? [illegible] By whose authority did he leave? [illegible] and how long was he granted leave? [illegible] How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) [illegible] during the time. Kept together
13. In what way was he prevented from returning to his Command? [illegible] How do you know?
14. What effort did he make to return to his Command and how do you know? [illegible]
15. Was applicant captured as a prisoner? [illegible] If so, when and where? [illegible] In what prison was he held? [illegible] and when released?

Sworn to and subscribed before me, this 7 day of Sept 191[illegible]

Marcellus McPherson

James Colley

Ordinary.

of [illegible] County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
[illegible] County.

Personally before me comes [illegible] who on oath says that they are free holders residing in said County and we know [illegible] 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.) [illegible]

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov. 1918? (State fully by items.) None

2. When and to whom was it sold or given?
3. What was the price paid or stated to be?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds?
6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension?

Sworn to and subscribed before me, this the 7th day of Sept 1918

Marcellus McPherson

J B Campbell

Ordinary.

of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I, Marcellus McPherson Ordinary of said County, certify that I know the applicant [illegible] to be and resides in said County. That I also know James Colley the witness swearing to the service and J B Campbell who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of [illegible] shows that [illegible] and wife owns property in 1908 [illegible] for 1910 [illegible]

Sworn under my hand and official seal of office this 7th day of Sept 191[illegible]

James Colley Ordinary.

[illegible] County.

NOTES 1. Before any questions are answered the Ordinary [illegible] applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if [illegible] necessary.
3. All affidavits must be made before the Ordinary [illegible]
4. If applicant has no property at all in his possession [illegible] affidavit of self and wife, affidavits of Free holders unnecessary.

4

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Fulton County.

James Colley of said State and County is hereby presented as a witness in support of the application of Wm. I Bridwell for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? James Colley, residing in Fulton County, Georgia,

2. How long and since when have you known Wm I Bridwell the applicant?
Since the year 1860

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? In Dekalb County, Ga and he has been a resident of said County since the 60's Wm.

4. When, where and in what Company and Regiment did Wm. I Bridwell enlist during war from 1861 to 1865? (Give date and place). He enlisted in 1863 in Sutton's Co. Ga C.S.A 2nd Ga Cavalry.

5. How did you obtain your information of this Service? Lived with him

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) From enlistment to surrender

7. When and where was his Command surrendered or discharged (give date and place)
In 1865, Greensboro, N.C.

8. Were you personally present at the Surrender? Yes

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

10. Was the applicant personally present with his Command at surrender? Yes

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

12. When did he leave his Command? Where was his Command when he left it? for what cause did he leave?
By whose authority did he leave and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) For the simple reason that we were together all the time.

13. In what way was he prevented from returning to his Command?
How do you know?

14. What effort did he make to return to his Command and how do you know?

15. Was applicant captured as a prisoner? No If so, when and where?
In what prison was he held? and when released?

Sworn to and subscribed before me, this the 9th day of Sept 1910

James Colley

Marcellus Anderson DC Ordinary,
of Fulton County.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,
DeKalb County.

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

1. What is your name and where do you reside? (Give County and Post-office) William J. Bridwell, DeKalb Co. E. Rinlwood, R.D.

2. How long and since when have you been a continuous resident citizen of this State? Have lived in Ga. continuously since 1854

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Enlisted in April 1862, Fulton Co. Ga. Co. H. 2nd Ga Cav

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

6. When and where was your Company and Regiment surrendered or discharged from the Service? Surrendered at Greensboro N. C. in 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? At Surrender at Greensboro

b. When did you leave the Command? At Surrender

c. For what cause did you leave? Cessation of hostilities

d. By whose authority did you leave? ~~~

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

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

g. In what way were you prevented? ~~~

h. What effort did you make to return? ~~~

i. Were you captured during the war? No

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

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) NONE

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? none & I have no wife

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). I have no income except the wages I earn as a day laborer

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? I earn, when at regular work about $75 per month

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

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

Sworn to and subscribed before me, this the 7th day of Sept 1910

James R George Ordinary,
of DeKalb County.

W J Bridwell

NAME Bridwell, William I. YEAR 1911 COUNTY DeKalb

WHEN AND WHERE BORN? Have lived in Georgia since 1860.

ENLISTED WHEN AND WHERE? April 1863, Fulton County, Georgia.

RANK

COMPANY AND REGIMENT? Company H. 2nd Georgia Cavalry.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED? WHEN AND WHERE?

RELEASED

WHEN AND WHERE SURRENDERED? Greensboro, North Carolina, 1865.

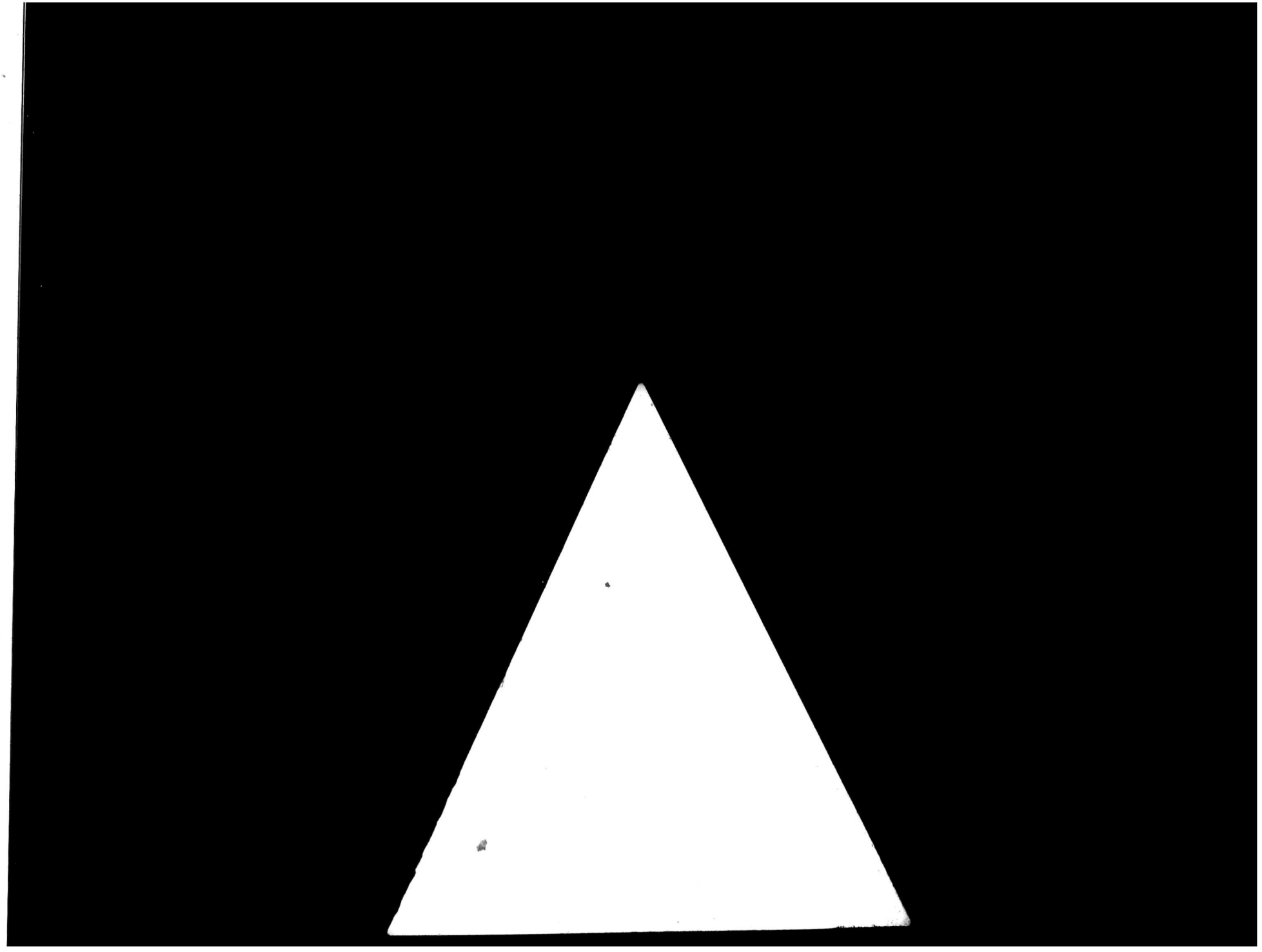
IF NOT PRESENT AT SURRENDER? WHERE WERE YOU?

DIED? WHEN AND WHERE?

BURIED?

WITNESSES? James Colley- With applicant in service- No data.

CB



Briscoe, L. M.
DeKalb Co.

No. 3808

INDIGENT PENSION

1899.

Name L. M. Brisco

County DeKalb

Approved 5/2 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

J. M. Tisdell

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

3/24.99

POWER OF ATTORNEY.

STATE OF GEORGIA. }
COUNTY. }

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

Witness my hand and seal this _____ day of _____ 1899.

Executed in presence of

_____ (L. S.)

POWER OF ATTORNEY.

STATE OF GEORGIA.
COUNTY.

I, _____, hereby authorize

_____ of _____

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

_____ at _____ by _____

Witness my hand and seal this _____ day of _____ 1899.

Executed in presence of

_____ (L. S.)

Bruce, L. M.
DeKalb Co.

No. 3808

INDIGENT PENSION

1899.

Name L. M. Bruce

County DeKalb

Approved 5/2 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

3/24-99

Questions for Applicant.

STATE OF GEORGIA.
DeKalb County.

Lucius M. Briscoe 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.) Lucius M. Briscoe Lithonia DeKalb Co Ga.
2. How long and since when have you been a resident of this State? All my life
3. When and where were you born? March 8th 1829 Oglethorpe Co Ga
4. When and where and in what company and regiment did you enlist or serve? In the Spring of 1862 at Augusta Ga Company F 12 Ga Battalion
5. How long did you remain in such company and regiment? About 14 months
6. For how long a period did you discharge regular military duty? About 14 months
7. When, where and under what circumstances were you discharged from service? In Spring of 1863 at Savannah on account of Sickness
8. What is your present occupation? Selling Fruit Trees
9. How much can you earn (gross) per annum by your own exertions or labor? About Twenty five Dollars
10. What has been your occupation since 1865? Shoemaking & Selling Trees
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Second
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I have Kidney Disease and Neuralgia at times I am unable to get out at all times again I get so I can set around town and take orders for trees but am unable to travel
13. What property, effects or income do you possess, and its gross value? I have nothing Except a few shoemakers tools worth about two dollars
14. What property, effects or income did you possess in 1896, 1895, 1896, 1897 and 1898, and what disposition, if any, did you make of same? Nothing except the tools I mentioned above
15. In what County did you reside during those years, and what property did you then return for taxation? DeKalb Nothing
16. How were you supported during the years 1897 and 1898? Principally By my Wife taking Some of our neighbors Children in our dwelling and teaching them
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? Cost about Twenty dollars I contributed about Twenty
18. What was your employment during 1897 and 1898? What pay did you receive in each year? Selling Trees about Twenty or Twenty five dollars
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have a Wife 68 years old and myself only at home have 4 Married Children Scattered in different States Have no homestead I rent a little house at Lithonia
20. Are you receiving any pension? If so, what amount, and for what disability? I am not

Every Question MUST be Answered.

Sworn to and subscribed before me this the 8 day of March, 1899.

L. M. Briscoe
Applicant.

J. M. Redding Ordinary,
of DeKalb County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
McDuffie COUNTY.

John A. Williamson, of said State and County, having been presented as a witness in support of the application of L. M. Briscoe for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? John A. Williamson McDuffie Co Ga
2. Are you acquainted with L. M. Briscoe, the applicant; if so how long have you known him? about 40 years
3. Where does he reside, and how long and since when has he been a resident of this State? Decatur Co Ga about 40 years
4. When, where and in what company and regiment did he enlist, and how do you know? 10th May 1861 Augusta Ga Co F 12 Ga Batallion
5. Were you a member of the same company and regiment? yes
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? about 9 months was discharged on account of Rheumatism While able a good Soldier John A. Williamson
7. What property, effects or income has the applicant? (Give your means of knowledge.) he does not own any property as I have known him for quite a while
8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what disposition, if any, did he make of same? as to my knowledge he had no property nor income
9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? not anything he had nothing
10. What is the applicant's occupation and physical condition? he has no occupation his physical condition is Unable
11. Is the applicant unable to support himself by labor of any sort, if so, why? he is unable to support himself on account of his Unable condition
12. How was he supported during the years 1897 and 1898? he sold a few fruit trees and his wife taught a few scholars
13. What portion of his support for those two years was derived from his own labor or income? about twenty dollars
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? he is unable physically to make a support for himself
15. What interest have you in the recovery of a pension by this applicant? not any

Sworn to and subscribed before me, this the 8 day of March 1899. James R. George Witness.
W. M. Ragsdale Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
DeKalb COUNTY.

Personally came before me D. R. Chupp, M.D. and B. M. Sprayberry M.D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully L. M. Briscoe, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

The applicant is almost blind and from age is not able to do any labour

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 8th day of March 1899. D. R. Chupp, M.D. B. M. Sprayberry M.D.
W. M. Ragsdale Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb COUNTY.

I, W. M. Ragsdale, Ordinary in and for said County, hereby certify that the applicant L. M. Briscoe resides in said County, and has been a bona fide resident of this State since the 8 day of March 1897 and that the witnesses, viz: Jas R George, D R Chupp, M.D. B M Sprayberry 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 DeKalb County show that applicant returned for taxation in his name in 1897 None Dollars of property, and in 1898 None Dollars of property.

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

Witness my hand and seal of office, this 29 day of March 1899.
W. M. Ragsdale Ordinary,
of DeKalb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize

_____ of _____

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

_____ at _____

by _____

Witness my hand and seal, this _____ day of _____ 1900.

_____ [L. S.]

Executed in presence of

_____

Decatur Co.
Bainbridge, R. F. D. 1

CODE SEC. 1254.
(For Those Already Enrolled.)

No. 511

INDIGENT
SOLDIER'S PENSION,
1900.

Name L. M. Briscoe
County DeKalb.

WARRANT ISSUED
January 17 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
L. M. Briscoe

Gen. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ at _____

by _____

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

_____ [L. S.]

Executed in presence of

_____

Dekalb Co.
Brucre, R. M. 1

CODE SECTION 1254
(For Those Already Enrolled.)

No. 6574

INDIGENT
SOLDIER'S PENSION.
1901.

Name L. M. Briscoe
County DeKalb

WARRANT ISSUED
Jan 21 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Myself

Gen. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears L M Briscoe of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 8 day of March 1829; that he is 71 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of ——) during the war between the States, and served for the term of 14 Months in Company F, of 12th Regiment of Ga Batalion; that his physical condition is as follows: Old age and Infirmity from disease

that his property consists of the following items None

of the value of —— Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1897

Sworn to and subscribed before me, this the 10 day of Jan 1900. — L M Briscoe

W M Rogsdale Ordinary.

State of Georgia,
De Kalb County.

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

Given under my official signature and seal, this 10 day of Jan 1900.

Affix your seal here.

W M Rogsdale
Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears L M. Briscoe of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 8 day of Mar 1829; that he is 71 years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 14 months in Company F, of 12 th Regiment of Ga Batalion; that his physical condition is as follows: Age and Infirmity - and nearly blind

that his property consists of the following items None

of the value of 00 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1900,

Sworn to and subscribed before me, this the 9th day of Jan 1901. — L M Briscoe

W M Rogsdale Ordinary.

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 9th day of Jan 1901.

Affix your seal here.

W M Rogsdale
Ordinary De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ at _____

by _____

Witness my hand and seal, this _____ day of _____ 1902.

_____ [L. S.]

Executed in presence of

_____

Brisoe, L. M.
Dekalb Co.

(FOR THOSE ALREADY ENROLLED.) CODE SECTION 1254.

No. 680

INDIGENT
SOLDIER'S PENSION
1902.

Name Briscoe L. M.
County DeKalb
Co. I Regiment 12 Ga Batt

WARRANT ISSUED
1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

74 date

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ at _____

by _____

Witness my hand and seal, this _____ day of _____ 1903.

_____ [L. S.]

Executed in presence of

_____

Briscoe L. M.
DeKalb Co.

(FOR THOSE ALREADY ENROLLED.) CODE SECTION 1254.

No. 879

INDIGENT
SOLDIER'S PENSION
1903.

Name Briscoe L.M.
County DeKalb
Co. 12th Ga Regiment

WARRANT ISSUED
Feb 3 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. Harrison, State Printer, Atlanta.

Pat date

23d

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears L M Briscoe of DeKalb 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 8 day of Mar 1829; 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 14 Months in Company F, of 12 th Regiment of Ga Bat Ga Vol C; that his physical condition is as follows: Old age and Infirmity nearly blind.

that his property consists of the following items None

of the value of 00 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of DeKalb county been allowed a pension for the year 1901.

L M Briscoe

Sworn to and subscribed before me, this the 15 day of Jan 1902.

W M Rogsdale Ordinary.

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 15 day of Jan 1902.

Affix your seal here

W M Rogsdale
Ordinary DeKalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears L M Briscoe of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 6th day of March 1829; that he is 73 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 14 Mos in Company Co K, 12th Ga Bat of th Regiment; that his physical condition is as follows: Old age and Infirmity

that his property consists of the following items: None

of the value of 00 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of DeKalb county been allowed a pension for the year 1902.

L M Briscoe

Sworn to and subscribed before me, this the 10 day of Jan 1903.

W M Rogsdale Ordinary.

STATE OF GEORGIA,
DeKalb County.

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

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

Affix your Seal here

W M Rogsdale
Ordinary DeKalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, L. M. Brisco hereby authorize
B. H. George of DeKalb county Ga
to receive and receipt for the pension allowed and request that he remit same to
at
by

Witness my hand and seal, this 13 day of January 1904.

L. M. his Brisco [L. S.]
Mark

Executed in presence of
James R. George
Ordinary

Brisco L. M.
DeKalb County

CODE SECTION 1294.
(FOR THOSE ALREADY ENROLLED.)

No. 766

INDIGENT
SOLDIER'S PENSION
1904.

Name R. H. Brisco
County DeKalb
Co. 129 Regiment Cal

WARRANT ISSUED
1 3 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
B. F. Fagg

Geo. W. Harrison, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears L. M. Brisco of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 8 day of Mar 1829; that he is 7 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 14 Mo in Company 12th of Bat th Regiment of ; that his physical condition is as follows: old age and infirmity. Nearly blind

that his property consists of the following items: Non

of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of DeKalb County been allowed a pension for the year 1903

Sworn to and subscribed before me, this the 13 day of Jany 1904.

L. M. his X Brisco mark

James R. Gluze Ordinary.

STATE OF GEORGIA,
DeKalb County.

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

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

Affix your Seal here.

James R. Gluze
Ordinary DeKalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1904.

NAME Brisco, L M YEAR 1899 COUNTY DeKalb

WHEN AND WHERE BORN? March 8, 1829 - Oglethorpe Co., Georgia

ENLISTED WHEN AND WHERE? Spring of 1862 - Augusta, Georgia

RANK

COMPANY AND REGIMENT? Co F 12th Ga Battn.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Discharged Spring of 1863 - at Savannah, Georgia - on account of illness.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

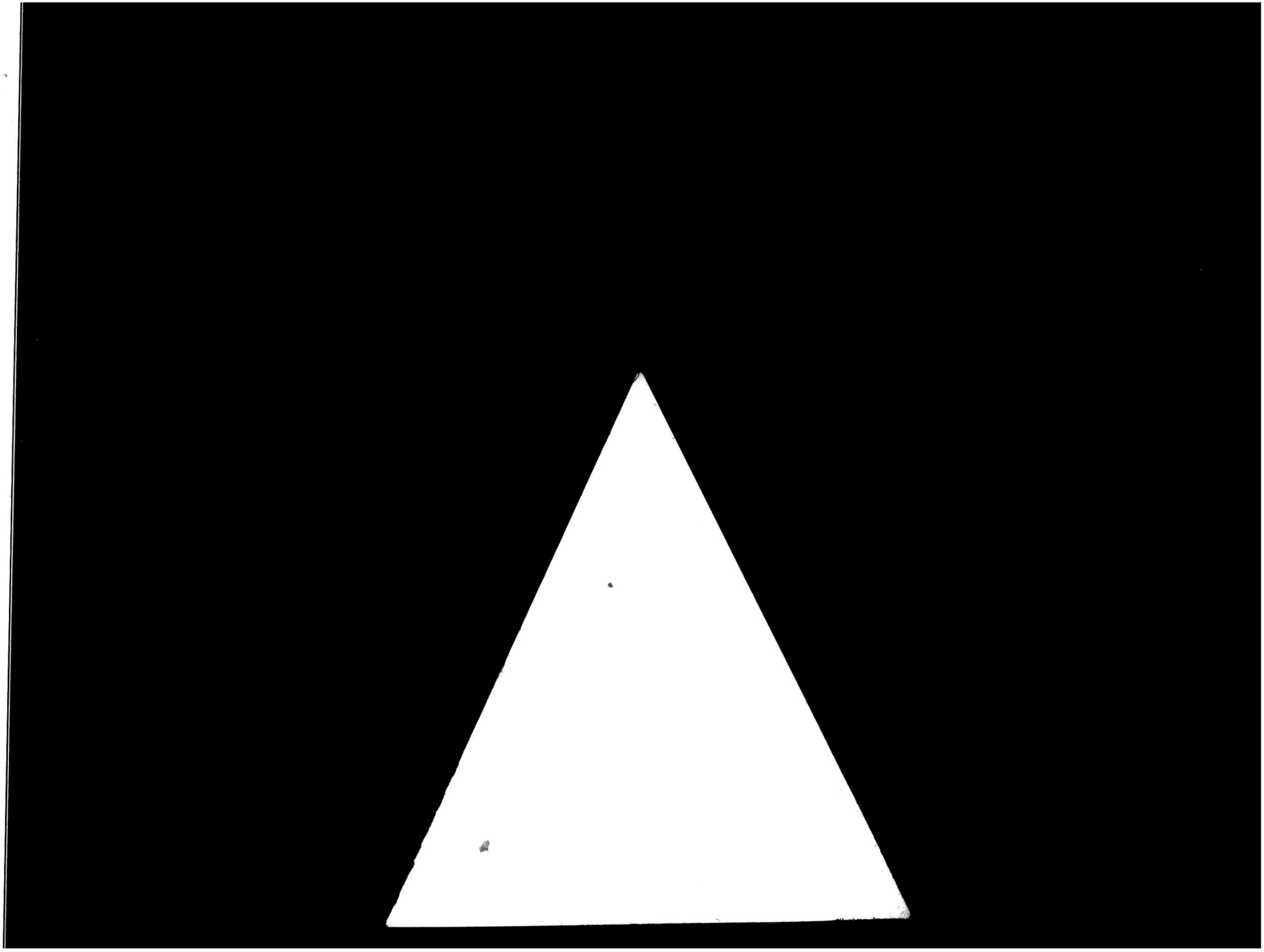
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Discharged from service Spring of 1863 on account of illness.

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. ~~James R George~~ John A Wilkerson - same command - No data

mh



Broadnax, W. D.
DeKalb G.

CODE SECTION 1250.

(FOR THOSE ALREADY ENROLLED.)

(In Gwinnett 1901)

No. 37

DISABLED
SOLDIER'S PENSION
1902.

Name Broadnax W.D.
County DeKalb
Co. H Regiment 11th
Disability Foot
Amount, $ 25.

4/7 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Ala. Data

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

I, _____ hereby authorize _____

_____ of _____

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

_____ by

at _____

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

day of _____ 1902.

_____ [L. S.]

Executed in presence of

_____

R. B. RUSSELL, Judge, Winder.
C. H. BRAND, Solicitor General, Lawrenceville.
T. A. HASLETT, Sheriff, Lawrenceville.
D. T. CAIN, Clerk, Lawrenceville.
H. C. HINTON, Tax Collector, Dacula.

J. R. GARNER, Tax Receiver, Luxomni
J. H. BRITT, Treasurer, Lawrenceville.
D. T. WILLIAMS, Surveyor, Craig.
J. H. WILSON, Coroner, Lawrenceville.

—OFFICE OF—

ORDINARY GWINNETT COUNTY.

JOHN P. WEBB, Ordinary.

Lawrenceville, Ga., Jany 12 1902

I John P Webb Ordinary in and for The County of Gwinnett do hereby certify that W D Broadnax now of DeKalb Co Drew an Invalid Pension of $25.00 as a resident of Gwinnett County in 1901 and The Bearer is the same man Given under my hand and Seal of Office Jany 21 1902

John P Webb Ordinary

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears W D Broadnax of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 26 day of Nov 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 a Private in Company H, of 11 th Regiment of Ga Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va, on the 1st day of July 1862, he was wounded, injured or diseased as follows: Was wounded N battle of Malvern Hill in left foot, breaking bones rendering same substantially useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of Gwinnett County, been allowed an invalid pension of Twenty five Dollars, for the year 1901.

Sworn to and subscribed before me, this the 14 day of Jan. 1902. W D Broadnax Post-office

M M Ragsdale Ordinary.

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

STATE OF GEORGIA,
DeKalb **County.**

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

Given under my official signature and seal, this 14 day of Jan 1902.

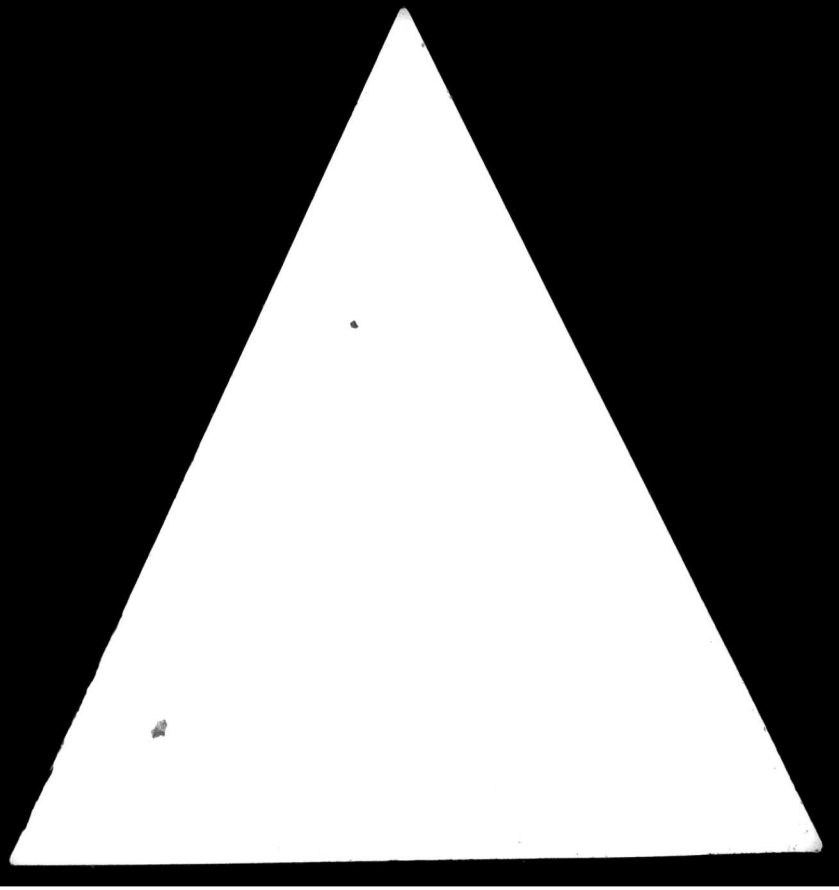
Affix your seal here

M M Ragsdale
Ordinary DeKalb County.

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

BOARD OF VOLUNTEERS

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



Was on Roll Drawing $100 Husband was on Disabled Roll 01 Apr 1911

No.

Brooks, Mary M.
DeKalb County

Widow's Pension

UNDER ACT 1910.

County DeKalb

Name Mrs. Mary M. Brooks

Widow of W. H. Brooks

Who was on the Pension Roll drawing $100 per

C. 42

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

11/10/11 11/10-1911

ENTERED ROSTER OFFICE

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

STATE OF GEORGIA,
DeKalb County.

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

1. What is your name, and where do you reside? Mary M Brookes
2. How long and since when have you been a continuing resident in the State of Georgia? 62 years April 12th 1849
3. When, where and to whom were you married? Dec 19th 1867 Milton Co W.S. Brooks
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) June 1863 Marietta Ga Company C 42 Ga Regiment
5. When and where did the Commands of your husband surrender or discharge from the army? 1865 Va.
6. Was your husband personally present at the time of the surrender or discharge of this Command? He was not
7. If he was not present state clearly where he was? He was wounded in battle
8. Where was his Command when he left? Atlanta Ga
   a. For what cause did he leave his command? Wounded Lost his arm
   b. By whose authority did he leave his Command? Officers in Command
   c. For how long was he granted leave of absence? Lost arm was never able
   e. What was his physical condition when he left his Command? Lost his arm
   f. What effort did he make to return to his command? None
   g. In what way was he prevented from going back to Command? Lost his arm
   h. Was he captured by the enemy at any time? Was not
   i. If so, when and where captured and where held as a prisoner, and when and for what cause released?
   j. When and where did your husband die? Feby 10 1911 DeKalb County
   k. Were you residing together when he died? We were
   l. If not, how long had you resided apart?
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) ~~Five acres of land & Home~~
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.) I Sold none
11. What property of any description of any value have you now? I own a one fifth interest in 80 acres of land Give list and cash value? $1650.00
12. What are your annual earnings or income and their value? only the rent I receive from said land
13. Have you heretofore been paid a pension by the State? I have not If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the 12 day of Oct 1911

Mary M. Brooks

James R George Ordinary.
DeKalb County.

Was in Co K 2nd Ga Regt Husband was on Disabled Roll

Mar 1912

Brooks, Mary M.
DeKalb County

Widow's Pension

UNDER ACT 1910.

County DeKalb

Name Mrs. Mary M. Brooks

Widow of W.S. Brooks

who was on the Pension Roll prior to 1907 as C-42

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

11/10/11

ENTERED ROSTER OFFICE

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

STATE OF GEORGIA,
Dekalb County.

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

1. What is your name and where do you reside? J M Burnett DeKalb
2. How long and since when have you known Mrs Mary M Brooks applicant?
3. How long and since when has she continuously resided in this State? (Give date.) 50 years - 1861
4. When and to whom was she married? 1849 W H Brooks How do you know? Present
5. How long and since when did you know W H Brooks her husband? 60 years Sweetheart
6. When and where did W H Brooks the husband of Applicant die? July 11th 1911
7. Were the Aplicant and her husband living together as husband and wife at the date of his death? they was
8. If not, how long did they live apart before his death? Were they divorced?
9. When, where and in what Company and Regiment did W H Brooks enlist? June 1863 - Marietta Ga Company B - 42 - Ga Regt
10. Were you a member of the same Company? I was
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from June 1861 - to the Battle of Atlanta July 22 1864
12. When, and where did his Command surrender, and was discharged?
13. Were you personally present when it was surrendered? was not If not where were you Sick Prisoner at New Hope Church near Atlanta Ga and how came you there? Captured
14. Was the husband of applicant personally present at surrender? was not If not where was he? Wounded Last time at Battle of Atlanta Ga July 22nd 1864 when, where and for what cause did he leave Command? (Give date.) Last time By whose authority did he leave his Command? and how long was he granted leave? How do you know all this? I know it of my own knowledge
15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? Wounded Last time July 1864
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? none

Sworn to and subscribed before me this the 30 day of Oct 1911 | J M Burnett

James R George Ordinary,
of DeKalb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
DeKalb County.

Personally before me comes P G Long & E D Long who on oath says that they are freeholders of said County and that they know Mrs Mary M Brooks of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows: None

Personal property None $
Notes and accounts due $
Total $

Schedule (B).

We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:

Personal property Nothing $
Money, Notes and accounts $

Schedule (C).

We also know what property she has now in her possession, use and control to wit: She owns some 6 Instructions 80 Acres of land worth $40 per acre $ 320 00
Horses and Mules $
Cows and Hogs $
Other property $
income and earnings $
Total Value of all property and effects $ 500 00

Sworn and subscribed before me this the 27 day of Oct 1911 | P G Long & E D Long

James R George Ordinary,
of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Dekalb County.

I James R George Ordinary of said County do certify that, I know Mrs Mary M Brooks the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov,. 1908.

That I also know J M Burnett the witness who swears to the service of husband, and P G Long & E D Long who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns Returned for Tax is for 1908 $ Nothing for 1910 $ Nothing - 1911 - $1625 00

Sworn under my hand and official seal of office this 2 day of Nov 1911

SEAL.

James R George Ordinary,
DeKalb County

(SEAL.)

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

Her Marriage is attached to her Papers Made in order to draw Husband Pension JR George ord

oral reputation. Her Marriage is attached to her Pension Affidavit in order to draw Husband's Pension

FILED
MAY 28 1936
A. L. HENSON

Brooks, MARY N. (Mrs.)
DeKALb Co.

For DeKalb County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

V. S. Morgan, Ordinary

For: Mrs. Mary N. Brooks
(Name of Pensioner)

Date of Death: May 12, 1936

Amount: $

PAID TO ORDINARY ON THIS CLAIM:		
DATE 1935	FUND FROM WHICH PAID	$
8-1-36	C&C	150.00
X150	TOTAL	

Approved, and ordered paid,

Jul 8 1936

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

State of Georgia } To any Judge of the Superior Court,
Milton County } Justice of the peace, Minister of the Gospel, or any person authorized to celebrate:

These are to authorize and permit you to join in the Holy State of matrimony A H Brooker and M M Brown, if they are such persons authorized to marry according to the Constitution and Laws of this State, and for so doing this shall be your sufficient License.

Given under my hand and official signature this 18th day of December 1869.

E P Skelton, Ord'y.

This is to certify that A H Brooker and M M Brown, were lawfully joined in Matrimony by me on the 19th day of December 1869.

J M Mebb M G.

I, E.G. Robertson, Ordinary in and for said County, do certify that the foregoing is an exact copy of the marriage of A H Brooker & M M Brown.

Witness my hand and Seal of office Oct 31st 1911

E.G. Robertson, Ord'y.

Application for
Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, DeKalb County:

Before me, the Ordinary of said County, comes A. S. Turner, of said County, who, after being duly sworn, on oath says that he knew Mrs. Mary M. Brooks late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of $ 265.00, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,
this the 25 day of May, 1936.
T. D. Morgan, Ordinary.

A. S. Turner

CERTIFICATE OF THE ORDINARY

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

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

(Seal of Ordinary) T. D. Morgan, Ordinary.

INSTRUCTIONS:

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

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

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

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

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

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

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

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

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

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

Chamblee Ga Jan 4th 1912

Hon John W Lindsey

Atlanta Ga

Col Lindsey

It is reported that Mrs Mary Brooks Wife of W H Brooks who Died June 17th Feb 1911 has applied for a Pension in the Name of the State I protest the Payment.

Mrs Brooks has 80 Acres of Land that she refused 40 dollars an acre for the Least Valuable portion of the 80 acres and has Several Hundred Dollars on Deposit in the Decatur Bank

If you Want an Affidavit to the above Write me here or Call Doraville Ga Long distance Phone and ask them to connect

Mr Brooks was a member 42 Ga I gave you a Statement of this case Last Year Hope you have not mislaid it would be pleased to hear from you about this Case

J L Hudgins

A. S. Turner

Funeral Director and Embalmer

Prompt Ambulance Service

Decatur, Georgia.

NIGHT AND SUNDAY PHONE DE. 0088
525-27 N. McDONOUGH ST.
PHONE DE. 0088

Funeral Expenses of Mrs Mary M Brooks,
Chamblee, Georgia.

May 12, 1936.

To Casket
Embalming
Dress
Funeral Notices
Cement Vault
Hearse Service and Service Rendered $265 00

Georgia , DeKalb County,

I do hereby certify that the above account is rendered for the funeral expenses of Mrs Mary M Brooks, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me,
This May 21, 1936.
Ruby Johnston

A S Turner

Notary Public, State at Large, Decatur, Ga.
My Commission Expires Nov. 1, 1937.

Received of V. S. Morgan, Ordinary, DeKalb County, Georgia, One Hundred Fifty and no/100 ($150.00) Dollars in full settlement for funeral expenses Mrs. Mary N. Brooks, deceased.

This 11 day of September, 1936.

A S Turner

May 12, 1936.

To Casket
Embalming
Dress
Funeral Notices
Cement Vault
Hearse Service and Service Rendered $265 00

Georgia , DeKalb County,

I do hereby certify that the above account is rendered for the funeral expenses of Mrs Mary M Brooks, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me,
This May 21, 1936.
Ruby Johnston
Notary Public, State at Large, Decatur, Ga.
My Commission Expires Nov. 1, 1937.

A L Turner

Received of V. S. Morgan, Ordinary, DeKalb County, Georgia, One Hundred Fifty and no/100 ($150.00) Dollars in full settlement for funeral expenses Mrs. Mary N. Brooks, deceased.

This 11 day of September, 1936.

A L Turner

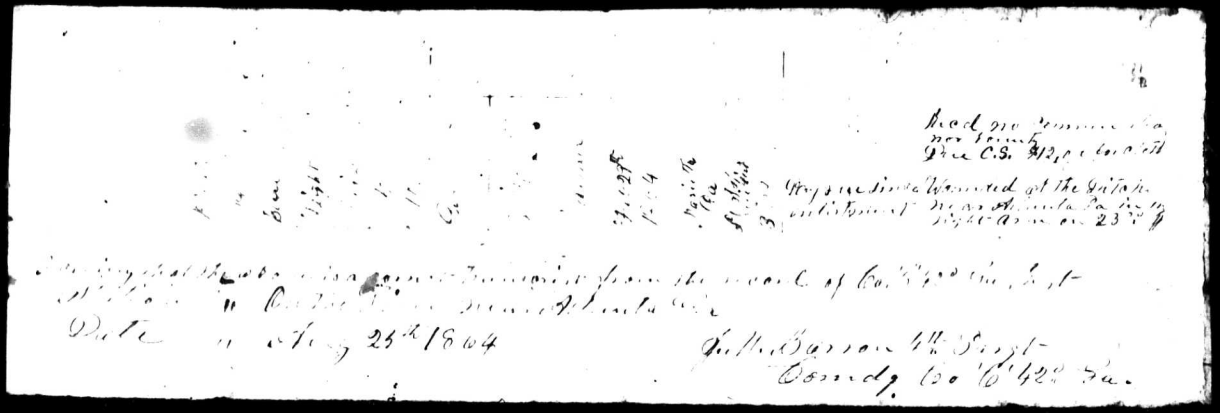
****LIGHT PRINT OR BAD COPY ****

Received of W. S. Morgan, Ordinary, DeKalb County, Georgia, One Hundred Fifty and no/100 ($150.00) Dollars in full settlement for funeral expenses Mrs. Mary N. Brooks, deceased.

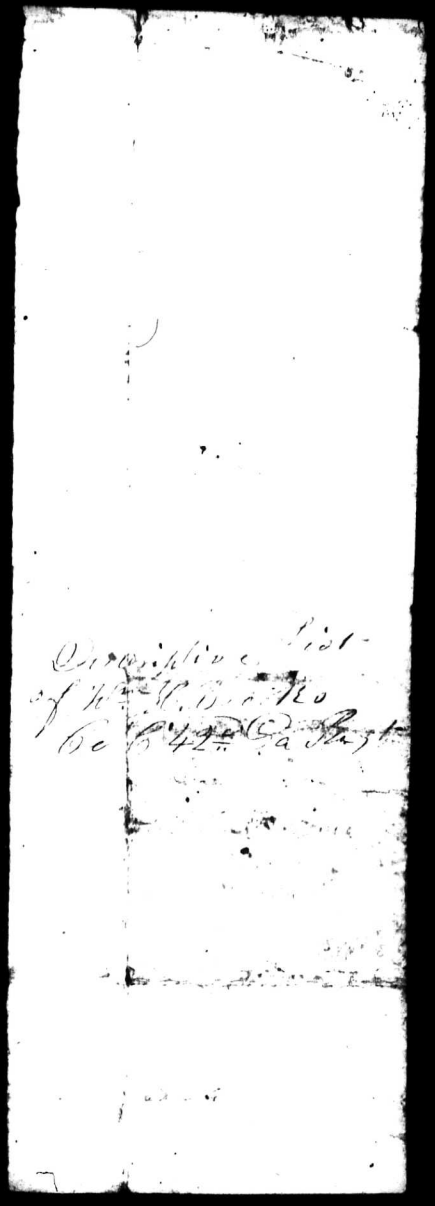
This 11 day of September, 1936.

B. L. Turner

LIGHT PRINT OR BAD COPY *



****LIGHT PRINT OR BAD COPY****



Decatur, Ga.
May 28-1934

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. H. Evans, M. D.
Comm. of Health, DeKalb Co. Ga.

CERTIFICATE OF DEATH

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Bureau of Vital Statistics

Registered No. 33

1. PLACE OF DEATH
County DeKalb. Militia District (Number and Name) State of Georgia
City or Town Length of residence in this city or town: Yrs. Mos. Da. NON-RESIDENT (Yes or No)
Street and Number (No.) (Street) Ward
(If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME Mrs. Mary M. Brooks.
Residence (City or Town) Chamblee (Street and Number) (State)

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

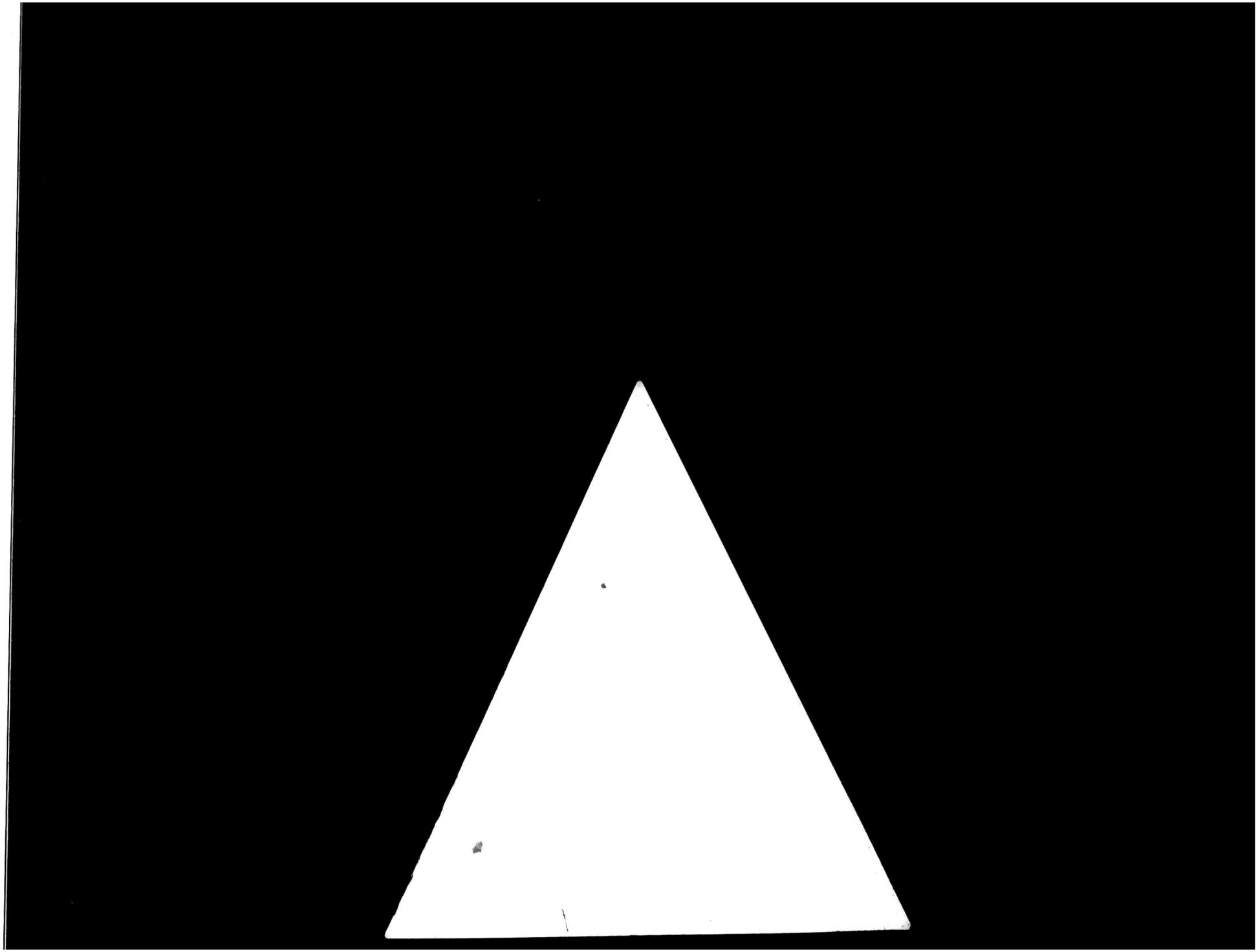
V.S.—2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR or RACE: White
5. Single, Married, Widowed, Divorced (write the word): Widowed
6. DATE OF BIRTH (month, day, year): April 12, 1849
7. AGE: Years 87 | Months 1 | Days X | If less than one day: Hours ... Minutes ...
8. OCCUPATION
(a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.
(c) Date deceased last worked at this occupation (month and year)
(d) Total years spent in this occupation
9. BIRTHPLACE (P. O. Address): South Carolina
FATHER
10. NAME: Francis Brown
11. BIRTHPLACE (P. O. Address): South Carolina
MOTHER
12. MAIDEN NAME: Melcany Jones
13. BIRTHPLACE (P. O. Address): South Carolina
14. INFORMANT (Signed): Mrs C. J. Evans
(Address): Chamblee Ga.
19. BURIAL PLACE (Cemetery): Chamblee Cemetery
(Postoffice): Chamblee Ga. Date: May 13, 1936
20. UNDERTAKER (Signed): A. S. Turner
(Address): Clarkston Ga.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May 12 1936 at 1:30 A.M. (Month, Day, Year) (Hour)
17. I HEREBY CERTIFY, That I attended the deceased from May 10 1936 to May 11 1936
I last saw her alive on May 11 1936, death is said to have occurred on the date and hour stated above.
The principal cause of death and related causes of importance in the order of onset and duration of each:
Arteriosclerosis
Fractured Hip - Capsular
Other contributory causes of importance:
Nephritis, Chronic
Tuberculosis
What test confirmed diagnosis? (Specify whether autopsy, operation, laboratory, or clinical)
If death was due to external causes (violence) fill in also the following:
Was injury an accident, suicide, or homicide?
Where did injury occur (Specify city or town, if outside of limits, the county, and also the state)
Did injury occur in a home, public place or industry?
Manner of injury
Nature of injury
(Signed) C. L. Redford M.D.
(Address) Lawrenceville Ga.
15. FILED May 25 1936
(Signed) J. R. Evans (Local Registrar)



STATE OF GEORGIA,
DeKalb County.

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

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

Given under my official signature and seal, this 11th day of Feb 1891.

W. M. Ragsdale
Ordinary DeKalb County.

Brooks W. H.

1891.

DeKalb Co.

No. 807

Application for Allowance

FOR THE YEAR ENDING OCTOBER 25, 1891.

Applicant, W. H. Brooks
County, DeKalb
Amount, 10 Dr. by 111
Date of Warrant, Feb 14 1891
Entered of record Feb 14 1891

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT ISSUED TO

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

STATE OF GEORGIA,

De Kalb County.

I, W.M. Rogsdale Ordinary of said County, do certify that I am well acquainted with W.H. Brooks the applicant in the foregoing affi lavit, 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 11th day of Feb 1891.

W.M. Rogsdale
Ordinary De Kalb County.

1891.

No. 5671

Application for Allowance

FOR THE YEAR ENDING OCTOBER 26, 1891.

Applicant, W.H. Brooks
County, DeKalb
Amount, 10 00
Date of Warrant, Feb 11 1891
Entered on record Feb 11 1891
SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO
Applicant

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

Brooks W.H.
Dekalb Co

No. 280

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name W.H. Brooks
County DeKalb
Disability Loss of Foot
Amount, $ 10 00
Entered on record Feb 11 1892.

W. H. HARRISON,
Secretary of Executive Department.

AGENT.
Applicant

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

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this 28 day of March 1892.

W.M. Rogsdale
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

PERSONALLY appears W. H. Brooks of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 18" day of Feb 1845; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of 42 th Regiment of Ga Volunteers Stovall 's Brigade; that whilst engaged in such military service at the battle of Atlanta in the State of Ga, on the 22½ day of July 1864, he was wounded as follows: Shot in right arm ball entering above the elbow.

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

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

Thos Register, Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

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

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

[L. S.]

Executed in the presence of us: }

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

PERSONALLY appears W. H. Brooks of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the 18" day of Feb 1845; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C. of 47 th Regiment of Georgia Volunteers Stovall 's Brigade; that whilst engaged in such military service at the battle of Atlanta in the State of Ga, on the July day of 22½ 1864, he was wounded as follows: Shot in the right arm ball entering above the elbow cleaving the bone of the said arm

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

Sworn to and subscribed before me this the 21 day of March 1892. W. H. Brooks

Thos Register, Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

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

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

[L. S.]

Executed in the presence of us: }

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
.....County. }

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

of.....County, State of Georgia, do hereby appoint

of.....my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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.....1893. [L. S.]

Executed in the presence of us:

.....

.....

DIRECTION.

Send money to me as follows, by

.....to..... P. O.

.....County, Georgia.

1893.

No. 770

Application for Allowance

For the Year Ending October 26, 1893.

FOR

Applicant, Lazarus Green

County, DeKalb

Amount, 100

Date of Warrant,

Entered on record, 1893.

Secretary Executive Department.

WARRANT HANDED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

Decatur, W. H.

Brooks Co

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
COUNTY. }

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

of.....

County, State of Georgia, do hereby appoint.....

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

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

day of.....1894.

.....[L. S.]

Executed in the presence of us }

}

DIRECTIONS.

Send money to me as follows, by

.....to.....P. O.

.....County, Georgia.

Decatur Co.

Brooks Co. W. H.

(For Those Already Enrolled.)

No. 948

Soldier's Pension.

1894.

Name Brooks, W.H.

County DeKalb

Disability Loss of Arm

Amount, $ 100 00

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta

LIGHT PRINT ON BAD COPY *

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

PERSONALLY appears W.H. Brooks of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 18 day of Oct 1845; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of 42 th Regiment of Ga Volunteers Stovall 's Brigade; that whilst engaged in such military service at the battle of Atlanta in the State of Ga, on the 22nd day of July 1864, he was wounded as follows: Shot with a piece of shell in right arm causing loss of arm above the elbow.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1893. I have heretofore been allowed a pension of One Hundred dollars, for Loss of arm.

Sworn to and subscribed before me, this the 16th day of March 1893. W.H. Brooks

W.M. Ragsdale, Ordinary.

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

STATE OF GEORGIA, }
De Kalb County. }

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

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

Given under my official signature and seal, this 16th day of March 1893.

W.M. Ragsdale.
Ordinary De Kalb County.

POWER OF ATTORNEY.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

PERSONALLY appears W.H. Brooks of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 18th day of Oct 1845; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company C, of 42th Regiment of Ga Volunteers Stovall 's Brigade; that whilst engaged in such military service at the battle of Atlanta in the State of Ga, on the 22nd day of July 1864, he was wounded as follows: Was with a piece of shell in right arm causing loss of arm above the elbow

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 One Hundred dollars, for the year 1893.

Sworn to and subscribed before me, this the 9th day of March, 1894. W.H. Brooks

W.M. Ragsdale, Ordinary.

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

STATE OF GEORGIA, }
De Kalb County. }

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

Given under my official signature and seal, this 9th day of March 1894.

Affix your seal here.

W.M. Ragsdale.
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

KNOW ALL MEN BY THESE PRESENTS, That I, _____ of _____ County, State of Georgia, do hereby appoint _____ of _____ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any 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 _____ day of _____ 1895.

[L. S.]

Executed in presence of us

DIRECTIONS.

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

Brantley W. H. De Kalb Co.

(For Those Already Enrolled.)

No. 230

SOLDIER'S PENSION.

1895.

Name W. H. Brantley
County De Kalb
Disability Loss of right arm
Amount, $ 24 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Wm Slaton

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

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

_____ [L. S.]

Executed in presence of us

Brantley W. H. De Kalb Co.

(For Those Already Enrolled.)

No. 542

SOLDIER'S PENSION.

1896.

Name W. H. Brantley
County De Kalb
Disability Loss of right arm
Amount, $ 24 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Wm Slaton

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, De Kalb County.

Personally appears W H Brooks of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 18th day of Feb 1845; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company C, of 42th Regiment of Ga Volunteers, Stovall 's Brigade; that whilst engaged in such military service at the battle of Atlanta in the State of Ga on the 22nd day of July 1864, he was wounded as follows: Shot with a shell Explosive in right arm causing loss of arm above the elbow.

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 One Hundred dollars, for the year 1894.

Sworn to and subscribed before me, this the 25" day of Feb 1895. W. H. Brooks

W M Logsdon, Ordinary.

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

STATE OF GEORGIA, De Kalb County.

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

Given under my official signature and seal, this 26" day of Feb 1895.

Affix your seal here

W M Logsdon,

Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, De Kalb County.

Personally appears W H Brooks of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 18 day of Feb 1845; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of 42th Regiment of Ga Volunteers, Stovall 's Brigade; that whilst engaged in such military service in the State of Ga, on the 22 day of July 1864, he was wounded, injured or diseased as follows: Was shot with a shell in the battle of Atlanta in the right arm causing loss of same.

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

Sworn to and subscribed before me, this the 21st day of Feb 1896. W. H. Brooks

W M Logsdon, Ordinary.

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

STATE OF GEORGIA, De Kalb County.

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

Given under my official signature and seal, this 21st day of Feb 1896.

Affix your seal here.

W M Logsdon

Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

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

[L. S.]

Executed in presence of

Blackall Co
Brooks, W. H.

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)
No. 1765

INVALID
SOLDIER'S PENSION.
1897.

Name W.H. Brooks
County DeKalb
Disability Loss of Arm
Amount, $ 100.
2/23 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Agent

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No Letter

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

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

[L. S.]

Executed in presence of

Brooks, W.H.
DeKalb Co

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)
No. 2167

INVALID
SOLDIER'S PENSION.
1898.

Name W.H. Brooks
County DeKalb
Disability Loss of Arm
Amount, $ 100
2/16 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Agent

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No Letter

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears W. H. Brooks of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 18th day of Feb 1845; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company C, of 42th Regiment of Ga Volunteers, Stovall 's Brigade; that whilst engaged in such military service in the State of Ga, on the 23 day of July 1864, he was wounded, injured or diseased of follows:

In the battle of Atlanta was shot with shell in right arm causing loss of arm

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

Sworn to and subscribed before me, this the 16th day of Feb 1897. W. H. Brooks POST OFFICE

Thos Ragsdale, Ord'nary.

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

STATE OF GEORGIA,
DeKalb **County.**

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

Given under my official signature and seal, this 16th day of Feb 1897.

Affix your seal here.

W. M. Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears W. H. Brooks of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 18 day of Feb 1845; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of 42th Regiment of Ga Volunteers, Stovall Ga 's Brigade; that whilst engaged in such military service in the State of Ga, on the 23 day of July 1864, he was wounded, injured or diseased as follows:

Side wounded in right arm at battle of Atlanta causing loss of arm.

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

Sworn to and subscribed before me, this the 16th day of Feb 1898. W. H. Brooks POST-OFFICE

W. M. Ragsdale, Ordinary.

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

STATE OF GEORGIA,
DeKalb **County.**

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

Given under my official signature and seal, this 16 day of Feb 1898.

Affix your seal here.

W. M. Ragsdale
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1899.

_____ [L. S.]

Executed in presence of

_____

CODE SECTION 1250.
(For Those Already Enrolled.)
No. 2633

INVALID
SOLDIER'S PENSION.
1899.

Name W.H. Brooks
County DeKalb
Disability Loss of Arm.
Amount, $ 1[illegible].00
2 1 8 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Asst

GEO. W. HARRISON, STATE PRINTER, ATLANTA

W.H. Brooks, Co. K, [illegible] Ga. Cav.

W.H. Brooks

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1900.

_____ [L. S.]

Executed in presence of

_____

Brooks W.H. Co K 2nd Ga Cavalry

CODE SECTION 1250.
(For Those Already Enrolled.)
No. 1933

INVALID
SOLDIER'S PENSION.
1900.

Name W.H. Brooks
County DeKalb
Disability Loss of Arm
Amount, $ 100.
Warrant issued July 9 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears W H Brooks of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 23 day of Sept 1865; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of 42 th Regiment of Ga Volunteers, Stovalls 's Brigade; that whilst engaged in such military service in the State of Ga, on the 22 day of July 1864, he was wounded, injured or diseased as follows: Was shot in right arm at battle of Atlanta causing loss of same

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

Sworn to and subscribed before me, this, the 31 day of Jan 1899. W. H. Brooks POST OFFICE

W M Ragsdale Ordinary

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

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 31 day of Jan 1899.

Affix your seal here.

W M Ragsdale
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears W H Brooks of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the 18 day of Oct 1865; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company C, of 42 th Regiment of Ga Volunteers, Stovall 's Brigade; that whilst engaged in such military service in the State of Ga, on the 22d day of July 1864, he was wounded, injured or diseased as follows: At battle of Atlanta was shot in in right arm causing loss of arm

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

Sworn to and subscribed before me, this, the 18" day of Jan 1900. W H Brooks POST OFFICE Chamblee

W M Ragsdale Ordinary

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

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 18" day of Jan 1900.

Affix your seal here.

W M Ragsdale
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1901.

_____ [L. S.]

Executed in presence of

_____

CODE SECTION 1260
(For Those Already Enrolled.)

No. 833

DISABLED
SOLDIER'S PENSION.
1901.

Name W.H. Brooks
County DeKalb
Disability Arm
Amount, $ 100,
Jan 28 1901.

JOHN W. LINDSEY.
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

DeKalb Co.
Brooks, W.H.
Co. E

mr auto

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1902.

_____ [L. S.]

Executed in presence of

_____

Brooks W.H.
DeKalb Co.
CODE SECTION 1259.
(FOR THOSE ALREADY ENROLLED.)

No. 347

DISABLED
SOLDIER'S PENSION
1902.

Name Brooks W.H.
County DeKalb
Co. E Regiment 42d
Disability Loss of Arm.
Amount, $ 100,
Jan 11 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

No Date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears W.H. Brooks of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ____ day of June 1846; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of 42 th Regiment of Ga Volunteers, Stovall 's Brigade; that whilst engaged in such military service in the State of Ga, on the 23 day of July 1864, he was wounded, injured or diseased as follows:

Was wounded at battle of Atlanta in right arm causing loss of same.

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 DeKalb County been allowed an invalid pension of One Hundred Dollars, for the year 1900.

Sworn to and subscribed before me, this the 4 day of Jan 1901.

W.H. Brooks
Postoffice Chamblee

W.M. Ragsdale, Ordinary

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 4 day of Jan 1901.

Affix your seal here

W.M. Ragsdale
Ordinary DeKalb County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears W.H. Brooks of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ____ day of June 1845; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of 42 th Regiment of Ga Volunteers, Stovall 's Brigade; that whilst engaged in such military service in the State of Ga, on the 23d day of July 1864, he was wounded, injured or diseased as follows:

Was shot in battle of Atlanta causing loss of right arm

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 DeKalb County, been allowed an invalid pension of One Hundred Dollars, for the year 1901.

Sworn to and subscribed before me, this the 15 day of Jan 1902.

Post-office Chamblee

W.M. Ragsdale, Ordinary,

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 15 day of Jan 1902.

Affix your seal here

W.M. Ragsdale
Ordinary DeKalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

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

_____ [L. S.]

Executed in presence of

Brooks W.H.
DeKalb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)
No. 237

DISABLED
SOLDIER'S PENSION
1903.

Name Brooks W.H.
County DeKalb
Co. C Regiment 42d
Disability Loss of Arm
Amount, $ 100, 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

232

Brooks W.H.
DeKalb County.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)
No. 2824

DISABLED
SOLDIER'S PENSION
1904.

Name W.H. Brooks
County DeKalb
Co. C Regiment 42"
Disability Lost right arm
Amount, $ 100.00
12 25 1904.

JOHN W. LINDSEY.
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

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

_____ [L. S.]

Executed in presence of

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears W.H. Brooks of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the _____ day of June 1845; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company C, of 42 th Regiment of Ga Volunteers, Stovalls 's Brigade; that whilst engaged in such military service in the State of Ga, on the 22 day of July 1864, he was wounded, injured or diseased as follows:
Lost right arm in battle of Atlanta

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 DeKalb County, been allowed an invalid pension of One Hundred Dollars, for the year 1902.

Sworn to and subscribed before me, this the 8" day of Jan 1903. W.H. Brooks
Post-office Chamblee
W.H. Cogsdale

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 8" day of Jan 1903.

Affix your seal here

W.H. Cogsdale
Ordinary DeKalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears W.H. Brooks of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the _____ day of June 1845; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Pvt in Company C, of 42 th Regiment of _____ Volunteers Stovall 's Brigade; that whilst engaged in such military service in the State of Georgia, on the 23 day of July 1864, he was wounded, injured or diseased as follows:
Lost right arm

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 DeKalb County, been allowed an invalid pension of One Hundred Dollars, for the year 1903.

Sworn to and subscribed before me, this the 14 day of January 1904. W.H. Brooks
James R. Geosy Ordinary
Post-office Chamblee

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 14 day of January 1904.

Affix your seal here

James R. Geosy
Ordinary DeKalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1905.

_____ [L. S.]

Executed in the presence of

Brooks Co. Ga.
Dekalb County

(Code Section 1250)
(FOR THOSE ALREADY ENROLLED.)

No. 1208

DISABLED
SOLDIER'S PENSION
1905.

Name W. H. Brooks
County DeKalb
Co. G Regiment 42 Ga
Disability
Amount, $ 100.00
January 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

NO DATA

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1906.

_____ [L. S.]

Executed in the presence of

Brooks, W. H.
Dr Kalb Co.

(Code Section 1250)
(FOR THOSE ALREADY ENROLLED.)

No. 214

DISABLED
SOLDIER'S PENSION
1906.

Name W. H. Brooks
County De Kalb
Co. G Regiment 42 Ga
Disability Last Arm
Amount, $ 100.00
1/2 2 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Dead Note

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb COUNTY.

Personally appears W. H. Brooks of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ____ day of ____ 18__; that he enlisted in the military service of the Confederate States (or of the State of ____) during the war between the States, and served as a ____ in Company 6, of 42nd Regiment of ____ Volunteers Stovall's 's Brigade; that whilst engaged in such military service in the State of ____, on the 22 day of July 1864, he was wounded, injured or diseased as follows:
Lost arm, Atlanta

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 DeKalb County, been allowed an invalid pension of One Hundred Dollars, for the year 1904.

Sworn to and subscribed before me, this the 17 day of January 1905.
James R George Ordinary

W. H. Brooks
Post-office Chamblee Ga

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

STATE OF GEORGIA,
COUNTY.

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

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

James R George
Ordinary DeKalb County.

Affix your Seal here.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
De Kalb **County.**

Personally appears W. H. Brooks of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ____ day of June 18 45; that he enlisted in the military service of the Confederate States, (or of the State of ____) during the war between the States, and served as a Private in Company 6, of 42th Regiment of Georgia Volunteers Stovall's 's Brigade; that whilst engaged in such military service in the State of Georgia, on the 22 day of July 1864, he was wounded, injured or diseased as follows:
Lost arm in Atlanta Ga.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of De Kalb County, been allowed an invalid pension of 100.00 Dollars, for the year 1905.

Sworn to and subscribed before me, this the 15 day of January 1906.
James R George Ordinary

W H Brooks
Post-Office Chamblee

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

State of Georgia,
De Kalb **County.**

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

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

James R George
Ordinary De Kalb County.

Affix your seal here

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. COUNTY.

I, _____, hereby authorize

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1907.

_____ [L. S.]

Executed in presence of

_____

Brooks W.H.
DeKalb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED)

No. 296

DISABLED
SOLDIER'S PENSION
1907.

Name W. H. Brooks

County DeKALB.

Co. G Regiment 4 2

Disability Loss of Arm

Amount, $100.00 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no date

Audited _____ *1891.*

COMPTROLLER GENERAL.

Brooks, W. H.
DeKalb

1891.

Maimed Soldiers.

Voucher No. 867

Amount $ 100.

Paid to W. H. Brooks

For Loss of Arm

Feb. 11 *1891.*

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Approved

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
DeKALB. **County.**

Personally appears W. H. Brooks of DeKALB. County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 18 day of July 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 _____ in Company C, of 42 th Regiment of Ga Volunteers Stovall 's Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186__, he was wounded, injured or diseased as follows:

Lost arm Atlanta, July 23, 1864

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

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

James R George Ordinary

Postoffice _____

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

State of Georgia,
DeKALB. **County.**

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

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

James R George

Ordinary DeKALB County.

Affix your seal here

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

1891.

No. 867

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Atlanta, Ga. July 11th 1891.

Mr. W. H. Brooks of the County of DeKalb having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for Loss of Arm

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

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

STATE OF GEO.

W. J. Northen
GOVERNOR.

By the Governor.

W. N. Hanson
SEC'Y EXECUTIVE DEPARTMENT.

$100 00

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

One Hundred 00/100 Dollars,

per above voucher, this 11th of July 1891.

W. H. Brooks

Affix your seal here

Ordinary. DeKALB County.

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

Brooks, W. H.
DeKalb Co.

No.

1911

Application for Pension.

Due Deceased Soldier Under
Act 1891.

By

Mrs. W. M. Brooks

Widow of W. H. Brooks

of County DeKalb

Co. Reg't. Vols.

APPROVED AND PAID.

190

J. W. LINDSEY,
Commissioner of Pensions.

Application for Pension Due Deceased Soldier

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, DeKalb County.

Personally before me comes Mrs. M M Brooks, of said county, after being duly sworn, on oath says that she is the widow of W H Brooks who was duly enrolled as a Invalid Pensioner from the county of DeKalb and was paid a pension of One Hundred $100.00 Dollars from DeKalb county for 1910, and that the said W H Brooks died in DeKalb county on the 17 day of February 1911, and at the time of his death a Pension of $100.00 was due him from DeKalb county and unpaid for 1911. Applicant further swears that she married the said W H Brooks on the 19 day of December 1869, in Milton county and State of Georgia and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 17 day of April 1911.

James R George Ordinary, DeKalb County. } Mrs M M Brooks [L. S.]

her Mark

AFFIDAVIT OF WITNESS.

GEORGIA, DeKalb County.

Personally before me comes F L Hudgins, who on oath says that he knew W H Brooks while in life and that he knows Mrs. M M Brooks the above applicant; that he knows that the said W H Brooks and Mrs M M Brooks were in due form of law married in the county of Milton in the State of Georgia on the 19 day of Dec 1869, and that they resided together as husband and wife from date of marriage to the day of his death on the 17 day of February 1911, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 17 day of April 1911

James R George Ordinary, DeKalb County. } F L Hudgins

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.

Certified Copy

State of Georgia } To any Judge of the Superior Court,
Milton County } Justice of the peace, Minister of the
Gospel, or any person authorized to
Celebrate, These are to Authorize and permit
you to join in the Holy State of Matrimony
W. H Brooks and M M Brown, if they
are such persons authorized to marry
according to the Constitution and Laws
of This State and for so doing This
Shall be your sufficient License
Given under my hand and official
Signature this 18" day of December 1869.

O. P Skelton, Ord.

This is to certify that W. H. Brooks and
M. M. Brown were lawfully joined in
Matrimony by me on the 19" day of
December 1869

J. M. Webb. M. G.

I. E. C. Robertson, Ordinary of Milton County
certify that the foregoing is a true Copy
of Marriage of W H Brooks & M M Brown
as appears on record in my office.
Witness my hand and official seal
this March 10" 1911

E. C Robertson, Ordy

NAME, Brooks, W H YEAR 1891 COUNTY DeKalb

WHEN AND WHERE BORN? Resident of Ga since Feb 18, 1845

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co C 42nd Regt. Ga. Vols
Stovall's Brigade

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Atlanta, Ga. - July 23, 1864 - Loss of right arm above the elbow.

CAPTURED, WHEN AND WHERE?

RELEASED.

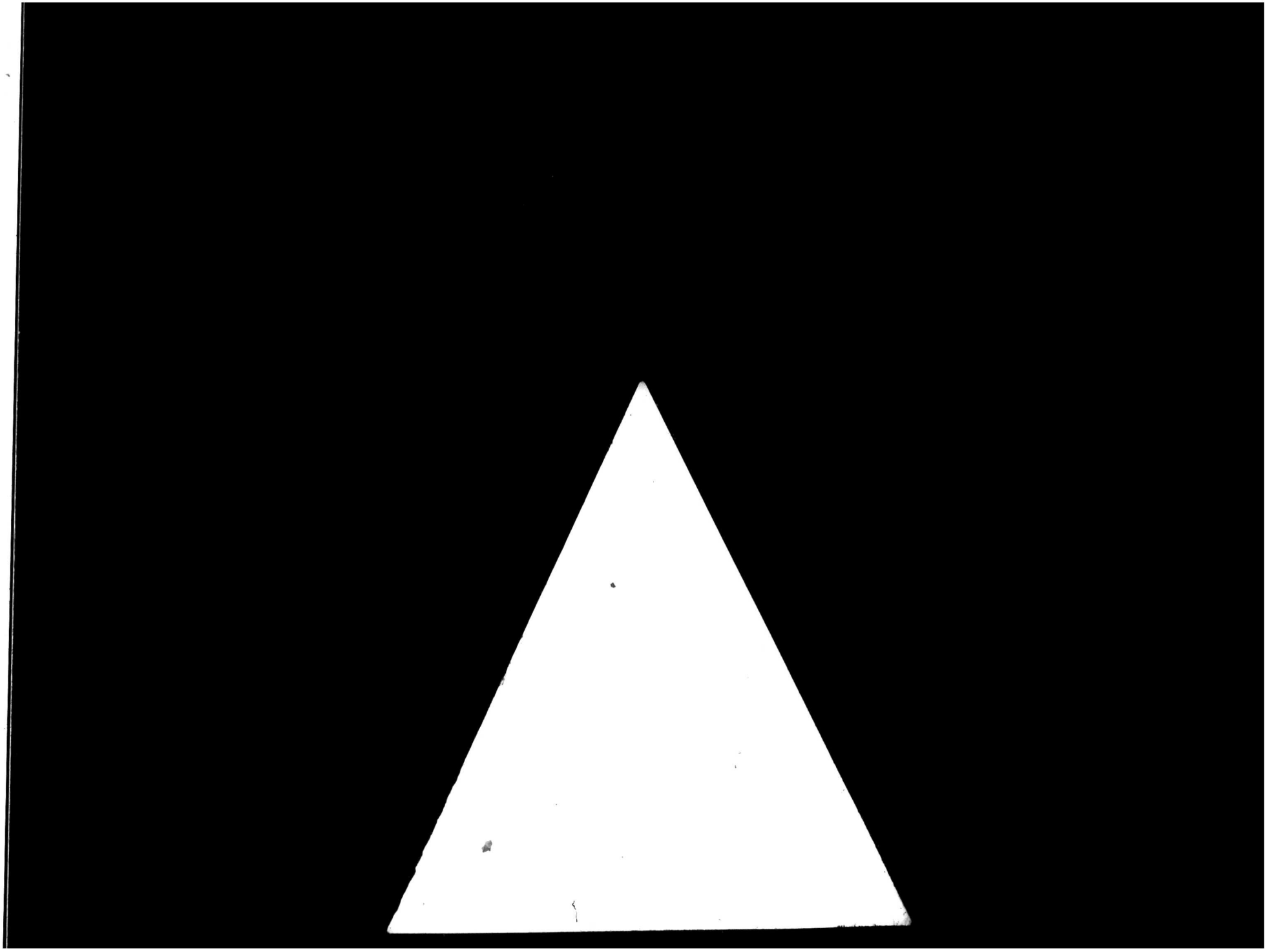
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. None



Brown's Co.
Lt Kell's Comd
Wade Jackson's Comd

Oct 4th 1913

No. D-53 Virginia

Confederate Soldier's Application.

UNDER ACT 1910.

County Pittsylvania

Name W. B. Brown

Company D

Regiment 53rd Va Virginia

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

10/20/1913
ENTERED ROSTER OFFICE

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.
DeKalb County.

H.B. Brewer of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statements, 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) H.B. Brewer. DeKalb Co. Kirkwood Ga.
2. How long and since when have you been a continuous resident citizen of this State? Ever since from (20) years
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Confederate States
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Jasper Co. Miss. Oct. 1861 Co. A. 53rd Regt. Infantry
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Until about April 1st 1865.
6. When and where was your Company and Regiment surrendered or discharged from the Service? Surrendered at Greensboro N.C. April 1865.
7. Were you actually present with your Command when it was surrendered or discharged? Yes,
8. If you were not actually present, state specifically and clearly where you were. a prisoner of War. on Old Capitol. Washington D.C.
   a. Where was your Command when you left it? at Five Forks. Amelia Co. Va.
   b. When did you leave the Command? April 1st 1865.
   c. For what cause did you leave? Captured
   d. By whose authority did you leave? "
   e. For how long was your leave granted? In what way?
   f. Why did you not return to your Command after leave expired?
   g. In what way were you prevented? Captured and Held.
   h. What effort did you make to return?
   i. Were you captured during the war? One time.
   j. If so, when and where? In what prison were you held and when were you released? Old Capitol Johnston Island. 18th July 1865.
9. What property of every description was owned in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) One fourth interest in home & lot in Kirkwood. Given to my daughter. Mrs H.B. Brewer for attention and care. Value $1500.00
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? None. Have never owned, enjoyed or claimed (Describe fully date of gift & consideration)
11. What property of any description of any kind and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). None.
12. What annual or monthly income or earnings of yourself and wife and the source derived have you? None.
13. Are you drawing a pension of any amount from this State or the United States? No.
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No.

H.B. Brewer

Sworn to and subscribed before me, this the 19 day of July 1912

James R. Glenn Ordinary.
of DeKalb County.

Brewer H. B.
Co. K 53 Miss Inf
Kirkwood DeKalb County Ga
Filed in Office July 19 1913
D-53 No. Thos Jenkins
Clerk

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb
Name H.B. Brewer
Company K
Regiment 53rd Miss
Approved
Clerk
J. W. LINDSEY.
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

ENTERED ROSTER OFFICE

Brown, H. B.
Co. H, 53rd Regt. Ga. Vol. Infantry
Pike County
No. D-53

Confederate Soldier's Application.

UNDER ACT 1910.

County. Pike

Name H. B. Brown

Company H

Regiment 53rd Ga. Infantry

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

ENTERED ROSTER OFFICE

County.]

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

1. What is your name and where do you reside? (Give County and Post-office) H.B. Brown. Pikell Co. Kirkwood P.O.

2. How long and since when have you been a continuous resident citizen of this State? For over Forty (40) years

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) June 1st 1861 Pikell Co. G. A. 53rd Ga. Infantry -

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Until April 1st 1865.

6. When and where was your Company and Regiment surrendered or discharged from the Service? Surrendered at Appomattox C.H. April 9th 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. As Prisoner of War in Old Capitol Prison Washington D.C.

a. Where was your Command when you left it? At Five Forks Surrendered. Co. H.

b. When did you leave the Command? April 1st 1865.

c. For what cause did you leave? Captured

d. By whose authority did you leave? "

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

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

g. In what way were you prevented? Captured and held.

h. What effort did you make to return?

i. Were you captured during the war? One time.

j. If so, when, and where? In what prison were you held and when were you released? Old Capitol Prison Washington D.C. 18th July 1865.

9. What property of every description was owned in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) One fourth interest in home & lot in Kirkwood. Given to my daughter Mrs. H. B. Morrison for attention and Home - Value $500.00

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? None. One fourth interest as above described given to daughter.

11. What property of any description of any kind and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). None

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? None.

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

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

Sworn to and subscribed before me, this the 4th day of July 1912

James R. George Ordinary.

of Pikell County.

LIGHT PRINT OR BAD COPY *

LIGHT PRINT OR BAD COPY *

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF ~~GEORGIA~~ Virginia
City of Richmond County.

Wm H. Tompkin of said State and County, is hereby presented as a witness in support of the application of A B Brown for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? Wm H. Tompkin
Residence: 1018 N. Main St. Richmond, Virginia

2. How long and since when have you known the applicant?
Since Fifty-one — ten years

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? Kirkwood Ga — ten years — by neighbor conversation

4. When, where and in what Company and Regiment did A.B. Brown enlist during war from 1861 to 1865? (Give date and place) June 18th 61 at West Point Va

5. How did you obtain your information of this Service? Co E 53d Va Regt Inf
Was member of same Company

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) June 18 61 to April 1st 65

7. When and where was his Command surrendered, or discharged (give date and place) At Appomattox CH April 9th 65

8. Were you personally present at the Surrender? Yes

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

10. Was the applicant personally present with his Command at surrender? Yes

11. If not where was he and how came him there? Prisoner at Old Capitol

12. When did he leave his Command? April 1st 65 Where was his Command when he left it? at Five Forks for what cause did he leave? captured
By whose authority did he leave and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) We were present

13. In what way was he prevented from returning to his Command? Being a prisoner
How do you know? Saw him captured

14. What effort did he make to return to his Command and how do you know?

15. Was applicant captured as a prisoner Yes If so, when and where? at Five Forks
In what prison was he held? Old Capitol Prison and when released? 18th July 1865

Sworn to and subscribed before me, this the 1st day of July 1912. Wm H. Tompkin

Walter Christian Ordinary, Clerk of the Hustings Court

of City of Richmond, County, Virginia.

Sworn to 1912

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.
DeKalb County.

Personally before me comes E.O. Rogers & B.M. Tutton who on oath says that they are freeholders residing in said County and we know A.B. Brown the applicant for pension and we know the property that is now in the use, possession and control of himself and ~~wife~~ said of its cash value to wit: (Make List by items and value.) One fourth undivided interest in House & Lot situated in Kirkwood valued $500.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) One fourth undivided interest in House & Lot in the town of Kirkwood

2. When and to whom was it sold or given to? Mrs W.H. Tompkin Step daughter.

3. What was the price paid or stated to be paid? Nominal for Care & attention

4. What relation is the party to applicant? Step daughter

5. What disposition was made of the proceeds of the sale? Care & attention to him

6. Was the disposition of this property made in good faith and full values? yes or was it made to obtain a pension? It was not

Sworn to and subscribed before me, this the 28 day of Oct 1912. Angelette M. E. O. Rogers

James R. George Ordinary,

of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb County.

I, James R. George Ordinary of said County, certify that I know the applicant A.B. Brown for Pension is the person he represents himself to be and resides in said County. That I also know the witness swearing to the service and B.M. Tutton & E.O. Rogers who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of One fourth interest in house & lot in Kirkwood shows that ~~and wife~~ value for tax is in 1908 $ 500.00 for 1909 $ 500.00 for 1910 $

Sworn under my hand and official seal of office this 28 day of Oct 1912.

James R. George Ordinary

of DeKalb County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words
"You do solemnly swear that you will true answers make to each question asked you and the evidence you
shall give shall be the whole truth and nothing but the truth. So help you God."
2. All questions and answers must be written in ink in legible manner and handwriting.
3. All corrections must be made before the Ordinary and initialed by him.
4. If applicant has no property at all in his possession, use or ownership of self and wife, affidavits of freeholders unnecessary.

NAME ~~Brown~~, A. B. YEAR 1913 COUNTY DeKalb

WHEN AND WHERE BORN? A resident of Ga. for over 10 years.

ENLISTED WHEN AND WHERE? June 18, _____, West Point, Va.

RANK:

COMPANY AND REGIMENT? Co. D, 53d Va. Inf.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? April 1, 1865, Five Forks, Daviddi? County, Va.

RELEASED: Imprisoned at Johnson Island, S. C. and Old Capitol, Washington, D. C., and was released July 18, 1865.

WHEN AND WHERE SURRENDERED? Command surrendered at Appomattox Court House, Virginia, Apr. 1865.

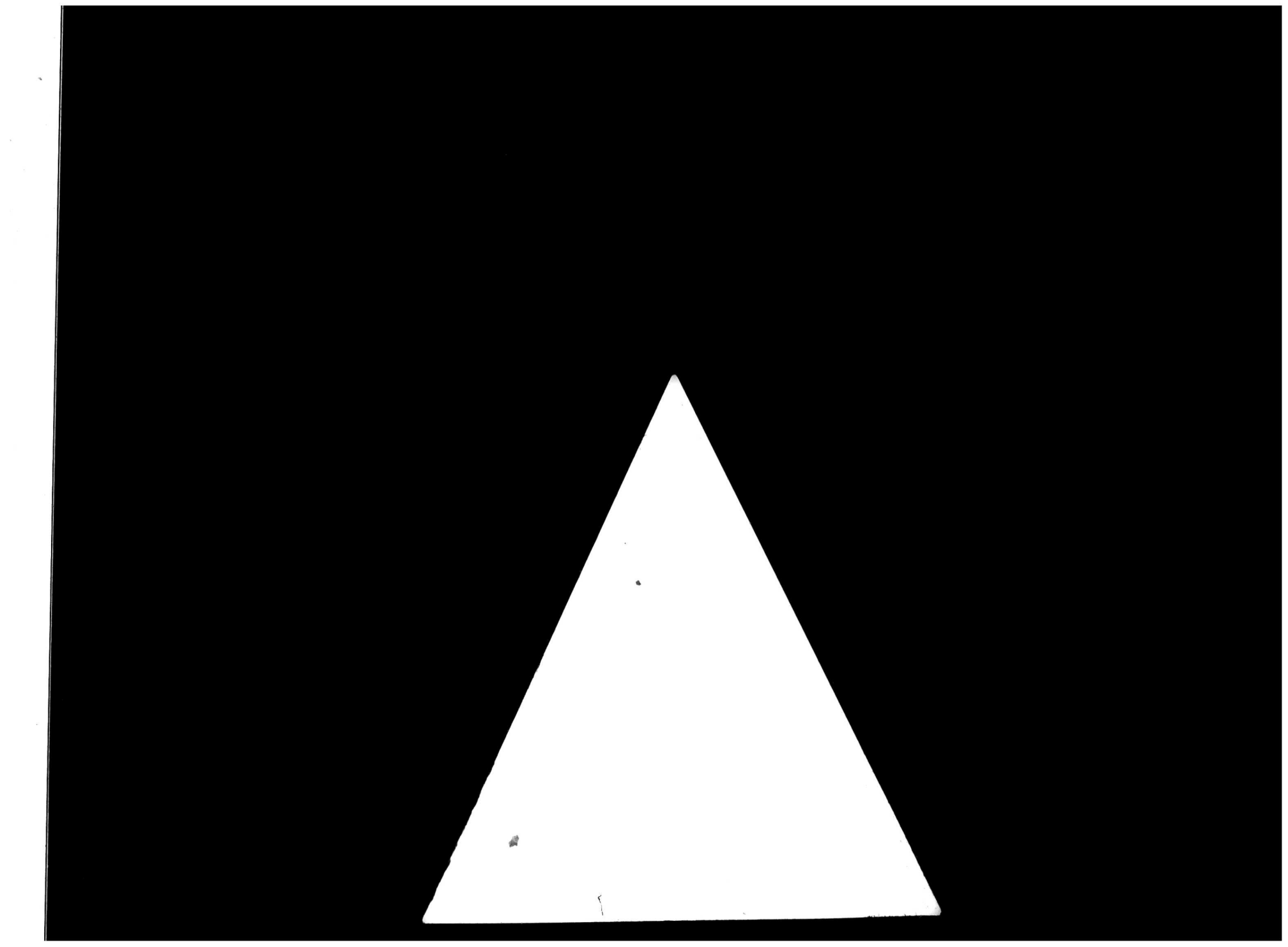
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Old Capitol-Washington, D. C. Imprisoned.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: Wm. H. Turpin--Same Command--No data.

mt.



Pension Office, 12/14/10.

It is Department policy to accept the valuation of property based on tax valuations, or approximate that ratio. As a rule, the actual saleable value will exceed the tax valuation from one-third to one-half in value. Apply this rule to any additional tax valuation, and the value will be fixed on the actual base value of the property.

J. L. Lindsey, Com. of Pensions.

Persons Allen
Rebels
Co. K, 2nd Ga. Cav.

+ Confederate

Soldier's Application.

UNDER ACT 1910.

Name Allen Persons

Company K

Regiment 2nd Ga Cav

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

10/2/40

ENTERED ROSTER OFFICE

Pension Office, 12/14/10.

This Department cannot accept the valuation of property based on tax valuation, or approximately thereto. As a rule, the actual, salable, cash value will exceed the tax valuation from one hald to one third in value. Apply this rule to applicant's tax valuation, and you will be close on to the actual cash value of the property.

J.W.Lindsey, Com. of Pensions.

Confederate Soldier's Application. UNDER ACT 1910.

Approved

J. W. LINDSEY, Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

ENTERED ROSTER OFFICE

7/14

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicant.

STATE OF GEORGIA,

DEKALB County.

Allen Brown.

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

1. What is your name and where do you reside (County, State and Post-office)

DeKalb County, Ga., P. O. Atlanta, R. F.

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

68 years

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Sept. 26th, 1861, Camp Kirk 38th Ga, Reg

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) From Sept., 26th,

6. When and where was your Company and Regiment surrendered or discharged from the Service?

Appomattox C. H. Va., 9th of April, 186

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

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

a. Where was your Command when you left

b. When did you leave the Command? I

c. For what cause did you leave?

d. By whose authority did you leave?

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

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

g. In what way were you prevented?

h. What effort did you make to return?

i. Were you captured during the war? No

j. If so, when, and where? In what prison

Was never captured

9. What property of every discription was owned by you and wife, and its cash value on the 4. Nov. 1908? (Make itemised list)

Vlued at $50.00 per acre and household

$1,260.00

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

11. What property of any discription of any kind and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemised list).

land above set forth and heuschald good

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? About $50.00 per year truckin

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? No

Sworn to and subscribed before me, this the 12 day of Dec 1910

Allen Brown

Ordinary. County.

LIGHT PRINT OR BAD COPY

QUESTIONS FOR [illegible]NESS AS TO SERVICE.

STATE OF GEORGIA,

.....County.

.....of said State and County is hereby presented ..... for the pension provided ..... true answers to make to the questions propounded, as a witness in support of the application of ..... by the Act of 1910, in said State, and after being ..... answers as follows:

1. What is your name and where do you ..... side? F. L. Hudgins, Chamblee.....

2. How long and since when have you ..... wn Allen Brown ..... the applicant?

3. Where does he now reside, and since ..... en has he been a bonafide, continuing resident in this State and how do you know? ..... unty, All his life or since I have ..... known him.

4. When, where and in what Company and ..... egiment did Allen Brown ..... enlist during war from 1861 to 1865? (Give date and place) ..... pt. 26th 1861, near Decatur Ga.....

5. How did you obtain your information ..... this Service? I served with him ..... ned together.

6. How long within your own personal ..... owledge did he perform actual military service with this Company and Regiment? (give date) ..... pt. 26th 1861 to April 9th 1865.

7. When and where was his Command ..... ndered or discharged (give date and place) .....

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

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

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

11. If not where was he and how came ..... ere? .....

12. When did he leave his Command? ..... Where was his Command when he left it? ..... For what cause did he leave? ..... By whose authority did he leave ..... and how long was he granted leave? ..... How do you know all that you have stated to be true? If of your own ..... owledge (Tell clearly and specifically) ..... ge, we were paroled at the same

13. In what way was he prevented from returning ..... ng to his Command? Never left ..... How do you know? ..... with him and slept with him.....

14. What effort did he make to return to his Command and how do you know? .....

15. Was applicant captured as a prisoner ..... If so, when and where? ..... In what prison was he held? ..... and when released? .....

Sworn to and subscribed before me, this the ..... day of ..... 191 0 }

James R George } F L Hudgins

..... Ordinary.

of ..... DeKalb ..... County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

DeKalb ..... County.

Personally before me comes ..... F L Hudgins ..... who on oath says that they are free holders residing in said County, and we know ..... Allen Brown ..... the applicant for pension and we know the property ..... t is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List of Items and value.) ..... 10 acres of land Val $1200 ..... House Val $500 .....

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

JAMES R. GEORGE
ORDINARY DeKALB COUNTY

2. When and to whom was it sold or given ..... or?
3. What was the price paid or stated to be ..... ?
4. What relation is the party to applicant? .....
5. What disposition was made of the proceeds ..... the sale?
6. Was the disposition of this property made ..... good faith and full values? .....

or was it made to obtain a pension? .....

Sworn to and subscribed before me, this the ..... 12 ..... day of Sept ..... 1910 }

James R George } F L Hudgins

..... Ordinary.

of ..... DeKalb ..... County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

DeKalb ..... County.

I, James R George ..... Ordinary of said County, certify that I know the applicant ..... Allen Brown ..... for Pension ..... person he represents himself to be and resides in said County. That I also know ..... Hudgins ..... the witness swearing to the service and ..... F L Hudgins ..... who are free holders, that they are all residents of said County and were duly ..... en by me before signing the foregoing affidavit and they are all truthful and trustworthy and their state..... are entitled to full faith and credit. That the Tax Results of ..... DeKalb Co ..... shown that ..... Allen Brown ..... and wife value for tax is in 1908 $ 1155-00 ..... for 1909 $ 1325-00 ..... for 1910 $ 1260-00

Sworn under my hand and official seal of office ..... 12 ..... day of Sept ..... 1910.

James R George } DeKalb

..... Ordinary.

of ..... County.

NOTES 1. Before any questions are answered the Ordinary ..... ll swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blanks ..... are insufficient.
3. All affidavits must be made before the Ordinary ..... ecorded 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.

DECATUR, GA.

Georgia
DeKalb County. } Personally appeared before me R. A. Castella and A. S. Lacy and being by me duly sworn depose and say on oath that the total Cash value of land owned by Allen Brown does not exceed Twelve Hundred and Sixty Dollars -

Sworn to and subscribed before me this 30th day of June 1911

James R. George
Ordinary

R. A. Coutley
A. S. Lacy

NAME Brown, Allen YEAR 1912 COUNTY DeKalb

WHEN AND WHERE BORN? Resident of Georgia 68 years.

ENLISTED WHEN AND WHERE? September 26, 1861 - Camp Kirk.

RANK

COMPANY AND REGIMENT? Company K, 38th Ga. Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 9, 1865 - Appomattox Court House, Va.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. F. L. Hudgins - same command -- No data.
lw

DURIED,

WITNESSES. F. L. Hudgins - same command -- No data.
lw

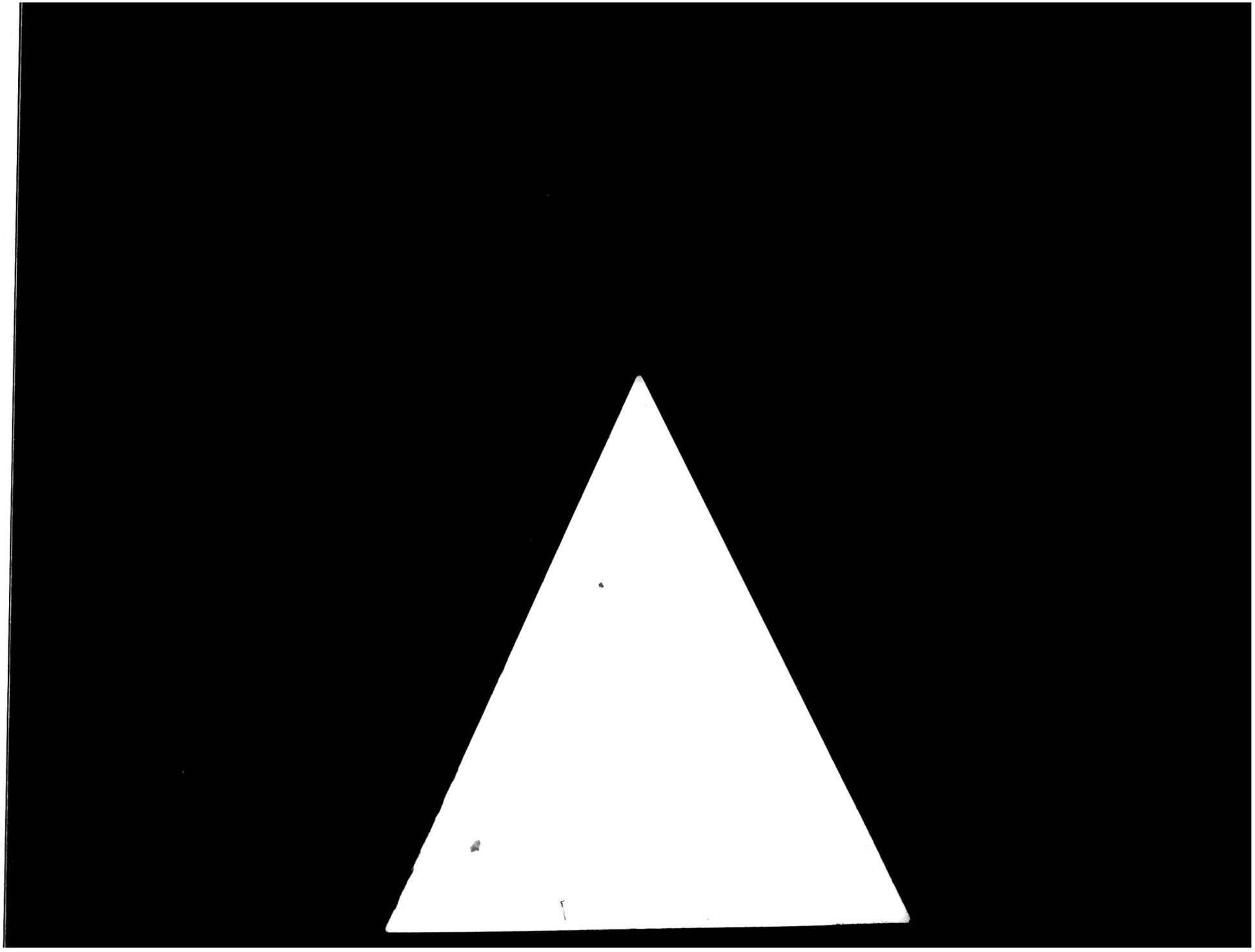
DECATUR, GA.

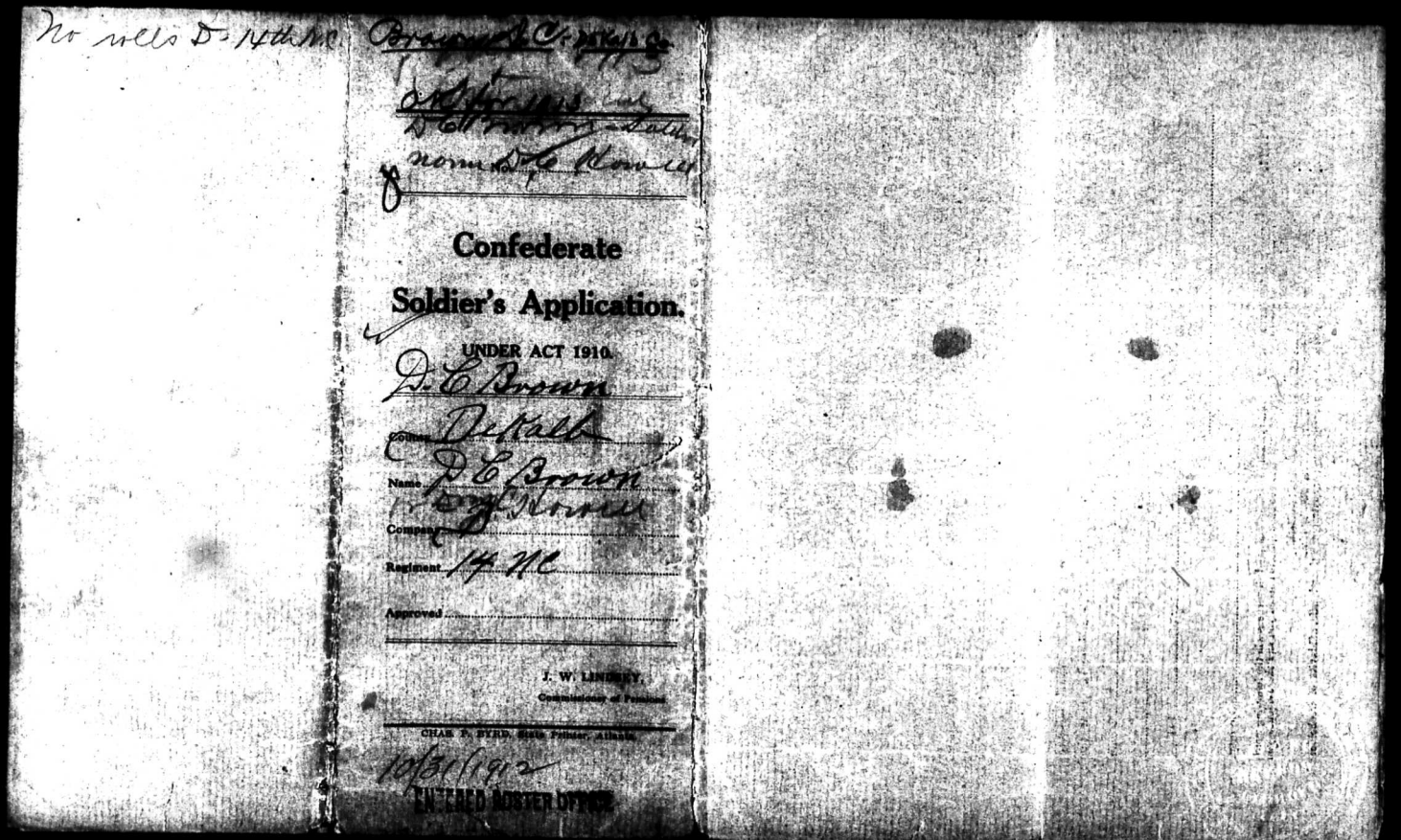
Georgia
DeKalb County } Personally appeared before me, the undersigned, Allen Brown, and being by me duly sworn says on oath that the cash value of the land owned by him does not exceed Twelve Hundred and Sixty Dollars.

Allen Brown

Sworn to and subscribed before me this 3rd day of June 1911

James R George
Ordinary





No wells D-14th NC

Pvt Co K 14th Regt

Co. Pvt. 14th Regt. N.C. Vols.

Born Dec 6 1844

Confederate

Soldier's Application.

UNDER ACT 1910.

D. E. Brown

Co. Detail

Name D E Brown

Co. F

Regiment 14 NC

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

10/31/1912

ENTERED ROSTER OFFICE

Pr mcls D=Nothing

Brown D C Co. 1st Ga Cav

D C Brown - Co

Confederate

Soldier's Application.

UNDER ACT 1910.

D C Brown

Dekalb

Co

Regt

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

10/31/1912

ENTERED ROSTER OFFICE

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,
Dekalb County.

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

1. What is your name and where do you reside? (Give County and Post-office) D.C. Brown - DeKalb County - Stone Mountain

age - 73 yrs = ~~84 yrs~~ 7 Since 1879

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 of the Organized Militia of this State from 1861 to 1865? Confederate States

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) May 1861 - Shoreland County NC - Company D - 4th NC

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) May 1861 to - April 9 1865 -

6. When and where was your Company and Regiment surrendered or discharged from the Service? April 9th 1865 - Appomattox VA

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

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

a. Where was your Command when you left it? Did Not Leave

b. When did you leave the Command? Surrender

c. For what cause did you leave? Surrender

d. By whose authority did you leave?

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

f. Why did you not return to your Command after leave expired? Upon Lgt Surrender

g. In what way were you prevented?

h. What effort did you make to return?

i. Were you captured during the war? Was Not

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

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) We owned 12½ ac of Land $200.00 - 2 Mules = Value $150.00 2 Cows Value $40.00 - 3 Hogs = Value $18.00 - Stock Hold Goods Value $20.00

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? Nothing

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). 12½ acres of Land $200.00 - 2 Mules Value $150.00 Same Dwelling & Cows Value $40.00 - 3 Hogs Value $18.00 Same Stock Hold Goods Value $20.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? Nothing only the proceeds from this Small Pension

13. Are you drawing a pension of any amount from this State or the United States? One Not

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Only Lacks Necessary Evidence Not Being Able and Too Poor

Sworn to and subscribed before me, this the 3 day of Oct 1912

D C Brown

James R Gregory Ordinary

of Dekalb County.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Cleveland County.

Joseph & Wm Bennett of said State and County is hereby presented as a witness in support of the application of W.R. Harwell for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? Harwell W.R.

2. How long and since when have you known Since 61 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? Lives in Georgia Since 78

4. When, where and in what Company and Regiment did Co H 14th N C enlist during war from 1861 to 1865? (Give date and place). year 61 May the 9

5. How did you obtain your information of this Service? Bearing with Him

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) From April 9th 1861 till the Close of war

7. When and where was his Command surrendered or discharged (give date and place) Aproomaty Court House Va Apr the 9th 1865

8. Were you personally present at the Surrender? No

9. If not, where were you and how came you there? Was Wise at Richmond Va

10. Was the applicant personally present with his Command at surrender? So far as we Know

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

12. When did he leave his Command? After the Surrender Where was his Command when he left it? Aproomaty C House for what cause did he leave? Disbanded By whose authority did he leave Gen Lee and how long was he granted leave? for ever How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) By our own Knowledge Bearing with Him

13. In what way was he prevented from returning to his Command? He had no command How do you know?

14. What effort did he make to return to his Command and how do you know? Because the War was Ended

15. Was applicant captured as a prisoner No If so, when and where? — — In what prison was he held? — and when released?

Sworn to and subscribed before me this the [illegible] day of [illegible] 191[illegible]

[illegible] R.P. Ordinary,
of Cleveland County.

Joseph & Wm Bennett

H. L. Stooge,
Clerk Superior Court, N.C.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
DeKalb County.

Personally before me comes J.H. Walker & J.W. Brown who on oath says that they are freeholders residing in said County and we know D.C. Brown 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.) 124 acres of Land Val $ 200.00 = 2 = Horse old Mules Value $ 50.00 2 = Cows old = $ [illegible] 3 Hogs. Shots Val $ 18.00 House Hold Good $ 25.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) Nothing

2. When and to whom was it sold or given to? Was Not Sold

3. What was the price paid or stated to be paid?

4. What relation is the party to applicant? J.W. Brown is his Son

5. What disposition was made of the proceeds of the sale? J.H. Walker am not

6. Was the disposition of this property made in good faith and full values? — or was it made to obtain a pension? —

Sworn to and subscribed before me, this the 31 day of Oct 1912

J.H. Walker & J.W. Brown Affiants

James R. George Ordinary,
of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb County.

I, James R. George Ordinary of said County, certify that I know the applicant D.C. Brown for Pension is the person he represents himself to be and resides in said County. That I also know the witness swearing to the service and J.H. Walker & J.W. Brown who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of D.C. Brown shows that he and wife value for tax is in 1908 $ 224.00 for 1909 $ 240.00 for 1910 $ 291.00 1911-$300.00 1912-$400

Sworn under my hand and official seal of office this day of [illegible] 191[illegible]

James R. George Ordinary,
of DeKalb County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will truly answer, make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and attested by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavit of freeholders unnecessary.

Clerk Superior Court, N.C.

NAME ~~Brown~~, D. C. YEAR 1913 COUNTY DeKalb.

WHEN AND WHERE BORN? October 2, 1839._____place not stated.
A resident of Ga. since 1879.

ENLISTED WHEN AND WHERE? May 9, 1861, Cleaveland County, N. C.

RANK:

COMPANY AND REGIMENT? Co. D, 14th N. C.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? Apr. 9, 1865, Appomattox, Va.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: Joseph and William Bennett--Same Command--No data.

August 19-- 1911

This is to certify that D C Brown had a step father & he went by his name the names to certify to

W C Hullender

J W Howell

M C Hullender

King mountain NC
R F D - Box 21

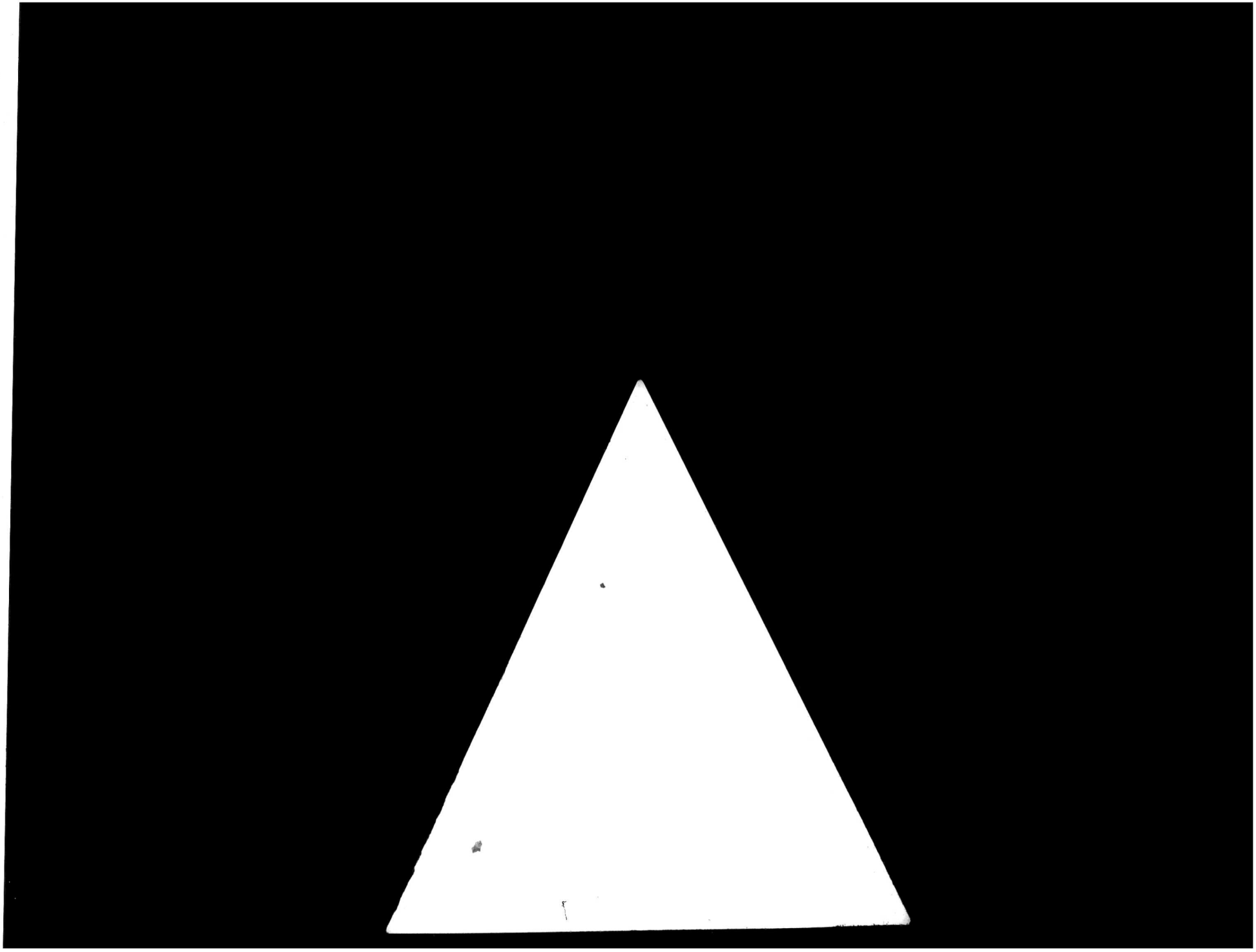
Georgia, DeKalb County.

Personally appeared before me, the undersigned, D. C. Brown, who being duly sworn, says on oath, That when he was quite young (Boy) about two years old, his mother married a man by the name of Howell and that while he did not take the name of Howell he was known to the members of his company as Howell, but that his real name is and was D. C. Brown.

Sworn to and subscribed before me, this the 31st day of October, 1912.

D C Brown

James R George
Ordinary DeKalb County, Georgia.



DeKalb Co. 1901
Brown, Edmond

No. 137

INDIGENT PENSION,

1900.

Name Edmond Brown
Co F 16 - S.C.
County DeKalb

Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

_____

Geo. W. Harrison, State Printer, Atlanta.

6/9-1901

Power of Attorney.

STATE OF GEORGIA.
_____ County. }

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

Witness my hand and seal, this _____ day of _____ 1900.

Executed in presence of

_____ [L. S.]

_____

Power of Attorney.

STATE OF GEORGIA,

_____ County.

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

Witness my hand and seal, this _____ day of _____ 1900.

_____ [L. S.]

Executed in presence of

_____

_____

DeKalb Co. 1901
Brown, Edmond

No. 13

INDIGENT PENSION,

1900.

Name Edmond Brown
Co. & D. 16 S.C.
County DeKalb

Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

6-19-1901

Questions for Applicant.

STATE OF GEORGIA,

DeKalb County.

Edmond Brown 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) Edmond Brown State of Georgia DeKalb County Dunwody R.D.
2. How long and since when have you been a resident of this State? Thirteen Years next August
3. When and where were you born? 1st June 1842 Edgefield Dist South Carolina
4. When and where and in what company and regiment did you enlist or serve? 1st Feby 1861 at Edgefield S.C. in Company F. 16 South Carolina Regiment
5. How long did you remain in such company and regiment? Until the close of the war
6. When and where was your company and regiment surrendered and discharged? At the surrender in North Carolina with the rest of the Company & Regiment at ~~Goldsboro~~ Goldsboro N.C.
7. Were you present with your company and regiment when it was surrendered? I was
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was with them & was discharged with them at the close of surrender. The rolls will show my name as present
9. How much can you earn (gross) per annum by your own exertions or labor? About Twenty dollars
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Second Infirmity & poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I am unable to earn (Infirmity & poverty) Some years ago I had Typhoid Pheumonia down Six months & have never recovered from its effects. I suffer great pain from accumulation of the chest with bad cough & shortness of breath. am quite feeble & unable to labor. nerves
13. What property, real or personal, or income, do you possess, and its gross value? None
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same? None have neither property or income
15. In what County did you reside during those years, and what property did you then return for taxation? In DeKalb County returned no property
16. How were you supported during the years 1898 and 1899? By what little I could do & the aid & kindness of others
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? About fifty dollars Thirty by own Labor
18. What was your employment during 1898 and 1899? What pay did you receive in each year? Farming only result of crop
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Yes my wife her aged mother & myself My wife has a small homestead from which she helps to make a support for her mother & herself
20. Are you receiving any pension? If so, what amount and for what disability? I am receiving None
21. Have you ever made an application for pension before? I have not
22. How many applications have you ever made and under what class? I have never made application under any class before

Every Question MUST be Answered.

Sworn to and subscribed before me this the 30 day of May 1900.

W. M. Rogers Ordinary,
of DeKalb County.

Edmond X his Brown
mark
Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
COUNTY.

_____, of said State and County, having been presented as a witness in support of the application of _____ for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside?
2. Are you acquainted with _____, the applicant; if so, how long have you known him?
3. Where does he reside, and how long and since when has he been a resident of this State?
4. When, where and in what company and regiment did he enlist, and how do you know?
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty?
7. When and where was his command surrendered?
8. Were you present when it surrendered?
9. Was applicant present?
10. If he was not present, where was he?
When did he leave his command? For what cause?
By what authority he left? How do you know all of this?
11. What property, effects or income has the applicant? (Give your means of knowledge.)
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition?
15. Is the applicant unable to support himself by labor of any sort, if so, why?
16. How was he supported during the years 1898 and 1899?
17. What portion of his support for these two years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
19. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the _____ day of _____ 1900.

Witness.

_____ Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
DeKalb COUNTY.

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

Old age. General debility and Chronic rheumatism which renders him unable to make a sufficient support for himself.

They further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 30 day of May 1900.

Chas J Ramsey M D
W J Hamilton M.D.

W. M. Rogsdale Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb COUNTY.

I, W. M. Rogsdale, Ordinary in and for said County, hereby certify that the applicant Edmond Brown resides in said County, and has been a bona fide resident of this State since the _____ day of June 18[illegible] and that the witnesses, viz: Chas. J. Ramsey and W. J. Houston M.D. are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of DeKalb County show that applicant returned for taxation in his name in 1898 None Dollars of property, and in 1899 None Dollars of property.

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

Witness my hand and seal of office, this 19th day of June 1900.

W. M. Rogsdale Ordinary,
of DeKalb County.

NOTE.

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

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Campbell COUNTY

Willis Brown, of said State and County, having been presented as a witness in support of the application of Edmond Brown 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? Willis Brown in Campbell County State of Georgia
2. Are you acquainted with Edmond Brown, the applicant; if so, how long have you known him? I have known him all my life about Fifty years
3. Where does he reside, and how long and since when has he been a resident of this State? In DeKalb County State of Georgia Thirteen years next August
4. When, where and in what company and regiment did he enlist, and how do you know? In July 1861 In Co F 16th South Carolina regiment at Greenville S.C. I enlisted in same Co & Reg
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? during the war, until the surrender 4 yrs
7. When and where was his command surrendered? In North Carolina at the surrender with the rest of the Command at Goldsboro N.C.
8. Were you present when it surrendered? I was
9. Was applicant present? He was
10. If he was not present, where was he?
When did he leave his command? For what cause?
By what authority he left? How do you know all of this? He was present I saw him & we were with each other all thro the war & at the surrender
11. What property, effects or income has the applicant? (Give your means of knowledge.) None I have known him always as a poor man & of my personal knowledge say he has nothing
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? He has had none to dispose of
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? He has not having had none
14. What is the applicant's occupation and physical condition? Farming He is quite feeble with bad cough which he has had for years with pain in chest from which he suffers much I see him often & recently & know his [illegible]
15. Is the applicant unable to support himself by labor of any sort, if so, why? He is not he is quite feeble & is rendered unable from causes as stated above
16. How was he supported during the years 1898 and 1899? By what little he could & the aid & kindness of others
17. What portion of his support for these two years was derived from his own labor or income? I should say about Twenty five or Thirty dollars
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? I can only repeat what I have stated above only adding that he suffers much from shortness of breath
19. What interest have you in the recovery of a pension by this applicant? None whatever

Sworn to and subscribed before me, this the 14 day of June 1901.
W. S. McLaurin Ordinary.

Willis his X Brown mark Witness.

I certify that witness Willis Brown is of truthful character & his statements are entitled to full faith & credit. Witness my hand & seal of office, this June 14, 1901.
W. S. McLaurin Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, Edmond Brown hereby authorize C. A. Dunwoody
of De Kalb County
to receive and receipt for the pension allowed and request that he remit same to
at
by

Witness my hand and seal, this 15 day of Jan 1902.
Edmond X Brown [L. S.]
his mark

Executed in presence of
W. M. Rogers
already.

Brown, Edmond
De Kalb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 387

INDIGENT
SOLDIER'S PENSION
1902.

Name Brown Edmond
County DeKalb
Co. F Regiment 4th S.C.

WARRANT ISSUED
1/25 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Dead Letter

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

Witness my hand and seal, this ____ day of ____ 1903.
_____ [L. S.]

Executed in presence of

Brown, Edmund
De Kalb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 436

INDIGENT
SOLDIER'S PENSION
1903.

Name Brown Edmund
County DeKalb
Co. F Regiment 16th S.C.

WARRANT ISSUED
1/22 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. Harrison, State Printer, Atlanta.

No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.

Personally appears Edmond Brown of De Kalb County, State of Geoogia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the ____ day of ____ 1886; that he is 62 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of ____) during the war between the States and served for the term of 4 Years in Company F, of 16th Regiment of S.C.V.; that his physical condition is as follows: Suffering from Rheumatism and not able to work

that his property consists of the following items None

of the value of 00 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1901, 1st approval.

Sworn to and subscribed before me, this the 15 day of Jan 1902. his Edmond X Brown mark

W M Reagdale Ordinary.

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 15th day of Jan 1902.

Affix your seal here

W M Reagdale
Ordinary De Kalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.

Personally appears Edmond Brown of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the ____ day of ____ 1886; that he is 63 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of ____) during the war between the States, and served for the term of 4 years in Company F, of 16th Regiment of S.C. Vol.; that his physical condition is as follows: Suffering from Rheumatism

that his property consists of the following items: None

of the value of 00 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the 10 day of Jan 1903. his Edmond X Brown mark

W M Reagdale Ordinary.

STATE OF GEORGIA,
De Kalb County.

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

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

Affix your Seal here

W M Reagdale
Ordinary De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY.

I, hereby authorize
of
to receive and receipt for the pension allowed and request that he remit same to
at
by
Witness my hand and seal, this day of 1904.
[L. S.]

Executed in presence of

Brown, Edmond
DeKalb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 57

INDIGENT
SOLDIER'S PENSION
1904.

Name Edmond Brown
County DeKalb
Co. Regiment 3d

WARRANT ISSUED
1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, MANAGER, FOUNTAIN PRINTER, ATLANTA.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY.

I, hereby authorize
of
to receive and receipt for the pension allowed, and request that he remit same to
at
by
WITNESS my hand and seal, this day of 1905.
[L. S.]

Executed in the presence of

Brown, Edmond
DeKalb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 57

INDIGENT
SOLDIER'S PENSION
1905.

Name Edmond Brown
County DeKalb
Co. Regiment 3d

WARRANT ISSUED
1/23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, MANAGER, FOUNTAIN PRINTER, ATLANTA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears Edmond Brown of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1866 day of ____, 18__; that he is ____ years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of S.C.) during the war between the States, and served for the term of 4 years in Company F, of 16 th Regiment of S.C. Vols; that his physical condition is as follows: Rheumatism

that his property consists of the following items: None

of the value of None Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of DeKalb County been allowed a pension for the year 1903

Sworn to and subscribed before me, this the 14 day of January 1904. Edmond his + Brown mark

James R George Ordinary.

STATE OF GEORGIA,
_____ County.

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

Given under my official signature and seal, this 14th day of January 1904.

James R George
Ordinary DeKalb County.

Affix your Seal here.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears Edward J. Brown of _____ County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the ____ day of ____ 18__; that he is 66 years old and by occupation a ____, that he enlisted in the military service of the Confederate States (or of the State of ____) during the war between the States, and served for the term of ____ in Company F, of 16 th Regiment of S.C.; that his physical condition is as follows: Infirmity & poverty

that his property consists of the following items: ____

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of DeKalb County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 17 day of Jany 1905. Edmond his X mark Brown

James R George Ordinary.

STATE OF GEORGIA,
DeKalb County.

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

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

James R George
Ordinary DeKalb County.

Affix your Seal here.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1906.

_____ [L. S.]

Executed in the presence of

_____

Brown, Edmund G.
De Kalb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 537

INDIGENT
SOLDIER'S PENSION
1906.

Name Edmund Brown
County De Kalb
Co. F Regiment 4th Ga

WARRANT ISSUED 1/23 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Capt

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

Brown Edmund
Dekalb Co.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. COUNTY.

I, _____, hereby authorize

_____ of _____

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

_____ at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1907.

_____ [L. S.]

Executed in presence of

_____

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 763

INDIGENT
SOLDIER'S PENSION
1907.

Name Edmund Brown
County DeKalb
Co. F Regiment 4th Ga

WARRANT ISSUED 1/21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Capt

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
De Kalb County.

Personally appears Edmund Brown of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the ——— day of ——— 1886; that he is 68 years old and by occupation a ———, that he enlisted in the military service of the Confederate States (or of the State of ———) during the war between the States, and served for the term of ——— in Company K, of 16th Regiment of South Carolina; that his physical condition is as follows: Infirmity & poverty.

that his property consists of the following items: ———

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of De Kalb County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the ——— day of January 1906. Edmund Brown mark

James R George Ordinary.

State of Georgia,
De Kalb County.

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

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

James R George
Ordinary De Kalb County.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
DEKALB. County.

Personally appears Edmund Brown of DEKALB. County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the ——— day of ——— 18—; that he is ——— years old and by occupation a ———, that he enlisted in the military service of the Confederate States (or of the State of ———) during the war between the States, and served for the term of ——— in Company I, of 16th Regiment of ———; that his physical condition is as follows: Infirmity & poverty

that his property consists of the following items: ———

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

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

Sworn to and subscribed before me, this the 10 day of January 1907. Edmund Brown mark

James R George Ordinary.

State of Georgia,
DEKALB. County.

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

Given under my official signature and seal this January 10th day of January 1907.

James R George
Ordinary DEKALB. County.

Affix your seal here

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

NAME Brown, Edmond YEAR 1901 COUNTY DeKalb

WHEN AND WHERE BORN? June 1842 Greenville Dist South Carolina. Resident of Ga. thirteen years.

ENLISTED WHEN AND WHERE? February 11th. 1862 Greenville, S.C.

RANK.

COMPANY AND REGIMENT? Co. F, 16th. Regt. South Carolina Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Greensboro, N.C. at surrender.

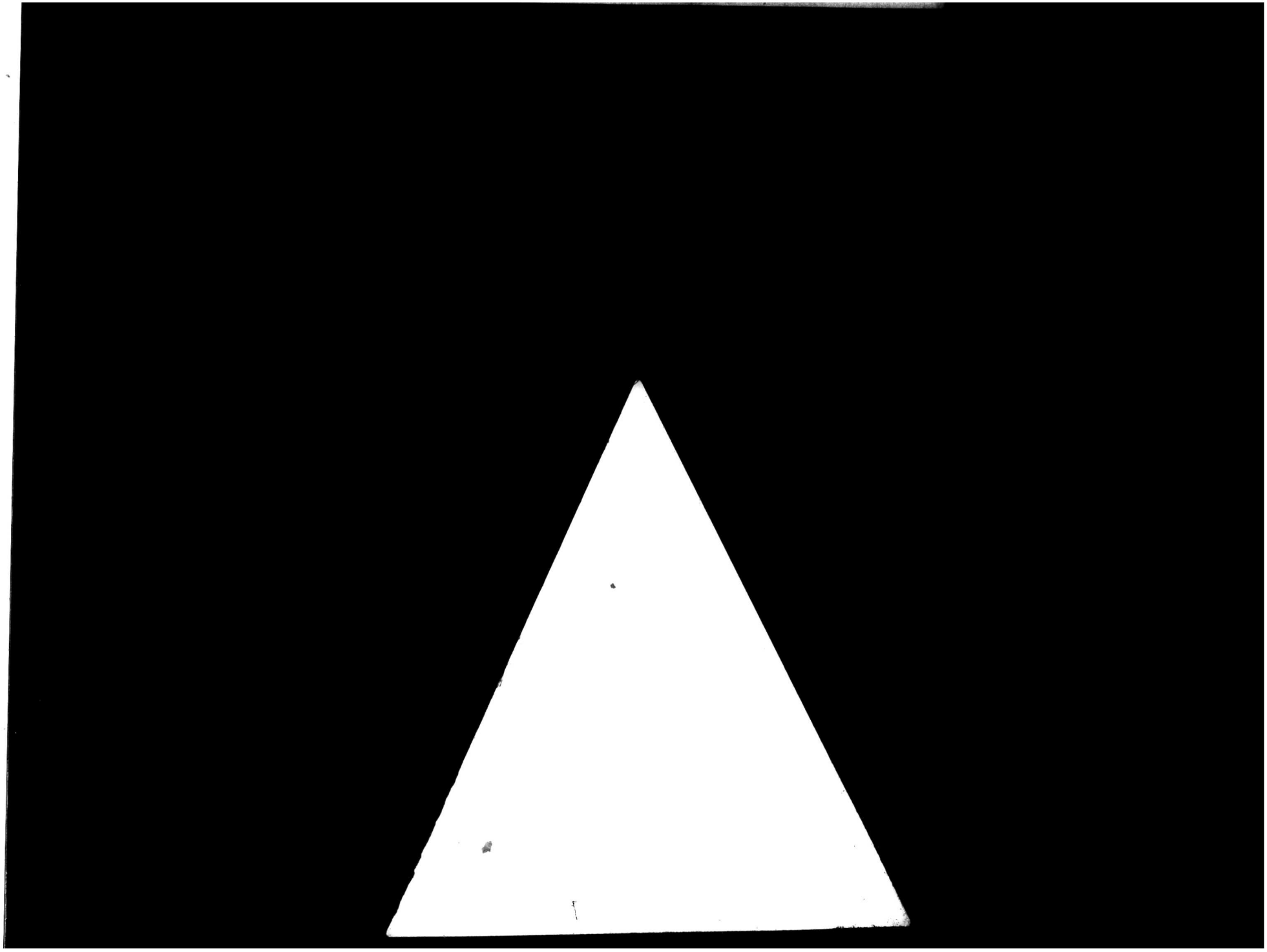
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Willis Brown, same command - No data.

JWT



ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. S. Morgan Ordinary of said County, do certify that I know Mrs. Lydia A. Brown the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the ____ day of ____ 19____

That I also know ____ witness as to marriage, and I also know ____; that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 17 day of Feby 1936

(SEAL.) V. S. Morgan Ordinary.

DeKalb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

APPROVED BY BOARD OF COMMISSIONERS FOR MARCH 1936

No. DeKalb

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910— As Amended by Act of 1919.

County DeKalb

Name Mrs. Lydia A. Brown

Widow of Allen Brown

Company K

Regiment 38 Georgia

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
DeKalb COUNTY.

I, V. S. Morgan Ordinary of said County, do certify that I know Mrs. Lydia A. Brown the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the ____ day of ____ 19____

That I also know ____ witness as to marriage, and I also know ____; that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 17 day of Feby 1936

(SEAL) V. S. Morgan Ordinary.

DeKalb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

APPROVED
Dec 1936
FOR MARCH 1936

No.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910— As Amended by Act of 1919.

County DeKalb

Name Mrs. Lydia A. Brown

Widow of Allen Brown

Company K

Regiment 38 Georgia

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

A. L. HENSON, DIRECTOR
C. ARTHUR CHEATHAM, ASST. DIRECTOR
MISS LILLIAN HENDERSON, ASST. DIRECTOR

THE VETERANS SERVICE OFFICE

STATE CAPITOL

ATLANTA

IN RE: Application for pension for
Mrs. Lydia A. Brown,
widow of Allen Brown,
DeKalb County, Georgia:

It appearing that the 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 prior to the year 1881, and that she lived with him as his wife up to the date of his death and has not since remarried, it is ordered that she be enrolled as a pensioner of DeKalb County, Georgia, for the month of March, 1936, and thereafter.

It is further ordered that pension balances for the years 1933, $120., 1934, $30. and 1936 (February), $30., accrued to husband and unpaid at the time of his death, be paid to this applicant as and when such balances become payable to other pensioners of this State; under the Act of 1891.

This the 18th day of February, 1936.

A. L. Henson
Director.

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,
DeKalb COUNTY.

Personally before me comes Mrs. Lydia A. Brown of said County, who, after being duly sworn, says that she is the widow of Allen Brown to whom, in the County of DeKalb State of Georgia she was married on the 30 day of January 18 70, and that she remained his wife, and resided with him to the date of his death in January 13 1936 and that she has not since his death remarried. At the time of his death he was a resident of DeKalb County, in said State of Georgia, and he was on the DeKalb Pension Roll of the State and paid a pension of $ 60.00 in DeKalb County for 1936 per annum, on account of being a soldier in Company K Regiment 38 Ga Reg. (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of DeKalb and she has so continuously resided since 30 day of January, 1870. XO

Sworn to and subscribed before me, this the
17 day of February 19 36
V. A. Morgan Ordinary
of DeKalb County.
(SEAL)

Mrs Lydia A Brown

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

STATE OF GEORGIA,
_____ COUNTY.

Personally before me comes _____ known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. _____, who made the foregoing affidavit, is the lawful widow of _____ who died in _____ County in said State of _____ on _____ day of _____ 19____, and that she has not since remarried. That she became the wife of _____ on the _____ day of _____ 18____, and that she and he had resided together as man and wife continuously since _____ day of _____ 18____, and that the _____ was the same man who was on the pension roll of said State _____ from _____ County _____ when he died.

Sworn to and subscribed before me, this the
_____ day of _____ 19
_____ Ordinary
of _____ County.
(SEAL)

_____

Sworn to and subscribed before me, this the

_____day of_____19

_____ Ordinary

of _____ County.

(SEAL)

_____

STATE OF GEORGIA

Marriage Certificate

DeKALB COUNTY

This Certifies that Allen Brown

and Lydia A. Alman

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By Thos. T. Key

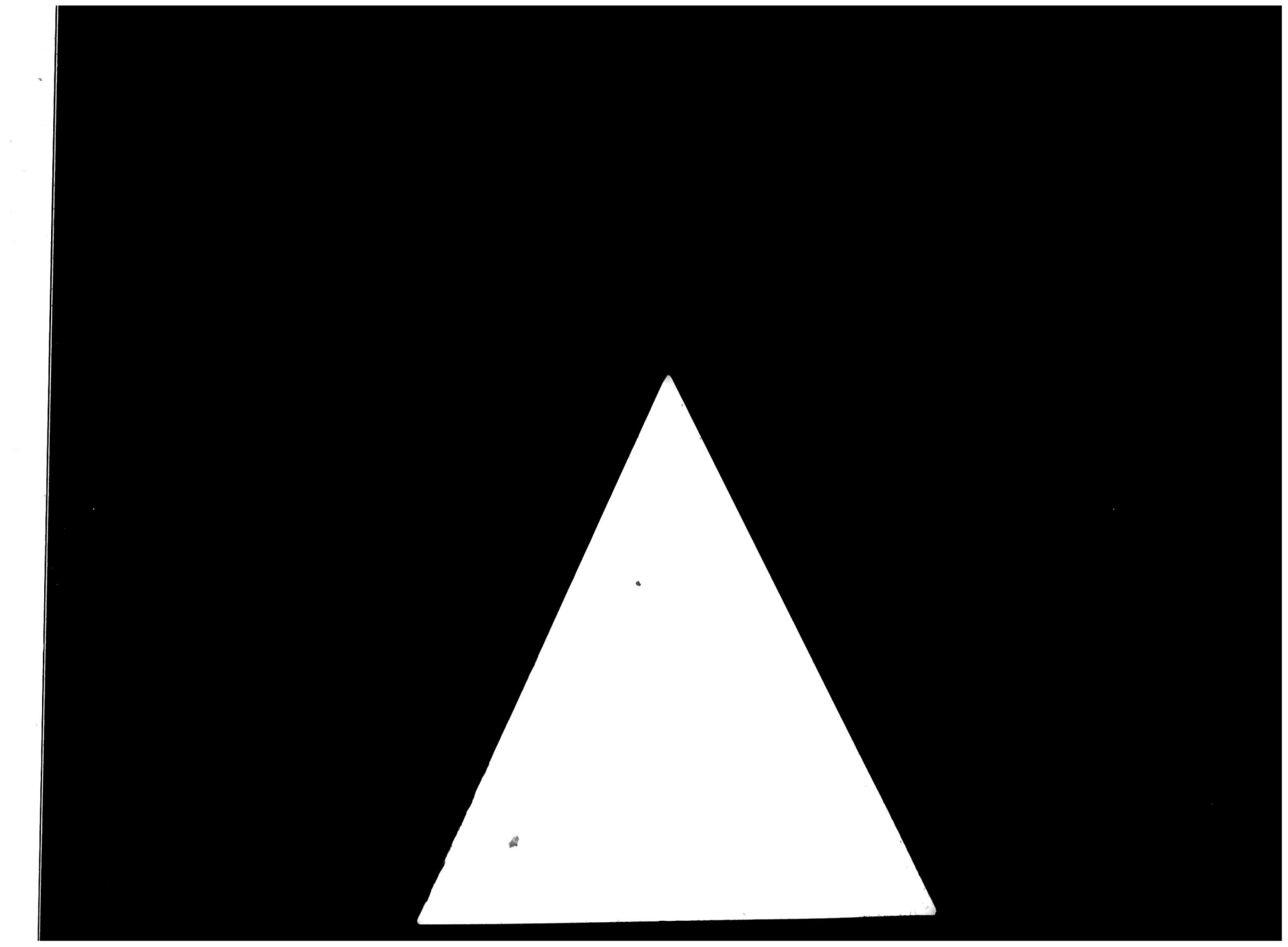
On the 30 day of January in the year of our Lord ~~193~~ 1870.

as appears of record in my office in Marriage Record, book 1857-1872

page 280 . This 14 day of February 1936

T. D. Morgan

ORDINARY



Brown, L. J.
DeKalb.
No. 3218

Soldier's Pension.

1893.

Name L. J. Brown
County DeKalb
Disability Dis. of foot
Amount, $ 25.

June 5 1893

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
B. M. Shrewberry

Geo. W. Harrison, State Printer, Atlanta.

Ex. Dept. Atlanta Ga
May 11. 1893.

Returned for full
& forty evidence.
& Physicians -
How long has foot been
in present suppurating
condition?
Does applicant wear a
shoe? How large one is
upon the foot at this time?
Does applicant go on crutch
or crutches?
Has he never injured the
foot in any way since
the war?
How often has the foot
inflamed in part prior
to?
What proportion
of the year is the wound
running. Give full
history.
When did the Pike County
Physicians see & examine
applicant's foot? Explain
its condition now. Fully
W. H. Harrison Sec.

Form 5.

POWER OF ATTORNEY.

STATE OF GEORGIA, DeKalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, L. J. Brown of DeKalb County in said State, do hereby appoint B. M. Shrewberry of DeKalb County in said State, my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States [or of this State], as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In Witness Whereof, I have hereunto set my hand and seal this 2 day of May 1893.

L. J. × Brown [L. S.]
mark

Executed in the presence of us:

James Hamilton
W. H. Eagles

If allowed, send amount by DIRECTION.

me at _____ to _____, and oblige.

Form 8.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, L.T. Brown
of DeKalb County, in said State, do hereby appoint W.M. Shrockery
of DeKalb County my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States [or of this State], as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 24th day of April 1893.

L.T. his x mark Brown [L. S.]

Executed in the presence of us:
Jesse Hunter
Wm. Phillips

DIRECTION.

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

E. DeKalb Atlanta Ga
March 11. 1893
Retained for fuller
Affidavit
Brief of evidence.
Soldier was in Co. F 4th Ga Cav
Was wounded in left thigh
in battle at Jonesboro Ga
Sept 1st 1864
Does affiant's wound
disable him from performing
manual labor
Yes
Does affiant's wound
disable him from performing
the ordinary duties of life
Yes
Does affiant go on crutches
No
Does affiant's wound disable
him to more or less extent
in any way
Yes
What is the nature of
affiant's present disability
Can't walk without crutches
Has affiant been under
the care of a physician
Yes
Name of physician
Dr. Hunter
Where does he reside
Atlanta Ga
When was affiant last under
his care
Dec 1892
Is affiant now under his care
No
Has affiant been in a hospital
No
Has affiant been examined
by a Board of Surgeons
No
Where
When
Is affiant now receiving
pension
No
Amount
Is affiant entitled to pension
Yes
Amount
$8 per month
Date
March 11th 1893
L.T. Brown
Affiant

Brown, L.T.
DeKalb
No. 3218

Soldier's Pension
1893.

Name L.T. Brown
County DeKalb
Disability No 4th Ford
Amount $8.
June 8 1893.
W. H. HARRISON,
Secretary Executive Department.
WARRANT PAYABLE TO
L.T. Brown
Geo. W. Harrison, State Printer, Atlanta.

Form 1.

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY appears L.T. Brown of DeKalb 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 continuously since the 6th day of Oct 1866; that he enlisted in the military service of the Confederate States (or the State of Ga) during the war between the States, and served as a Private in Company H, of 55th Regiment of Ga Volunteers Tennessee Brigade; that whilst engaged in such military service, at the battle of Petersburg in the State of Va, on the 30 day of June 1864, he was disabled as follows: Shot with a minnie ball through the left groin rendering his left leg and thigh entirely helpless during the remainder of the day and has been compelled to use crutches ever since. Has been running about five weeks ago instead of improving is getting worse till is rendered the foot substantially and essentially useless.

Deponent desires to participate in the benefits of the Act approved October 24th, 1887, and the Acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26th, 1893.

Sworn to and subscribed before me this 20th day of March 1893.
his
L.T. x Brown
mark
J.M. Copeland
Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability. If claim is based on disease, give *full and connected history* of disease, tracing it directly to the service.
NOTE.—Do not trouble to mention wounds which do not disable.

Form 2.

Affidavit for Witnesses.

STATE OF GEORGIA,
County of Pike

PERSONALLY appears before me, the undersigned, Ordinary in and for said County, J P Brown - E C Akin and M D Spence each of whom, being duly sworn according to law, severally say, under oath, that they are personally well acquainted with L J Brown whose application is herewith presented for a pension, and that they served with him in the army, and from our personal *knowledge* he was injured by the service as follows: *(give full statement, and tell in your own language how badly applicant is disabled from work. If he does any labor, or can do any, state what.)*

that he was wounded at the battle of Petersburg in right foot and that the bones were broken and that his wound has been source of great trouble to him ever since, and that the injury is permanent and grows more painful.

We personally know above stated facts. We were with him in the army and have known him ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1864. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this 4 day of April 1893.
Harry Wells
ORDINARY.

John P. Brown
E. C. Akin
M D Spence

NOTE.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.
2. Witnesses are asked to make their statements full and explicit.

Form 3.

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY comes before me W M Rogsdale Ordinary of said County, J H Goss M D and B M Shumpert MD, both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have carefully examined L J Brown and after such personal examination say that the applicant has been injured as follows:

By a gun shot wound in the right foot causing fracture and leading to a chronic inflamation that evidently followed a state of blood poisoning produced by said wound, and the present operations renders the foot substantially and essentially useless

We have treated applicant professionally for ____ years.

Sworn to and subscribed before me this 24th day of April 1893.
W M Rogsdale
Ordinary.

J. H. Goss, M. D.
B. M. Shumpert M.D.

NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.
NOTE 2.—If claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier. Also state how long physicians have known and treated applicant.

Form 4.

STATE OF GEORGIA,
De Kalb County.

I, W M Rogsdale Ordinary of said County, do certify that I am well acquainted with L. J. Brown. the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and he is disabled, as he claims*, and I know he is the individual he represents himself to be, and that he resides in this County. ~~(I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.)~~

Given under my official signature and seal this 24th day of April 1893.
W M Rogsdale
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
COUNTY. }

Know all Men by these Presents, That I, _____

of _____

County, State of Georgia, do hereby appoint _____

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

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

_____ [L. S.]

Executed in the presence of us }
}
}

DIRECTIONS.

Send money to me as follows, by _____

to _____ P. O.

County, Georgia.

Soldier's Pension.

1894.

(For Those Already Enrolled.)

No. 410

Name Brown, L. T.

County De Kalb

Disability Wound in L. Foot

Amount, $ 25 00

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County. }

KNOW ALL MEN BY THESE PRESENTS, That I, L. T. Brown

of DeKalb

County, State of Georgia, do hereby appoint B. M. Spraberry

of DeKalb 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 28th day of Oct 1895. L. T. Brown, mark [L. S.]

Executed in presence of us
R. E. Hardage
W. M. Rogers
Ordinary

DIRECTIONS.

Send money to me as follows, by _____

to _____ P. O.

County, Georgia.

Brown, L. T.
DeKalb

(For Those Already Enrolled.)

No. 232

SOLDIER'S PENSION.

1895.

Name L. T. Brown

County DeKalb

Disability Lost a Wizard

Amount, $ 25 00

3/4

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Atty

Geo. W. Harrison, State Printer, Atlanta.

20 Cts

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

PERSONALLY appears L.T. Brown of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 6th day of Oct 1836; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company H, of 53 th Regiment of Ga. Volunteers Simms 's Brigade; that whilst engaged in such military service at the battle of Petersburg in the State of Va on the 20" day of June 1864, he was wounded as follows: Shot in the right foot causing a fract of bone and rendering the right foot permanently and totally useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of Twenty five dollars, for the year 1893.

Sworn to and subscribed before me, this the 5th day of March, 1894. } L.T. his X Brown mark

Wm Ragsdale, Ordinary.

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

STATE OF GEORGIA, }
De Kalb County. }

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

Given under my official signature and seal, this 5th day of March, 1894.

Affix your seal here

Wm Ragsdale,
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

Personally appears L.T. Brown of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Oct 1836; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company H, of 53th Regiment of Ga Volunteers Simms 's Brigade; that whilst engaged in such military service at the battle of Petersburg in the State of Va on the 20 day of June 1864, he was wounded as follows: Shot with a minnie ball in the right foot fracturing the bones causing bones to work out rendering it totally useless and permanently crippled.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of Twenty five dollars, for the year 1894.

Sworn to and subscribed before me, this the 28" day of Feb 1895. } L.T. his X Brown mark

Wm Ragsdale, Ordinary.

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

STATE OF GEORGIA, }
De Kalb County. }

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

Given under my official signature and seal, this 25" day of Feb 1895.

Affix your seal here

Wm M. Ragsdale,
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

I, ... hereby authorize .....

of .....

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

by .....

at .....

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

day of ..... 1896.

..... [L. S.]

Executed in presence of us

)

)

(For Those Already Enrolled.)

No. 621

SOLDIER'S PENSION.

1896.

Name ..... Co. .....

County .....

Disability .....

Amount, $ 2 12 5 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

I, ... hereby authorize .....

of .....

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

by .....

at .....

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

day of ..... 1897.

[L. S.]

Executed in presence of

)

)

(For Those Already Enrolled.)

No. 1769

INVALID

SOLDIER'S PENSION.

1897.

Name H. H. Brown,

County DeKalb

Disability Foot

Amount, $ 2 5 2 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears L. T. Brown of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 6 day of Oct 1836; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company H, of 53 th Regiment of Ga Volunteers, Bryan's Brigade; that whilst engaged in such military service in the State of Va, on the 20 day of June 1864, he was wounded, injured or diseased as follows:
Gun shot through the foot at the battle of Petersburg, Va. fracturing the bones of the foot from which pieces of bone were afterwards removed rendering said foot permanently and essentially useless

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of De Kalb county been allowed a pension of 25 00 dollars, for the year 1895.

Sworn to and subscribed before me, this, the 25th day of Feb 1896. L. T. Brown his mark

W. M. Ragsdale, Ord inary.

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

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 26th day of Feb 1896.

Affix your seal here.

W. M. Ragsdale
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears L. T. Brown of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Oct 1836; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company H, of 53 th Regiment of Ga Volunteers, Brown's Brigade; that whilst engaged in such military service in the State of Va, on the 20 day of June 1864, he was wounded, injured or diseased as follows:
Gunshot with a minnie ball in the right foot fracturing the bone and leaving the foot permanently disabled

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

Sworn to and subscribed before me, this, the 22d day of Feb 1897. L. T. Brown his mark

W. M. Ragsdale, Ordinary. POST OFFICE L. T. Brown

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

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 22d day of Feb 1897.

Affix your seal here.

W. M. Ragsdale
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

..... County.

I, ... hereby authorize .....

..... of .....

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

..... by .....

at .....

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

day of ..... 1898.

[L. S.]

Executed in presence of

.....

.....

ACT OF AUGT., 1897.

(For Those Already Enrolled.)

No. 3162

INVALID

SOLDIER'S PENSION.

1898.

Name L.T. Brown

County DeKalb

Disability Foot

Amount, $ 25.00

3/2 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Ayleh.

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA,

..... County.

I, ... hereby authorize .....

..... of .....

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

..... by .....

at .....

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

day of ..... 1899.

[L. S.]

Executed in presence of

.....

.....

CODE SECTION 1250.

(For Those Already Enrolled.)

No. 3379

INVALID

SOLDIER'S PENSION.

1899.

Name L.T. Brown

County DeKalb

Disability Foot

Amount, $ 25.00

3/11 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Ayleh

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County,

Personally appears L.T. Brown of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 6th day of Oct 1836; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company H, of 53th Regiment of Ga Volunteers, Bryant's Brigade; that whilst engaged in such military service in the State of Petersburg, on the 20 day of June, 1864, he was wounded, injured or diseased as follows:

Was shot with minnie ball in right foot fracturing bones and rendering same substantially and essentially useless

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

Sworn to and subscribed before me, this, the 2 day of March 1898. L.T. Brown, POST-OFFICE Decatur

W.M. Ragsdale Ordinary,

NOTE—State fully the nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,
DeKalb County.

I, W.M. Ragsdale Ordinary of said County, do certify that I am well acquainted with L.T. Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1898.

Affix your seal here

W.M. Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears L.T. Brown of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 6 day of Oct 1836; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company H, of 53 th Regiment of Ga Volunteers, Bryants 's Brigade; that whilst engaged in such military service in the State of Va, on the 20 day of June 1864, he was wounded, injured or diseased as follows:

Was shot with a minnie ball in the right foot fracturing bones rendering same substantially and essentially useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of DeKalb County been allowed an invalid pension of Twenty four Dollars, for the year 1898

Sworn to and subscribed before me, this, the 31 day of Jan 1899. L.T. Brown, POST-OFFICE Decatur

W.M. Ragsdale Ordinary,

NOTE—State fully the nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
DeKalb County.

I, W.M. Ragsdale Ordinary of said County, do certify that I am well acquainted with L.T. Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 31 day of Jan 1899.

Affix your seal here

W.M. Ragsdale
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

to receive and receipt for the pension paid hereon and request that he remit same to

_____ by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____

day of _____ 1900.

_____ [L. S.]

Executed in presence of

_____

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 583

INVALID
SOLDIER'S PENSION.
1900.

Name L. T. Brown
County DeKalb
Disability Leg
Amount, $ 25
Warrant issued March 5 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, Supt. Printing, Atlanta.

DeKalb Co.
Brown, L. T.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I _____ hereby authorise _____

_____ of _____

to receive and receipt for the pension paid hereon and request that he remit same to

_____ by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____

day of _____ 1901.

_____ [L. S.]

Executed in presence of

_____

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 526

DISABLED
SOLDIER'S PENSION.
1901.

Name L. T. Brown
County DeKalb
Disability Foot
Amount, $ 25.
Jan 21 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears L.T. Brown of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the 6 day of Oct 1836; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company H, of 53rd Regiment of Ga Volunteers, Bryant 's Brigade; that whilst engaged in such military service in the State of , on the 20 day of June 1864, he was wounded, injured or diseased as follows:

91 the battle of Kenesaw and wounded in the right foot breaking the foot and shattering the ankle

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of DeKalb County been allowed an invalid pension of Twenty five Dollars, for the year 1899.

Sworn to and subscribed before me, this the 12th day of Jan 1900. L.T. Brown POST OFFICE Brown

W.M. Rogdale C.S.D.

NOTE.—State fully the nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
DeKalb County.

I, W.M. Rogdale Ordinary of said County, do certify that I am well acquainted with L.T. Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 12th day of Jan 1900.

Affix your seal here.

W.M. Rogdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears L.T. Brown of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 6 day of Oct 1836; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company H, of 53rd Regiment of Ga Volunteers, Bryant 's Brigade; that whilst engaged in such military service in the State of Va, on the 20 day of June 1864, he was wounded, injured or diseased as follows:

has shot with minnie ball through right foot rendering it substantially 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 DeKalb County been allowed an invalid pension of Twenty five Dollars, for the year 1900.

Sworn to and subscribed before me, this the 12th day of Jan 1901. L.T. Brown Postoffice Brown

W.M. Rogdale

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
DeKalb County.

I, W.M. Rogdale Ordinary of said County, do certify that I am well acquainted with L.T. Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 12th day of Jan 1901.

Affix your seal here.

W.M. Rogdale
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

I, _____ hereby authorize _____

of _____

to receive and receipt for the pension paid hereon and request that he remit same to

_____ by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____

day of _____ 1902.

_____ [L. S.]

Executed in presence of

Brown, L. T.
DeKalb Co.

CODE SECTION 1256.
(FOR THOSE ALREADY ENROLLED.)

No. 383

DISABLED
SOLDIER'S PENSION
1902.

Name Brown, L. T.
County DeKalb
Co. H Regiment 53d
Disability Leg Wound,
Amount, $ 25.
1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

No date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ County. }

I, _____ hereby authorize _____

of _____

to receive and receipt for the pension paid hereon and request that he remit same to

_____ by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____

day of _____ 1903.

_____ [L. S.]

Executed in presence of

Brown, L. T.
DeKalb Co.

CODE SECTION 1256.
(FOR THOSE ALREADY ENROLLED.)

No. 824

DISABLED
SOLDIER'S PENSION
1903.

Name Brown, L. T.
County DeKalb
Co. H Regiment 53rd
Disability Foot
Amount, $ 25.
1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison State Printer, Atlanta

No date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.

Personally appears L.T. Brown of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 6" day of Oct 1836; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company H, of 53 th Regiment of Ga Volunteers, Bryant 's Brigade; that whilst engaged in such military service in the State of Va, on the 20 day of June 1864, he was wounded, injured or diseased as follows:
At Petersburg was shot through the right foot fracturing bones and rendering same useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of De Kalb County, been allowed an invalid pension of Twenty five Dollars, for the year 1901.

Sworn to and subscribed before me, this the 15 day of Jan 1902. L.T. Brown Post-office

W.M. Rogsdale Ordinary,

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
De Kalb County.

I, W.M. Rogsdale Ordinary of said County, do certify that I am well acquainted with L.T. Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 15 day of Jan 1902.

Affix your seal here

W.M. Rogsdale
Ordinary De Kalb County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1902.

CLERK OF YELLOW

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.

Personally appears L.T. Brown of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 6 day of Oct 1836; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company H, of 53 th Regiment of Ga Volunteers, Bryant 's Brigade; that whilst engaged in such military service in the State of Va, on the 20 day of June 1864, he was wounded, injured or diseased as follows:
Was shot with minnie ball through right foot fracturing bones and rendering same substantially and essentially useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of De Kalb County, been allowed an invalid pension of Twenty fives Dollars, for the year 1902.

Sworn to and subscribed before me, this the 10 day of Jan 1903. Post-office Conley

W.M. Rogsdale Ordinary,

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
De Kalb County.

his
L. T. X Brown
mark

I, W.M. Rogsdale Ordinary of said County, do certify that I am well acquainted with L.T. Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 10 day of Jan 1903.

Affix your seal here

W.M. Rogsdale
Ordinary De Kalb County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb COUNTY.

I, L.T. Brown hereby authorize
G.F. Clark of Dekalb 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 13
day of January 1904.

his
L.T. Brown [L. S.]
mark

Executed in presence of
James R George
Ordinary

Brown L.T.
Dekalb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)
H-533 No. 28

DISABLED
SOLDIER'S PENSION
1904.

Name R.T. Brown
County Dekalb
Co. H Regiment 53rd
Disability Shotin foot
Amount, $25.00 1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
G F Clark

Geo. W. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb COUNTY.

I, L.T. Brown hereby authorize
G F Clarke of Lithonia
to receive and receipt for the pension paid hereon, and request that he remit same to
L.T. Brown by _____
at Lithonia Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16
day of January 1905.

his
L.T. Brown [L. S.]
mark

Executed in the presence of
James R George
Ordinary

Brown L.T.
Dekalb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)
No. 247

DISABLED
SOLDIER'S PENSION
1905.

Name R.T. Brown
County DeKalb
Co. H Regiment 53 G
Disability
Amount, $25.00 Jany 1/23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
G F Clark

THE FOUNDRY PRINTING AND PUBLISHING CO., ATLANTA.
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears L. T. Broun of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 16 day of Oct 1836; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Pri in Company H, of 63 th Regiment of Ga Volunteers Bryan 's Brigade; that whilst engaged in such military service in the State of Va, on the 20 day of June 1864, he was wounded, injured or diseased as follows: Minnie Ball through right foot

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 DeKalb County, been allowed an invalid pension of Twenty five Dollars, for the year 1903.

Sworn to and subscribed before me, this the 13 day of January 1904.
James R George Ordinary

L. T. Broun
Post-office Lithonia Ga

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
DeKalb County.

I, James R George Ordinary of said County, do certify that I am well acquainted with L. T. Broun the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 13 day of January 1904.

Affix your Seal here.

James R George
Ordinary DeKalb County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb COUNTY.

Personally appears L. T. Brown of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the _____ day of _____ 18__; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a _____ in Company H, of 53d Regiment of Ga Volunteers _____ 's Brigade; that whilst engaged in such military service in the State of _____, on the 20 day of June 1864, he was wounded, injured or diseased as follows: Right foot disable. Petersburg Va.

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 DeKalb County, been allowed an invalid pension of Twenty five Dollars, for the year 1904.

Sworn to and subscribed before me, this the 10th day of January 1905.
James R George Ordinary

L. T. Brown
Post-office Lithonia Ga

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R George Ordinary of said County, do certify that I am well acquainted with L. T. Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 10th day of Jany 1905.

Affix your Seal here.

James R George
Ordinary DeKalb County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, L. T. Brown hereby authorize G. F. Clarke of DeKalb Co to receive and receipt for the pension paid hereon, and request that he remit same to L. T. Brown by _____ at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4 day of January 1906.

L. T. Brown [L. S.]

Executed in the presence of
James R. George
Witness

Brown L. T.
DeKalb Co.
Code Section 1250.
(FOR THOSE ALREADY ENROLLED.)
No. 306
H-53

DISABLED
SOLDIER'S PENSION
1906.

Name L. T. Brown
County DeKalb
Co. H Regiment 53 Ga
Disability Right foot
Amount, $ 25.00
1/3 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
G. F. Clarke

The Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. COUNTY.

I, L. T. Brown, hereby authorize G. F. Clarke of Lithonia Ga to receive and receipt for the pension paid hereon, and request that he remit same to L. T. Brown by _____ at Lithonia Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10 day of January 1907.

L. T. Brown [L. S.]
Mark

Executed in presence of
James R. George
Witness

Brown L. T.
DeKalb Co.
H-53
Code Section 1250.
(FOR THOSE ALREADY ENROLLED)
No. 242

DISABLED
SOLDIER'S PENSION
1907.

Name L. T. Brown
County DeKALB.
Co. H Regiment 53 rd Ga
Disability Right foot & Crippled
Amount, $ 25.00
1/3 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
G. F. Clarke

[illegible], State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
De Kalb **County.**

Personally appears L T Brown of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 6th day of Oct 1865; that he enlisted in the military service of the Confederate States, (or of the State of _____) during the war between the States, and served as a Private in Company K, of 53 th Regiment of Georgia Volunteers _____'s Brigade; that whilst engaged in such military service in the State of Virginia, on the 20 day of June 186 4, he was wounded, injured or diseased as follows: Right foot disabled by minnie ball.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of De Kalb County, been allowed an invalid pension of Twenty Five Dollars, for the year 1905.

Sworn to and subscribed before me, this the 5th day of January 1906.
James R George Ordinary

L. T. Brown

Post-Office _____

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

State of Georgia,
De Kalb **County.**

I, James R George Ordinary of said County, do certify that I am well acquainted with L T Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 5th day of January 1906.

James R George
Ordinary De Kalb County.

Affix your seal here

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
DeKALB **County.**

Personally appears L. T. Brown of DeKALB County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the _____ day of _____ 18____; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a _____ in Company K, of 53 th Regiment of Georgia Volunteers _____'s Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows: Right foot disabled Petersburg, Va. June 20th 1864

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of DeKALB County, been allowed an invalid pension of Twenty Five Dollars, for the year 1906.

Sworn to and subscribed before me, this the 10 day of January 1907.
James R George Ordinary

L. T. his mark Brown

Postoffice _____

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

State of Georgia,
DeKALB. **County.**

I, James R George Ordinary of said County, do certify that I am well acquainted with L. T. Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January 1907.

James R George
Ordinary DeKALB County.

Affix your seal here

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

GEORGIA, DeKalb County.

I, James R George, Ordinary of said county, do certify that I personally know Sarah J Brown, the applicant, and that she is the lawful widow of L.D. Brown, and was on the Invalid Pension Roll of said Dekalb county, and was paid a Pension from DeKalb county for 1902, and at the time of his death on the 12 day of October 1902, there was due to him and unpaid his Pension of $ 25.00 dollars from the State of Georgia, and I know G G Clark, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 8 day of March 1903.

James R George Ordinary.

Dekalb County.

Brown, L. D.
Private
Co. E,

No. 1902

Application for Pension Due Deceased Solder
UNDER ACT 1891.

By

Mrs. Sarah J Brown

Widow of L. D. Brown

of Dekalb County.

Co. ____, Regt. ____ Vols.

Approved and Paid

190__

J. W. LINDSEY,
Commissioner of Pensions.

GEORGIA, _____ County.

I hereby authorize and constitute _____ of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 190__, through my deceased husband _____, who was on _____ Pension Roll and paid from _____ for 190__.

Witness my hand this _____ day of _____ 190__.

Attested before me:

_____ _____

Application for Pension Due Deceased Soldier

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Dekalb County.

Personally before me comes Mrs. Sarah J Brown, of said county, after being duly sworn, on oath says that she is the widow of L.T. Brown who was duly enrolled as a Disabled Pensioner from the county of Dekalb and was paid a Pension of Twenty five ($25.00) Dollars from Dekalb county for 190__, and that the said L.T. Brown died in Dekalb county on the 10 day of October 1909, and at the time of his death a Pension of $25.00 was due him from Dekalb county and unpaid for 190__. Applicant further swears that she married the said L.T. Brown on the ____ day of April 1874 in Monroe county and State of Georgia and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 8 day of March 1910.

James R George Ordinary, Dekalb County. } Sarah J Brown [L. S.]

AFFIDAVIT OF WITNESS.

GEORGIA Dekalb County.

Personally before me comes G.F. Clarke, who on oath says that he knew L.T. Brown while in life and that he knows Mrs. Sarah J Brown the above applicant; that he knows that the said L.T. Brown and Sarah J. Brown were in due form of law married in the county of Monroe in the State of Georgia on the ____ day of April 1874, and that they resided together as husband and wife from date of marriage to the day of his death on the 10 day of October 1909, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 8 day of March 1910.

James R George Ordinary, Dekalb County. } G.F. Clark

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.

Box 828. MARSHALL & BRUCE CO., NASHVILLE

STATE OF GEORGIA, Monroe COUNTY.

ORDINARY'S OFFICE SS.

I, Geo. W. Newton, Ordinary and ex-officio Clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of L. J. Brown and Sarah Jane Franklin Marriage License

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 12th day of March, 1900

Geo. W. Newton

ORDINARY AND EX-OFFICIO C. C. O.

STATE OF GEORGIA, Monroe COUNTY.

ORDINARY'S OFFICE SS.

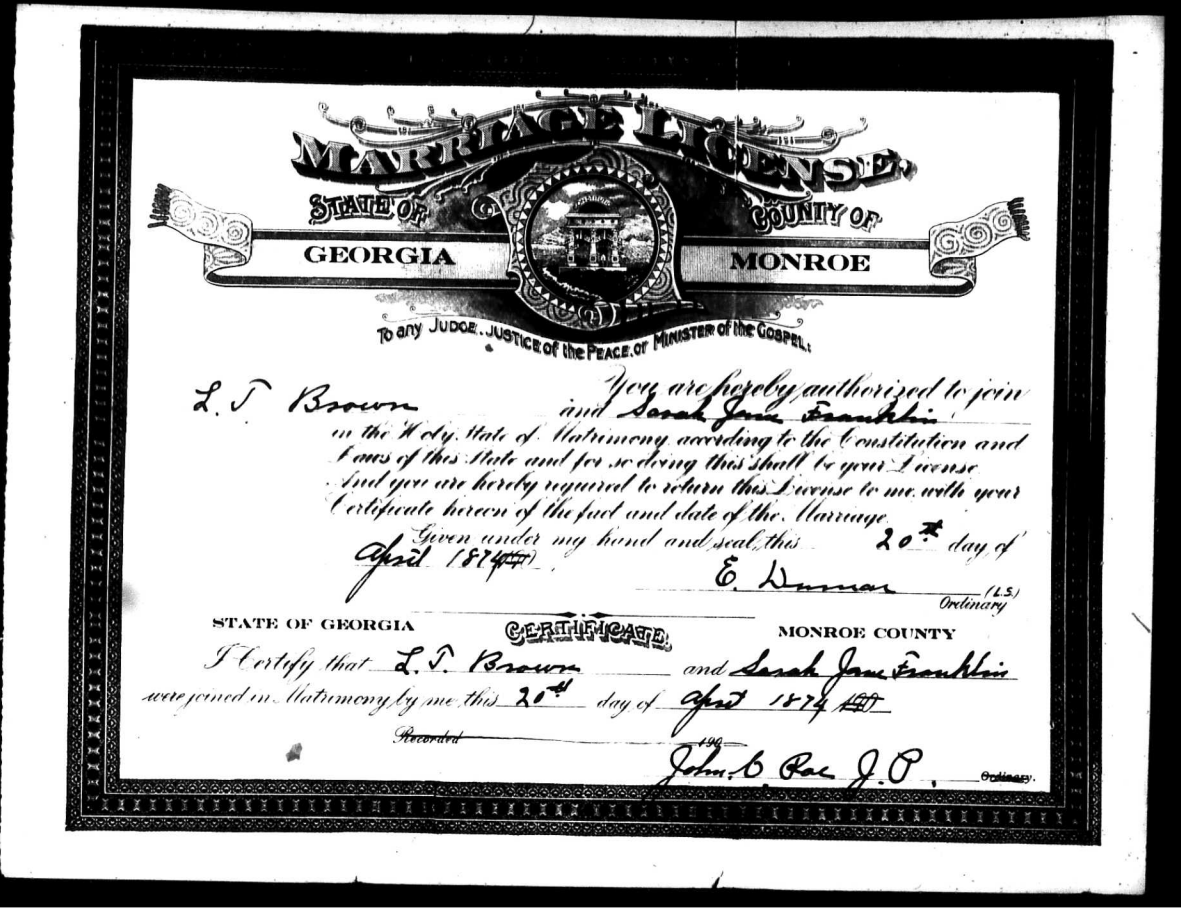
I, Geo. W. Newton, Ordinary and ex-officio Clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of L. J. Brown and Sarah Jane Franklin marriage License

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 12th day of March, 1900

Geo. W. Newton

ORDINARY AND EX-OFFICIO C. C. O.



MARRIAGE LICENSE

STATE OF GEORGIA — COUNTY OF MONROE

To any JUDGE, JUSTICE of the PEACE, or MINISTER of the GOSPEL:

You are hereby authorized to join L. T. Brown and Sarah Jane Franklin in the Holy State of Matrimony according to the Constitution and Laws of this State and for so doing this shall be your License. And you are hereby required to return this License to me with your Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal, this 20th day of April 1874.

E. Dunnan (L.S.)
Ordinary

CERTIFICATE

STATE OF GEORGIA — MONROE COUNTY

I Certify that L. T. Brown and Sarah Jane Franklin were joined in Matrimony by me this 20th day of April 1874

Recorded 190

John A. Rae J.P. Ordinary.

Georgia
Pike County

Personally came before me J L Crawley known to me to be a reputable physician who being sworn says that he knows Mr L J Brown and treated him last year, and that his general health is poor, and that from an examination of the wounded foot today, he thinks it renders his leg useless, and that he could get along better without it. It has suppurated and has become partly indurated and there is now a large scale on top of the foot.

Sworn to & Subscribed before me May 30th 1893
Harry Wells Ordinary

J L Crawley

Georgia
Pike County

Personally came before me John P Brown. E C Akin and W D Spence who being sworn say that they have seen Mr L. J. Brown who applied for pension today and that his foot which was wounded is substantially and essentially useless. He cannot wear anything tight over it, but wears soft old shoes split down in front. Walks badly with use of stick. There is now a sore scale on top of foot as large as quarter dollar, and foot looks shrunken & toes without & stiff. He positively cannot do anything that requires walking or being on foot to make a living and he is a poor man. He has never injured the foot since war that we know of except as it injures it to walk.

Sworn to & Subscribed before me May 30th 1893
Harry Wells
Ordinary

John P. Brown
E. C. Akin
W. D. Spence

NAME, Brown, L. T. YEAR 1893 COUNTY DeKalb

WHEN AND WHERE BORN? Resident of Ga. since Oct. 6, 1836.

ENLISTED WHEN AND PLACE?

RANK. Private.

COMPANY AND REGIMENT? Co. H, 53rd Regt. Ga. Vols. Sim's Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Petersburg, Va., June 20, 1864. Shot through right foot fracturing bones, get worse all the time, foot useless.

CAPTURED, WHEN AND WHERE?

RELEASED.

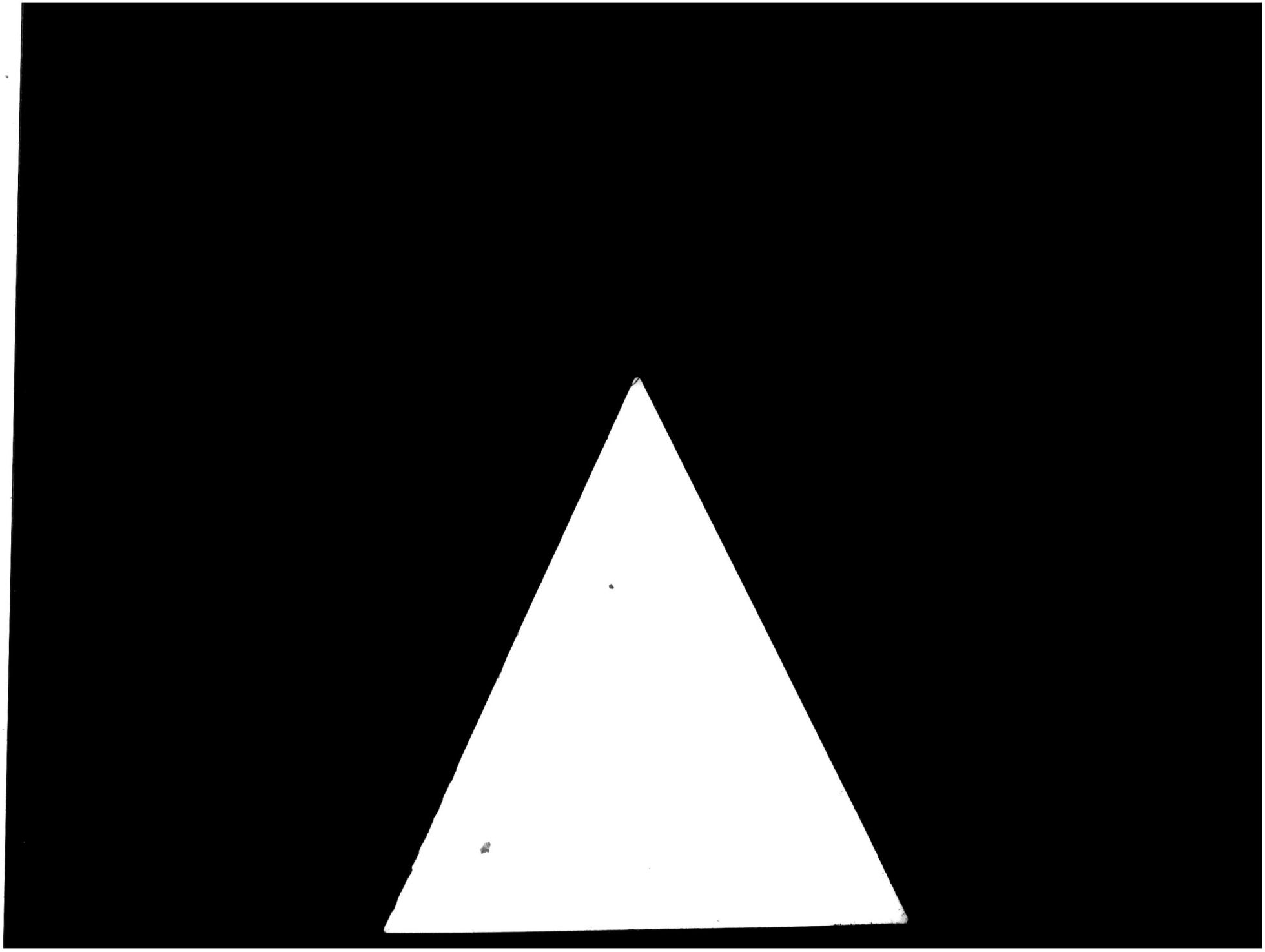
WHEN AND WHERE [illegible]?

IF NOT [illegible], WHERE [illegible]?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. John P. Brown, E. C. Akin and M. D. Spruce. No Data.



NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the *extent of the disability*. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

5. If papers are returned for correction, and amendments are *added* to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.

6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

Brown, Mary L.
Dr Ward & Co

No. 1542

APPLICATION FOR ALLOWANCE

FOR

Lost leg, wounded

Applicant, Mary L. Brown

County, DeKalb

Amount, $50.

Date of Warrant, March 30th

Entered on record

March 5th 1889

WMH

SECRETARY EXECUTIVE DEPARTMENT.

Mary L. Brown

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the *extent of the disability*. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

5. If papers are returned for correction, and amendments are *added* to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.

6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

Brown, Moses L.
De Kalb Co

No. 5142

APPLICATION FOR ALLOWANCE

FOR

Left leg and Ankle

Applicant, Moses L Brown

County DeKalb

Amount 50,

Date of Warrant March 25

Entered on record March 25 1889

SECRETARY EXECUTIVE DEPARTMENT.

W. M. Brown

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY appears Moses L. Brown 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 29 day of Sept 1898; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States and served as a Sergeant in Company C, of 7 th Regiment of Georgia Volunteers Anderson's Brigade; that whilst engaged in such military service, at the battle of Manassas in the State of Virginia, on the 21 day of July 1861, he was wounded as follows: by minnie ball entering left side of left foot below ancle passing directly through fracturing some of said bones which wound has produced wasting of muscles of the entire said left leg which renders the use of said leg and ankle so much impaired as to render him incompetent to perform the ordinary avocations of life

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year thereunder ending October 26, 1889.

Sworn to and subscribed before me, this the 25 day of March 1889 — M L Brown

W.M. Ragsdale Ordinary
DeKalb Co.

NOTE.—State fully nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability.

Commissioned Officer's Affidavit.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY came before me J. M. Hawkins of the county of DeKalb State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company C, of 7 th Regiment of Ga Volunteers, and that deponent knows Moses L Brown, 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 Moses L Brown as stated by him in said affidavit. Deponent further states that said Moses L Brown is a *bona fide* citizen of this State and resides in DeKalb county.

W.M. Ragsdale, Ordinary — J. M. Hawkins Lieut

The foregoing affidavit, changed to suit the facts should be made by a commissioned officer of Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:

STATE OF GEORGIA,
County.

PERSONALLY came

citizens of county, in said State, who, being duly sworn, say that they are acquainted with and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a *bona fide* citizen of this State, and resides in county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this
day of 188

NOTE.—Above affidavit *must* be made by three citizens *of the county of applicant's residence.*

STATE OF GEORGIA,
DeKalb County.

I, W M Ragsdale Ordinary of said county, do certify that I am well acquainted with M S Brown, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in 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 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 25 day of March 1889.

W M Ragsdale

Ordinary DeKalb County.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY comes before me W M Ragsdale Ordinary of said county, J. J. Mayson and L. T. Lester, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined M S Brown and after such examination say that the applicant has been injured as follows: Gun shot wound on left foot from ankle fracturing a number of the metatarsal bones of the foot & the nerves being injured & wounded causing general atrophy of the muscles of the instep by which the said applicant has been rendered practically incapacitated to perform the ordinary manual occupations of life which disability is permanently incurable & dates from the date of the injury and has existed continuously from that time

Sworn to and subscribed before me, this
23rd day of March 1889

J J Mayson M.D.
B W Lester M.D.

W M Ragsdale.
ORDINARY.

READ NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

Know all Men by these Presents, That I, M S Brown of DeKalb county, in said State, do hereby appoint R M Brewer Jr of Decatur Ga said County my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this 23rd day of March 1889

M S Brown (L. S.)

Executed in the presence of us:

W M Ragsdale Ordinary.
W R Hurst N.P.

STATE OF GEORGIA,
De Kalb County.

I, W. M. Rogsdale, Ordinary of said county, do certify that I am well acquainted with M. L. Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and that he is disabled, to the extent he claims*, and I know he is the individual he represents himself to be, and that he resides in this county.

I further certify that ..... before whom the foregoing affidavits were made and power of attorney was signed, is a ..... of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 13" day of Feb 1890

W. M. Rogsdale.

Ordinary De Kalb. County.

1890.

No. 1171

APPLICATION FOR ALLOWANCE.

PER TEXAS REVISED OCTOBER 24, 1881.

FOR

Applicant, M. L. Brown

County, DeKalb

Amount, 50

Date of Warrant, Feb 14

Entered on record Feb 14 1890

Secretary Executive Department.

WARRANT HANDED TO

M. L. Brown

Brown, M. L. Co.

De Kalb Co. Ga.

STATE OF GEORGIA,
De Kalb County.

I, W. M. Rogsdale Ordinary of said County, do certify that I am well acquainted with M. L. Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and that he is disabled, to the extent he claims*, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that ..... before whom the foregoing affidavits were made and power of attorney was signed, is a ..... of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 11" day of Feb 1891.

W. M. Rogsdale.

Ordinary De Kalb County.

1891.

No. 518

Application for Allowance

PER TEXAS REVISED OCTOBER 24, 1881.

FOR

Applicant, M. L. Brown

County, DeKalb

Amount, 50

Date of Warrant, Feb 11

Entered of record Feb 11 1891

Au 14 11

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Applicant

Gen. W. Harrison, State Printer, Austin, Tex.

Brown, M. L. Co.

De Kalb Co.

1891.

Brown, M. L. Co.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears M L Brown of De Kalb county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the 24 day of Sept 1878; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Ord Sarg't in Company E, of 7 th Regiment of Ga Volunteers Bartow 's Brigade; that whilst engaged in such military service, at the battle of 1st Manassa in the State of Va, on the 21" day of July 1861, he was wounded as follows: Shot through the left foot with a minie ball causing a perishing of the leg rendering the said leg Essentially and Substantially useless

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of Fifty dollars.

Sworn to and subscribed before me, this the 13th day of Feb 1890. M L Brown

W M Ragsdale, Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, M L Brown of De Kalb county, in said State, do hereby appoint F. W. Arwood. of Fulton County my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13th day of February 1890. M L Brown [L. S.]

Executed in the presence of us:
John A. Wimpy
W M Ragsdale, Ordinary.

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears M L Brown of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 24 day of Sept 1878; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Ord Sarg't in Company E, of 7th Regiment of Georgia Volunteers Bartow 's Brigade; that whilst engaged in such military service at the battle of 1st Massas in the State of Va, on the 21st day of July 1861, he was wounded as follows: Shot through foot completely shattering the left leg rendering the said leg entirely useless Substantially and essentially muscles.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of Fifty Dollars dollars, for

Sworn to and subscribed before me, this the 11" day of Feb 1891. M L Brown

W M Ragsdale, Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability, resulting from the wound or disease.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

Know all Men by these Presents, That I, _____ of _____ County, State of Georgia, do hereby appoint _____ of _____ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1891.

_____ [L. s.]

Executed in the presence of us:

_____

_____

DIRECTION.

Send money to me as follows, by _____

_____ to _____ P. O.

_____ County, Georgia.

STATE OF GEORGIA,

The Walton County.

I, [illegible] Ordinary of said county, do certify that I am well acquainted with M. L. Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and that he is disabled, to the extent he claims*, and I know he is the individual he repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 2nd day of Feb 1892.

[illegible]

Ordinary The Walton County.

Dr. Mrs. Co
Brown, M. L.
No. 277

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name M L Brown

County DeKalb

Disability Dr's Cert 50

Amount, $

Entered on record

1892.

W. H. HARRISON,
Secretary of Ex-Soldiers Department.

AGENT.

Applicant

Geo. W. Harris st, State Printer, Albany, Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA,

.....County.

Know all Men by these Presents, That I, ... of ..... County, State of Georgia, do hereby appoint ..... of ..... my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receive in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this ..... day of ..... 1892.

[L. S.]

Executed in the presence of us:

.....

.....

DIRECTION.

Send money to me as follows, by .....

.....to..... P. O.

..... County, Georgia.

Dr. Mrs. Co
Brown, M. L.
No. 277

1893.

Application for Allowance

For the Year Ending October 26, 1893.

Applicant, M L Brown

County, DeKalb

Amount, $ 50

Date of Warrant, [illegible]

Entered on record, [illegible] 1893

Secretary Ex-Soldiers Department.

WARRANT FRAMED [illegible]

Applicant

Geo. W. Harrison, State Printer, Atlanta, Ga.

No Co

STATE OF GEORGIA.

For Applicants Heretofore Allowed Pensions.

###LIGHT PRINT OR BAD COPY ####

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears M L Brown of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the 29 day of Sept 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Ord Sgt in Company E, of 7 th Regiment of Georgia Volunteers Bartow 's Brigade; that whilst engaged in such military service at the battle of 1st Manassas in the State of Va, on the 21st day of July 186 1, he was wounded as follows: Shot through the left foot with minnie ball causing leg to stiffen & rendering the same useless & permanently disabled.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of Fifty Dollars for Disabled Leg.

Sworn to and subscribed before me this 28th day of Oct, 1892.

M L Brown.

W M Ragsdale, Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

Know all Men by these Presents, That I, of County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of 1892.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by to P. O. County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears M L Brown of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 29 day of Sept 1838; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company E, of 7 th Regiment of Ga Volunteers Bartow 's Brigade; that whilst engaged in such military service at the battle of 1st Manassas in the State of , on the 21st day of July 1861, he was wounded as follows: Shot through the left foot fracturing bone. Rendering the leg useless and permanently disabled.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1893. I have heretofore been allowed a pension of fifty dollars, for Disabled leg.

Sworn to and subscribed before me, this the 15th day of March 1893.

M L Brown

W M Ragsdale Ordinary.

NOTE—State fully nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,
De Kalb County.

I, W M Ragsdale DIRECTOR Ordinary of said County, do certify that I am well acquainted with M L Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and that he is disabled, to the extent he claims*, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a Notary Public of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 15th day of March 1893.

W M Ragsdale Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb COUNTY.

Know all Men by these Presents, That I, M. L. Brown of De Kalb County, State of Georgia, do hereby appoint W. H. Weaver of De Kalb my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be 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 8th day of March 1894.

M. L. Brown [L. S.]

Executed in the presence of us

W. Morrison

W. H. Woodall

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

(For Those Already Enrolled.)

No. 491

Soldier's Pension.

1894.

Name Brown M. L.

County De Kalb,

Disability Foot removed

Amount, $ 50 00

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

W. H. Weaver

Geo. W. Harrison, State Printer, Atlanta.

Brown, M. L.

Co. K, 5 Ga. Cav.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I, ... of ..... County, State of Georgia, do hereby appoint ..... of ..... my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this ..... day of ..... 1895.

Executed in presence of us ..... [L. S.]

DIRECTIONS.

Send money to me as follows, by .....

..... to P. O.

County, Georgia.

(For Those Already Enrolled.)

No. 231

SOLDIER'S PENSION.

1895.

Name M. L. Brown

County De Kalb

Disability Leg amputated

Amount, $ 50 00

3/4

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Myself

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

PERSONALLY appears M L Brown of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 24 day of Sept 1838; 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 3rd Sergt in Company E, of 7 th Regiment of Ga Volunteers Bartow 's Brigade; that whilst engaged in such military service at the battle of 1st Manassas in the State of Va on the 21st day of July 1861, he was wounded as follows: Shot with a minnie ball in the left foot fracturing the bones and rendering the foot substantially and essentially useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of fifty dollars, for the year 1893.

Sworn to and subscribed before me, this the 8th day of March 1894. } M L Brown

Wm Ragsdale Ordinary.

NOTE—State fully the nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA, }
De Kalb County. }

I, Wm Ragsdale Ordinary of said County, do certify that I am well acquainted with M L Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 8th day of March 1894.

Affix your seal here

Wm Ragsdale

Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

Personally appears M L Brown, of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 24 day of Sept 1838; 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 1st Serg't in Company E, of 7 th Regiment of Ga Volunteers, Bartow 's Brigade; that whilst engaged in such military service at the battle of 1st Battle of Manassas in the State of Va on the 21st day of July 1861, he was wounded as follows: Shot with a minnie ball through the left foot fracturing bones rendering the leg substantially and essentially useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of Fifty dollars, for the year 1894.

Sworn to and subscribed before me, this the 20th day of Feb 1895. } M L Brown

Wm Ragsdale Ordinary.

NOTE—State fully the nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA, }
DeKalb County. }

I, W M Ragsdale, Ordinary of said County, do certify that I am well acquainted with M L Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 20th day of Feb 1895.

Affix your seal here

W M Ragsdale.

Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
.....County.

I, ...hereby authorize.....

.....of.....

to receive and receipt for the pension paid hereon and request that he remit same to

.....by.....

at .....

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this.....

day of .....1896.

.....[L. S.]

Executed in presence of us)

.....)

.....)

Brown M.L.
DeKalb Co

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 415

SOLDIER'S PENSION.
1896.

Name M. L. Brown
County DeKalb
Disability Leg Wound
Amount, $ 50.00
Vouchered 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
.....County.

I, ...hereby authorize.....

.....of.....

to receive and receipt for the pension paid hereon and request that he remit same to

.....by.....

at .....

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this.....

day of .....1897.

.....[L. S.]

Executed in presence of)

.....)

.....)

DeKalb Co
Brown, M. L.

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 1871

INVALID
SOLDIER'S PENSION.
1897.

Name M. L. Brown,
County DeKalb
Disability Leg Wound
Amount, $ 50.00
2/23 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears M L Brown of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 2d day of Sept 1838; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Ord Sergt in Company E, of 7th Regiment of Ga Volunteers, Bartow's Brigade; that whilst engaged in such military service in the State of Va, on the 21st day of July 1861, he was wounded, injured or diseased as follows:

Was shot with a minnie ball through the left leg producing a trophy of the bone rendering the leg substantially and seriously useless

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of DeKalb county been allowed a pension of Fifty dollars, for the year 1895.

Sworn to and subscribed before me, this the 10th day of Feb 1896. M L Brown

W M Ragsdale Ord DeKalb

NOTE—State fully the nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,
DeKalb County.

I, W M Ragsdale, Ordinary of said County, do certify that I am well acquainted with M L Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 10th day of Feb 1896.

Affix your seal here.

W M Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears M L Brown of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Sept 1838; 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 Sergt in Company E, of 7th Regiment of Ga Volunteers, Bartow's Brigade; that whilst engaged in such military service in the State of Va, on the 21 day of July 1861, he was wounded, injured or diseased of follows:

Was wounded at the Bull Run battle by a grape shot with a minnie ball fracturing the bone of the left leg and leaving a constant wound and sore rendering the leg substantially and seriously useless

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of DeKalb county been allowed an invalid pension of Fifty Dollars, for the year 1896.

Sworn to and subscribed before me, this the 9th day of Feb 1897. M L Brown POST OFFICE DeKalb

W M Ragsdale Ordinary

NOTE—State fully the nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,
DeKalb County.

I, W M Ragsdale, Ordinary of said County, do certify that I am well acquainted with M L Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 9th day of Feb 1897.

Affix your seal here.

W M Ragsdale
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____
_____ of _____
to receive and receipt for the pension paid hereon and request that he remit same to
_____ by _____
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 1898.

_____ [L. S.]

Executed in presence of

_____

Brown, M. L.
McKo Co

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)
No. 2010

INVALID
SOLDIER'S PENSION.
1898.

Name M. L. Brown.
County DeKalb
Disability Leg
Amount, $ 72 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Applet

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Atlanta

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____
_____ of _____
to receive and receipt for the pension paid hereon and request that he remit same to
_____ by _____
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 1899.

_____ [L. S.]

Executed in presence of

_____

Brown, M. L.
McKalb Co

CODE SECTION 1256.
(For Those Already Enrolled.)
No. 357

INVALID
SOLDIER'S PENSION.
1899.

Name M. L. Brown,
County DeKalb
Disability Leg
Amount, $ 72 1/31 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Applet

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Atlanta

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears M.L. Brown of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 2d day of Sept 1838; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Sergt in Company E, of 7th Regiment of Ga Volunteers, Bartow 's Brigade; that whilst engaged in such military service in the State of Va, on the 21 day of July 1861, he was wounded, injured or diseased as follows:

Was wounded in left leg at the first battle of Manassas, rendering same substantially useless

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of DeKalb county been allowed an invalid pension of Fifty Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 10 day of Oct 1898. M L Brown POST-OFFICE

W M Ragsdale Ordinary

NOTE—State fully the nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,
DeKalb County.

I, W M Ragsdale, Ordinary of said County, do certify that I am well acquainted with M.L. Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Oct 1898.

Affix your seal here.

W M Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears M.L. Brown of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 2 day of Sept 1838; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Sergt in Company E, of 7 th Regiment of Ga Volunteers, Bartow 's Brigade; that whilst engaged in such military service in the State of Va, on the 21 day of July 1861, he was wounded, injured or diseased as follows:

Was wounded at 1st Battle of Manassas in the left leg rendering same substantially and essentially useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of DeKalb County been allowed an invalid pension of Fifty Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 31 day of Jan 1899. M L Brown POST-OFFICE Decatur Ga

W M Ragsdale Ordinary

NOTE—State fully the nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
DeKalb County.

I, W M Ragsdale, Ordinary of said County, do certify that I am well acquainted with M.L. Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 31 day of Jan 1899.

Affix your seal here.

W M Ragsdale
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

to receive and receipt for the pension paid hereon and request that he remit same to

_____ by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____

day of _____ 1900.

_____ [L. S.]

Executed in presence of

_____

CODE SECTION 128.
(For Those Already Enrolled.)
No. 1670

INVALID
SOLDIER'S PENSION.
1900.

Name M. L. Brown
County DeKalb
Disability Leg
Amount, $ 12
Warrant issued Dec 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT RAISED TO
_____
Geo. W. Harrison, State Printer, Atlanta.

No date

DeKalb Co.
Brown, M. L.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I _____ hereby authorize _____

_____ of _____

to receive and receipt for the pension paid hereon and request that he remit same to

_____ by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____

day of _____ 1901.

_____ [L. S.]

Executed in presence of

_____

CODE SECTION 128.
(For Those Already Enrolled.)
No. 1670

DISABLED
SOLDIER'S PENSION.
1901.

Name M. L. Brown
County DeKalb
Disability Leg Wound
Amount, $ 72.
Jan 21 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT RAISED TO
_____
Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears M L Brown of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the 2 day of Sept 1838; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Sergt in Company E, of 7 th Regiment of Ga Volunteers, Barton 's Brigade; that whilst engaged in such military service in the State of Va, on the 21st day of July 186 1, he was wounded, injured or diseased as follows:
Wounded in left leg in battle at Va which wound renders the same substantially and essentially useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of DeKalb County been allowed an invalid pension of Fifty Dollars, for the year 1899.

Sworn to and subscribed before me, this the 5 day of Nov 1900. M L Brown POST OFFICE Decatur
W M Ragsdale, Ordinary

NOTE.—State fully the nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
DeKalb County.

I, W M Ragsdale Ordinary of said County, do certify that I am well acquainted with M L Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Nov 1900.

Affix your seal here.

W M Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears M L Brown of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 2d day of Sept 1838; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Sergt in Company E, of 7 th Regiment of Ga Volunteers, Barton 's Brigade; that whilst engaged in such military service in the State of Va, on the 21st day of July 186 1, he was wounded, injured or diseased as follows:
Had wounded in the left leg which wound renders same substantially and essentially useless

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of DeKalb County been allowed an invalid pension of Fifty Dollars, for the year 1900.

Sworn to and subscribed before me, this the 31 day of Dec 1901. M L Brown Postoffice Decatur Ga
W M Ragsdale, Ordinary

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
DeKalb County.

I, W M Ragsdale Ordinary of said County, do certify that I am well acqainted with M L Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 31 day of Dec 1900.

Affix your seal here.

W M Ragsdale
Ordinary DeKalb County.

OFFICE OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ County. }

I, _____ hereby authorize _____

_____ of _____

to receive and receipt for the pension paid hereon and request that he remit same to

_____ by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____

day of _____ 1902.

_____ [L. S.]

Executed in presence of

_____

Brown, M. D.
DeKalb Co.

(FOR THOSE ALREADY ENROLLED.)
CODE SECTION 1905.

No. 4824

DISABLED
SOLDIER'S PENSION
1902.

Name Brown, M. D.
County DeKalb
Co. E Regiment 7th
Disability Leg Wound
Amount, $ 72. 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
_____

Geo. W. Harrison, State Printer, Atlanta.

Mr Clerk

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ County. }

I, _____ hereby authorize _____

_____ of _____

to receive and receipt for the pension paid hereon and request that he remit same to

_____ by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____

day of _____ 1903.

_____ [L. S.]

Executed in presence of

_____

Brown, M. D.
DeKalb Co.

(FOR THOSE ALREADY ENROLLED.)
CODE SECTION 1905.

No. 317

DISABLED
SOLDIER'S PENSION
1903.

Name Brown M. D.
County DeKalb
Co. E Regiment 7th
Disability Leg
Amount, $ 72. 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
_____

Geo. W. Harrison, State Printer, Atlanta.

7 to date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb **County.**

Personally appears M L Brown of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 24 day of Sept 1838; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Sargt in Company E, of 7 th Regiment of La Volunteers, Barlow 's Brigade; that whilst engaged in such military service in the State of Va, on the 21st day of July 1861, he was wounded, injured or diseased as follows:
Was wounded at 1st Manassas battle in left leg fracturing bone rendering same substantially and essentially useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of De Kalb County, been allowed an invalid pension of Fifty Dollars, for the year 1901.

Sworn to and subscribed before me, this the 15 day of Jan 1902. M L Brown
Post-office Decatur
W M Raysdale Ordinary.

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
De Kalb **County.**

I, W M Raysdale Ordinary of said County, do certify that I am well acquainted with M L Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 15 day of Jan 1902.

Affix your seal here

W M Raysdale
Ordinary De Kalb County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1902.

BUREAU OF ARCHIVES

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb **County.**

Personally appears M L Brown of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 24 day of Sept 1838; 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 Sargt in Company E, of 7 th Regiment of Ga Volunteers, Bartows 's Brigade; that whilst engaged in such military service in the State of Va, on the 21 day of July 1861, he was wounded, injured or diseased as follows:
Was wounded at the 1st battle of Manassas in the left leg rendering same substantially and essentially useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of De Kalb County, been allowed an invalid pension of Fifty Dollars, for the year 1902.

Sworn to and subscribed before me, this the 10 day of Jan 1903. M L Brown
Post-office Decatur
W M Raysdale Ordinary

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
De Kalb **County.**

I, W M Raysdale Ordinary of said County, do certify that I am well acquainted with M L Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 10 day of Jan 1903.

Affix your seal here

W M Raysdale
Ordinary De Kalb County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

I, _____ hereby authorize

_____ of _____

to receive and receipt for the pension paid hereon, and request that he remit same to

_____ by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____

day of _____ 1904.

_____ [L. S.]

Executed in presence of

_____

Brown Mtl
Dekalb County

CODE SECTION 1260.
(FOR THOSE ALREADY ENROLLED.)

No. 3972

DISABLED
SOLDIER'S PENSION
1904.

Name M. T. Brown
County DeKalb
Co. G Regiment 7
Disability wounded, leg
Amount, $ 50.00
1-25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[signature]

Geo. W. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

I, _____ hereby authorize

_____ of _____

to receive and receipt for the pension paid hereon, and request that he remit same to

_____ by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____

day of _____ 1905.

_____ [L. S.]

Executed in the presence of

_____

Brown, Mtl
Decatur County

CODE SECTION 1260.
(FOR THOSE ALREADY ENROLLED.)

No. 2760

DISABLED
SOLDIER'S PENSION
1905.

Name M. T. Brown
County DeKalb
Co. G Regiment 7 Ga
Disability
Amount, $ 50.00
January 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[signature]

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears M L Brown of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 2 day of Sept 1865; 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 Sergt in Company C, of 7 th Regiment of GA Volunteers Bartow 's Brigade; that whilst engaged in such military service in the State of _____, on the 21 day of July 1864, he was wounded, injured or diseased as follows:

wounded in left leg

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 DeKalb County, been allowed an invalid pension of Fifty Dollars, for the year 1903.

Sworn to and subscribed before me, this the 19 day of January 1904.
James R Georgs

M L Brown
Post-office Decatur Ga

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
DeKalb County.

I, James R Georgs Ordinary of said County, do certify that I am well acquainted with M L Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 19 day of January 1904.

James R Georgs
Ordinary DeKalb County.

Affix your Seal here.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb COUNTY.

Personally appears M. L. Brown of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the _____ day of _____ 18__; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a _____ in Company E, of 29 th Regiment of _____ Volunteers _____ 's Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of July 1864, he was wounded, injured or diseased as follows:

Left leg disable, Manassas.

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 DeKalb County, been allowed an invalid pension of Fifty Dollars, for the year 1904.

Sworn to and subscribed before me, this the 21st day of January 1905.
James R Georg Ordinary

M L Brown
Post-office Decatur

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R Georgs Ordinary of said County, do certify that I am well acquainted with M. L. Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 21st day of January 1905.

James R Georgs
Ordinary DeKalb County.

Affix your Seal here.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

I, _____ hereby authorize

_____ of _____

to receive and receipt for the pension paid hereon, and request that he remit same to

_____ by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____

day of _____ 1906.

_____ [L. S.]

Executed in the presence of

_____

Brown, M. L.
DeKalb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 435

DISABLED
SOLDIER'S PENSION
1906.

Name M. L. Brown
County DeKalb
Co. G Regiment 7th Ga.
Disability Left Leg
Amount, $ 50.00
1/2 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

The Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr.

Not dated

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB
_____ COUNTY.

I, _____, hereby authorize

_____ of _____

to receive and receipt for the pension paid hereon, and request that he remit same to

_____ by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____

day of _____ 1907.

_____ [L. S.]

Executed in presence of

_____

Brown, M. L.
Dekalb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED)

No. 435

DISABLED
SOLDIER'S PENSION
1907.

Name M. L. Brown
County DeKALB.
Co. G Regiment 7th Ga.
Disability Left Leg Disabled
Amount, $ 50 00
1/2 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Not dated

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
De Kalb **County.**

Personally appears M L Brown of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 2nd day of Sept 1838; that he enlisted in the military service of the Confederate States, (or of the State of _____) during the war between the States, and served as a Private in Company E, of 7th Regiment of Georgia Volunteers _____'s Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of July 186 1, he was wounded, injured or diseased as follows:

Left leg disabled at Manassas

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of De Kalb County, been allowed an invalid pension of Fifty Dollars, for the year 1905.

Sworn to and subscribed before me, this the 17 day of January 1906.

James R George Ordinary

M L Brown

Post-Office Decatur Ga

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

State of Georgia,
De Kalb **County.**

I, James R George Ordinary of said County, do certify that I am well acquainted with M L Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 17 day of January 1906.

James R George

Ordinary De Kalb County.

Affix your seal here

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
DeKALB. **County.**

Personally appears M. L. Brown of DeKALB. County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the _____ day of _____ 18____; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a _____ in Company E, of 7 th Regiment of Georgia Volunteers _____'s Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows:

Left leg disabled Manassas, July 1861

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of DeKALB. County, been allowed an invalid pension of Fifty Dollars, for the year 1906.

Sworn to and subscribed before me, this the 15 day of January 1907.

James R George Ordinary

M L Brown

Postoffice Decatur Ga

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

State of Georgia,
DeKALB. **County.**

I, James R George Ordinary of said County, do certify that I am well acquainted with M. L. Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this 19th day of January 1907.

James R George

Ordinary DeKALB. County.

Affix your seal here

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

Affix your seal here

Ordinary DeKalb County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

Affix your seal here

Ordinary [illegible] County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

DeKalb

Maimed Soldiers.

Voucher No. 1542

Amount $ 50.

Paid to Mrs. L. Y. Brown

For Left leg disabled

March 3d. 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

W. J. Campbell, State Printer, Constitution Job Office.

Mrs. L. Y. Brown

DeKalb

Maimed Soldiers.

Voucher No. 1171

Amount $ 50.

Paid to M. L. Brown

For Leg disabled

Feby 14 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

W. J. Campbell, State Printer, Constitution Job Office.

J. M. Arwood

Audited Feb. 11 1891.

Wm. A. Wright

COMPTROLLER GENERAL.

Brown, M. L.

1891.

Maimed Soldiers.

Voucher No. 548

Amount $ 50

Paid to M. L. Brown

For Leg disabled

Feby 11 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant.

No. 1542

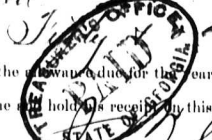
STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. March 25 1889

Mr. Moses L. Brown of the County of DeKalb having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec. 24, 1888, and the same having been allowed for

Lg & leg disabled

He is entitled to receive the sum of Fifty ~~00~~ Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant.



W. J. Gordon
GOVERNOR.

By the Governor
W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

150

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty ~~00~~/100 Dollars.

per above voucher, this 25 of March 1889.

M. L. Brown
per R. M. Brown Jr.

No. 1171

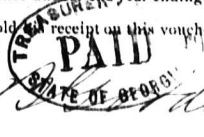
STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga., Feby 14 1890

Mr. M. L. Brown of the County of DeKalb having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, approved, Dec. 24, 1888, and the same having been examined and allowed for

Leg disabled

He is entitled to receive the sum of Fifty ~~00~~/100 Dollars for such disability, the same being the allowance due for the year ending October 24, 1890

The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant.



W. J. Gordon
GOVERNOR.

By the Governor,
W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

$ 50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty ~~00~~/100 Dollars,

per above voucher, this 14 of Feb 1890.

M. L. Brown
J. W. Atwood

NAME, Brown, Moses L. YEAR 1889 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? sergt. Co. E, 7th. Regt. Ga. Vols. Anderson's Brigade.

NAME OF CAPTAIN AND COLONEL? Lt. John M. Hawkins.

WOUNDED? Manassas, Va. July 21st. 1861. Shot in left foot.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Lieutenant John M. Hawkins. No data.

1891.

No. 548

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 11 1891.

Mr. M. L. Brown of the County of DeKalb having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for Leg dis

He is entitled to receive the sum of Fifty ~~~~~ Dollars for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt on this voucher and return same to Executive Department for warrant.

PAID TREASURER'S OFFICE STATE OF GEORGIA

W. J. Northen
GOVERNOR.

By the Governor,

W. A. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

$50 00

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

Fifty 0 0/ Dollars,

per above voucher, this 11 of July 1891.

M. L. Brown

Approved 4/29 1897
Brown
Reid & Johnson
Atty's
DeKalb County
No. 7883

Widow's Pension,

1897.

PAID TO

Mrs Nancy Brown

OF

DeKalb County.

Widow of John Brown

RICHARD JOHNSON,

Commissioner of Pensions.

Warrant Issued,

4/29 1897.

AND HANDED TO

R. B. Anderson.

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

3/6 97

Pension Dept 3/11 1897.

It appears that applicant's husband at the date of his death was a very old man-

The physicians are requested to say whether his death was solely attributable to the wound - whether it was the primary cause-

Reid & Johnson

Com of Pensions

Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
DeKalb COUNTY. }

I, Nancy Brown hereby authorize R. B. Anderson of Fulton County Ga to receive and receipt for the pension allowed and request that he remit same to Ben Hill Ga at ____ by ____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of March 1897.

Her
Nancy X Brown [L. S.]
Mark

Executed in the presence of

R. H. Hulsey

_____

Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Nancy Brown hereby authorize R. B. Anderson of Fulton County Ga to receive and receipt for the pension allowed and request that he remit same to me at Panthersville Ga by

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5th day of March 1897.

her
Nancy X Brown [L. S.]
mark

Executed in the presence of
D. F. White J. P.

Claim Opp 3/11 1897
It appears that applicant
at the date of his death was
a woman of the
following occupation
Is duly entitled to any
benefit under the
act to the amount allowed
it was the primary cause
Pistol explosion
Chief Examiner

Allowed 4/29/1897
Brown Family
DeKalb County

Widow's Pension,
1897.

PAID TO
Mrs. Nancy Brown
OF
DeKalb County.
Widow of John Brown

RICHARD JOHNSON,
Commissioner of Pensions.

Warrant Issued,
4/29 1897.

AND HANDED TO
P. B. Anderson.

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

3/6 97

Form No. 1.

Affidavit to be Made by the Widow.

STATE OF GEORGIA,
COUNTY OF DeKalb

The instructions as set out in the notes, MUST be observed.

In person came before me, the undersigned Ordinary in and for the County of DeKalb Mrs. Nancy Brown, who being sworn according to law, says under oath that she is the widow of John Brown, who was a soldier in ~~the service of the Confederate States~~, and served as a member of Company F, of the Eighth Regiment of Ga Volunteers; that he enlisted in said services on or about the 10 day of June 1861, and was in the Confederate Army up to May 1865. That while in the Army, he was on the day of 186, (See Note No. 1) was wounded at the battle of the Wilderness in Virginia in the right Sabre, which wound continually broke out and run puss. He was never well with in. It affected his whole system and for several years before his death he constantly used crutches. The wound never had healed but was the cause of his death on Jan 6th 1896. He was on the Georgia pension roll and had been drawing a pension from the state for the wounded ankle of which he died

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 27th day of Aug 1840, and that she was born in S.C., and has resided in Georgia continuously since the 17 day of March 1822; that Georgia is her home, and was such on the 23rd 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, 1897, and herewith tenders the proof of her right to receive the pension granted by said Act.

Sworn to and subscribed before me, this the 5th day of March 1897.

her
Nancy X Brown
mark

W. M. Ragsdale, Ordinary.

POST OFFICE,

NOTE 1.—State in blank about the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is *known* positively to have resulted from the service of the soldier to the Army and not from any other cause.

NOTE 2.—The Ordinary will see that ALL blank spaces are filled before the affidavits are signed.

Form No. 2.

Affidavit for Three Witnesses.

STATE OF GEORGIA, } In person came before me, the undersigned Ordinary in
COUNTY OF ____ } and for said County, witnesses

Dr A. N. Brantley; L. D. Love

and Dr W. C. Matthews (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, FROM THEIR OWN PERSONAL KNOWLEDGE, Mrs. Nancy Brown, now a resident of the County of DeKalb State of Georgia, is the widow of John Brown who was a soldier in Company F of the 8th Regiment of Geo Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the ____ day of ____ 186 . That ~~while in said service~~ or by reason of said service in the Army, he died on the 6th day of Jan 1896 from the following causes: He was wounded in the right Ancle by a minnie ball the bones of the Ancle were badly fractured, and were never perfectly healed and from this time on until his death, the wound continued to break out at intervals and confine him for weeks at a time to his bed, or to his room. The frequent inflaming of the wound led to suppuration, occasional attacks of Erysipelas and Blood-Poisoning, which gradually undermined his health and at last, by reason of the constant and copious discharge of pus caused his death

Our opportunity for knowing the facts stated in reference to death of applicant's husband were that we lived in the vicinity, & one of us, Dr Brantley (was in the Regiment in the war with him) and lived in 200 yards of Applicant's husbands home and was their family Physician for 15 or 20 years before the husband died, and treated him professionally many times in all those years.

We further swear that she became the wife of said soldier on the 27th day of Nov 1866, and so remained to his death, since then she has not again married, and that she resided in said State of Georgia on the 23d of December, 1890, and that she has so continued to reside up to this date.

We further swear that we have no personal interest in the pension asked for.

Sworn to and subscribed before me, this, the 5 day of January 1897. } A. N. Brantley, M. D.
W C Matthews M D
L D Love

Ordinary.

NOTE 1.—Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

NOTE 2.—If the husband died after the war of wounds or disease state fully and particularly how you, as witnesses, know the service as a soldier was the immediate cause of his death.

NOTE 3.—All blank spaces must be filled when signed.

Form No. 3.

Certificate of Ordinary of the County of Applicant's Residence.

STATE OF GEORGIA, } I, ____ Ordinary
COUNTY OF Fulton } in and for said County of ____

State of Georgia, hereby certify that I am acquainted with Mrs. Nancy Brown 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, to-wit: A. N. Brantley, L. D. Love and L. D. Love, whose testimony she presents to sustain her claim, are *known to me to be truthful witness*, 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 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 6th day of January 1897.

{SEAL}

Ordinary.

W. M. Ragsdale, Ordinary
DeKalb County, Ga.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

Those whose husbands died *in the army* of wounds or disease contracted in the service.

Those whose husbands went to the army and have never been heard from since the war.

Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.

No pension can be paid for previous years.

Those whose husbands *contracted disease in the service* and who after the war, died of the disease caused by the service. *The disease directly* causing the death.

No widow is entitled unless she was the wife of the soldier during the service, and has never remarried.

The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.

The facts to establish a claim must be substantiated by the testimony of three witnesses **who personally know of the enlistment of the husband and his death and the immediate cause of the death.**

If the husband died since the war testimony by physicians must be produced.

Widows who have married since the service of their husbands in the army are not entitled.

If witnesses live in another County from that wherein applicant resides, they must *go before the Ordinary* of their County and testify. *The attestation of a Justice of the Peace or Notary will not answer, in any case.*

If proofs must be made out of the State, the witnesses must be sworn befer a *Judge of a Court of Record under Seal*, and the witnesses must be certified to as reliable, and that their signatures are genuine.

Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.

Fill out the *"directions"* below Power of Attorney, so that your Agent will know where and how to send the money.

Widows whose husbands enlisted from another State or served in other Commands than Georgia Commands are not entitled to pensions unless they were born in Georgia and can make proof of that fact.

By order of the Governor.

RICH'D JOHNSON,
Commissioner of Pensions.

POWER OF ATTORNEY.

State of Georgia, DeKalb County.

I, Nancy Brown hereby authorize Chas. C. Smith of DeKalb to receive and receipt for the pension paid hereon and request that he remit same to at

In Witness Whereof, I have hereunto set my hand and seal, this 17th day of Jan 1898.

her
Nancy X Brown [L. S.]
mark

Executed in the presence of
C. F. Burgess
W. M. Rogdale
Ordinary

Brown, Nancy
DeKalb County

For Those Heretofore Paid.

1898.

No. 2611

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO
Mrs. Nancy Brown
OF
DeKalb County,
Widow of Sylvanus Brown

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
2/1 1898.
AND HANDED TO
C. Smith

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia,
DeKalb County.

I, Nancy Brown hereby authorize W. B. DeLoach of DeKalb

to receive and receipt for the pension paid hereon and request that he remit same to at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 28 day of Feb 1899.

her
Nancy X Brown [L. S.]
mark

Executed in presence of
Robt. L. Steele
W. M. Rogdale
Ordinary.

Brown, Nancy
DeKalb Co

For Those Heretofore Paid.

1899.

No. 3645

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mrs. Nancy Brown
OF
DeKalb County
Widow of John Brown,

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
3/3 1899.
AND HANDED TO
W. B. DeLoach

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb — Personally Comes Mrs. Nancy Brown

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 1828. That she is the Widow of Colen Brown who was a Soldier in Company of the 8th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of 1861 and served in the Army up to 1865. That he lost his life on the day of 18 (State here full particulars of the husband's death, when, where and from what cause.)

I wounded at the battle of the Wilderness in Va and never recovered from the effects but died from the wound which effected his whole left leg

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 4[illegible]

I have been allowed a pension as a resident of DeKalb County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this 17th day of Jan 1898. [illegible] Ordinary.

her Nancy x Brown mark

Post-Office Panthersville

State of Georgia, DeKalb County. I W.M. Ragsdale, Ordinary of said County, certify that I am well acquainted with Mrs. Nancy Brown who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18

Given under my official signature and seal this the 17th day of Jan 1898.

W.M. Ragsdale, Ordinary of DeKalb County.

(Official Seal.)

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb — Personally Comes Mrs. Nancy Brown

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. 1828 That she is the Widow of John Brown who was a soldier in Company of the 8th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of 1861 and served in the Army up to 1864 That he lost his life on the 29 day of Jan 1896 (State here full particulars of the husband's death, when, where and from what cause.)

Was wounded in the left leg below the knee in battle while in service and the wound never healed always remained a running sore until it finally caused his death

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 1840.

I have been allowed a pension as a resident of DeKalb County for the year ending February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this 28th day of Feb 1899. W.M. Ragsdale, Ordinary.

her Nancy x Brown mark

Post-Office

State of Georgia, DeKalb County. I W.M. Ragsdale, Ordinary of said County, certify that I am well acquainted with Mrs. Nancy Brown who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18[illegible]

Given under my official signature and seal this the 28th day of Feb 1899.

W.M. Ragsdale, Ordinary of DeKalb County.

(Official Seal.)

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, Mrs. Nancy Brown hereby authorize W. D. Leach of Cobb County to receive and receipt for the pension paid hereon and request that he remit same to Nancy Brown at Powder Springs Cobb Co

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this ... day of Feb 1 1900.

her
Nancy X Brown [L. S.]
mark

Executed in presence of
J. P. Patterson

Brown Nancy
DeKalb County
To Those Heretofore Paid.

1900.

No. 1223

WIDOWS PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. Nancy Brown
OF
DeKalb County,
Widow of Levi Brown

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Feb 15 1900,
AND HANDED TO
W B Leach

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, Mrs. Nancy Brown hereby authorize G. W. Parker of DeKalb County, to receive and receipt for the pension paid hereon and request that he remit same to ... at ...

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11" day of Jan 1901.

her
Nancy X Brown [L. S.]
mark

Executed in presence of
Thos. A. White
J. W. Harrison

Brown Nancy
DeKalb Co
To Those Heretofore Paid.

1901.

No. 365

WIDOWS PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. Nancy Brown
OF
Decatur DeKalb County.
Widow of Levi Brown

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Jan 21 1901,
AND HANDED TO
G W Parker

Geo. W. Harrison, State Printer, Atlanta, Ga.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of [illegible] } Personally Comes Mrs. Nancy Brown

who, being sworn, says on oath, that she is a bona fide resident of said county of [illegible] State of Georgia, and that she has RESIDED in said State continuously ever since 1828. That she is the Widow of [illegible] who was a soldier in Company of the 8th Regiment of [illegible] Volunteers, that he enlisted in said regiment on or about the month of 186[illegible] and served in the Army up to [illegible] 186[illegible] That he lost his life on the [illegible] day of [illegible] 18[illegible], (*State here particulars of the husband's death, when, where and from what cause*) [illegible]

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18[illegible].

I have been allowed a pension as a resident of [illegible] County for the year ending February 15th, 189[illegible], and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this [illegible] day of [illegible] 1900. [illegible] Ordinary.

Nancy X Brown
her mark
Post Office [illegible]

State of Georgia, [illegible] County. I [illegible] Ordinary of said County, certify that I am well acquainted with Mrs. [illegible], 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 [illegible] day of [illegible] 1828

Given under my official signature and seal, this the [illegible] day of [illegible] 1900.

{ Official Seal. }

[illegible]
Ordinary of [illegible] County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. Nancy Brown

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 1828. That she is the Widow of John Brown who was a soldier in Company of the 8th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of [illegible] 186[illegible] and served in the Army up to [illegible] 1863. That he lost his life on the 14th day of July 1897. (*State here particulars of the husband's death, when, where and from what cause*) Was wounded in thigh leg which never healed up but kept suppurating and which resulted in his death

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 40.

I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1900, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this 12th day of Jan 1901. W M Magdee Ordinary.

Nancy X Brown
her mark
Post Office Panthersville

State of Georgia, De Kalb County. I W. M. Magdee Ordinary of said County, certify that I am well acquainted with Mrs. Nancy Brown, 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 [illegible] day of [illegible] 1828

Given under my official signature and seal, this the 12th day of [illegible] Jan 1901.

{ Official Seal. }

W M Magdee
Ordinary of De Kalb County.

LIGHT PRINT OR BAD COPY *

To Hon Richard Johnson
Com Pensions

Sir

In addition to what was stated in the application, I or L.N. Brantley desire to make a more extended and I trust a more lucid explanation of the circumstances attending the disability and the death ultimately of the Applicants husband.

I knew Mr Brown the husband of this Applicant personally from sometime in 1862 or 3 until his death. He was in the same Regiment during the time and I was within a few rods of him for a good many years and was for some 8 or 10 years his family Physician and for many times I was with him to dress his old wound.

He was physically a very strong healthy man though advanced in years at the time of his death, and in all the years that I knew him I never knew him to be sick from any other cause than I am sure was resulted directly from the wound.

The wound during the last years of his life never healed at all - as it did some years before - but remained constantly an open suppurating sore, which as he approached the end enlarged until the entire limb, from the knee to the middle of the foot, was one mass of inflamed, swollen, and festering flesh,

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb County.

I, Nancy Brown, hereby authorize
W.D. Warren of Dekalb
to receive and receipt for the pension paid hereon, and request that he remit same to
at

In Witness Whereof, I have hereunto set my hand and seal, this 9th day of June 1902.

Nancy E. Brown [L. S.]

Executed in presence of
W. [illegible]
[illegible]

Brown Nancy
Dekalb Co Ga

To Those Heretofore Paid.

1902.

No. 368

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. Brown Nancy

OF

Dekalb County,

Widow of Lt 2nd Regiment 8th Co.

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT ISSUED July 1902

AND HANDED TO

W.D. Warren

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

This state of affairs could have but one result in a man of his years, and especially is this fact accentuated when the further fact is considered that his wife is old, feeble, and almost totally blind, that the family is quite poor, and that his last hours were sustained only by this meagre comfort that such sadly inadequate help could give.

Under all these circumstances I have no hesitation in declaring that his death resulted directly from the wound that he received in the ankle in battle, and that that wound was, beyond a doubt, the Primary cause of all that train of troubles that led to his death.

I also believe that there is not a more suitable case to come up for your official consideration in all the great state of Georgia.

Trusting that I have made the Applicants' case as clear and to some extent lightened the burden that I feel must perforce rest heavily on your shoulders I beg to subscribe myself

Your very Humble Servant

R. H. Brantley, M.D.
M.C. Macon Ga

No 300 Whitehall St
Atlanta, Ga
April 22nd 1897.

Sworn to & subscribed
before me this 27th April 1897
T.M. Mackay
Ordinary

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of DeKalb

PERSONALLY COMES MRS. Nancy Brown

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 ~~1828~~ 1828. That she is the Widow of John Brown who was a soldier in Company of the 8th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 186/, and served in the Army up to 1864 That he ~~died~~ Died ~~on~~ the 29th day of Jan 1896. (State here particulars of the husband's death, when, where and from what cause) Was wounded while in service in left leg and died of the wound.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1840.

I have been paid a pension as a resident of DeKalb County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me, this 15 day of Dec 1902.
T.M. Mackay, Ordinary. Post-Office

State of Georgia,
DeKalb County.

I, T.M. Mackay Ordinary of said County, certify that I am well acquainted with Mrs. Nancy Brown, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the day of 1828.

Given under my official signature and seal, this the 15 day of Jan 1902.

(Official Seal)

T.M. Mackay
Ordinary of DeKalb County.

NOTE.—All blank spaces must be filled.
Voucher and affidavit must bear date after January 1st, 1902.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
DeKalb COUNTY }

I, James R George Ordinary of said County, do certify that I know Mrs. Rebecca L Brown 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 18 day of Oct 1921

That I also know witness as to marriage, and I also know ; that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 24 day of Oct 1921

(SEAL.) James R George Ordinary.
DeKalb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

Brown, Rebecca L
DeKalb County
No.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910— As Amended by Act of 1919.

County DeKalb
Name Rebecca L Brown
Widow of L M Brown
Company H
Regiment 2 Ga Cav
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

1/28—1921

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R George Ordinary of said County, do certify that I know Mrs. Rebecca L Brown 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 18 day of Oct 1921

That I also know witness as to marriage, and I also know ; that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 24 day of Oct 1921

(SEAL.) James R George Ordinary.
DeKalb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

Brown, Rebecca S
DeKalb County

No.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910— As Amended by Act of 1919.

County DeKalb
Name Rebecca S Brown
Widow of J. M. Brown
Company H
Regiment 2 Ga Cav
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10/38—1921

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,
DeKalb COUNTY.

Personally before me comes Mrs. Rebecka S. Brown of said County, who, after being duly sworn, says that she is the widow of T. M. Brown to whom, in the County of DeKalb State of Georgia she was married on the 7 day of March 1871, and that she remained his wife, and resided with him to the date of his death in April 16th 1921 and that she has not since his death remarried. At the time of his death he was a resident of DeKalb County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of $100.00 in DeKalb County for 1921 per annum, on account of being a soldier in Company H Regiment 2 Ga Cadets (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of DeKalb and she has so continuously resided since day of for 35 years 19

Sworn to and subscribed before me, this the
18 day of October 1921
James R. Gyorgi Ordinary
of DeKalb County.
(SEAL)

Rebecka S. Brown
Mark

Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband

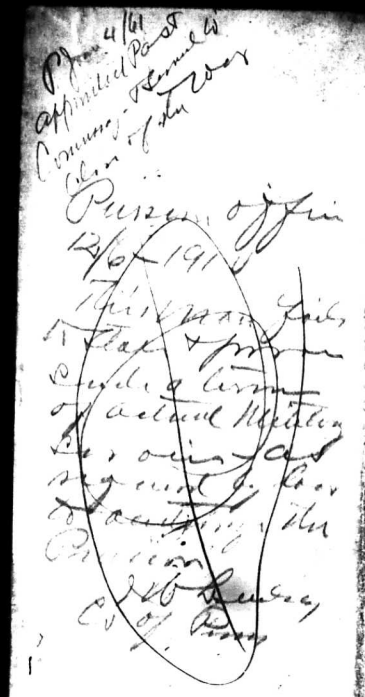
STATE OF GEORGIA,
Floyd COUNTY.

Personally before me comes Mrs. Willie U. Hammond known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Rebecka S. Brown, who made the foregoing affidavit, is the lawful widow of T. M. Brown who died in DeKalb County in said State of Georgia on 16th day of April 19 21, and that she has not since remarried. That she became the wife of T. M. Brown on the 7th day of March 18 71, and that she and he had resided together as man and wife continuously since 7 day of March 18 7[illegible], and that the said T.M.Brown was the same man who was on the pension roll of said State of Georgia from dont' know how long said T. M. Brown drew a pension County when he died. That said affiant did not witness marriage of said applicant and T. M. Brown, but from all informa- were married on date as above stated, that affiant is the sister of said applicant

Sworn to and subscribed before me, this the
19 day of Oct 1921
Harry Johnson Ordinary
of Floyd County.
(SEAL)

Mrs Willie U. Hammond

And I Certify that the said Mrs. Willie U. Hammond is ~~credible and~~ entitled to full faith and credit
Harry Johnson, Ordinary



Brown, Sue W.
DeKalb Co.

O.K. for 1911
No. 5

Widow's Pension

UNDER ACT 1910.

County DeKalb

Name Mrs Sue W Brown

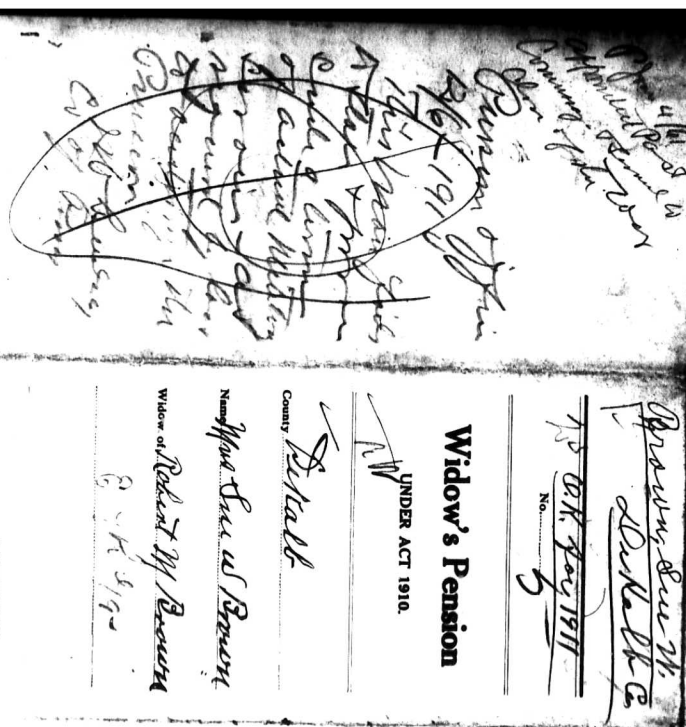
Widow of Robert M Brown

E 7th Reg

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

1/20



Widow's Pension

UNDER ACT 1910.

No. 5

Name Mrs Sue W Brown

County DeKalb

Widow of Robert M Brown

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

Application for Pension by a Widow Under Act of 1910.--Questions for Applicant.

STATE OF GEORGIA,
DeKalb County.

Personally before me comes Mrs Sue W Brown of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of ....1910, and submit testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? Sue W Brown Decatur Ga
2. How long and since when have you been a continuing resident in the State of Georgia? 75 years Dec 29th 1834
3. When, where and to whom were you married? May 1st 1866 - DeKalb Co
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) May 31st 1861 Company E - 7 - Ga Regiment Confederate States
5. When and where did the Commands of your husband surrender or discharge from the army? April 1865 - Appomattox C H Va
6. Was your husband personally present at the time of the surrender or discharge of this Command? He was not
7. If he was not present state clearly where he was? He was Honorable Discharged
8. Where was his Command when he left? In Virginia
   a. For what cause did he leave his command? On account of Age & disability
   b. By whose authority did he leave his Command? Doctors & Officers in command
   c. For how long was he granted leave of absence? Permanently
   e. What was his physical condition when he left his Command? Disable Health
   f. What effort did he make to return to his command? Made none Discharged
   g. In what way was he prevented from going back to Command? Not able
   h. Was he captured by the enemy at any time? He was not
   i. If so, when and where captured and where held as a prisoner, and when and for what cause released?
   j. When and where did your husband die? May 22nd 1884 Decatur Ga
   k. Were you residing together when he died? He was
   l. If not, how long had you resided apart? — — — —
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) None of any Kind
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None
11. What property of any description of any value have you now? None
    Give list and cash value?
12. What are your annual earnings or income and their value? I have no income of any Kind
13. Have you heretofore been paid a pension by the State? I have not
    If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the 25 day of Oct 1910

James R George Ordinary.
DeKalb County.

Mrs Sue W. Brown.

Robt M. Brown

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,
DeKalb County.

Personally before me comes J. C. Teat who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? J. C. Teat - Edgewood Ga
2. How long and since when have you known Mrs Susie W Brown applicant?
3. How long and since when has she continuously resided in this State? (Give date.) all her life
4. When and to whom was she married? How do you know?
5. How long and since when did you know Robert M. Brown her husband? 49 years Since 1861
6. When and where did Robert M. Brown the husband of Applicant die? DeKalb county
7. Where the Aplicant and her husband living together as husband and wife at the date of his death? they was
8. If not, how long did they live apart before his death? —
Were they divorced? —
9. When, where and in what Company and Regiment did Robert M. Brown enlist? May 31st 1861 - Decatur Ga Company E 7 Ga Regiment
10. Were you a member of the same Company? I was
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? one year
12. When, and where did his Command surrender, and was discharged? 1865 At Fomatox Va
13. Were you personally present when it was surrendered? I was If not where were you Present and how came you there?
14. Was the husband of applicant personally present at surrender? No If not where was he? At Home when, where and for what cause did he leave Command? (Give date.) Discharged on account of old Age By whose authority did he leave his Command? Officers in command and how long was he granted leave? Permant How do you know all this? was Present Knows it of My own Knowledge and belonged to same company & Regiment
15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? He was honorable discharged on account of old age
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the 24 day of Oct 1910 — Irwin L Teat

James R George Ordinary,
of DeKalb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
DeKalb County.

Personally before me comes Wm S Howard & D C Thompson who on oath says that they are freeholders of said County and that they know Mrs Susie W Brown of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows

Personal property $ None
Notes and accounts due $ —
Total $ —

Schedule (B).

We know the property sold or given away since Nov. 4th 1908, its cash value to be as ~~follows~~

Personal property $ Nothing
Money, Notes and accounts $ —

Schedule (C).

We also know what property she has now in her possession, use and control to wit:

Acres of land worth $ Nothing
Horses and Mules $ —
Cows and Hogs $ —
Other property $ —
Income and earnings $ —
Total Value of all property and effects $ —

Sworn and subscribed before me this the 12 day of Nov 1910 — Wm S Howard, D C Thompson

James R George Ordinary,
of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb County.

I James R George Ordinary of said County do certify that, I know Mrs Susie W Brown the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov., 1908.

That I also know J. C. Teat the witness who swears to the service of husband, and Wm S. Howard & D C Thompson who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns DeKalb Co Returned for Tax is for 1908 $ Nothing for 1910 $ nothing

Sworn under my hand and official seal of office this 12 day of Nov 1910

SEAL.

James R George Ordinary,
DeKalb County

(SEAL.)

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2 Additional affidavits may be attached if blank spaces are insufficient.
4 All affidavits must be made before the Ordinary.
3 Only widows who married prior to first January 1870, are entitled.
5 Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

State of Georgia, DeKalb County.

To any Minister of the Gospel, Judge of Superior Court, Justice of Inferior Court, or Justice of the Peace to celebrate: You are hereby authorized and permitted to join in the Honorable state of matrimony Robert M. Brown and Mrs. Sue W. Anderson according to the rites of your Church provided there be no lawful cause to obstruct the same according to the Constitution and Laws of this State and for so doing this shall be your sufficient license.

Given under my hand and seal, this 13th day of November 1866.

J. B. Wilson, Ordinary.

I hereby certify that Robert M. Brown and Mrs. Sue W. Anderson were joined together in the Holy Bond of Matrimony on the 13th day of November 1866 by me.

A. T. Holmes, M. G.

Georgia, DeKalb County.

I, James R. George, Ordinary in and for said county, do hereby certify that the above and foregoing copy of marriage license and copy of certificate of marriage of Robert M. Brown and Mrs. Sue W. Anderson, are true, correct and complete copies of the same as appears of record in my office, in Book B. Record of Marriages, Page 188.

In Witness Whereof, I have hereto set my hand and affixed the seal of said court of Ordinary, at Decatur, this the 24th day of October, 1910.

James R. George

Ordinary, DeKalb County, Georgia.

Brown, T. M.
DeKalb County
Co. — Inf.

No.

INDIGENT PENSION
1906

Name T. M. Brown
County DeKalb
Co. H 2nd Ga Colored Regt.
Approved 190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write name of Applicant, Company and Regiment on back as indicated above.

Geo. W. Harrison, State Printer, Atlanta, Ga.

9/24/04 9/24/04

Pension Office, 10/1/04.

This is not an aged man. Not sufficient to state infirmity. It is important the the effects of the infirmity upon the earning capacity should be stated clearly. He must be in such a condition that he cannot by ordinary effort earn his support at any kind of labor.

J. W. Lindsey,
Com. of Pensions.

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY.

I, _____ of _____ hereby authorize _____ to receive and receipt for the pension allowed and request that he remit same to _____ at _____ by _____

Witness my hand and seal, this _____ day of _____ 190__

[L. S.]

Executed in presence of

_____

_____

POWER OF ATTORNEY.

STATE OF GEORGIA,

.....COUNTY.

I, ...hereby authorize

.....of .....

to receive and receipt for the pension allowed and request that he remit same to .....

.....at .....by .....

Witness my hand and seal, this.....day of.....190.....

.....[L. S.]

Executed in presence of

.....

Pension Office, 10/1/02.

This is not an aged man. Not sufficient to state infirmity. It is important the the effects of the infirmity upon the earning capacity should be stated clearly. He must be in such a condition that he cannot by ordinary effort earn his support at any kind of labor.

J. W. Lindsey,
Com. of Pensions.

Brown J. M.
Dekalb County
Ga
No.

INDIGENT PENSION.

190 6

Name J. M. Brown
County Dekalb
Co. F 2nd Ga Cavalry Regt.
Approved 190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write name of Applicant, Company and Regiment on back as indicated above.

Geo. W. Harrison, State Printer, Atlanta, Ga.

Apl 04 9/19/04

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Dekalb COUNTY.

J. M. Brown of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State County and post-office).
J. M. Brown Dekalb Co

2. How long and since when have you been a resident of this State?
60 years 14 May 1844 all my life Milton County Ga

3. When and where were you born? May 14 1844 — Milton County Ga

4. When and where and in what company and regiment did you enlist or serve?
April 1862 Milton County Company K 2nd Ga Calvary

5. How long did you remain in such company and regiment?
April 1862 to May 1865

6. When and where was your company and regiment surrendered and discharged?
May 13th 1865 Kingston Ga

7. Were you present with your company and regiment when it was surrendered? I was

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was present

9. How much can you earn (gross) per annum by your own exertions or labor? about $25-00

10. What has been your occupation since 1865? Farming

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Age & Poverty

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? about four years, My Physical condition is feable I am crippled I have Rheumatism which I contracted in the army

13. What property, real and personal, or income, do you possess, and its gross value? nothing

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? Nothing had nothing to dispose of

15. In what County did you reside during these years, and what property did you then return for taxation?
Dekalb Nothing

16. How were you supported during the years 1899, 1900, 1901 and 1902? By what little I could do and by my Children

17. How much did your support cost for each of these years, and what portion did you contribute thereto by your own labor or income? $100.00 about $25.00

18. What was your employment during 1899, 1899, 1901 and 1902? What pay did you receive in each year?
Farming nothing

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? Wife and 3 children ages 21-24-27 years old My wife has some

20. Are you receiving any pension? If so, what amount and for what disability? I am not

21. Have you ever made an application for pension before? never have

22. How many applications have you ever made and under what class? none

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 24 day of Sept 1904

J. M. Brown
Applicant.

James R. George
Ordinary
of Dekalb County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Fulton County.

Wm Bice of said State and County, having been presented as a witness in support of the application of T M Brown 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? Stephen Terry & Wm Bice Atlanta Ga
2. Are you acquainted with T M Brown, 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? Decatur county all his life
4. When, where and in what company and regiment did he enlist, and how do you know? in 1862 Milton county Co H 3 Ga Cavalry
5. Were you a member of the same company and regiment? yes
6. How long did he perform regular military duty? until ende of the war
7. When and where was his command surrendered? May 13th 1865 Kingston Ga
8. Were you present when it surrendered? and was yes
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? Surrendered and was Present 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 posses in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition?
15. Is the applicant unable to support himself by labor of any sort; if so, why?
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
17. What portion of his support for these four years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
19. Who composes family? What property have they? Children's age and their earning capacity?
20. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the 26 day of Sept 1904
John R Abel Ordinary.

Stephen Terry (8) Witness.
Wm Bice his mark (8)

The witness hereto being duly sworn and their statements are given full credit

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
DeKalb County.

Personally came before me W J. Crumley M D and W H Houston, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully T M Brown, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Double indirect inguinal Hernia, each side Chronic Rheumatism (muscular) Enlarged Prostate Chronic cystitis. Unfit to earn a living by any kind of Labor

and that we have no interest in said pension being allowed.

W J Crumley M D
W J Houston M D

Sworn to and subscribed before me, this the 26 day of Sept 1904
James R George Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb County.

I, James R George Ordinary, in and for said County, hereby certify that the applicant T M Brown resides in said County, and has been a bona fide resident of this State since the 14th day of May 1844 and that the witnesses, viz.: Stephen Terry are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digest of DeKalb County shows that applicant returned for taxation in his name in 1899 None Dollars of property, and in 1900 Dollars of property; in 1901 Dollars of property; in 1902 Dollars of property.

In my opinion the foregoing claim is made in good faith.

Witness my hand and seal of office, this 26 day of Sept 1904
James R George Ordinary,
of DeKalb County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
DeKalb COUNTY.

J. J. Lawhorn of said State and County, having been presented as a witness in support of the application of J M Brown for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside?
J J Lawhorn DeKalb County
2. Are you acquainted with J M Brown, the applicant; if so, how long have you known him? yes. known him 25 years
3. Where does he reside, and how long and since when has he been a resident of this State?
In DeKalb Co
4. When, where and in what company and regiment did he enlist, and how do you know?
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty?
7. When and where was his command surrendered?
8. Were you present when it surrendered?
9. Was applicant present?
10. If he was not present, where was he?
When did he leave his command? For what cause?
By what authority he left? How do you know all of this?
11. What property, effects or income has the applicant? (Give your means of knowledge.)
nothing
12. What property, effects or income did the applicant possess in 1898, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? nothing Made no disposition had nothing to dispose of
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
No had nothing to convey
14. What is the applicant's occupation and physical condition? Farmer his Physical condition is very feable
15. Is the applicant unable to support himself by labor of any sort; if so, why?
I do not think he is
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? by what little he did and his children
17. What portion of his support for these four years was derived from his own labor or income?
About $20.00
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? his Physical condition is very feable I do not think he is able to support himself
19. Who composes family? What property have they? Children's age and their earning capacity?
has a wife and three Children. his wife has a little home her father gave her
20. What interest have you in the recovery of a pension by this applicant? none at all

Sworn to and subscribed before me, this the 26 day of September 1904
James R George Ordinary.

J J Lawhorn
Witness.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

I, _____ hereby authorize

_____ of _____

to receive and receipt for the pension allowed, and request that he remit same to

_____ at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1906.

_____ [L. S.]

Executed in the presence of

_____

Brown, J. M.
De Kalb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 1080

INDIGENT
SOLDIER'S PENSION
1906.

Name J. M. Brown
County De Kalb
Co. K Regiment 2 Ga

WARRANT ISSUED 1/2 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J. M. Brown

THE FOSTER PRINTING AND PUBLISHING CO., ATLANTA, GA.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. COUNTY.

I, _____, hereby authorize

_____ of _____

to receive and receipt for the pension allowed, and request that he remit same to

_____ at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1907.

_____ [L. S.]

Executed in presence of

_____

Brown, J. M.
DeKalb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 1080

INDIGENT
SOLDIER'S PENSION
1907.

Name J. M. Brown
County DeKalb
Co. K Regiment 2 Ga

WARRANT ISSUED 1/2 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J. M. Brown

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
De Kalb **County.**

Personally appears T M Brown of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 14 day of May 1844, that he is 62 years old and by occupation a ——, that he enlisted in the military service of the Confederate States (or of the State of ——) during the war between the States, and served for the term of —— in Company H, of 2th Regiment of Calvary Georgia; that his physical condition is as follows: Age & Poverty

that his property consists of the following items:

of the value of —— Dollars. I am now earning by my labor, —— Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of De Kalb County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 5 day of January 1906. T M Brown

James R George Ordinary.

State of Georgia,
De Kalb **County.**

I, James R George Ordinary of said County, do certify that I am well acquainted with T M Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 5th day of January 1906.

James R George

Ordinary De Kalb County.

Affix seal here

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
DEKALB **County.**

Personally appears T M Brown of DEKALB County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 14 day of May 1844; that he is —— years old and by occupation a ——, that he enlisted in the military service of the Confederate States (or of the State of ——) during the war between the States, and served for the term of —— in Company H, of 2 Ga th Regiment of Ga Cav; that his physical condition is as follows: Age & poverty

that his property consists of the following items:

of the value of —— Dollars. I am now earning by my labor, —— Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of DEKALB County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 15 day of Jany 1907. T M Brown

James R George Ordinary.

State of Georgia,
D —— **County.**

I, James R George Ordinary of said County, do certify that I am well acquainted with T M Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1907.

James R George

Ordinary D —— County.

Affix seal here

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1907.

STATE OF GEORGIA, DeKalb **County**

I, James R Georges, Ordinary of said County, do certify that I personally know Mrs R B Brown, the applicant, and that she is the lawful widow of J M Brown, and was on the ..... Pension Roll of said DeKalb County, and was paid a Pension from DeKalb County for 1920., and at the time of his death on the 15 day of April 1921, there was due to him and unpaid his Pension of One Hundred & Twenty five Dollars from the State of Georgia, and I know ....., the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 23 of Dec, 1921.

(SEAL.)

James R Georges, Ordinary,
DeKalb County.

Brown, J. M.
DeKalb Co.

1921

Application for Pension Due Deceased Soldier

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY

Mrs. R B Brown

Widow of J M Brown

of ..... County

Co. ..... Regt.

Date of Death April 15 1921

Approved and ordered paid. 1925

12/26 1921.

J. W. LINDSEY,
Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Office for approval before you pay out the money.

Atlanta Printing Co., Atlanta, Ga.

GEORGIA, ... County.

I hereby authorize and constitute ....., of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 192....., through my deceased husband, ..., who was on ..... Pension Roll and paid from ..... County for 19.....

Witness my hand this ..... day of ....., 192....

Attested before me:

..... } .....

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow or Dependent Children)

UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA, DeKalb **County**

Personally before me comes Mrs. R. [redacted] Brown, of said County, who after being duly sworn, on oath says that she is the widow of T M Brown who was duly enrolled as a Indigent Pensioner from the County of DeKalb and was paid a Pension of One Hundred Dollars from DeKalb County for 1920, and that the said T. M. Brown died in DeKalb County on the 15 day of April, 1921, and at the time of his death a Pension of $12.50 was due him from DeKalb County and unpaid for 1921. Applicant further swears that she married the said T. M. Brown on the 17 day of March, 1871 in Meriwether County and State of , and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 23 day of December, 1921.

James R. Gueror, Ordinary. DeKalb County. (SEAL.) + Mrs. R. C. Brown.

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Floyd **County**

Personally before me comes Mrs. Willie U. Hammond, who on oath says that she knew T. M. Brown while in life and that he knows Mrs. R. S. Brown, the above applicant; that he knows that the said T. M. Brown and the said widow were in due form of law married in the County of Meriwether in the State of Georgia on the 17th day of March, 1871, and that they resided together as husband and wife from date of marriage to the day of his death on the 15th day of April, 1921, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 20th day of December 1921.

Harry Johnson, Ordinary. Floyd County. (SEAL.) Willie U. Hammond

Note 1st—This form can be used by guardian or minor children where there is no widow.
2d—Ordinary must send in all cases certificate of marriage attached hereto, if marrige is not proven by witness.
3d—This form is for widows of Disabled soldiers who died after October 26th and for widows and dependent children of Service soldiers who died after January 1st.
4th—Ordinary should examine the blank carefully and see that it is fully and correctly completed, and the seals affixed, and that the back, when folded, is filled out.
5th—Pay out no money on this application until it is approved in the Pension Office, and returned to you as your authority to pay.
6th—Return this application with your final settlement to the Pension Office.

DECATUR, GA., _____ 190—

Georgia
DeKalb County } This is to certify that
Mr F M. Brown's Physical
condition is such that it renders
him unable to earn a support by
any kind of labor as stated in his
Application
Sworn to before
me Sept 12th 1905.
James R George
Ordinary

W. J. Linley M.D.
W. J. Houston M.D

DECATUR, GA., _____ 190—

Georgia
DeKalb County } Personally came before
me. F. M. Brown who being
Sworn on Oath says that he has Rheumatism
as he states in is Application for Pension
was contracted in the army. and it fully
renders him unable to earn a support
also My Physical Condition is very
feable My General health is very poor
and altogether renders me unable to make
a support At any kind of Labor
Sworn to and subscribed
before me this Sept 12th 1905
James R George
Ordinary

F. M. Brown

NAME Brown, T.M. YEAR 1906 COUNTY DeKalb

WHEN AND WHERE BORN? May 14, 1844, Milton County, Georgia.

ENLISTED WHEN AND WHERE? April 1862, Milton County, Ga.

RANK.

COMPANY AND REGIMENT? Co. H. 2nd. Ga. Cavalry

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Rheumatism contracted during service in the Army, also ruptured.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? May 13th, 1865, Kingston, Ga.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. Stephen Terry, Wm. Bice,-Same Command- No data

Brown, W P
DeKalb Co

No. 9 ou 1907

INDIGENT PENSION.

~~1906~~ 1907

Name W P Brown

County DeKalb

Co. C 12-Ga Bell Regt.

Approved _____ 190__

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write name of Applicant, Company and Regiment on back as indicated above.

Geo. W. Harrison, State Printer, Atlanta, Ga.

9/21/05
9/28/06

This is not an aged man. His infirmity has not been shown to be such that he cannot earn his support at any kind of labor calling. This must be clearly proven, cannot be presumed.

Pension Office, 10/1/05.

J. W. Lindsey,
Com. of Pensions.

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY. }

I, _____ of _____ hereby authorize _____ to receive and receipt for the pension allowed and request that he remit same to _____

Witness my hand and seal, this _____ day of _____ 190__

_____ by _____

Executed in presence of

_____ [L. S.]

_____

POWER OF ATTORNEY.

STATE OF GEORGIA,
.....COUNTY.

I, ...hereby authorize
.....of .....
to receive and receipt for the pension allowed and request that he remit same to .....
.....at .....by .....

Witness my hand and seal, this .....day of.....190.....

.....[L. S.]

Executed in presence of

.....

Pension Office, 10/1/05.

This is not a aged man. His infirmity has not been shown to be such as to render him incapable of any kind of labor. Calling. This must be clearly proven, or not be allowed.

J. W. Lindsey,
Com. of Pensions.

Brown W P
Dekalb Co

No. 112?

INDIGENT PENSION.

1907

Name W P Brown

County Dekalb

Co. C 12 Ga Bell Regt.

Approved 190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write name of Applicant, Company and Regiment on back as indicated above.

Geo. W. Harrison, State Printer, Atlanta, Ga.

9/18/06

QUESTIONS FOR APPLICANT.

Every Question MUST Be Answered.

STATE OF GEORGIA,
Dekalb COUNTY.

W P Brown of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State County and post-office).
W P Brown DeKalb Co Stone Mountain Ga
2. How long and since when have you been a resident of this State?
5-8 august 8th 1845
3. When and where were you born? August 8th 1845 South Carolina
4. When and where and in what company and regiment did you enlist or serve?
Feby 1863 Stone Mountain Ga Co B 12 Ga Batalion
5. How long did you remain in such company and regiment?
2 year & 2 months
6. When and where was your company and regiment surrendered and discharged?
1865 Appamattox C H Va
7. Were you present with your company and regiment when it was surrendered? I was
8. If not present, state specifically and clearly where you were when you left your command, for what cause and by whose authority? I was present
9. How much can you earn (gross) per annum by your own exertions or labor? about $50 00
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Infirmity & Poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind and when and where you lost your sight? Hart trouble it affects My So much that I Cannot do but little labor of any kind I am not able to support My family
13. What property, real and personal, or income, do you possess, and its gross value? nothing no value
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? ~~Nothing~~
House hold goods one hors & Cow
15. In what County did you reside during those years, and what property did you then return for taxation?
DeKalb Co nothing but a little personal property
16. How were you supported during the years 1899, 1900, 1901 and 1902? by what I could do and the help of My family
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? $125 00 abit $150 00
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
Farming recived no pay only from a Small crop
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? I have a wife 3 children have no Homestead
20. Are you receiving any pension? If so, what amount and for what disability? I am not
21. Have you ever made an application for pension before? I have not
22. How many applications have you ever made and under what class? made none to date

Sworn to and subscribed before me this the 5 day of July 1905

W P Brown
Applicant.

James R Gilreath Ordinary,
of Dekalb County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Dekalb COUNTY.

Samuel S Scudder of said State and County, having been presented as a witness in support of the application of W.P. Brown 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?
Samuel S Scudder

2. Are you acquainted with W.P. Brown, the applicant; if so, how long have you known him? 43 years

3. Where does he reside, and how long and since when has he been a resident of this State?
Dekalb Co 58 years since

4. When, where and in what company and regiment did he enlist, and how do you know?
Feby 1863 Company C 12 Ga Batalion

5. Were you a member of the same company and regiment? I was

6. How long did he perform regular military duty? 2 years & 2 months

7. When and where was his command surrendered?
1865 Appatox C H Va

8. Were you present when it surrendered? I was present

9. Was applicant present? He was

10. If he was not present, where was he? He was present

When did he leave his command? Close of war - For what cause? war was over

By what authority he left? War closed How do you know all of this?
I was present and know it of
My own Knowledge

11. What property, effects or income has the applicant? (Give your means of knowledge.)
Nothing but a little Personal property

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? a little personal property
Made no disposition

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
He has not had nothing to convey

14. What is the applicant's occupation and physical condition?
Farmer Physical Condition very feeble

15. Is the applicant unable to support himself by labor of any sort; if so, why?
I think he is on account of his
Physical Condition

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? by what little
he could do and by his Children

17. What portion of his support for these four years was derived from his own labor or income?
about $50.00

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? his Physical Condition is very
feable

19. Who composes family? What property have they? Children's age and their earning capacity?
has a wife & three Childdren

20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 5th day of July 1905
James R George Ordinary.

S S Scudder Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Dekalb COUNTY.

Personally came before me W T McCurdy and Jas R Wells, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully MD W P Brown, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Misplacement to left of Apex of heart Stenosis of mitral valve of heart, also Muscular Rheumatism of legs - this incapacitates so much can't follow occupation & Dyspnoea on exertion

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 25th day of July 1905
James R George Ordinary.

W T McCurdy MD
Jas R Wells MD

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Dekalb COUNTY.

I, James R George Ordinary, in and for said County, hereby certify that the applicant W P Brown resides in said County, and has been a bona fide resident of this State since the 58 years 189..... and that the witnesses, viz.:

Samuel S Scudder

are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digest of Dekalb County shows that applicant returned for taxation in his name in 1899 a little Dollars of property, and in 1900 Personal Dollars of property; in 1901 of no value Dollars of property; in 1902 Dollars of property.

In my opinion the foregoing claim is a just one made in good faith.

Witness my hand and seal of office, this 25th day of July 1905

James R George Ordinary,
of Dekalb County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB COUNTY.

I, _____, hereby authorize

_____ of _____

to receive and receipt for the pension allowed, and request that he remit same to

_____ at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1907.

_____ [L. S.]

Executed in presence of

_____

Brown W. P.
Dekalb Co. 1

Cross Reference 1254.
(FOR THOSE ALREADY ENROLLED)

No. 22 0

INDIGENT
SOLDIER'S PENSION
1907.

Name W. P. Brown

County _____

Co. _____ Regiment 72 Ga

WARRANT ISSUED

1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harris, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
DEKALB. **County.**

Personally appears W. P. Brown of DeKALB.
County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 8 day of August 1845; that he is 61 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company C, of ~~Col.~~ ~~th~~ Regiment of _____; that his physical condition is as follows: Infirmity & poverty

that his property consists of the following items: _____

of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of DeKALB. County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 11 day of Jany 1907. W. P. Brown

James R. Georgs Ordinary.

State of Georgia,
DeKALB. **County.**

I, James R. Georgs Ordinary of said County, do certify that I am well acquainted with W. P. Brown the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this 11 day of Jany 1907.

James R. Georgs

Affix your seal here

Ordinary DeKALB. County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1907.

the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this 11
day of January 1907.

James R. George

Affix your seal here

Ordinary Fulton County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1907.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Fulton COUNTY.

Personally came before me A. H. Bacchus and

, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

W. B. Brown, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

That he has Chronic Rheumatism
is suffering from Stenosis of the
Mitral valve of the heart. This trouble
are permanent and incurable and
they prevent him from earning a
support by manual labor or otherwise

and that we have no interest in said pension being allowed.

A. H. Bacchus M.D.

Sworn to and subscribed before me, this the
25 day of Sept 1906

John R. Wilkinson Ordinary. W. D. Caldwell M.D.

BROWN, WILLIAM PETER
DeKALB Co

For DeKalb County

1930. [redacted]

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)
(To pay expenses of last illness and funeral)

V. S. Morgan Ordinary

For William Peter Brown

Date of Death Jan. 26th 1930

Amount $100.00

Approved and ordered paid Ok

May 7. 1930 R. deT. Lawrence
[redacted] W. CLARK,
Commissioner of Pensions.

Receipt of V.S. Morgan and One Hundred Dollars Funeral Expense. 7/9/30
A.S. Turner by Ruby Johnston

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.

NIGHT AND SUNDAY PHONE DE. 0088
828-27 N. McDONOUGH ST.
PHONE DE. 0088

A. S. Turner

Funeral Director and Embalmer
Prompt Ambulance Service
Decatur, Georgia.

Funeral Expenses of William Peter Brown

January 27, 1930.

To Casket	$135.00
Embalming	25.00
Cement Vault	55.00
Funeral Notices	3.00
Hearse Service and Service Rendered	10.00
	$228.00

Georgia, DeKalb County,

I do hereby certify that the above account is rendered for the funeral expenses of William Peter Brown, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me,
This January 28, 1930
Ruby Johnston
Notary Public, State at Large, Decatur, Ga.
My Commission Expires Nov. 3, 1933.

A S 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)

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes A. S. Turner of said County, who, after being sworn, on oath says that he knew William Peter Brown of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in DeKalb County, in this State, on the 26th day of January, 1930. ~~192x~~, 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 $228.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

V. S. Morgan Ordinary

DeKalb County

(Seal of Ordinary)

A. S. Turner

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know A. S. Turner, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew William Peter Brown while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of $50.00 Fifty and 00/100 ($) Dollars in said County for 192 9, 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 28th day of January, 1930 192

(Seal of Ordinary)

V. S. Morgan, Ordinary

DeKalb County

INSTRUCTIONS:

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "just, true, due, unpaid," etc.)

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of , who died without owning sufficient property to pay this bill.

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. Return this application, and attached bills, with your final settlement, to the Pension Department.

6th. Ordinary should see that the back of this blank, when folded, is filled out.

NAME **Brown, W.P.** YEAR **1907** COUNTY **DeKalb**

WHEN AND WHERE BORN? **August 8,1845, South Carolina.**

ENLISTED WHEN AND WHERE? **Feb. 1863, Stone Mountain, Ga.**

RANK.

COMPANY AND REGIMENT? **Co.C. 12th. Ga. Battn.**

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? **1865, Appomattox Court House, Va.**

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. **Samuel S. Scudder,- Same Command- No data.**

mh.

Paulding 1897
Brown, Willis
1 De Kalb Co.

ACT OF 24 OCT., 1887.

(For Those Already Enrolled.)

(In lieu of No. 1993 Ga. 1899)

INVALID SOLDIER'S PENSION.

1898.

Name Willis Brown

County DeKalb

Disability Leg

Amount, $ 50.00

2/15 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Applet

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,
County. }

I, _____ hereby authorize _____

_____ of _____

to receive and receipt for the pension paid hereon and request that he remit same to

_____ by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____

day of _____ 1898.

Executed in presence of

_____ [L. S.]

_____

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

I, hereby authorize

of

to receive and receipt for the pension paid hereon and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of 1898.

[L. S.]

Executed in presence of

Finding 1897
Act of [illegible] 1897
(For These Already Enrolled.)
Act of [illegible] 1897
No. 4923

INVALID
SOLDIER'S PENSION.
1898.

Name Willis Brown
County DeKalb
Disability Leg
Amount, $ 30
1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Agent

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

I, hereby authorize

of

to receive and receipt for the pension paid hereon and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

day of 1902.

[L. S.]

Executed in presence of

Brown, Willis
DeKalb
ODIS SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)
In lawful force 1897
No. 3849

DISABLED
SOLDIER'S PENSION
1902.

Name Brown Willis
County DeKalb
Co. F Regiment 16th Ga.
Disability Leg
Amount, $ 30,
1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Agent

Geo. W. Harrison, State Printer, Atlanta.

No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS