POWER OF ATTORNEY.

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INDIGENT PENSION.	14.				Witness my h	e and receipt	# OF G
1906					and seal, resence of	t for the per	EORGIA
Namo Livie M. Parken					this	at at	Co
County Dekall						d and	County
co. & / N ga Statgest.		1.4.				request	
Approved190						E	1.
JOHN W. LINDSEY, Commissioner of Pensions.					, e	of e remit same to	
WARRANT HANDED TO		30 A	*		6		
Ordinary will write name of Applicant, Company and Regiment on back as indicated above.				•**			hereby a
ranklin Printing and Publishing Co., Geo. W. Harrison, Mgr., Alianta, Beorgas	3				[E. S.]		rthorize

re, and receipt for the pension allowed and requeat Witness my hand and seal, this	st that he remit same to	
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	day of	190
Executed in presence of		[E. S.]
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NDIGENT PENSION. 1906 molymith Baker musy Relact.	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO

INDIGENT PI

OUESTIONS FOR APPLICA

1000	FATE OF GEORGIA,
	Do Kalle County.
+0	vail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn e answers to make to the following questions, deposes and answers as follows: What is your name and where do you reside? (Give, State, County and Postoffice.)
tru	a snawers to make to the following questions described by the following questions des
1.	What is your name and where do you reside? (Give, State, County and Postoffice.)
1	M Parker I love in Delal County ga
2	
5	How long and since when have you been a resident of this State? Bornes in Hall G
7	seongen always lived in Georgia Leading R JD 200
3.	When and where were you born? us the gear 1840 stall C
	When and where and in what company and regiment did you enlist or serve?
	Fullin Co Clar Confirm He general State France de 7 1861
	and enlighered Company of georgie State Trope dig it 1861
0.	How long did you remain in such company and regiment? until discharged on
-	and of enlistment or four years
-	
6.	When and where was your company and regiment sugrendered and discharged A interval
	I seculisted 1 / /a (State) 6 97
-	Noop
7.	Were you present with your company and regiment when it was surrendered? I were not
0.	If not present, state specifically and clearly where you were when you left ware
and	by whose authority? I were on James Cambo Donalass . (1)
L	true Captured 23 day of july near attlanta gar
	Hammal and the state of the sta
10.	much can you earn (gross) per annum by your own exercions or labor? Two and thunk
10.	What has been your occupation since 1865?
11.	Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty."
secol	id, "infirmity and poverty," or third, "blindness and poverty"?
supp	ort? 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 had your sight?
Btate MA	whether you are totally blind and when and where you lost your sight? about lover uses
MA	whether you are to the third and when and where you took your sight? about four years in health is four under the Care of technic all the trade.
MA	whether you are totally blind and when and where you had your sight?
13.	whether you are somety blied and when and where you took your eight? about four year in health is poor under the Care of Declars all the Tube. What property, real and personal, or income, do you possess, and its gross value? None at all
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13. 14. if an 15. 16. 17. own 18. 19. stead, 20. 21.	What property, real and personal, or income, do you possess, and its gross value? What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, y, by sale or gift, have you made of same? In what County did you reside during those years, and what property did you then return for taxintion? How were you supported during the years 1904, 1902, 1903, 1904 and 1905? Hy much did your supported during the years 1904, 1902, 1903, 1904 and 1905? Hy much did your supported during 1901, 1902, 1903, 1904 and 1905? What was your employment during 1901, 1902, 1903, 1904 and 1905? What was your employment during 1901, 1902, 1903, 1904 and 1905? Have you a family? It so, who composes such family? Give their means of support. Have they a home-or other property? Their ages and how employed? Are you receiving any pension? If so, what amount and for what disability? Are you ever made an application for pension before? How many applications have you ever made and under what class? Characteristics of the complex of the co

QUESTIONS FOR WITNESS.
STATE OF GEORGIA,
De Kall County.
R Q Parker of said State and County, having been presented
as a witness in support of the application of Santa M. Carker for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:
1. What is your name and where do you reside? R. a. Parker & live in Canjin C
2. Are you acquainted with L 24 Danker, the applicant: if so how long have you known him? I am Sinflythnie (63) years
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 regimen did he enlist, and how do you know? In 1961 Futton Co
5. Were you a member of the same company and regiment?
6. How long did he pefrorm regular military duty?
7. When and where was his command surrendered! Buttouville MCO.
8. Were you present when it surrendered?
9. Was applicant present? He was not
10. If he was not present, where was he? He was not present, where was he? He was not present, where was he?
When did he leave his command? 28 day free 1844 For what cause? Cafelined By what authority he left? Cafelined How do you know all of this?
By what authority he left? How do you know all of this?
Jun prisus
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? Very Small amount.
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
only Irld live slow when he have small wit
14. What is the applicant's occupation and physical condition?
Health is bad
15. Is the applicant unable to support himself by labor of any sort; if so, why
to support humself from durine and age
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?
Ly the help farmers 17. What portion of his support for these four years was derived from his own labor or income?
18. Give a full and conclude statement of the applicant's physical condition that entitles him to a pension under
18. Give a full and complete statement of the applicant's physical condition that entities him to a pension under Section 1254, Code — He is under Constant' hentered
Lana Doctoro
19. Who composes family? What property have they? Children's ages and their earning capacity?
Wife & 2 Minior Chelan 210 property age
12 and free years
20. What interest have you in the recovery of a pension by this applicant?
Sworn to and subscribed before me, this the

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,	
DEKall COUN	ту.
Personally came before me	W. J. Houston and
W.S. Ansless	, both known to me as reputable physicians
of said County, who, being severally sworn, say	
& m Pate	
such personal examination say that his precise p	, applicant for pension under Section 1254, Code, and after
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11	of Chrone theumation in
	a being made to have arm
above head parti	a polalysis in right - arm.
the age and gen	eral debility which senders
	make a living.
and that we have no interest in said pension being Sworn to and subscribed before me, this	W Jally catera m. 1
25 day of Aut 1965	- Total Camples mas
James Plearge	Ordinary.
0 0	
ORDINAR	Y'S CERTIFICATE.
STATE OF GEORGIA.	
Dika 11.	
County P	
	Ordinary, in and for said County, hereby certify
that the applicant Auris M	resides in said County, and has
been a bona fide resident of this State since the	all those life 189
and that the witnesses, viz.:	
re of trustworthy character, and that their state	
	ne foregoing questions the applicant and each witness took the oath idavits was read to the applicant and witness before same was signed.
The state of the s	4.16.11
I further certify that the tax digest of	Alleger Control of the Control of th
eturned for taxation in his name in 1901	Dollars of
roperty, 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	257 day of A42
or office, this	HOWEL R LANGE Ordinary.
	A Condinary.
	NOTE.
1. Before any questions are answered, the	Ordinary shall swear applicant and the witnesses in the fo the questions asked of you, and the evidence you shall give
	the questions asked of you, and the evidence you shall give blank spaces are insufficient, to the character of the witness, and as to the execution of the

POWER OF ATTORNEY.

	(i	<i>**</i> **********************************	-			1			hereby autl
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w	ITNESS	my hand an	d seal, tl	his		_day o	f		190
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EADY ENROLLED.)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	S PENSI	.90	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	giment	T ISSUED	1/22	. LINDSEY,	HANDED TO
DR SECTION 1254.* ALREADY ENROLLED.)		R'S PENSI	906.	Se de la	Regiment	RANT ISSUED	/22	IN W. LINDSEY. Commissioner of Pensions.	ANT HANDED TO
CORR SECTION 1254.º (FOR THOSE ALREADY ENROLLED.)	No. >	IER'S PENSI	1906.	ris May	Regiment	WARRANT ISSUED	1/22	JOHN W. LINDSEY, Commissioner of Pens	WARRANT HANDED TO

POWER OF ATTORNEY.

STATE OF GEORGIA, Der County.		reby author
to receive and receipt for the pension allow	ed, and request that he	remit same
WITNESS my hand and seal, this	day of	1907
		, [L.
Executed in presence of		
		1
	1907.	
		TO
E ALREADY EMPOLLED A LIDIGENT IR'S PENSI BOZ.	Regiment Lo of 4 NAVI SSUED (A) (A) (A) (A) (A) (A) (A) (A	UNTER A

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.	ム
State of Georgia, Re.En. 1st Men, Atalo	2
N 2 11	
2. Kalk County.	1
Personally appears Louis M. Parker of De Kall	(
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen	
and resident of said County and State, and has resided in said State continuously ever	
since the 26 day of March 1840; that he is 65 years old and	
by occupation a, that he culisted in the military service of the Con-	
federate States (or of the State of) during the war between the	
States, and served for the term ofin Companyth / th Regiment	
States, and served for the term of in Company of the Regiment of the age of the state of the sta	1
follows: Uge & powerty	
that his property consists of the following items:	
<u> </u>	
of the value of Dollars. I am now earning	
Deponent desires to participate in the benefits of the Act approved December, 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of County, been allowed a pension for the year 1905. Sworn to and subscribed before me, this the day of Automy 1906.	
Junes Plywage Ordinary.	
U:	
State of Georgia, County.	
I, fames Reorge Ordinary of said County,	
do certify that I am well acquainted with Louis M. Parker	
the applicant in the foregoing affidavit, and am well satisfied that the statements made	
by him in his said affidavit are true, and I know he is the individual he represents himself	
to be, and that he resides in this County.	
Given under my official signature and seal, this 8	
day of January 1906)	
1 James R George	-
Amr your Ordinary County.	
{ here }	
Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January 1st, 1906.	

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Š	nally appears LouisM. Parker of
	te of Georgia, who, being duly sworn, says en oath that he is a bona fide citizen
and resident	of said County and State, and has resided in said State continuously ever
	26 day of Manch 18/2; that he is years old
	pation a, that he enlisted in the military service of the Con-
	tes (or of the State of) during the war, between the
States, and s	erved for the term of in Company , of 1st the Regiment
of	; that his physical condition is as
follows :	age and poverty
that his secr	perty consists of the following items;
that his prop	erry consists of the following items;
of the value	Dollars per month. That by reason of his
	at he receives no pension but the one herein applied for.
1894, and the s entitled for County, been	tent desires to participate in the benefits of the Act approved December 15th, a Acts amendatory thereof, and makes application for the pension to which her the year 1907. I have heretofore, as a resident of allowed a pension for the year 1908. to and subscribed before me, this the day of
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Nors.—The blank spaces must be filled.

Nors.—Affidavit should not be attested before January 1st, 1907

1

NAME Parker, Lewis M.

YEAR 1906 COUNTY DeKalb

WHEN AND WHERE BORN? 1840, Decatur, Ga. R.F.D. #2. Hall County.

ENLISTED WHEN AND WHERE? Fulton County, Georgia, August 1861.

RANK.

COMPANY AND REGIMENT? Co. H. Georgia State Troops
Re-enlisted Co. G. 1st. Georgia State Troops

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? 23rd of July, 1864, near Atlanta, Ga.

RELEASED. Camp Douglas, Ill. Applicant does not state when.

WHEN AND WHERE SURRENDERED? Command surrendered Bentonville, M. C.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU' In prison: Camp Douglas,

DIED, WHEN AND WHERE?

BURIED,

The appleauto and the physicians must show that APPLICATION FOR ALLOWANCE the minin render the arm Jubstantial Jew Der Thurder ?. Applicant & J Santen und executeally useles, County De Kallo mikent any qualinging Amount 50 dechole, 249 in Date of Warrant Clery 9 Entered on Record, misede -M.H. Humsen applicant

Amount 50 Date of Way the arm dubotading Juil Sel, Thoulder no. Menteller no. Menteller no. Menteller no. Menteller no. Menteller no. Menteller no. mere all Kalls. Le rale. C. APPLICATION FOR ALLOWANCE Parkey, R. J. Applicant 116 No. FOR YEAR ENDING, OCT. 26, 1889. Collan Sugar The apples author and the proposition the mound recides mrs. dechole, 283 in M. H. Wiener on weeke -

STATE OF GEORGIA, De Kall County.	
Personally appears of State of Re La le county, State of Georgia, who, being only sworn, says on oath that he is a bona fide citizen and resi-	
dent of said State, and has been such continuously since the 8" day of 1830; that he enlisted in the military service of the Confederate	
States (or of the State of States) during the war between the States, and in Company D, of 42% th Regiment of Volunteers Stand 's Brigade; that whilst engaged in cook military company D.	
State of Line gig, on the 12" day of May 1864, he was wounded as follows: Theory of 2 icht Shoulds.	
Light Lung and cutting the Com-	
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Deponent desires to participate in the benefits of the Act, approved October 24, 1887,	_
and the Act amendatory thereof, app. 201 Dec. 24, 1888, and makes application for the allowance to which he is entitled for the year enting Oct. 26, 1889.	
the C day of 12th 1889 12 9 6	
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Note.—State fully nature of wound or pherecter of disease which causes the disability, and explain particularly the extent of the disability. The Rath Cannel of the disability. The Rath Cannel of the disability of Rath Cannel of the disability of Said County. Personally counts before me county, who, being severally sworn, say on oath that they have carefully examined of the right of Shoulder found fraction the corace of the receiver of the shoulder flactor of the receiver of the shoulder flactor of the receiver of the shoulder flactor of the shoulder flactor of the state of the shoulder flactor of the shoulder of the shou	

STATE OF GEORGIA. Manala G Ordinary of said county. do certify that I am well acquainted with It, Charker, applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit: are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and that the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this & day of Fel. Ordinary Va Kall. County. POWER OF ATTORNEY. STATE OF GEORGIA. KNOW ALL MEN BY THESE PRESENTS, That I county, in said State, do hereby appoint my true and lawful attorney in fact, for me and in my name, to receive and receipt for 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 (L.S.) Executed in the presence of us:

DIRECTION :

County, Georgia.

P.O.

Send money to me as follows, by

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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been ren-

dered 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 udded 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 sword 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. Die Jealle 1. M. Regulete Ordinary of said County. do certify that I am well acquainted with applicant in the foregoing affiliavit, 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_ Partiete, Ordinary Application for

Brigade; that whilst engage th Regiment of during the war between the 5 in the military service of the a since the on oath that he is a done pide cit. But here appears STATE OF GEORGIA. For Applicants He

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

do certify that I am well acquainted with C.L. /15/16 2

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

Given under my official signature and seal, this 2" day of Mar of

County.

ror applicants heretolore allowed Pensions.	For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,	STATE OF GEORGIA,
Achoff County	De half County
Personally appears Rellansher of De Holls	Personally appears A.J. A. he
County State of Georgia who being duly sugar	of the Call County, State of Georgia, who, being duly sworn, says
County, 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	on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously
dough of Mark 18 has resided therein continuously ever since the	since the 8 day of March 1830; that he enlisted
day of Marie Che 1839; that he enlisted in the military service of the Con-	in the military service of the Confederate States (or of the State of
federate States (or of the State of) during the war between the	during the war between the States, and served as a Rivate of in Company D.
States, and served as a Minimum in Company D, of 42th Regiment	of 47 th Regiment of Sa Volunteers Stoually 's
of Volunteers Volunteers Styrelle 's Brigade; that whilst engaged	Brigade; that whilst engaged in such military service at the battle of
in such military service at the battle of Nultar in the State	in the State of Ja 12" on the May 12" day of
of Ja, on the 12 day of May 1864 he was wounded as follows: Sheet will are principle of all	May 1864, he was wounded as follows: Shark a-
wounded as follows: All the 22172111 tall	with a primie in right should
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To be lake and causing a	- which renders the as
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Deponent desires to participate in the benefits of the Act, approved October 24, 1887.	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
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	the year ending October 26, 1892. Thave heretofore been allowed a pension of
dollars, for	Dollars for Destated is sen
Sworn to and subscribed before me, this, the	Sworn to and subscribed before me this the
231, day of of 1891. 1891.	2 day of Marcell 1892. 12 03 Parks
11 day of (1e/1 1891.)	1711 Re place, Ordinary, Legis Colo
and the second s	Norg.—State fully nature of wound or character of disease which causes the disability, and explain particularly the
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.	
DOWED OF ATTORNEY	POWER OF ATTORNEY.
POWER OF ATTORNEY.	STATE OF GEORGIA,
STATE OF GEORGIA,	
County.	County.)
Know all Men by these Presents, That I,	Know all Men by these Presents, That I,
of County, State of Georgia, do hereby appoint	of .
The state of the s	County, in said State, do hereby appoint
my true and lawful attorney in fact, for	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
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	from the State of Georgia by reason of the injury received as aforesaid in the military assures of
of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authoriz-	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,
ng my said attorney to receipt in my name for any Warrant that may be issued by the Gover- nor, or for any sum of money which may be coming to me for the reason aforesaid.	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	IN WITNESS WHEREOF, I have hereunto set my hand and seal this
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some men ar significant and si	[L. S.]
Executed in the presence of us:	Executed in the presence of us:
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DIRECTION.	DIRECTION.
Send money to me as follows, by	Send money to me as follows, by
	to P. O.

Allowed Pensions.

process look out

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
3	of Given under my official signature and seal, this day of
	my true and lawful attorney in fact, for 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 foregolfig 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.
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	County, Georgia.
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1	country State of Secondary and analysis on other than he is a solar of a contract and
	Pengoratan appears
	County.)
	STATE OF GEORGIA,
	For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,)
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PERSONALLY appears Wil Casher
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide stizen and
State, and has resided therein continuously ever since the
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Sworn to and subscribed before me, this, the
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TATE OF GEORGIA, County
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Ordinary of said County,
certify that I am well acquainted with IC I was Best the
cant in the foregoing affidavit, and am well satisfied that the statements made by him in his
affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-
dual he represents himself to be, and that he resides in this County.
I further certify that
ore whom the foregoing affidavits were made and power of attorney was signed, is a
of said County, and the said affidavits and
atures thereto are genuine.
Given under my official signature and seal, this day of Perst Ch. 1893.
V 1920 Comment of the
Ordinary De Call County.

POWER OF ALTORNEY

POWER OF ATTORNEY.

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	SECTION AND	Same .	1000	■ S20 (255)	100				

STATE OF GEORGIA,	
COUNTY:) Know all Men by these Presents. That I,	
of	
County, State of Georgia, do hereby appoint	
ofmy true and lawf	al attorney in fact, for
me and in my mame, to rescive and receipt for whatever amount of money I may State of Georgia by reason of an injury received as aforesaid in the military servi States (or of this State), as stated in the foregoing affidavit; hereby authori mey to receipt in my name for any Warrant that may be issued by the Governor, or which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this.	ice of the Confederate izing my said Attor- for any sum of money
day of1894.	[L. s.]
Executed in the presence of us	[L, S,]
DIDECTIONS	1. 1. 1.
DIRECTIONS. Send money to me as follows, by	÷
to	Р. О.

County, State of Georgia, do hereby appoint my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this Executed in presence of us DIRECTIONS. Send money to me as follows, by.

POWER OF ATTORNEY.

County, KNOW ALL MEN BY THESE PRESENTS, That I



STATE OF GEORGIA.

SOLDIER'S PENSION

County, Georgia.

Soldier's Pension.

For Applicants Heretofore Allowed Pensions.

Le Celt County.
PERSONALLY appears El Parker of de Kall
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the 8"
day of Mirch 1830; that he culisted in the military service of the Confederate States (or of the State of
federate States (or of the State of) during the war between the States, and served as a Private in Company D, of 42-th Regiment
of La Volunteers Stovall 's Brigade; that whilst engaged in
such military service at the battle of Laston in the State
of Ta on the 12 day of May 1864, he was wounded as follows: Sheet with minute ball through
The right shoulder treating concerd the
Droces rendering the arm Substantially
andessentially 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 dollars, for the year 1893.
Sworn to and subscribed before me, this, the 13th day of March 1894.
Mine Roge dates Ordinery
Nors-State fully the nature of wound or character of disease which causes the disability, and explain particularly the intent of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
I. Mil ayadace of Ordinary of said County.
11. Will ay selece of Ordinary of said County.
do certify that I am well acquainted with of the the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 Murch 1894.
Anni Sant Sant Sant Sant Sant Sant Sant Sant
Ordinary De Mail. County.
County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De l'all County.
personally appears a Parker of De Well
County, 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 8"
day of Mar ole 1830; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a Privale in Company D, of 42 th Regiment
of La Volunteers, Stoyele, 's Brigade; that whilst engaged in
such military service at the battle of Roeliface in the State
of La genthe 12" day of May 1864, he was
wounded as follows: Mot with minnie base
through the right shoulder serving
the Concord profeess and figationing
the bones rendering the weedy
The arm substantially and essent
malle of the second
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 Cliff dollars, for the year 1894,
Sworn to and subscribed before me, this, the
6" day of March 1895.
Minhogsdale, Ordinary,
Nore-State fully the nature of wound or character of disease which causes the disability and evaluation of the causes the causes the disability and evaluation of the causes the cause the causes the causes the causes the causes the causes the cause the causes the cause the causes the cause the cause the causes the cause the cau
of the disability, resulting from the wound or disease.
STATE OF SECTION
STATE OF GEORGIA,
Aelalt County.
I, W.M. Royadaeu D. Ordinary of said County,
do certify that I am well acquainted with Contract the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this 6"
day of March 1895.
Ans Ans
Ans Jour Land Mille Cogsidate.

County.

	Count	y. }						
I.,				authori	ze			
		of			***************************************			
receive and	receipt for the	pension	paid her		request	that h	e remit	same to
			and the same	_by				*
IN WITNI	ESS WHERE	OF, I have	e hereunte	set my	hand at	nd eggl	*1sin *	
of			1896,		nana ai	iu scal,	this	
			***************************************			*		[t. s.
Execut	ed in presence	of us	1.					
		4	; }-					
)					, i
					1896	ent.	4	211
	[0]				. 🖺	RD JOHNSON,		
H	\$.		3			HARD JOHNSON, Secretary Executive Dep	1 2	rlanta.
nrolled.)			7 11		11	F 9	NDED	State Prince, Atlant
r Those Already Enrolled.) No. 4313	ER'S PENSION	1	0	0	1	O E	D	M 15

(For Those Aiready En

SOLDIER'S PEI

Name (R)-4

Disability

POWER OF ATTORNEY.

STATE OF GEORGIA.

	County, I
I,	hereby authorize
	of
to recei	ve 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.
	[i., s.]
	Executed in presence of

SOLDIER'S PENSION. 1897. INVALID

ACT OF 24 OCT., 1857. (For Those Aiready Enrolled.)

Parken, 12. J.

e Kal he

m.

No. 237

Name RJ. Parker County De Kald

3/16 Amount, \$ 30 40

RICHARD JOHNSON,

Disability

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
personally appears C. ashier of D. Coll
County, 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 3/4/
day of March 183.0; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a Private in Company 1, of 42 th Regiment
of Volunteers, Stovace 's Brigade; that whilst engaged
in such military service in the State of Ja , on the 12 day
of 12:22 1864, he was wounded, injured or diseased as follows:
Shot with a survey back through the
right arm cutting the corners knowing
rendering the orin substantinery our
es sentially useless
is activately marcing
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 Nall county been allowed a pension of diffy
dollars, for the year 1893.
Sworn to and subscribed before me, this, the
24th day of Heb 1896.
Magsdele Ordinasy,
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.
of the disability, resulting from the wound or disease.
STATE OF CEODOLA
STATE OF GEORGIA,
De Kall County.
I, Mill Magsdall a Ordinary of said County.
do certify that I am well acquainted with R. S. Car her the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this 24th
day of_ 4.el 1896.
m 10. 10.
Affix Four Pour Pullagsdage
Chere.
Ordinary De Rech County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEODOLA
STATE OF GEORGIA,
Schall County.
personally appears A larker of A. Kalk
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of March 1830; that he enlisted in the military service of the Con-
federate States (or of the State, of) during the war between the
States, and served as a Millette in Company I of 42 th Regiment
of Volunteers, Storage 's Brigade; that whilst engaged
in such military service in the State of & La , on the (-) day
of //// 1864, he was wounded, injured or diseased of follows:
had grounded in sight shonedes
- at the latte D Hallon Sta, back distoration
shoulder joing hendering the arm?
substantiacey and essentiacey made
surranually med essembley med
managama and and and and and and and and and an
The second secon
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1897. I have heretofore under said law as a
resident of A.e County been allowed an invalid pension of
Dollars, for the year 1896.
Sworp to and subscribed before me, this, the
8th day of Cel 1897. POST OFFICE
-100 0 1. 00.
III agradie Manary
Notz-State fully the nextre 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 Kach County.
1, Milliags dele of p Ordinary of said County,
do certify that I am well acquainted with A Market the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 Meh 1897.
m Ann. D
(Affix your four)
Ordinary De Keek County
Ordinary Alace County.

POWER OF ATTORNEY.

STATE OF GEORGIA, County, hereby authorize to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this. day of [L. s.] Executed in presence of SOLDIER'S PENSION RICHARD JOHNSON, INVALID 1898. (For Those Aiready En No. 2113

		hereby	authorize	1
		of		
o receive and rec	ceipt for the pens	sion paid hereon	and request that	he remit same t
		by		
ıt		1. 1. 7		
IN WITNES	S WHEREOF, I	have hereunto	set my hand and se	al, this
ay of		1899.		
9.				[L. s.
Proceed	in presence of			
Executed	in presence of			
2				

For Those Aiready Er

1899

SOLDIER'S PE

INVAL

No. 192

RICHARD JOHNS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Le Kall Goupty S (11 11)
personally appears & Parkus of De Hall
County, 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 Maich 1830; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the
States, and served as a Sizate in Company D, of 42th Regiment
States, and served as a Printer in Company D, of 44th Regiment of La Volunteers, Storgell 's Brigade; that whilst engaged
in such military service in the State of 2 , on the /2 day
of 1864, he was wounded, injured or diseased as follows:
The wounded it hactor in through
the sight shoulder causing the arm
to be sessentially and substantially
we celear
Down the in the handle of the Ast summed Out her 20th 1997
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 A. Kall county been allowed an invalid pension of
Dollars, for the year 1897.
Sworn to and subscribed before me, this, the for fresher
day of 1898. Post-office
Milliagsday 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,
(/ / / / / · · · · · · · · · · · · · ·
Ackall County.)
I, 11/11. Cuy date, p grdinary 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 #16 1898.
Ans your Thill andre,
Ordinary De Math County.
County

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Ackalle County,
personally appears & Rarker of
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of March 1830; that he enlisted in the military service of the Con.
federate States (or of the State of //a) during the war between the
States, and served as a Osvajte in Company D, of 42 th Regiment
of Volunteers Novall 's Brigade; that whilst engaged
in such military service in the State of Ja, on the 12 day
of (May 1864) he was wounded, injured or diseased as follows:
Wounded therough the right arm and
shoulder causing arm to be
substantially and essentially useless.
The state of the s
And the second s
Deponent makes application for the pension to which he is entitled for the year end-
ing October 29th, 1899. I have heretofore under said law as a resident of
Le County been allowed an invalid pension of
Dollars, for the year 189 8.
Sworn to and subscribed before me, this, the 1 10 18 165
3/ day of lan 1899. POST OFFICE COAL Settanta
122. W
1/1Magratae, Orginasy
Nork-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
V . / V . / V
Alkali County.
I, M. M. Ragsdale, Ondigary of said County.
do certify that I am well acquainted with A Control the applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of Jan 1899
Anix your - MMagadale
(here)
Ordinary Aunau County.

					'northal	ea	se	nd		ues	ovoi.	rec	re	d	an		on	re		of 1 by	id			h	ns	pe OF	R.	th ce	i i i i i i i i i i i i i i i i i i i	fo	W	s s	eecec., iii	re	TN	an (ive	I,_
hereby authorize of ceive and receipt for the pension paid hereon and request that he remi by N WITNESS WHEREOF, I have hereunto set my hand and seal, this 1000. Executed in presence of	hereby authorize of ceive and receipt for the pension paid hereon and request that he remit say by N WITNESS WHEREOF, I have hereunto set my hand and seal, this 1(MM). Executed in presence of	bereby authorize of neive and receipt for the pension paid hereon and request that he remit s by N WITNESS WHEREOF, I have hereunto set my hand and seal, this 1000. Executed in presence of	hereby authorize of reive and receipt for the pension paid hereon and request that he remit by N WITNESS WHEREOF, I have hereunto set my hand and seal, this 1000. Executed in presence of	hereby authorize of ceive and receipt for the pension paid hereon and request that he re by N WITNESS WHEREOF, I have hereunto set my hand and seal, the 1000. Executed in presence of	hereby authorize of ceive and receipt for the pension paid hereon and request that he by N WITNESS WHEREOF, I have hereunto set my hand and sea 1000. Executed in presence of	Lereby authorize of ceive and receipt for the pension paid hereon and request that by N WITNESS WHEREOF, I have hereunto set my hand and s 1000. Executed in presence of	hereby authorize of teive and receipt for the pension paid hereon and request th by N WITNESS WHEREOF, I have hereunto set my hand and 1000. Executed in presence of	hereby authorize of ceive and receipt for the pension paid hereon and request by N WITNESS WHEREOF, I have hereunto set my hand a 1000. Executed in presence of	Lerive and receipt for the pension paid hereon and request by. N WITNESS WHEREOF, I have hereunto set my hand 11000. Executed in presence of	hereby authoriz of reive and receipt for the pension paid hereon and required by N WITNESS WHEREOF, I have hereunto set my had 10000. Executed in presence of		hereby author of	hereby authof	hereby au of teive and receipt for the pension paid hereon an by N WITNESS WHEREOF, I have hereunto set 1000.	hereby a of	hereby of	County. here of of of of of of by N WITNESS WHEREOF, I have hereunt 1000.	County. he	County. }	County. Series and receipt for the pension paid N WITNESS WHEREOF, I have he 1000. Executed in presence of	County. Ceive and receipt for the pension particles where the pension particles where the pension particles are the pension particles. The pension particles are the pension	County. Series and receipt for the pension of the p	County. Series and receipt for the pension N WITNESS WHEREOF, I h 1000, Executed in presence of	County. The county of the pension witness whereof, in the county of the pension	Countries and receipt for the period of the	Countries and receipt for the N WITNESS WHEREO	ceive and receipt for the N WITNESS WHER	n WITNESS WHE	n WITNESS WE	n WITNESS W	n WITNESS	N WITNES	N WITNE	N WITM	N WI'	N W	N f	I
I,	Lereby authorize of of the pension paid hereon and request that he remit say by IN WITNESS WHEREOF, I have hereunto set my hand and seal, this of 11000. Executed in presence of	In thereby authorize of the pension paid hereon and request that he remit so by IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1000. Executed in presence of	County. hereby authorize of of receive and receipt for the pension paid hereon and request that he remit by IN WITNESS WHEREOF, I have hereunto set my hand and seal, this of 11000. Executed in presence of	County. I,	County. I,	County. I,	I, hereby authorize of of receive and receipt for the pension paid hereon and request the by IN WITNESS WHEREOF, I have hereunto set my hand and 1000. Executed in presence of	County. I, hereby authorize of of the pension paid hereon and request by IN WITNESS WHEREOF, I have hereunto set my hand a 1000. Executed in presence of	I,hereby authorizeof	County. I,hereby authoriz of receive and receipt for the pension paid hereon and required by IN WITNESS WHEREOF, I have hereunto set my had not to	County. I,hereby author of receive and receipt for the pension paid hereon and reby IN WITNESS WHEREOF, I have hereunto set my land of	County. I,hereby authorof	I,	County. I. hereby au of of receive and receipt for the pension paid hereon an by IN WITNESS WHEREOF, I have hereunto set 1000. Executed in presence of	County. I,	County. I, hereby of perceive and receipt for the pension paid hereon by IN WITNESS WHEREOF, I have hereunto of 1000. Executed in presence of	County. I, here of of receive and receipt for the pension paid here by IN WITNESS WHEREOF, I have hereunt of 1000, Executed in presence of	County. I,he	County. I,	County. I, receive and receipt for the pension paid IN WITNESS WHEREOF, I have he of 1000. Executed in presence of	County. I, receive and receipt for the pension pa IN WITNESS WHEREOF, I have of 1000. Executed in presence of	County. I,	County. I. receive and receipt for the pension IN WITNESS WHEREOF, I h of 1000, Executed in presence of	County. I, receive and receipt for the pension IN WITNESS WHEREOF, I of 1100 Executed in presence of	County I, receive and receipt for the pe IN WITNESS WHEREOF of 1 Executed in presence of	In WITNESS WHERE	receive and receipt for the IN WITNESS WHER of	In WITNESS WHE	I,receive and receipt for IN WITNESS WE of	I,	I,	In WITNES	I,IN WITNE	I,	I,IN WI'	IN V	I,_rece IN	ree

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to receive and re-	aint for the renaise a	of	
		oaid hereon and request that he	
at		Dy	
			1. 18 -
		e hereunto set my hand and seal	this
day of	190		
	CORCAND * 1 8	the communication of the second	ly i
Executed	in presence of		
			. **
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	1.		

DISABLED SOLDIER'S PEN 1901.

(For Those Aiready Enr

Name R.J. Parker County De Kalb Disability Arm Amount, \$ 50.

For Applicants Heretofore Allowed Pensions.

a challe.	County.
personally appears.	K. L Parker of Sellath
County, State of Georgia, wh	to being duly sworn, says on oath that he is a bona fide citizen
	d County, and has resided therein continuously ever since the
	1830; that he enlisted in the military service of
e Confederate States (or of	
veen the States, and served	as a Private, in Company D, of 42 th
egiment of	as a Pstinty in Company D, of 42 the Volunteers, Storall's Brigade; that whilst
ngaged in such military ser	vice in the State of , on the /4
	186 4, he was wounded, injured or diseased as follows:
	ed at Rallow Sa. Mure the de
Siells Thord	der culling ligaments
01 11111111	in to Brow residering the
ac Delle	auticly endescentially
	and water franciscon traces
udition 7 x 1	
and the same of th	
iding October 26th, 1900	O. I have heretofore under said law as a resident of
nding October 26th, 1900	oation for the pension to which he is entitled for the year 0. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 180
nding October 26th, 1900	O. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 189
nding October 26th, 1900	O. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 189
Sworn to and subscribed	O. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 189
Sworn to and subscribed day of	O. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 180%. before me, this he 1900. POST OFFICE
Sworn to and subscribed day of	O. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 189
Sworn to and subscribed day of Nors.—State fully the nature of weent of the disability resulting from the	O. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 180 Defore me, this he post of OFFICE 1900. POST OFFICE C. Lines. round or character of disease which causes the disability, and explain particularly the wound or disease.
Sworn to and subscribed day of Norr.—State fully the nature of we tent of the disability resulting from the	O. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 189 before me, this the 1900. POST OFFICE 1900. POST OFFICE C. Line County been allowed an invalid pension of Dollars, for the year 189 1900. Post of office 1900. Post of office C. Line C. Line
Sworn to and subscribed day of Nors.—State fully the nature of weent of the disability resulting from the	O. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 180 Defore me, this he post of OFFICE 1900. POST OFFICE C. Lines. round or character of disease which causes the disability, and explain particularly the wound or disease.
Sworn to and subscribed day of Norg.—State fully the nature of went of the disability resulting from the	County been allowed an invalid pension of Dollars, for the year 189 before me, this the post of office 1900. Post office County. County. County.
Sworn to and subscribed day of Norg.—State fully the nature of went of the disability resulting from the TATE OF GEORGIA	County been allowed an invalid pension of Dollars, for the year 189 . before me, this the 1900. POST OFFICE . 1900. POST OFFICE . County. County. Ordinary of said County,
Sworn to and subscribed day of Nork—State fully the nature of went of the disability resulting from the TATE OF GEORGIA I, certify that I am well acqueents	County been allowed an invalid pension of Dollars, for the year 189 before me, this the 1900. POST OFFICE 1900. POST OFFICE County. Ordinary of said County, uninted with
Sworn to and subscribed day of Norr.—State fully the nature of we ent of the disability resulting from the TATE OF GEORGIA I, certify that I am well acquiplicant in the foregoing affil	County been allowed an invalid pension of Dollars, for the year 189 . before me, this the 1900. POST OFFICE . County. County. Ordinary of said County, unainted with County, Ordinary of said County, the davit, and am well satisfied that the statements made by him
Sworn to and subscribed day of Nork—State fully the nature of went of the disability resulting from the TATE OF GEORGIA I, certify that I am well acquiplicant in the foregoing affith his said affidavit are true, a	County been allowed an invalid pension of Dollars, for the year 189 before me, this the 1900, POST OFFICE 1900, POST OFFICE County. Ordinary of said County, unainted with County. Ordinary of said County, the davit, and am well satisfied that the statements made by him and I know he is the individual he represents himself to be
Sworn to and subscribed day of day of State fully the nature of went of the disability resulting from the TATE OF GEORGIA certify that I am well acquiplicant in the foregoing affinis said affidavit are true, and that he resides in this Co	County been allowed an invalid pension of Dollars, for the year 189%. before me, this the 1900. POST OFFICE 1900. POST OFFICE County. Ordinary of said County, unainted with County, the davit, and am well satisfied that the statements made by him and I know he is the individual he represents himself to be county.
Sworn to and subscribed day of day of State fully the nature of went of the disability resulting from the TATE OF GEORGIA of the disability resulting from the state of the disability resulting from the transport of the disability resulting from the transport of	County been allowed an invalid pension of Dollars, for the year 189 before me, this the 1900, POST OFFICE 1900, POST OFFICE County. Ordinary of said County, unainted with County. Ordinary of said County, the davit, and am well satisfied that the statements made by him and I know he is the individual he represents himself to be
Sworn to and subscribed day of day of State fully the nature of went of the disability resulting from the TATE OF GEORGIA of the disability resulting from the state of the disability resulting from the transport of the disability resulting from the transport of	County been allowed an invalid pension of Dollars, for the year 189 before me, this the 1900. POST OFFICE 1900. POST OFFICE County. Ordinary of said County, unainted with County. Ordinary of said County, the davit, and am well satisfied that the statements made by him and I know he is the individual he represents himself to be county.
Sworn to and subscribed day of day of State fully the nature of we cent of the disability resulting from the TATE OF GEORGIA I	County been allowed an invalid pension of Dollars, for the year 189 before me, this the 1900. POST OFFICE CALLOW POST OFFICE County. County. Ordinary of said County, uainted with the davit, and am well satisfied that the statements made by him and I know he is the individual he represents himself to be ounty. In under my official signature and seal, this

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
De Kall County.	
Personally appears R. J. Parker of De Kalh	
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citize	n
and resident of said State, and has resided therein continuously ever since the 8	
day of March 1830; that he enlisted in the military service of the Con	n-
federate States (or of the State of Ja) during the war between the	ie'
States, and served as a Private, in Company D, of 42 th Regime	nt.
of Ya Volunteers, Stovall 's Brigade; that whilst engage	d
in such military service in the State of, on the /2	ay
of Man 1864, he was wounded, injured or diseased as follows:	
has wounded through the sight asm	,
rendering it substantially and	
essentially useless	-
The first of the same	
	•
	k
Deponent makes application for the pension to which he is entitled for year en	d-
ing October , 20th, 1901. I have heretofore under said law as a resident	
De Teach County been allowed an invalid pension	
Dollars, for the year 1900.	
Sworn to and subscribed before me, this the	
12th day of In 1901. Postoffe Zast Atlan	1
	4
IM Cogodace Ordinaty,	
Note.—State fully the nature of the wound or character of disease which causes the disability, and explain part ularly the extent of the disability resulting from the wound or disease.	ic-
STATE OF GEORGIA,	
De Math County.	
I, Will Regarded p Ordinary of said Count	v.
do certify that I am well acquinted with A. Marker th	10
applicant in the foregoing amdavit, and am well satisfied that the statements made by hi	1912K
applicant in the foregoing affidavit, and am well satisfied that the statements made by hi in his said affidavit are true, and I know he is the individual he represents himself to he	e
applicant in the foregoing affidavit, and am well satisfied that the statements made-by hi in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.	e
in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.	e
in his said affidavit are true, and I know he is the individual he represents himself to be	e
in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.	e
in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this I Robbert	e
in his said affidavit are true, and I know 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 h. day of 1901	_

Coun	y.)		
· I,	hereby aut	horize	
	of		
receive and receipt for the pens	ion paid hereon and r	equest that he	remit same
	by	_	
IN WITNESS WHEREOF, I	have hereunto set my l	and and seel thi	
ý óf190		The same sear this	9
A CARLOTTE			
Executed in presence of	* *		[L. S
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JOHN W. LINDSEY,

Disability Arm.

STATE OF (Cou	inty.				1	
. I,			her	eby autho	rize		
			of				3
to receive and	receipt for the	pension	paid here	n and rec	uest th	at he re	mit same
			by		•		
at <u> </u>		1 1	<u> </u>			A^{α} .	
IN WITN	ESS WHERE	OF, I hav	e hereunto	set my ha	nd and	seal this	
day of		_1903.			-7		
			1.4	- 1			- F.
Executed i	n presence of						
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· ~		- 1	11.	41	88	;	
BOLLED	2		1	2	118	Park	
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N K	E E	0	500	ent /	4	LINDSEY Commissioner	ADED Trinter, A
E ALREADY E	BE	0	200	Regiment			4/1/13
ALR IN	DISABI IER'S	X	N/A	ストイ		W.	WARRANT H
D W			5 ac	14.		Z	Harri
0 0	THE CO. THE CO. LANSING PROPERTY AND ADDRESS.				O SERVICE CONTROL OF STREET		
FOR THOSE ALREADY EN			201	So. Josephility	9 1	уноб	A Geo. W

Name County

Disability

DISABLED

SOLDIER'S PEN

1902.

Parker R

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.
De Kall County.
10 10 0
Personally appears () (as the of he Kalk
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of / Lane 1 1830; that he enlisted in the military ervice of the Con-
federate States (or of the State of A) during the war between the
States, and served as a Crivate in Company II, of 42 th Regiment
e gangeu
of Hilly 1864 he was wounded, injured or diseased as follows:
Al Dalton Ga, Was wounded injured or diseased as follows:
- Wish shoulder sendering the
then substantially use lexes
and anvalanually willed
· ·
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
T 177
Dollars, for the year 1901.
Sworn to and subscribed before me, this the
Jay of Lan 1902' Post-office
Mogsdace Ordinary,
O Norg.—State furly 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 Kally County.)
I, MM Cogslace grdinary of said County,
do certify that I am well acquainted with . I. Parker
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this
day of 1902.
Ami your Millionadale,
Ordinary Le / Call County.
Nors.—Fill all blanks and of Company and Regiment. Nors.—All vouchers and affidavits must bear date after January 1, 1902.
and and an and an and an an and an

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kell Country
Personally appears Proparties of Deliath
County, 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 March 1830; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a Pi in Company D, of 42 th Regiment
of Ha Volunteers, Stovall 's Brigade; that whilst engaged
in such military service in the State of, on the
of May 1864, he was wounded, injured op diseased as follows:
A Daltin Sa. was shot this must.
right arm and shoulder consin
same to be substantially and
Issentially melery
The state of the s
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1903. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1902.
Sworn to and subscribed before me, this the
10 day of Aug 1903. Post-office Bust Manta
MM Cansdace Ordinary
Nors.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,)
The Kell County.)
I, MM (Lags dele) Ordinary of said County,
do certify that I am well acquainted with I har July
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know 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 AM 19030
my Mandacada co
Magslace
Affix your series or company and Regiment. Nors.—Fill all blanks and of Company and Regiment.

POWER OF ATTORNEY.

, I,	Cou	INTY.		• • • • • • • • • • • • • • • • • • • •	he	reby authoriz
receive and receipt for	r the pensio	n paid he	reon, and re	quest th	at he re	emit same t
		by.	- 3/			
In Witness Whereo		eunto set n	ny hand and so	eal, this		
ay of	1904.					
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Executed in presence	10					
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	2 .	1200	23		LINDSEY, Commissioner of Pensions	9
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ED ED		20				
ADY ENRO	40	2 20	gimer 10		LINI	HAN
THOSE ALREADY ENROLLED No. 7 4 2/3 DISABLED THERY OF NOTE	004	Par	Segment Sounded in		JOHN W. LINDSEY.	WARRANT HANDED TO

nodata

POWER OF ATTORNEY.

	Ι,				hereby a	uthori
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to receive and	receipt for t	he pension p		d request t	hat he remit	same
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at.			D. Control de Carlos de Ca			
	ess Whereof,	I have hereu	nto set my ha	nd and sea	l, this	
day of		190				6
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Execu	ted in the pre	sence of				
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JY ENROLLED.)	PENSI	300	tall neut 42	13	NDSEY, ssioner of P	Lanna Co. Att
LREADY ENROLEED,	DISABLED IER'S PENSI	95. E. L.	Sekall Regiment 42	83	JOHN W. LINDSEY, Commissioner of Pension WARRANT HANDED TO	And Publishing Co. Art

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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Le Rall County.
000
Personally appears My Histor of CHull
County, 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 Muss ch 183 ; 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 win in Company o, of 42 th Regiment
of Mill Volunteers Stovall 's Brigade; that whilst engaged
in such military service in the State of Lorgia, ou the 12 day
of May , he was wounded, injured or diseased as follows:
Mounded through right arm & Sholde.
Commence of the contract of th
Andrew Control of the
The state of the s
· · · · · · · · · · · · · · · · · · ·
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 County, been allowed an invalid pension of
Lifly Dollars, for the year 1903.
Sworn to and subscribed before me, this the
1 4 day of Juneary 1904. Bollow
Lanua R Curren Dolling Post-office Land and Go
Nork.—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,
L'EMall County.
I, James M. George Qrdinary of said County,
do certify that I am well acquainted with Pit, Par Ke
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 familiary 1904.
(Alle) Janua Ryunge
her Deffall County.
N PIU VII 1 40

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

Note.—All vouchers and affidavits must bear date after January 1, 133

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
Kultall COUNTY.	A Committee of the second
Damanally arrows R. J. Par	Mer of Dettall
County, State of Georgia, who, being duly sw	01
and resident of said State, and has resided th	
	ne enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
	in Company , of 42 th Regiment
of Ja Vole Volunteers	's Brigade; that whilst engaged
in such military service in the State of	
	was wounded, injured or diseased as follows: Utore Sa, Many 12 1864
	The state of the s
ending October 26th, 1905. I have her Jufty Sworn to and subscribed before me, this	1 (1) 13 1 1 12 1
anus R. George Ordsnear	Post-office East End Ga
Note.—State fully the nature of the wound or cha particularly the extent of the disability resulting from the w	reacter of disease which causes the disability, and explain cound or disease.
STATE OF GEORGIA,	
1, Junust de	Ordinary of said County,
do certify that I am well acquainted with	am well satisfied that the statements made
	ow he is the individual he represents himself
to be, and that he resides in this County.	on he is the marriage he represents himself
Given under my official signa	
day of Januar	11/
Affix your leaf liber. Ordin	James R. Jeorge County.

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

1

POWER OF ATTORNEY.

I,		<u> </u>			hereby	authorize
:	<u> </u>	of_	· ·			
receive and recei	pt for the per	ision paid h	ereon, and 1	equest the	at he remi	t same to
		by_		-		
•						
In Witness V	Vurrence I ha	ve hereunto	set my hand	and seal,	this	
	1906.					
of	1800,					[L. S.]

Executed in the	he presence of					
						•
					T	
				· •	T	
	No		M 1	1906.	One.	.
(ED.)	NOIS		the man	1906.	Pensions.	
ROLLEDY	NSION		What was	71906.	SEY. er of Pensions. SD TO	S. Common and
ENROLLED)	PENSION G.	the	1 and	22 1906.	INDEBEY. Suben of Pension. NDED TO	Dr. One 7: kulmente, Men.
OR THOSE ALREADY EMPOLLED) No. 223 No. 1255	IER'S PENSION 1906.	anken	Regiment 44 Ya.	(22 1906.	JOHN W. LINDSEY. Commissioner of Pensions. WARRANT HANDED TO	Man Co. com or incomen den.

POWER OF ATTORNEY.

	DeKALB.	COUNTY.	}			
I,					, her	eby aut
_		of	<u> </u>	17 1		· '
to receive	and receipt for t	he pension paid	l hereon, and	request	that he	remit sa
		by				
at		<u> </u>				
IN WIT	rness Whereof,	I have hereunto	set my hand	and sea	, this	
day of		1907.				
	Executed in prese	nce of				
<u> </u>						
	* * * * * * * * * * * * * * * * * * * *	- 1.21.21 h			1	
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	No		1.6 3:0	1907.	Pensions.	
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E .			Regiment 19.	1/2	EY,	1
N 1250		14 3 0	Regiment (2)		LINDSEY,	1
NEA N	K B S	0 60 5	Regin dad	1 1	Collin	h
COOR SECTION 1250.	DISABI	900.	100	0	JOHN W. LINDSEY, Commissioner of	
3 SE	\$ B	1 26	1. 13.4		JOH	4
3 5		Name O	Co. S. Disability	Amount,		
CHECKED AND SHOW THE				5		

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia	; · · · · · · · · · · · · · · · · · · ·
	unty.
Personally appears R.L.	Parker of De Hail
County, State of Georgia, who, being	g 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 Mar- h 1830	; that he enlisted in the military service of the Con-
federate States, (or of the State of_	during the war between the
States, and served as a Prince) during the war between the in Company , of 42 th Regiment
of Georgia Volunteers	Storall's Brigade; that whilst engaged
in such military service in the Sta-	te of Georgia, on the 12 day
of May 186:	, he was wounded, injured or diseased as follows:
Hough ded the	ough right arm and
shoulder	
nding October 26th, 1906. I ha	for the pension to which he is entitled for the year ave heretofore, under said law, as a resident of
ending October 26th, 1906. I ha	ave heretofore, under said law, as a resident of County, been allowed an invalid pension of
ending October 28th, 1906. I ha	County, been allowed an invalid pension of Dollars, for the year 1905.
ending October 26th, 1906. I ha	County, been allowed an invalid pension of Dollars, for the year 1905.
ending October 28th, 1906. I ha	County, been allowed an invalid pension of Dollars, for the year 1905. e me, this the
Sworn to and subscribed before	County, been allowed an invalid pension of Dollars, for the year 1905. e me, this the Post-Office Dic alux
Sworn to and subscribed before day of fauttom Miss Records Dr	County, been allowed an invalid pension of Dollars, for the year 1905. e me, this the Post-Office Dically
Sworn to and subscribed before day of fautton Middle Congression	County, been allowed an invalid pension of Dollars, for the year 1905. e me, this the Post-Office Dic alux
Sworn to and subscribed before day of Mullow Norn.—State fully the nature of the won articularly the extent of the disability resulting	County, been allowed an invalid pension of Dollars, for the year 1905. e me, this the Post-Office Dicastic and or character of disease which causes the disability, and explain ground be wound or disease.
Sworn to and subscribed before day of Mullow Norn.—State fully the nature of the won articularly the extent of the disability resulting	County, been allowed an invalid pension of Dollars, for the year 1905. e me, this the Post-Office Dicastify and czplain g from the wound or disease.
Sworn to and subscribed before day of Mullow More.—State fully the nature of the won articularly the extent of the disability resulting State of Georgia	County, been allowed an invalid pension of Dollars, for the year 1905. e me, this the Post-Office County and or character of disease which causes the disability, and explain from the wound or disease.
Sworn to and subscribed before day of falling Norn-State fully the nature of the won articularly the extent of the disability resulting State of Georgia I, James R.	County, been allowed an invalid pension of Dollars, for the year 1905. The me, this the Post-Office County and or character of disease which causes the disability, and explain from the wound or disease. Ordinary of said County
Sworn to and subscribed before day of Autom Norn.—State fully the nature of the woo articularly the extent of the disability resulting State of Georgia I, James R. o certify that I am well acquainte	County, been allowed an invalid pension of Dollars, for the year 1905. The me, this the Post-Office Dically and capitain of disease which causes the disability, and capitain of the wound or disease. Ordinary of said County of with The County of the work of the causes the disability.
Sworn to and subscribed before day of Author Norn.—State fully the nature of the woo articularly the extent of the disability resulting State of Georgia I, James H. o certify that I am well acquainte the applicant in the foregoing affid	County, been allowed an invalid pension of Dollars, for the year 1905. The me, this the Post-Office Dically and capitain of capitain of disease which causes the disability, and capitain of with the wound or disease. Ordinary of said County of with the statements made
Sworn to and subscribed before day of Mullow More.—State fully the nature of the won articularly the extent of the disability resulting State of Georgia I, James H. do certify that I am well acquainte the applicant in the foregoing affid by him in his said affidavit are true,	County, been allowed an invalid pension of Dollars, for the year 1905. The me, this the Post-Office Discounty and or character of disease which causes the disability, and explain grounty. Ordinary of said County dwith Back of the statements made and I know he is the individual he represents himself
Sworn to and subscribed before day of Mullian Norn.—State fully the nature of the won- bardicularly the extent of the disability resulting State of Georgia I, James H. do certify that I am well acquainte the applicant in the foregoing affid by him in his said affidavit are true, to be, and that he resides in this Con-	County, been allowed an invalid pension of Dollars, for the year 1905. The me, this the Post-Office Discounty and or character of disease which causes the disability, and explain grounty. Ordinary of said County dwith Back of the statements made and I know he is the individual he represents himself
Sworn to and subscribed before day of Mullion Norg.—State fully the nature of the won sarticularly the extent of the disability resulting State of Georgia I, James H. do certify that I am well acquainte the applicant in the foregoing affid by him in his said affidavit are true, to be, and that he resides in this Cou Given under my office	County, been allowed an invalid pension of Dollars, for the year 1905. The me, this the Post-Office Dollars, and captain of the wound or disease. Ordinary of said County of with the Post-Office Ordinary of said County ordinary ordinary of said County ordinary ordin
Sworn to and subscribed before day of Mullion Norge—State fully the nature of the won particularly the extent of the disability resulting State of Georgia I, James H. do certify that I am well acquainte the applicant in the foregoing affid by him in his said affidavit are true, to be, and that he resides in this Cou Given under my office	County, been allowed an invalid pension of Dollars, for the year 1905. The me, this the Post-Office Dollars, and captain of the wound or disease which causes the disability, and captain of the wound or disease. Ordinary of said County do with the post-office that the statements made and I know he is the individual he represents himself inty.
Sworn to and subscribed before day of Mullion Norge—State fully the nature of the won particularly the extent of the disability resulting State of Georgia I, James H. do certify that I am well acquainte the applicant in the foregoing affid by him in his said affidavit are true, to be, and that he resides in this Cou Given under my office	County, been allowed an invalid pension of Dollars, for the year 1905. The me, this the Post-Office Dollars, and captain of the wound or disease which causes the disability, and captain of the wound or disease. Ordinary of said County do with the post-office that the statements made and I know he is the individual he represents himself inty.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
DeKALB. County.
00/1
Personally appears A. Y. U.a.; Key of Dok ALB. County, 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 March 1800; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a Soldier, in Company 10, of 42 th Regiment
of Me orgin Volunteers Stave 1's Brigade; that whilst engaged
in such military service in the State of, on the 12th day
of May 1864, he was wounded, injured or diseased as follows:
Disabled Army Dallow Fax.
<u> </u>
Sworn to and subscribed before me, this the day of January 1907. Sworn to and subscribed before me, this the day of January 1907. Postoffice Norn.—State fully the nator of the wound or character of disease which causes the disability resulting from the wound or disease.
State of Georgia,
DeKALB. County.
I, James R. Neorge Ordinary of said County,
do certify that I am well acquainted with R.J. Parker
do certify that I am well acquainted with R.J. Parker the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal this
day of January 1907.
James Chinge
Affix your Dollars Dollars Dollars

Affix your seal here

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

Georgia, Dekalin County.

me in my name, the Pension due to	2		for 190
now deceased, who was on the	 100	Pension Roll	from said County
at his death.			
Witness my hand and seal, this_	_day of_		190

NOTE 1.—Use this Blank only when the Pension is wanted to pay funeral expenses

Application for Pension

Due Deceased Pensioner

Sioner Under Act 1904.

For R. Lange, Ordinary.

of Co. ... 42. Regiment.

Approved and Ordered Paid

1. W. LINDSEY,

Commissioner of Prasoner.

Barkeri G. g. B. R. A. B. C. J.

Audited Feb. 9th 1889.

Um Amglia

Maimed Soldiers.

Voucher No. 311

Amount & S. Garker

For Trees at & crabble Structure of Struc

Included in Warrant No.
issued to Treasurer.

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Lob Oils

applicant

Application for Pension Due to a Deceased Pensioner,

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

Georgia,	Dekalh	Cou	nty.	
889	Parker			said County, comes ter being sworn on
oath, says that he	knew R. J.	Park	· ·	f said County, and
that he was on the	Suvali	A Pensi	on Roll	,
County at the time	of his death, which	occurred in	DINAL	County,
in this State, on th	1e_ 8	_day of	yeur	1902, and
that a Pension of_	1 7 7	\$5000		rs was due him and
unpaid at the time	of his death. Tha	t he left no wi	dow or dependent	children surviving
him, and no estate	of any value sufficient	ent to pay his f		
the sum of	12/00		Dollars, as p	er sworn statement,
itemized, hereto at	tached.			
• •	0.	1908 dinary,	b b par	her
Georgia, Z		County. Cou		
	us R&			County, do certify
-, //	10.00	2//		_, who is a resident
	rnow EE G			
	unty, and that he is	or a truthiui a	na trustworthy c	naracter, entitled to
full faith and cred	R.X (L)	at in		while in life;
I also knew_	U	,	a han	1
	me person whose na	me appears on		
Pension Roll of	1850	6		as paid a Pension of County for 190
and I now believe	him to be dead.	1		
	my hand and official	seal, this_d	aday of S	px 1908
•		anus T	Gung	Ordinary,
	U		Diffe	Country

STATE OF GEORGIA. Allanta Ga Hilling 1 1889	
Mr. 10 J. Ner of the County	
of A Maring 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	
Lournal A counterly from soulder trinends	
He is entitled to receive the sum of Dolhars Dolhars	
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 youcher, and return same to	
Executive Department for warrant.	1
Governor.	
By the Governor	-
CLERK EXECUTIVE DEPARTMENT,	
A production of the second second	
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,	
Hifly val	
per above voucher, this of of flighting 1889.	
1 A forke	/
pen ell	

Parker, E.g. Se Kall- Co: Maimed Soldiers. Voucher No. 324 Audited 7 cb. 6 1890 Amount & 50 Paid R. J. Parken disable arm disable 6 : 190 Included in warrant No.

issued to Treasurer.

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Um Small

	A PARA TOTAL
	1891.
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Maimed Soldiers.
ited	Voucher No. 1606
COMPTROLLER GENERAL.	Amount \$ 50 Paid to R. Parlice
	For Com die
	Delly 2 4 1801.

Included in warrant No.

issued to Treasurer.

appliand

1891.

WARRANT-CLERK.

STATE OF GEORGIA.

No. 1606 Allanta, Ba. 26/24/1891. STATE OF GEORGIA. EXECUTIVE DEPARTMENT. 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 Inn di He is entitled to receive the sum of for such disability, the same being the allowance due for the year ending October 24, 1891. The Treasurer will pay the same and hold his receipt on this voucher and return same to Executive Department for warrant. By the Governor, MAN SEC'Y EXECUTIVE DEPARTMENT. RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia. Dollars. per above voucher, this 2 4 of No 6,

MC. C. Parker. East Lake TO HARRY G. POOLE, DR. FUNERAL DIRECTOR PRIVATE CHAPEL AND AMBULANCE 49 E. HUNTER STREET 8/1/ 08. Casket & Bex complete. \$ 65. Embalming & Services Suit. 12. Flowers? 10. Use of three Carriages. 16. Use of Hearse. 00 Georgia (Duplicate.)
Fulten Co.) Personally appeared before me HarryG. Poole who after being swern says that the above account is just true and paid

ATLANTA, GA. Sept 1st. 08.

190

ATE OF GEORGIA, EXECUTIVE DEPARTMENT. \ Allanta, Ga. H. fn Mr. R. J. Parker 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 Toweral A coakeles from Invilder morned He is entitled to receive the sum of 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 of this youcher, and return same to Executive Department for warrant. GOVERNOR. By the Governor CLERK EXECUTIVE DEPARTMENT. RECEIVED OF STATE TREASURER, R. U. HARDEMAN. Dollars,

STATE OF GEORGIA,

1889.

NAME, Parker, R J YEAR 1891 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND MIERE?

RANK.

COMPANY AND ANGIMENT? Private Co. D. 42nd. Regt. Georgia Vols. Stovall's Brigade.

NAME OF CAPTAIN AND COLOMBL?

WOUNDED? Dalton. Ga. May 12th. 1864. Shot through right shoulder also injuring right lung.

CAPTURED, MISH AND WESTER?

RELEASED.

WHEN AND WHELL SUTE NO RED?

IF NOT FRESHIT AT SURRENDER, WHIRE WELL YOU?

DIED, WHEN AND JUNE?

BURIED.

WITNESSES. None. WHEN AND WHIRE BORN? Resident of Ga. since march 8, 1830

ENLISTED WHEN AID WIERE?

RANK. Private

COMPANY AND REGIMENT? Co D 42nd Regt. da. Vols Stovall's Brigade

NAME OF CAPTAIN AND COLOMBL?

WOUNDED? Dalton, Ca. - way 12, 1864 - shot in right shoulder, fracturing bone, causing arm to be useless. CAPTURED, MILEN AND MILED?

RELEASED .

WHEN IN WHITE DOTAL NE BUTE?

IF NOT IRESTAT AT CURRENTER, WHERE SALL YOUR

DIED, WILL ATT, U. PLY

BURIED.

WITNESSES. None

NAME, Parker, R. J.

YEAR 1893 COUNTY DEKELD

WHEN AND WHERE BORM? Resident of Ga. since, March 8, 1830.

ENLISTED WHEN AND WHERE?

RANK. Private.

COMPANY AND REGIMENT? Co. D, 42nd Regt. Ca. Vols. Stovall's Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Rock Face, Ga. May 12, 1864. Shot through right shoulder rendering arm useless.

CAPTURED, WHEN AND WHERE?

RELEASED.

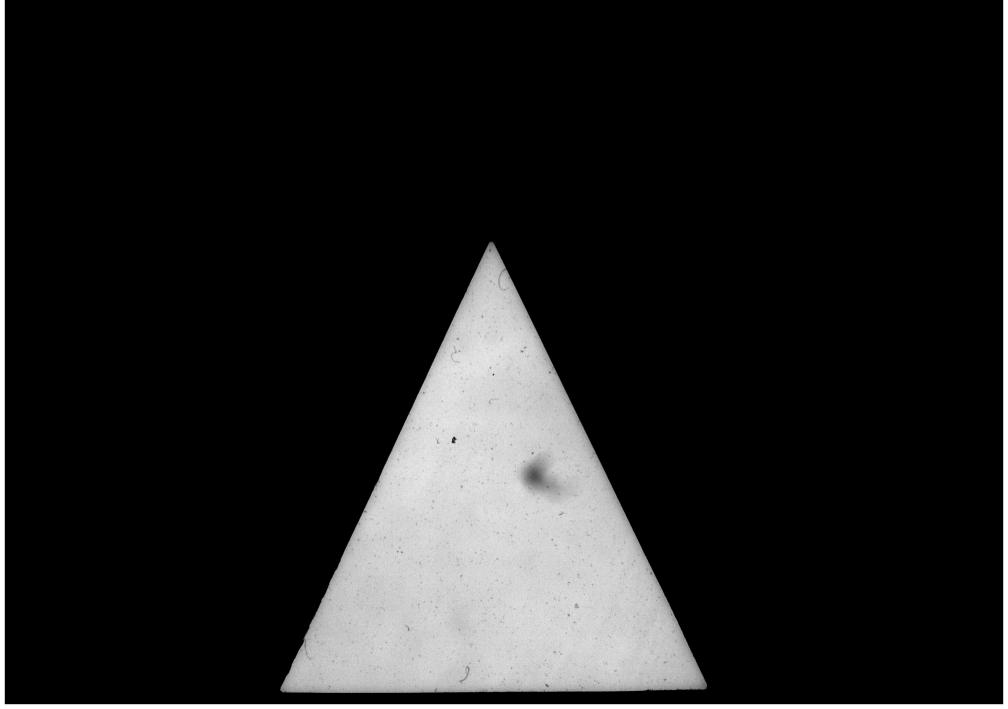
WHEN AND WHERE SUPERIND FED?

IF NOT IRES NO 41 CORRESTDER, WHALE WARD YOU?

DIED, WILL AND WEIGHT?

BURIED.

WITNESSES.



Dekall+ Application to be Allowed Pension for Total Blindness Under Act of General Assembly of August 19, 1912. Name Gell Park approved
John W. Clark
Commissioner of Russian Dickerson-Wright Printing Company, Atlanta

Application for Pension for Total Blindness

(Under Act August 19, 1912)

STATE OF GEORGIA,
Wellalt COUNTY.
Personally before me, the undersigned Ordinary of said County, comes
who after being duly sworn on oath says, That he is on the
the State of Georgia as a member of Company 6 = Common Augion
C. S. A. Vols., or Georgia Militia, and was paid a pension of \$100. Dollars in 1922.
That he has become totally blind by reason of weak Eyes and Old age 87 years old
and that he makes this application that he may be allowed an increase in his pension for total blindness.
Sworn to and subscribed before
me this 26 day of 800 192 Z
and Pleote Ordinary.
Detalle County. Gill XI grk
ASTATE OF GEORGIA.
Restall county.
Personally before me, the undersigned Ordinary of said County, comes ABell
, who, after being duly sworn, on oath says: That he is a resident of
County, and that he is a practicing physician, and has been for
years, and that he knows Carly Dark , of said County. That he is NOW
and has been for the past wears totally blind; which blindness was the result of
weak Eses + da see 87 Lors old
Sworn to and subscribed before
me this 26 day of 000 1924
Janus Cheorge Ordinary. Ja U. Bell M. L.
Willaw County.
STATE OF GEORGIA,
Ordinary's Office,
OCT 26 1922
I. Januar Lange , being the Ordinary of said County,
do certify that Gu Pension Roll of
Refall County, and was paid a pension of \$ / 0000 for 192% and that
he is a bona fide resident of said County, and that he has become totally blind; that he knows Dr.
, who is a resident practicing physican of said County, and
is a truthful man and physician of high standing, and what he says is worthy of belief and credit.
Given under my hand and official seal, and signed this the day and
year above stated.

(Seal)

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

Personally before	ore me, the Ord			()	ng sworn, on oath
hat he knew L	w.Ja	Mer		of said County, a	nd that said pensio
was on the OC	d	Pension Ro	il of A	Delall	County at
ime of death, whi	ch occurred in	t	Lesto	eh	County, in
State, on the	Sine	day of	bul	7	192 3, and t
Pension of On	u Bhen	doed	7898	bollars w	as due pensioner
inpaid at the time	of pensioner's d	eath. That he	left no wid	ow or dependent of	hildren surviving,
o estate of any va	lue sufficient to	pay these fune	eral expenses	, which amounted	to the sum of
er sworn statemen	t fully and com	pletely itemized	,hereto atta	ched.	P. D
Sworn to and s	ubseribed before	me) 1		
hja 25 day of	tuly	192.3	il (/	D. Pary	80
anus	Geor	QC Ordinary	6	M 17	
	Della	County	,) V		* * * * * * * * * * * * * * * * * * * *
				3	
I, January Land Land Land Land Land Land Land Land	nes P	County.			aid County, do cert
itizen of said Coun	ty, and that said	d person is of	a truthful a	nd trustworthy cha	racter, entitled to 1
aith and credit. I also knew	4 w	Park.	2	whil	e in life and that t
as the same perse	whose name a	ppears on the	Ola	1	Pens
oll of	Vestas	el,		County, a	nd was paid a Pens
outer	max	0/8/1	2000	Dollars in said (county for 1927,
now believe said	pensioner to be	dead.	1.11	0 -	
Given under my	y hand and offi	cial seal, this	757 da	offeely	, 192
(SEAL)	100		jan	URR	correction
				Dela	Coun
let. Was use to all		INSTRU	OTIONS	1. 1.1	onger than twelve mon e is living, has prior cli to make out their acco ore death when pensio
of died without owning or these expenses, and and. Require those fully itemized form, g	sufficient property	to pay such expe	ensos. The wi	low of a soldier, if sh	e is living, has prior of

(ocal)

Application to be Allowed Pension for Total

Blindness Under Act of General Assembly of August 19, 1912.

appoved supposed

John W. Clark Commissioner of Russing

Dickerson-Wright Printing Company, Atlanta

IN ACCOUNT WITH A. J. ALMAND CO. Greceries, Hardware, Farming, Implements, Lumber, Shingles, Lime, Doors Sash, Undertakers' Bood, Caskets and Coffins and Standard Brands of Fertilizers

C. J. TUCKER, Prop.

DeKalb

Application for Pension Due **Deceased Pensioner**

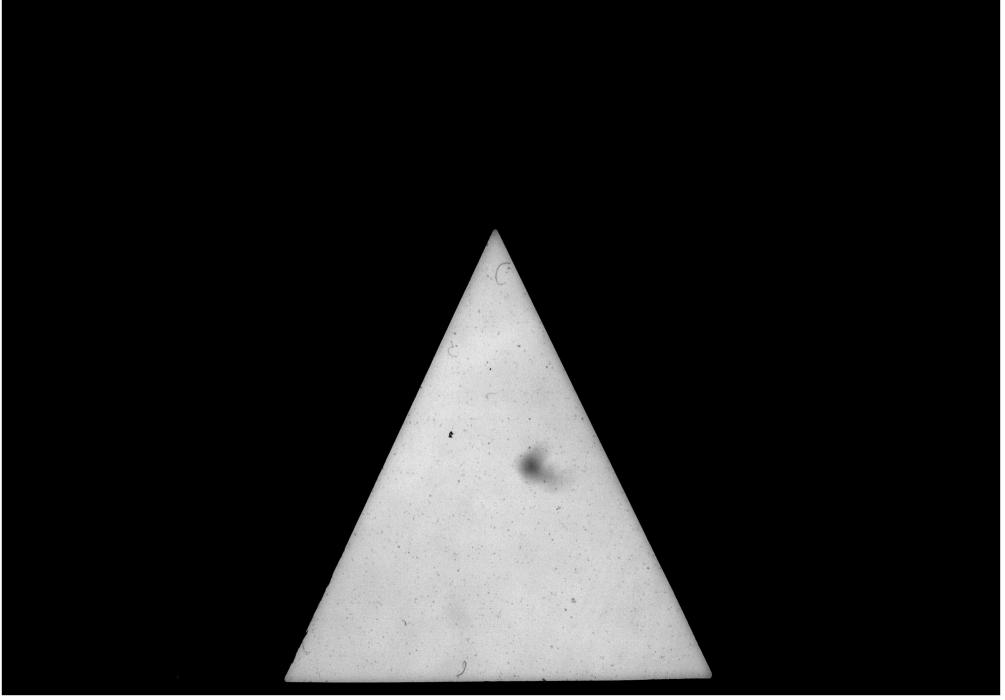
(UNDER ACT 1904)

(10 pay expenses of last liness or	runeral)
James & George	Ordinary
For 4 W Wasge	1
. Delall	- County

Approved and ordered baid

Commissioner of Pensions

Ordinary: Fill out above in full and send this blank to remain 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.



POWER OF ATTORNEY

STATE OF GEORGIA.

Know all Men by these Presents, That I,

,	
	appoint
	hereby
	do
	State
	said
	ii.
	County

y true and lawful attorney in lact, for 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 me ey which may be coming to me for the reason my true and me and in my name, to receive and receipt for whatever

hand and WITNESS WHEREOF, I have hereunto day of IN

Executed in the presence of us:

If allowed, send amount by

and oblige,

Bertall County

No. 1431

\$100.00.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY.

STILL OF GROIT	uin,			
	County.			
Know all Men by these Pres	ents, That I,			
ounty, in said State, do hereby	appoint	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	17.	
the and in my name, to receive from the State of Georgia as fidavit; hereby authorizing my e issued by the Governor, or for oresaid. IN WITNESS WHER day	a widow of a said attorney or any sum of m	Confederate Sold to receipt in my n toney which may b	er, as stated in the ame for any Warr to me coming to me for my hand and	he foregoing ant that may or the reason
Executed in the presence of	us:	.)		[L, s.]
		}	4 . 33	
. If allowed, send amount by	PIRECT	j IONS.		· • • • • • • • • • • • • • • • • • • •
	1			



Widows' Pension Warrant Issued 27.0. 1431

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

STATE OF GEORGIA	
County of De Roll in and for the County of De Roll	
Mrs. Martha H. Parish , who being sworn according to law, says under	
outh that the is the will at the Paris according to law, says under	
the service of the Confederate States, and served as a member of Company, of the	
Regiment of Volunteers; that he enlisted in said service on or about the 28th day of the control	
100 Z, and was in the	
the state of the s	
(See Note No. 1)	
Was taken Sich and carried to a	
hashita in Richmond Va. Where	
he died on the 19th 1 July 1862,	
Deponent further swears that she was the wife of said deceased soldier during his term of service in	
the Army, and that she has never married since his death; that she became his wife on the	
day of Sept 18.57, and that she has resided in Georgia continuously since the	
day of 184/; 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	
he General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February	
5th, 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	
17 day of Spil 1891. Me He Parrich	
M. M. Wagidas.	STATE OF THE PARTY
Ordinary.	
NOTE 1. State in blank above the date of the death of the husband, and how and when and when the life in the life	

In person came before me, the undersigned Ordinary

County of Jell in and for said County, witnesses

Lolegal Gideon Gallish

and SM Healcomb (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Par Blad Casish , of the County of Ne Rall.

State of Georgia, is the widow of IN. Pasizh

Company A of the 98% Regiment of Lergan Volunteers,

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or day of Ales Co. 1862 That while in said service, or by about the

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

where he died in July 1862.

We further swear that Mrs. Marthy St. Carish soldier during the service, and that she has not intermarried since his death, and that she resides in Le Kalf- County of the State of Georgia.

Sworn to and subscribed before me, this, the)

22 day of Spril 1891. Robert Eidson M. Mitogolole. J. E. Ellioth Ordinary. A.M. Holomby

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

STATE OF GEORGIA

I, WM Rogsdale, Ordinary

County of De Rolf in and for said County of De Troll

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

720 day of April M.M. Rogsdale.

Form No.

The pension is only payable to certain classes of widows

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

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

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

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

By order of the Governor.

W. H. HARRISON,

Sec. Ex. Department.

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

STATE OF GEORG	31A, County of Ne Nath	
1, Mil m	A Rojanaa Ordinary in and for said County of	
De Nall	State of Georgia, hereby certify that I am acquainted with Mrs.	
mr. Parrie	the applicant C	
	the applicant for a pension in this ones and	
names that the said	owledge (or from positive proof presented to me by reputable wit-	
Described and resides	s in this County, and that she resided in the State of Georgia on	
December 23, 1860, and	has not lived out of the State since that date. That she is the	
widow of INO	deceased, and as such has herefolore	
been allowed a pension f	for the year ending February 15th, 1893.	
this the 224	of, I have hereunto set my hand and affixed the seal of my office,	
this, the	day of farmary 1894.	
SEAL	MM Ragada C. Ordinary.	
	Ordinary.	
, , , , , , , , , , , , , , , , , , ,	OMER OF AGREEMENT FORM No. 3.	
	POWER OF ATTORNEY.	
	0 1/1/-	
STATE OF GEORG		
KNOW ALL MEN BY	of De Nath Parrich	
	of De Nall	
County in said State, do	hereby appoint MARD. 196 T	
of De Kall	my true and lawful attorney in fact, for	
me, and in my name, to	receive and receipt for whatever amount of money I may be en-	
formula a find the State of	of Georgia as a widow of a Confederate Soldier, as stated in the	
Warrant that may be issue	and by the Covernor or for any	
Warrant that may be issued coming to me for the real	and by the Governor, or for any sum of money which may be	
Warrant that may be issued to me for the real IN WITNESS WHERE	my true and lawful attorney in fact, for receive and receipt for whatever amount of money I may be enof. Georgia as a widow of a Confederate Soldier, as stated in the by authorizing my said Attorney to receipt in my name for any used by the Governor, or for any sum of money which may be ason aforesaid. ROF, I have hereunto set my hand and seal, this	
Warrant that may be issue coming to me for the real IN WITNESS WHERE day of Lace	ROF, I have hereunto set my hand and seal, this	
IN WITNESS WHERE	ROF, I have hereunto set my hand and seal, this	
IN WITNESS WHERE	1894. Most De Pennish [L. s.]	
IN WITHERS WHERE	1894. Most De Pennish [L. s.]	
IN WITHERS WHERE	1894. Most De Pennish [L. s.]	
IN WITHERS WHERE	1894. Most De Pennish [L. s.]	*
Executed in the pre	row, I have hereunto set my hand and seal, this 224, 1894. When the Security [L. s.] Jace,	*
Executed in the pre	esence of us: 1894. 1	*
Executed in the pre	esence of us: Of Verrish [L. s.] Jec., DIRECTIONS.	
Executed in the pre	esence of us: 1894. 1	
Executed in the pre	esence of us: Of Verrish [L. s.] Jec., DIRECTIONS.	
Executed in the pre	esence of us: Of Verrish [L. s.] Jec., DIRECTIONS.	
Executed in the pre	esence of us: Of Verrish [L. s.] Jec., DIRECTIONS.	
Executed in the pre	esence of us: Of Peccish [L. s.] Arians DIRECTIONS. to	
Executed in the pre	esence of us: Of Peccish [L. s.] Arians DIRECTIONS. to	
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Executed in the pre	esence of us: Of Peccish [L. s.] Arians DIRECTIONS. to	The Contract of the Contract o
Executed in the pre	esence of us: Of Peccish [L. s.] Arians DIRECTIONS. to	J. V.
Executed in the pre	esence of us: Of Peccish [L. s.] Arians DIRECTIONS. to	No. V.
Executed in the pre	esence of us: Of Peccish [L. s.] Arians DIRECTIONS. to	The Colonial Colonia
Executed in the pre	esence of us: Of Peccish [L. s.] Arians DIRECTIONS. to	To Vill
Executed in the pre	esence of us: Of Peccish [L. s.] Arians DIRECTIONS. to	The U. I.
Executed in the pre	esence of us: Of Peccish [L. s.] Arians DIRECTIONS. to	May 1
Executed in the pre	esence of us: A Ce Color	Mo Villa
Executed in the pre	esence of us: Acceptage Jace Acceptage And oblige	To Val

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, Sersonally comes Mrs.
County of De Kall M. H. Parish
who being sworn, says on oath, that she is a bona fide resident of said County of
De Kall State of Georgia, and that she has resided in said State
continuously ever since all her life 18. That she is the Widow of
J. M. Parish who was a Soldier in Company
A of the 38 " Regiment of Steorgia
Volunteers, that he enlisted in said Regiment on or about the month of March
1862 and served in the Army up to July 1862. That he lost his
life on the 19th day of July 1862 (State here
full particulars of the husband's death, when, where and from what cause.) (
That taken sich while in service
and died in a hospital at
Richmond Va. on dog wine
State L.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1857; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

Post-office Doraville

Allowed Pensions.	00000	- -branen o v	0 1	
STATE OF GEORGI	A. County	of Det.	uh	
I, MM Rogenaic	S ;	Ordinary in	and for said Co	ounty of
State of Georg			n acquainted w	
Martia H. Parish	the app	licant for a p	ension in this c	ase, and
w from my own knowledge (or from	positive prod	of presented t	o me by reputa	ble wit-
es), that she resides in this County,	and that she	resided in th	ne State of Geo	orgia on
ember 23, 1890, and has not lived out	of the State	e since that	date. That she	e is the
ow of IN Parith		进程是经验的	as such has he	retofore
allowed a pension for the year ending				
In Witness Whereof, I have hereun		nd and affixe		y office,
, the 2-3/3 day of			1895.	
(NEAL)	14.00		Ordinary.	1.1
			Ligaria de la co	
POWER O	E ATTO	DNEV		form No. 8
FOWER O.	FALLO	MINIST.		
or or or or or	16			
ATE OF GEORGIA, 2. 10	(1)	Cour	ille M'	Perila .
Know all Men by these Present		1 11/16	Berry 2	in a
nty in said State, do hereby appoint	of A	04.00		
ity in said State, do nereby appoint			ful attorney in	fact for
and in my name, to receive and recei				
d to from the State of Georgia as a going affidavit; hereby authorizing n rant that may be issued by the Goving to me for the reason aforesaid. IN WITNESS WHEREOF, I have heret	ny said Attor ernor, or for	rney to receip	noney which	for any may be
	1610	far.	8clle	[L. S.]
Executed in the presence of us:				
il Conduce.				
(Charles Din	ECTIONS.			
Send amount by				to *
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るるのと	year ending Febuary PAID TO	S	~ W	E PO
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	6. 1 3	-		2
THE STATE OF THE S	ry 15th	ENS		THOSE HERETOFORE P

Certificate of Ordinary of the County of Annicant's Residence

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,	personally comes Mrs.
County of DeKall	Marting H Parris
who being sworn, says on oath, that she is a bona fide	e resident of said County of
DeKalb State of Georgia,	and that she has resided in said State
continuously ever since the year	1837 That she is the Widow of
Isaac A Parrish	who was a Soldier in Company
A of the 38th Regimen	t of Georgia
Volunteers, that he enlisted in said Regiment on or about	
1862, and served in the Army up to July	
life on the day of July	
full particulars of the husband's death, when, where and	from what cause.) (
July 19 a 1862 In 1	tospetal at
Richmond Virginia	· bouse of
Weath not Known	

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 afore said, that she became his wife in the year 18 3; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this	
26 ch day of lows 1802.	Martha H Persol
Sworn to and subscribed before me, this 26 in clay of Joing 1893.	Post office & Service &
The state of the s	Tost-office

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,	Dersonally Comes Mrs.
County of De Noll-	Williat Asish
	}
who being sworn, says on oath, that she is	
	Georgia, and that she has resided in said State
continuously ever since all Mar	That she is the Widow of
A of the 38 "	who was a Soldier in Company
Volunteers, that he enlisted in said Regimen	
	July 1862 That he lost his
life on the 1911 day of	
full particulars of the husband's death, when	where and from what cause) (
Thuy taken sink a	red 30 cel to a hor bitue
- Mure la diedose e	lie i Pore date at
Mister Sun & La.	
	The state of the s
	Commence of the second
Deponent swears that she was the wife of sa	id deceased soldier, during his service in the
army as a soldier, and that she has never mare	ried since his death aforesaid, that she became
his wife in the year 18 22, that Georgia is h	er home and she resided in this State 23d day
	other State or locality, since that date. I have
	February 15th, 1894, and now apply for the
allowance provided by law for the year ending	
Sworn to and subscribed before me this	
2,47d day of Date 1895.	Maitha 16 Porces
1 /12 - 11/1	Post-office Volume Volume

	CANCEL STORY IN CASE OF
STATE OF GEORGIA, County of Se Kell	
1, Millagulace, Ordinary in and for said County of	
De Kall State of Georgia, hereby certify that I am acquainted with Mrs.	
Martha H Sarish 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 Arabical Parish	
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.	
(SERI) MinDogsdale, Ordinary.	
· · · · · · · · · · · · · · · · · · ·	
POWED OF ATTOONEY	
POWER OF ATTORNEY.	
Q 12 cf.	:0
STATE OF GEORGIA, Ne Ralle County,	
. I, Martha & Parish hereby authorize Mere Roxie & Beaty	
. I, Martha & Parish hereby authorize Mere Roxie & Beaty	
of De Na Co Course Ty to receive and receipt for the pension paid hereon and request	
I, Marthat Purish hereby authorize Music Royce & Beaty of Le Co Courty to receive and receipt for the pension paid hereon and request that he remit same to	
I, Marthath Marish hereby nuthorize Markets Beaty of De Ne Cocces of to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2/45 lay of Marchanter 1896.	
I, Martha & Paris hereby authorize Mers Royce & Beaty of Le Co Courty 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 2/21	
I, Martha to hereby authorize Merch Royce & Beaty of Le Colored to receive and receipt for the pension paid hereon and request that he remit same to	
I, Martha to hereby authorize Merch Royce & Beaty of Le Colored to receive and receipt for the pension paid hereon and request that he remit same to	
I, Marthath Mich hereby authorize Michael Beaty of De Na Cocces of to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2/4 hay of Michael 1896. Executed in the presence of A. I. Corley.	
I, Martha H. Parish hereby authorize Merchy ice & Beaty to receive and receipt for the pension paid hereon and request hat he remit same to	

1896

STAT	E OF GEO	ORGIA, C	ounty of_	Della	ek	
I, 1/1.11.	laged	oce,		Ordinary	in and for	said County
marting a	0Z -	State of G	eorgia, herel	oy certify that I	am acquai	nted with Mr
martine	Flas.	ih	the	applicant for	pension in	n this case, an
know from my own kn	owledge (or fro	m positive pr	oof presente	d to me by rep	utable witn	esse-,) that sh
resides in this County, a	nd that she resi	ded in the S	tate of Geo	rgia on Decemb	per 23, 189	O, and has no
lived out of the State sin	ce that date.	That she is th	e widow of	Lew	Tan de	isish
deceased, and as such has	heretofore bee	n allowed a p	ension for th	ne year ending	ebruary 1	5th, 1896.
In Witness W	nereof, I have	hereunto se	my hand	and affixed th	seal of	my office, th
the		day of	Heb		1897.	
{SEAL}	-111	mais	sdace	-1.	Ordinary.	5
\	1.167		colate		Ordinary.	
						Form®o, 8.
	POWE	ROF	ATTO	RNEY.		
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STATE OF GEO	ORGIA,	DoNac	f.	Coun	tv.	
1, hers Martha	it Parish) here	by authoriz	mised	88.	aly
of De Kall		to receive	and receipt	for the pension	paid here	on and reduces
that he remit same to			at			, pr
In Witness Wher	EOF, I have her	eunto set my	hand and	seal, this/	ist	
lay of Met	18	197		ν.	15 -	
			16.	76. Par	eish	, [L. s.
Executed in the	presence of			N.		1
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C, LE & S	HOH	1/2	50%	R	C	
3 5	RICHARD JOHNSON	22	3-	15th		N R
	N,	2	y	18 1		Z

14.5 m	
STATE OF GEORGIA,	personally Comes Mrs
County of Se Hall	Mostlea & Barish
who being aroung easy on ooth that	she is a bona fide resident of said county of
0 1 10	ia, and that she has RESIDED in said Stat
continuously ever since all her life	
1	
1. N. Parish A of the 38th Regi	ment of Ges
Volunteers, that he enlisted in said regiment on or about the	
186 2 and served in the Army up to July	186 2. That he lost hi
1867 and served in the Army up to Lilly life on the 1976 day of Lice	1862, (State her
full particulars of the husband's death, when, where and from who	t cause.) (
Has taken sich whice	in service and d
in a hoskital at lee	luciond Va.
-ore date above	St. St. of the St.
and and a second	
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The Contract State of the Contract of the Cont	
Your Street	and the second s
Deponent swears that she was the wife of said deceased soldier, or	during his service in the army as a soldier
and that she has never married since his death aforesaid, that	
that Georgia is her home and she resided in this State 2:	
lived in any other State or locality since that date. I hay	
	February 15th, 1895, and now apply for
the remaining annial all her law for the year ording February 15th	

My Ho Parish

For Widows Heretofore Allowed Pensions.

STATE	OF	GEORGIA,
County	of	Dekall

Dersonally Comes Mrs.

	orn, says on oath, that she is a bor	na fide resident of said county of
Sellath	State of Georgia, and tha	t she has RESIDED in said State
ntinuously ever since W	ay 18	42. That she is the Widow of
ntinuously ever since MC	1/2	who was a Saldian in Commun.
A of the 33th		0
of the S	Regiment of	
olunteers, that enlisted in said regimes	nt on or about the month of	March 1st
62 and served in the Army up to	July 19th	1862 That he lost his
e on the 19th	day of July	
I particulars of the husband's death, wh		
		9
the fing	1NC/1/84	4,
at Kiehe	the 19 186	min -
And the second s		
	· · · · · · · · · · · · · · · · · · ·	J.,
and the second s	and the second s	
ponent swears that she was the wife of	Csaid deceased soldier, during his	service in the army as a soldier.
I that she has never married since his		
t Georgia is her home and she re	esided in this State 23d day of	f December, 1890, and has not
ed in any other State or locality si	nce that date. I have been all	owed a pension as a resident of
Delsall con	unty for the year ending February	v 15th: 1896, and now apply for
		, 10th, 1000, and not appry 101.
pension provided by law for the year	ending repruary 15th, 1897.	
Sworn to and subscribed before a	me this	9
	100 10	Swrith-
J T Stowart a Do	Post office	ravelle "

Joseph Bound of Porting Post-office Dollar Condinents on and I describe Condinents on and I describe Condinents on and I describe the continued on the second of the second of the condinent that the condinent the second of the condinent the second of the

POWER OF ATTORNEY.

	eorgia,			
. I, Mark	tra A Paris	hereby authorize	Rogie D. So	reaty -
of XIII		to receive and receive	eipt for the pension paid h	ereon and request
In Witness W		into set my hand and seal,	this 20th	
day of	in	1898.	7	
			176 Pars	19h [L. 8.]
	Carpes	nter)		
Minister	egodica,	<i>i</i>		
	Ording	3,		

TESPS. 1898. MO 2596. MO 2596. MO 2596. MO 11898. For year ending February 18th, 1898. PAID IN PATISH WARRANT ISSUED 23 AND HANDED TO AND HANDED

POWER OF ATTORNEY.

to		and rece	A.		of	Mai	est that he remit same to
day	of	Executed	in prese	<u> </u>	have hereunt 1899.		Pussion [L. S.]
o Paid.			(STON,	Brish.	County Mach	SON, oner of Pensions.	ED 1889.
For Those Heretofore	1899	NO. 344	CLIDOW'S PEN	For year ending February 15th, 1899 May Marina Hard	Se Tech Widowof a Med	RICHARD JOHNSON Commissioner of	WARRANT ISSUE 2// 0 AND HANDED TO AUTIC B. E

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	1.2	Personally Comes Mrs.
County of De/Lull	Mar	Ma A. Parish
	says on oath, that she	is a bona fide resident of said county of
Arkall	State of Georgia,	and that she has RESIDED in said State
continuously ever since.		18.35 That she is the Widow of
1. N. Pursh		who was a Soldier in Company
/ of the 30 M	Regiment of	March
Volunteers, that he enlisted in said regiment on or al	bout the month of	
186 2 and served in the Army up to	of the	186.2_ That he lost his
	of July	186.2 (State here
full particulars of the husband's death, when, whe		
Mus laken sich		1
hospita it Ries	amona	lu -
·····	<u> </u>	
	. <u></u>	
Deponent swears that she was the wife of said deceased	l colding during his so	union in the army or a selling and that
she has never married since his death aforesaid, and the	at she became his wife	~^
I have been allowed a pension as a resident of February 15th, 1897, and now apply for the pension p		County for the year ending
Sworn to and subsoribed before me, this		
20 day of 1898.	0169	of Susseth.
The Maystace Ordinary.	Post-Office	· Doravile
State of Georgia,	111	mi P. Len
hellach County.	I // Ordinary of said Co	unty, certify that I am well acquainted
with Mrs. Wastin H Paris		made the above affidavit and am satis-
fied that the facts therein stated are true, and I know	she is the individual sh	e 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 20 da	y of fan 1898.
	MINK	asdaic,
Official Seal. Ordi	inary of	Back County.

For Widows Heretofore Allowed Pensions.

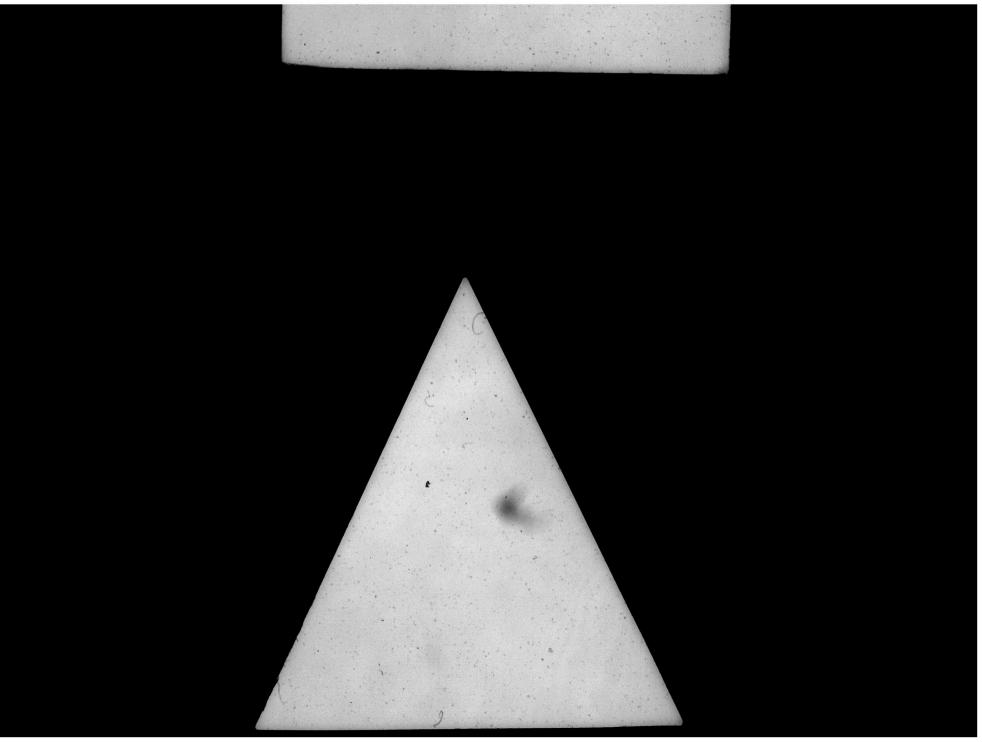
STATE OF GEORG	IA,	Personally Comes I	Virs.
County of Nertain) //w	rina A. Va	ush
Detalk who, being		ne is a bona fide resident of sa	
		18.38 That she is the	
continuously ever since.			
A of the 387	h Regimen	who was a soldier	in Company
Volunteers, that he enlisted in said regiment	on or about the month of	Anto Mari	2h
·1862 and served in the Army up to	July	186 2 Th	at he lost his
life on the	day of ful	1862	(State here
full particulars of the husband's death, wh	en, where and from what	1 . 1 . 1	ospita
ar Richmon	dla		
	2 2		
			*
Deponent swears that she was the wife of sais she has never married since his death aforesai I have been allowed a pension as a re-	d, and that she became his w		
February 15th, 1898, and now apply for the	pension provided by law for	the year ending February 1	5th, 1899.
Sworn to and subscribed before n	1899.	M Janier	h
mornings dale or	dinary. Post-Offi	. Doravil	G Ga,
State of Georgia,	1 1/	M Raged	ec .
suffall co	inty. Ordinary of said	d County, certify that I am we	ll acquainted
with Mrs. Martha At.	Parish_	who made the above affidavit	and am satis-
fied that the facts therein stated are true, and	I know she is the individue	al she represents herself to be,	and that she
has continuously resided in this State since the	day of	7 186	38,
Given under my official signature and	seal this the	day of Jan	1899.
{Official	Ordinary of	Detath	County.

POWER OF ATTORNEY.

The Marka Mariah hereby authorize Maria Ma	STATE OF GEORGIA,	1
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this / S. Dence Sh. [L. S.] Executed in presence of A. J. Common of Land Constitution of the St. Constitution of th	I. Martha Harish	hereby authorize Mys It Holling
Bood Sent 1900. W. LINDSEX, Country, Commission of Parisin St. W. LINDSEX, Commission of Parisin W. LINDSEX, Commissio	to receive and receipt for the pension	paid hereon and request that he remit same to
BOOO W. LINDSEX, Commission of Parison W. LINDSEX		
BOOO W. LINDSEX, Commission of Parison W. LINDSEX		Me y Paric Ek [L. S.]
BOO. "S PENSION, ding February 18th, 1900. "N. LINDSEX, Commission of Panion. W. LINDSEX, Commission of Panion.		
BOO. PART SELECTION OF THE SELECTION OF	Man Magdace.	
	To Those Heretofore Paid TO Those Heretofore Paid TO Those Heretofore Paid NO. Aff No. Marytin Schuzy 18th, 1800.	M. LINDSEY, Commission of Comm

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally Comes Mrs.
County of Ne Nach Mustha A. Parish
who, being sworn, says on oath, that she is a bona fide resident of said county of
State of Georgia, and that she has RESIDED in said State continuously ever since
That ede is the Widow of
A of the 38th Regiment of A
Volunteers, that he enlisted in said regiment on or about the month of
1862 and served in the Army up to 1862 That he lost his
life on the day of lece 1862 (State here
particulars of the husband's death, when, where and from what cause)
when sich and lich is Rich mond
in leaspitas
The state of the s
The second secon
V
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18. I have been allowed a pension as a resident of
February 15th, 189 , and now apply for the pension provided by law for the year ending February 15th, 1900.
Sworn to and subscribed before me, this
Milliplegolece Ordinary. Post Office
State of Georgia, County. Ordinary of said County, certify that I am well acquainted
with Mrs. Mastra 4 Casial , who made the above affidavit and am satis-
fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since theday of18 38
Given under my official signature and seal, this the 18" day of 1900.
[Official] Millegolace.
Book S

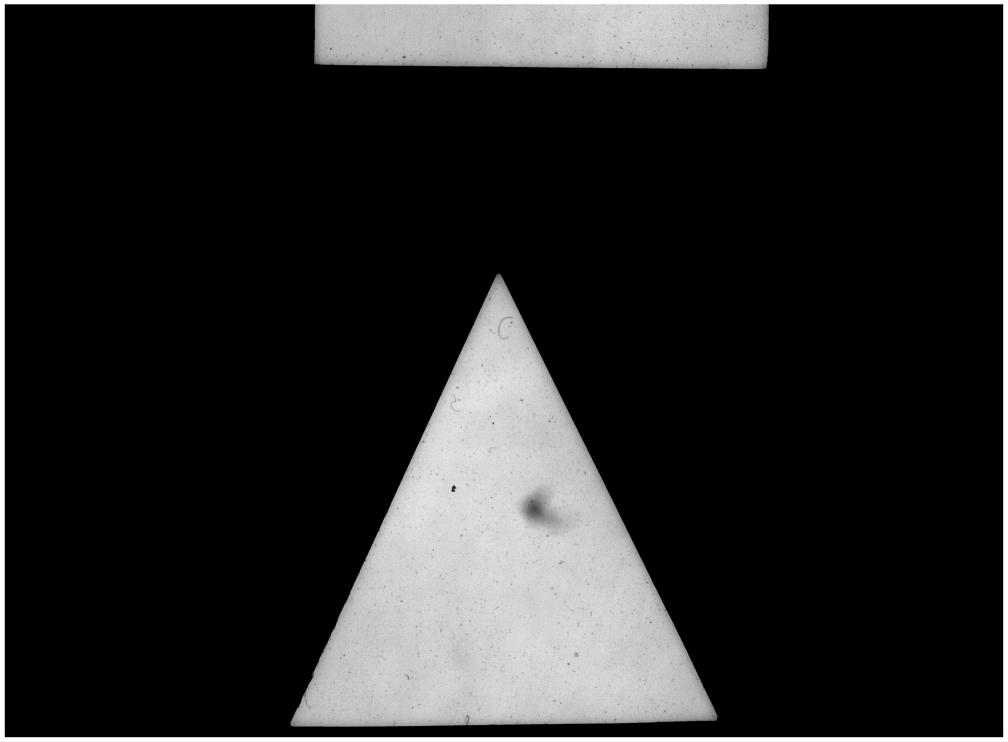


Certificate of Ordinary of the County of Applicant's Residence.

r said County of ainted with Mrs. in this case, and messes, that she and has not lived	roin Re a	[r]	Partain Julia a. De Kalb Loury 1898.
Ordinary in and for ordinary in and for icant for a pension i icant for a pension i one by reputable with the control of the control ordinary is control ordinary in the control ordinary in the control ordinary is control ordinary in the control o	ATTORNEY. County. County. County. authorize County. County. and receipt for the pension paid hereon	my hand and seal, this 27th. a f X Pas faire. North,	WIDOW'S PENSION, for year ending February 15th, 1896.
State of Georgia, hereby or State of Georgia, hereby or A La	WER OF Lath Ac Italk Active hereby to receive	ce hereunto set	Mufulia A Partaine OF De Kall- Widow of John & Partain
State Of Control of the State of the State since that the cont of the State since that the deceased, and as such has heret In Witness Whereof, the	STATE OF GEORGIA	Lis Wiresess Whereof, I had not the presence Executed in the presence Why again	WARRANT ISSUED 2 1896. AND HAMDED TO Coo. W. Harribot, State Printer.

For Widows Heretofore Allowed Pensions.

who being swyrn, says on oath, that she is a bona filler resident of said country of Declar From the Corner of James Mrs. Who being swyrn, says on oath, that she is a bona filler resident of said country of Declar of State of Georgia, and that she has restored in said State continuously ever since the first life 18 That she is the Widow of Who was a Soldler in Company of the Ith Regiment of Regiment of A Wolunteers, that he enlisted in said regiment on or about the month of 1862 and served in the Army up to 1862 That he lost his life on the day of July 1862 (State here full particulars of the husband's death, when, where and from what cause.) Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1862, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Dec Rall County for the year ending February 15th, 1896, and now apply for the pension provided by here for the year ending February 15th, 1896, and now apply for the pension provided by here for the year ending February 15th, 1896, and now apply for	County of De Kalb who being sworn, says on out De Kalb Drew from the State of continuously ever since all her lies John Pastacia H of the 11th Volunteers, that he enlisted in said regiment on or about 1862 and served in the Army up to Jife on the day of Je July particulars of the husband's death, when, where and free Add a relapse from Aich of the same in	h, that she is a bona fide resident of said county of a Commit of Suriment in Georgia, and that she has RESIDED in said State 18 That she is the Widow of who was a Soldler in Company Regiment of March the month of March 1862 That he lost his
who being sworn, says on eath, that she is a bona fide resident of said country of Are is from the Corner of State of Georgia, and that she has resident in said state continuously ever since all her like 18 That she is the Widow of who was a Soldler in Company of the 1th Regiment of Wolunteers, that he enlisted in said regiment on or about the month of 1862 That he lost his life on the day of July 1862 (State here full particulars of the hasband'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, that she became his wife in the year 1864, 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 December State or locality since that date. I have been allowed a pension as a resident of December State or locality since that date. I have been allowed a pension as a resident of December State or locality since that date. I have been allowed a pension as a resident of December State or locality since that date. I have been allowed a pension as a resident of December State or locality since that date. I have been allowed a pension as a resident of December State or locality since that date. I have been allowed a pension as a resident of December State or locality since that date. I have been allowed a pension as a resident of December State or locality since that date. I have been allowed a pension as a resident of December State or locality since that date.	who being sworn, says on out Re Kall Drew from the State of continuously ever since all her lip Loling Pastacie of the 11th Volunteers, that he enlisted in said regiment on or about 1862 and served in the Army up to life on the day of full particulars of the husband's death, when, where and free Alied of the saine in Alied of the saine	h, that she is a bona fide resident of said county of Cornelly of Swinner in Georgia, and that she has resident in said State 18 That she is the Widow of who was a Soldler in Company Regiment of Hash the month of Hash
continuously ever since All her life 18 That she is the Widow of who was a Soldler in Company Who was a Soldler in Company Wolunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to 1862 That he lost his life on the day of July 1862 (State here full particulars of the husband's death, when, where and from what cause.) (Had a recapte from the Mussless and Lie of the same in a husband's market in a husband's market 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, that she became his wife in the year 1862, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of County for the year ending February 15th, 1895, and now apply for	continuously ever since the her light for the light of the lith Volunteers, that he enlisted in said regiment on or about 1862 and served in the Army up to life on the day of full particulars of the husband's death, when, where and from the died of the same in died of the same in	That she is the Widow of who was a Soldler in Company Regiment of March the month of March 1862 That he lost his
continuously ever since All her life 18 That she is the Widow of who was a Soldler in Company Who was a Soldler in Company Wolunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to 1862 That he lost his life on the day of July 1862 (State here full particulars of the husband's death, when, where and from what cause.) (Had a recapte from the Mussless and Lie of the same in a husband's market in a husband's market 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, that she became his wife in the year 1862, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of County for the year ending February 15th, 1895, and now apply for	continuously ever since the her light for the light of the lith Volunteers, that he enlisted in said regiment on or about 1862 and served in the Army up to life on the day of full particulars of the husband's death, when, where and from the died of the same in died of the same in	That she is the Widow of who was a Soldler in Company Regiment of March the month of March 1862 That he lost his
continuously ever since All her life 18 That she is the Widow of who was a Soldler in Company Who was a Soldler in Company Wolunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to 1862 That he lost his life on the day of July 1862 (State here full particulars of the husband's death, when, where and from what cause.) (Had a recapte from the Mussless and Lie of the same in a husband's market in a husband's market 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, that she became his wife in the year 1862, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of County for the year ending February 15th, 1895, and now apply for	continuously ever since the her light for the light of the lith Volunteers, that he enlisted in said regiment on or about 1862 and served in the Army up to life on the day of full particulars of the husband's death, when, where and from the died of the same in died of the same in	That she is the Widow of who was a Soldler in Company Regiment of March the month of March 1862 That he lost his
Who was a Soldler in Company To the 11th Regiment of	of the 11th Volunteers, that he enlisted in said regiment on or about 1862 and served in the Army up to Jay of Jail particulars of the husband's death, when, where and from Lad a relapse from died of the same is	who was a Soldler in Company Regiment of Harsh the month of Marsh 1862 That he lost his
Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to July 1862. That he lost his life on the day of July 1862 (State here full particulars of the husband's death, when, where and from what cause.) (Had a relapse from the Masses and Rich of the said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1860, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of December and now apply for	Volunteers, that he enlisted in said regiment on or about 1862 and served in the Army up to Jay of July particulars of the husband's death, when, where and free Had a Selapse from died of the sairce is	the month of March 1862 That he lost his
Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to 1862 That he lost his life on the 1862 (State here full particulars of the husband's death, when, where and from what cause.) Had a selapse from the Masses and Lie of the same in a largetar in March in the Proposent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1860, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of December 1895, and now apply for	Volunteers, that he enlisted in said regiment on or about 1862 and served in the Army up to July of July particulars of the husband's death, when, where and free Had a relafite from Lied of the saine is	the month of March 1862 That he lost his
Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to 1862 That he lost his life on the 1862 (State here full particulars of the husband's death, when, where and from what cause.) Had a selapse from the Masses and Lie of the same in a largetar in March in the Proposent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1860, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of December 1895, and now apply for	Volunteers, that he enlisted in said regiment on or about 1862 and served in the Army up to July of July particulars of the husband's death, when, where and free Had a relafite from Lied of the saine is	the month of March 1862 That he lost his
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1862, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of December, 1895, and now apply for	1862 and served in the Army up to life on the	rey 1862 That he lost his
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1860, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of December, 1895, and now apply for	full particulars of the husband's death, when, where and free Had a relapse from died of the same is	ruly 1862 (State here
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1860, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of December 1890, and now apply for	full particulars of the husband's death, when, where and free Had a relapse from died of the same is	1862 (State here
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1860, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of December, 1890, and now apply for	Had a recapse from	
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1862, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of December, 1895, and now apply for	died of the same in	
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1862, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of December, 1895, and now apply for	diel of the same in	- the measees and
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Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1862, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of December, 1895, and now apply for	Mromia.	
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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 Le Rach. County for the year ending February 15th, 1895, and now apply for		
lived in any other State or locality since that date. I have been allowed a pension as a resident of De Rack. County for the year ending February 15th, 1895, and now apply for		
De Rach County for the year ending February 15th, 1895, and now apply for		
	()	
the pension provided by law for the year anding February 15th 1806	Ac Malle 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	Sworn to and subscribed before me, this	
27th , Jun in Julia AX Partain	37th day of lan 1896.	lia Ax Partain



Patterson, J. M. De KALD Co. **Application for Pension** Due Deceased Pensioner (UNDER ACT 1919) (To pay expenses of last illness and funeral) V. D. Morgan Ordinary Date of Death Jany 26 1928.

Amount \$ 100 00 Approved and ordered paid of John W, Elask 29 June 18 Commissioner of Pensions. Ordinary Fill of above I fill and send this blank to Pension Department for approval. Do not pay out the money until the approval blank is no un hands giving you authority to do so. Send back to the Pension Department with your receipted payrells to be permanently filed with them. Do not keep this application in your office.

Application for Pension Due to a Deceased Pensioner

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness) (Under Act Approved August 15, 1904)

GEORGIA, Pexalle County,	1 7
Personally before me, the Ordinary of said County, comes R. Brans	em
of Barelay Brondon Co of said County, who, after being so	worn on oath
says that he knew Cornelus M. Patterson of said County, and that s	aid Pensioner
was on the Pension Roll of said County at the time of death, which occurred in	
County, in this State, on the 26th day of January	
and that pensioner left no widow surviving, and no estate of any value sufficient to pay	
expenses, which amounted to the sum of \$2.77, per sworn statements fully and	
ITEMIZED hereto attached.	* ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Sworn to and subscribed before me,	
U. J. Morgan, Ordinary Bandon	don
Drifall County	
(Seal of Ordinary)	
	•
GEORGIA, LEKALL County.	
I, U-A. Mora an , Ordinary of said Count that I personally know RM Bruulan , who	y, do certify
citizen of said County, and that said person is of truthful and trustworthy character, ent	
faith and credit; that I also knew LeM. Fatters on while in life and	that this was
/ / / / / / / / / / / / / / / / / / /	County, and
was paid a Pension of Two Number 1 (82)	
in said County for 192. 7., and I now believe said pensioner to be dead; and that the instru	
foot of this voucher have been carefully observed in making up this voucher and the bills	
tached hereto.	
Given under my hand and official seal, this. 3 +d day of May	192 8
(Seal of Ordinary)	

DeKach

wm Patrician RL

ATLANTA, GA. Jan. 28th 1928 192

M Mr. T.P. Patterson

1014-So. 28th St. Birmingham. ala.

To THE BARCLAY & BRANDON CO. Dr.

For- Juneral expense Funeral Directors Ambulance Service II., C.M. Patterson-114- Kirkwood Road, 274-278 IVY STREET, N. E.-CORNER BAKER PHONES: WAlnut-6221-6222 Atlanta, Ga.

	Casket 125.00- Embalming 25.00-Rallbearer gloves 2.50- 152.50 Opening grave 6.00-grave lining 3.00- learse 15.00- 21.00 Outside burial box 10.00- 0.00 Drayage on outside box to cenetery (2) Automobiles for funeral 25.00 Everyage announcement is Certified copy of death certificate 5.50 Total Electric 15.00
who upon is rendered	rangere before me R.M.Brandon, of The Barclay / Irandon Co., being duly sworn states that the above and foregoing account of for services in funeral expenses of Mr. C.M.Pattersen, who out owning sufficient property to pay this bill
Sworn to	and subscribed before me thin 3rd day of ay 1918.

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.)

[&]quot;The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may , who died without owning sufficient property to pay this bill.

³rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

⁴th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

⁵th. Return this application, and attached bills, with your final settlement, to the Pension Department.

⁶th. Ordinary should see that the back of this blank, when folded, is filled out.

se be paid out dien 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.

NOTES.

d unnecessary delays to applicants, and to enable all parties interested to understand swances to disabled soldiers, as well as the rules adopted by the Governor touching the he following suggestions are submitted.

In this been wounded, the description of the wound should be carefully and fully set of histories, and followed by a plain statement of facts showing the extent of the ant claims disability from disease contracted in the service, a full and carefully stated should be given, tracing the disability by positive proofs to the service.

and casellally actions.

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 garpoes 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 crucio 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 sworm to.

6. Every application must be certified by the Ordinary of the country 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.

Pearce, Leo. W. De Kolo. No. 1629 APPLICATION FOR ALLOWANGE Loss of one Jugar wouning DeKalk Amount Date of Warrant Mel 27 Enigred on record 2014 SECRETARY EXECUTIVE DEPARTMENT.

giple and

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. It, 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. It applicant claims disability from disease contracted in the service, a tull 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 carefully underse.

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered succentially uscless.

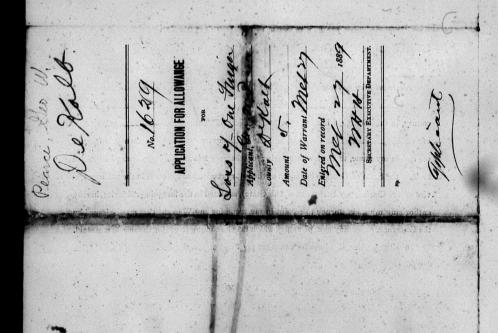
3. It will not answer to say that an arm is "substantially uscless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially uscless."

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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 dule swarm to.

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The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.



For Use of Applicants Who Have not Heretofore Drawn.

* * * * * * * * * * * * * * * * * * *	
STATE OF GEORGIA.	
De Kall - County.	
0,11/10	() 71 10
Personally appears & N. Vea	
State of Georgia, who, being duly sworn, say	
resident of said State, and has been such since	
federate States (or of the State of	ne enlisted in the military service of the Con-
States, and served as a Private) during the war between the in Company C, of th Regiment
	Ligion 's Brigade; that whilst engaged
	Chancellor sville in the State
- // • , ,	day of 2186, he was
wounded as follows: With	minmil ball in
left hand causis	of said hand.
middle finger	Top said hand.
- Committee of the comm	The state of the s
Sworn to and subscribed before me, this the 1889 "day of "1889" Norre—State fully nature of theme or chance of the the extent of the disability. Commissioned Commissioned County.	ease which causes the disability, and explain particularly
PERSONALLY came before me of State of Geor	of the county
a commissioned officer in Company, of	gia, who, being duly sworn, says that the was Regiment of
Volunteers, and that deponent knows	
wounds (or contracted the disease) in the milit	
and that wounds (or disease) permanently dis	
	affidavit. Deponent further states that said
	is a bona fide citizen of this State and resides
in county	

STATE OF GEORGIA,	
Da Kall County.	STATE OF GEORGIA,
	- De Call County
Personality came & Chapmend	I, WM Cogodale Ordinary of said county,
of 1 Johnson and & A fundam	do certify that I am well acquainted with Storeace the
citizens of DEKall county, in said State Justin	applicant in the foregoing affidavit, and am well satisfied that the statements made by him
who, being duly sworn, say that they are acquainted with & W Beance	in his said affidavit are true, and I know he is the individual he represents himself to be,
and know that he received the wounds (or contracted the	and that he resides in this county. I also certify that the foregoing witnesses, are persons
disease) in the military service, as stated by him in the foregoing affidavit; that said wounds	of respectability, and that their statements are worthy of full credit and belief.
(or disease) permanently disables applicant, as stated by him; that said applicant is a bona	I further certify that From, L. Leak and R. Blog before
fide citizen of this State, and resides in Defall county, and we	whom the foregoing affidavits were made and power of attorney was signed, is a
are well satisfied that all the statements in his affidavit are true.	custing and the frequency was signed, is a
Sworn to and subscribed before me, this	Sustices of the tree of said county, and the said affidavits and signa-
21 day of March 1889 flyomson	tures thereto are genuine.
Que Plany Jufeling	Given under my official signature and seal, this 26" day of March 1889.
Toppy of A Storlin	WM Kagsdale,
Note. Above affidavit must be made by three citizens of the county of applicant's residence.	Ordinary De Rall. County.
STATE OF GEORGIA	
County	Power of Attorney.
	STATE OF GEORGIA,
PERSONALLY comes before me Ordinary of said county,	Destall County
A. Hamilton mand Chas L. Summer, both known to	
me as reputable physicians of said county, who, being severally sworn, say on oath that	Know all Men by these Presents, That I, It for housen
they have carefully examined Learge It Pierce and after such	of DENTOLF
examination say that the applicant has been injured as follows: Sun Shot	county, in said State, do hereby appoint by Holoson
bound of left hand broducing tracture of middles	of 95/Toll my true and lawful attorney in fact, for
meta carpal for necessitating resection and emputation	me and in my name, to receive and receipt for whatever amount of money I may be entitled
The use of hand is siminally impaired and of himes.	to from the State of Georgia by reason of the injury received as aforesaid in the military ser-
the mirarile is amdersed butolanderly and	
Cream with usalety	vice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby
The second of th	authorizing my said attorney to receipt in my name for any Warrant that may be issued by
Control of the Contro	the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
	In witness whereof Lhave hereunto set my hand and seal, this
Sworn to and subscribed before me, this	day of March 1889 150

POWER OF ATTORNEY. TE OF GEORGIA, Mall County. Know all Men by these Presents, That I. in said State, do hereby appoint my true and lawful attorney in fact, for d in my name, to receive and receipt for whatever amount of money I may be entitled m the State of Georgia by reason of the injury received as aforesaid in the military serthe Confederate States (or of this State), as stated in the foregoing affidavit; hereby rizing my said attorney to receipt in my name for any Warrant that may be issued by overnor, or for any sum of money which may be coming to me for the reason aforesaid. witness whereof I have hereunto set my hand and seal, this march Executed in the presence of us:

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.

NOTES.

In order to avoid unnecessary dalays to applicants, and to enable all parties interested to undetstand 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 coursely."

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

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

6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

7. No payments can be made for any past year.

W. H. HARRISON

W. H. HARRISON, Clerk Ex. Dept.

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA, Detrail County.
County.
PERSONALLY appears being W. Pierce of X Ettallo county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been continuously since the day of
May 1847; that he enlisted in the military service of the Con-
federate States (or of the State of Ya) during the war, between the
States, and served as a Private in Company to of Cold th Regiment
of Volunteers Brigade that whilet
in such military service, at the battle of Chancler will in the State
of linginial, on the 15 day of May 1861, he was
wounded as follows: in light hand . Courseingliese of middle ging
and was also stanck on right hip with Pice
The state of the s
The state of the s
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 heris
entitled for the year thereunder ending October 26, 1890. Tu's
Sworn to and subscribed before me, this the
18 day of Jeh 1890 Morgell 4 Pierce
David badle II
Norr.—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 ond connected history of disease, tracing it directly to the service.
Commissioned Officer's Affidavit.
STATE OF GEORGIA,
County.
Personally came before me of the county
ofState of Georgia, who, being duly sworn, says that he was
a commissioned officer in Company, of Regiment of
Volunteers, and that deponent knows , and that he received the
wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit,
and that wounds (or disease) permanently disables the said
as stated by him in said affidavit. Deponent further states that said
is a bona fide citizen of this State and resides
incounty,
Sworn to and subscribed before me this
day of 180
The foregoing affidavit changed to suit the facts should be made by

STATE OF GEORGIA,	STATE OF GEORGIA,
PERSONALLY Came H.M. Johnson	I, MMKagadal
A. North Top and f. b. Johnson	do certify that I am well acquainted with & M
citizens of Dellalk county, in said State,	applicant in the foregoing affidavit, and am well satis
who, being duly sworn, say that they are well acquainted with Reorge & Pierce	in his said affidavit are true, and he is disabled, as he c
and know, from having been with him in the army, that	he represents himself to be, and that he resides in thi
he received the wounds (or contracted the disease) in the military service, as stated by him	going witnesses, are persons of respectability, and th
in the foregoing affidavit; that said wounds (or disease) permanently disable applicant, as	credit and belief.
stated by him; the said applicant is a bona fide citizen of this State, and resides	I further certify that David leas
in Sillath county, and we are well satisfied that all the statements in his affidavit are true.	whom the foregoing affidavits were made and p
Sworn to and subscribed before me, this	signatures thereto are genuine.
13 day of Feb. 1890	Given under my official signature and seal, this
Land bagle	Jung.
I for of formson	La Julia Julia
NOTE.—Above affidavit must be made by three citizens who personally, know of the service of applicant and can state of their new knowledge precisely how he is disabled, and what disables him. NOTE 2.—The attenting efficer must see that each witness reads, or has read to him the affidacit he signs.	Ordinary De
STATE OF GEORGIA,	POWER OF AT
PERSONALLY comes before me Will Role dall Ordinary of said county,	KNOW ALL MEN BY THESE PRESENTS, That I,
me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined house of the several severally sworn, say on oath that	county, in said State, do hereby appoint
examination say that the applicant has been injured as follows:	ofm
it & of delange mise of left hand	me and in my name, to receive and receipt for what ev
Firm from shot nomes alas time.	to from the State of Georgia by reason of the injury
shot wound if second Tae on right	service of the Confederate States (or of this State)
shot wound if second tae on right found	hereby authorizing my said attorney to receipt in m issued by the Governor, or for any sum of money white
	aforesaid.
	IN WITNESS WHEREOF, I have hereu
	day of
	Executed in the presence of us:
Sworn to and subscribed before me, this)	
To day of Felix 1800 ASMalson Ma	DIRECTION
The Michagedale, ORDINANY.	If allowed, send amount by

of the foundation of the service as a soldier.

Note 2—It claim is for disability resulting from disease, state hose the disease is known to result from the service as a soldier. So tate how long physicians have known and treated applicant.

Ordinary of said county, sfied that the statements made by him lains, and I know he is the individual s county. I also certify that the forenat their statements are worthy of full ile Eng power of attorney was signed, is a d county, and the said affidavits and 27" day of Feb County. TORNEY. y true and lawful attorney in fact, for er amount of money I may be entitled received as aforesaid in the military as stated in the foregoing affidavit; y name for any Warrant that may be ch may be coming to me for the reason into set my hand and seal, this If allowed, send amount by me at and oblige,

STATE OF GEORGIA,	STATE OF GEORGIA.
Sthell County.	Deltalk County.
	County.
PERSONALLY CAME HITE Johnson	I, Will agre dale or Ordinary of said county,
A lotte and of 6, Johnson	do certify that I am well acquainted with I W. Krier & the
county, in said State,	applicant in the foregoing affidavit, and am well satisfied that the statements made by him
who, being duly sworn, say that they are well acquainted with Feorge N River	in his said affidavit are true, and he is disabled, as he clain:s, and I know he is the individual
and know, from having been with him in the army, that	he represents himself to be, and that he resides in this county. I also certify that the fore-
he received the wounds (or contracted the disease) in the military service, as stated by him	going witnesses, are persons of respectability, and that their statements are worthy of full
in the foregoing affidavit; that said wounds (or disease) permanently disable applicant, as	credit and belief.
stated by him; the said applicant is a bona fide citizen of this State, and resides	I further certify that David leagle Eng before
in county, and we are well satisfied that all the statements in his affidavit are true.	whom the foregoing affidavits were made and power of attorney was signed, is a
(
Sworn to and subscribed before me, this 3 day of File 1800	signatures thereto are genuine.
Land lagle file for	Given under my official signature and seal, this 27" day of Jeh 1890
any raye of Idle Johnson	WiMika godale
Norg.—Above affidavit must be made by three citizens who personally know of the service of applicant and can state of	Ordinary Le Nach County.
Noge.—Above affidavit must be midde by three citizens who personally know of the service of applicant and can state of their cases knowledge precisely how he is disabled, and what disables him. Note 2.—The attesting officer must see that each witness reads, or has read to him the affidarit he signs.	
	Power of Attorney.
STATE OF GEORGIA,	
De hall counts.	STATE OF GEORGIA
PERSONALLY comes before me WM Il nes dale Ordinary of said county,	County, 1
xx. 200 and - + Silayson, both known to,	KNOW ALL MEN BY THESE PRESENTS, That I,
me as reputable physicians of said county, who, being severally sworn, say on oath that	of
they have carefully examined Locke in Recrew and after such	county, in said State, do hereby appoint
examination say that the applicant has been injured as follows:	ofmy 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
from Jone shot nomed below time shot wound of second tae on right	to from the State of Georgia by reason of the injury received as aforesaid in the military
That was I I seemed The mine dight	service of the Confederate States (or of this State), as stated in the foregoing affidavit;
foot workersine a stiff foint	hereby authorizing my said attorney to receipt in my name for any Warrant that may be
provide de la	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
16.	[L. 8.]
	Executed in the presence of us:
Sworn to and subscribed before me, this)	I was to the second of the sec
They of Hely 1890 A AM ayson MA	
There and the 18901 C To the wy wow with	DIRECTION.
11.1111 Co gradule , ORDINARY.	If allowed, send amount by to

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.

and oblige,

STATE OF GEORGIA,
De Mass.
I, Ordinary of said County, do certify that I am well acquainted with III Die 1 Ce the
do certify that I am well acquainted with & LILLE ties the
applicant in the foregoing affiliavit, 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.
1 further certify that 1
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 16" day of 1891.
ordinary De Mills County.
Ordinary De Mill County.

Application for Allowance

3001°N

Loss of Muy

I, do certi applican said affic individue	t in the foregoing davit are true, and al he repesents hi	acquainted with g affidavit, and am w d that he is disabled imself to be, and tha cial signature and se	ell satisfied that it, to the extent the resides in that, this for	the statements in the claims, and his county.	I know he is the
		Ordinary	podáce. So H		County
Saves, 4.70.	SOLDIER'S PENSION. 1892.	FOR THE VEAR EXPING OCTOBER 36, 1982. Name AMPLUAGE County AKUL	Disability LUI / Cluye. Amount, \$ 1/	Entered on pecord M. H. HARRISON, W. H. HARRISON,	(A) MC EXILI. (co. 18. Alma m. State Printer, Albuto, Os.

For Applicants Heretofore Allowed Pensions.

	- o monomono,
STATE OF GEORGIA,	
De 16.16 Country	
PERSONALLY appears 21/1. Price	8 72 01
C Since Constitution of the Constitution of th	recol Neclass
County, 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 conti	nuously ever since the 22
day of + 12 12 1847; that he	enlisted in the military service of the Con-
federate States (or of the State of	during the war between the
federate States (or of the State of States, and served as a	in Company C; of Coling Recomment
OI Volunteers	'e Brigada i shas mbil
in such military service at the battle of	CARCOCCOS MCCC in the State
of Ia on the	day of Man 1862 hames
wounded as follows: Ifful 1107	a ~162 1 1 1
- 12 the left has	of - Pansinis Car
- 17 Third I finger	allo in Chialo
1. for leaved	a lost one than
1 1 1	The state of the s
	The state of the s
Deponent desires to participate in the benefit	its of the Act, approved October 24, 1887,
and the acts amendatory thereof, and makes applied for the year ending October 26, 1891. I have heret	tion for the allowance to which he is antitled
Sworn to and subscribed before me this the	0.1377.
Sworn to and subscribed before me, this, the	J.//N were
day of 1891.)	mask
- Milliegoday, Cos	milla
NOTE State fully nature of wound or character of disease which the disability, resulting from the wound or disease.	causes the disability, and explain particularly the extent of
POWER OF A	TTORNEY.
STATE OF GEORGIA,)	
. County.	2
	in the second second second
Know all Men by these Presents, That	
OI Count	y, State of Georgia, do hereby appoint
ne and in my name, to receive and receipt for wha	my true and lawful attorney in fact, for
me and in my name, to receive and receipt for what of from the State of Georgia by reason of the injut of the Confederate States (or of this State), as stateing my said attorney to receipt in my name for any nor, or for any sum of money which may be coming	y received as aforesaid in the military service
of the Confederate States (or of this State), as state	d in the foregoing affidavit; hereby authoriz-
or, or for any sum of money which may be coming	to me for the reason aforesaid.
IN WITNESS WHEREOF, I have h	ereunto set my hand and seal, this
day of	1891.
	[L. S.]
Executed in the presence of us:	
200	
Direct	ON.
Send money to me as follows, by	
to	P. O.
	County, Georgia.
	· · · · · · · · · · · · · · · · · · ·
The state of the s	

For Applicants	Heretofore	Allowed	Pensions.
STATE OF GEORG		· · · · · / · · ·	4-11-5

- De Kalt County.	
9/ // - /1/	160
of De Law County, State of Georgia, who being de	
, and build a	ily sworn, says
on oath that he is a bona fide citizen and resident of Georgia, and has been sur	ch continuously
since the day of Many 1841;	that he enlisted
in the military service of the Confederate States (or of the State of _& Z	
during the war between the States, and served as a 19 19 17 in	Company C.
of th Regiment of Coffe Lycan Volunteers	
Brigade; that whilst engaged in such military service at the battle of Charles	Will my rice
in the State of 21 on the	day of
in the State of 11 , on the 1863, he was wounded as follows: 1863, he was wounded as follows: 11 defect of the 1867 of the 186	11/1/2
-1 Presing fell in 1667	1
- Jansing - The love dithe me	ide
- finger	
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 h	e is entitled for
the year ending October 26, 1892. I have heretofore been allowed a pension of Dollars for Dollars for	20
	inder.
Sworn to and subscribed before me this the	
8" day of Musoh 1892.	C.,
- Junilogs Late, Ordinary.	
Nore.—State fully nature of wound or character of disease which causes the disability, and experient of the disability.	thin particularly the
POWER OF ATTORNEY.	
STATE OF GEORGIA.	
Know all Men by these Presents, That I,	1. 1. 1. 1. 1. 1. 1.
of	
County, in said State, do hereby appoint	5 . 5 . 7 2
	1111
of my true and lawful attor me and in my name, to receive and receipt for whatever amount of money I ma from the State of Georgia by reason of the injury received as aforesaid in the mithe Confederate States (or of this State), as stated in the foregoing affidavit; her my said attorney to receipt in my name for any Warrant that may be issued by or for any sum of money which may be coming to me for the reason aforesaid.	y be entitled to ilitary service of
IN WITNESS WHEREOF, I have hereunto set my hand and seal this	
day of	
	[L. s.]
Executed in the presence of us:	[, 3.]
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
managaran kananan kana	
DIRECTION.	
Send money to me as follows, by	1
to	P. O.
County, Georgia,	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

POWER OF ATTORNEY

	Know all	Men by these Pres	ents. That I		Count
	of		County, State	of Georgia, do her	eby appoin
	of लाग्ना गांतून	r my official signature a	na seat chis	777) 777	
	from the State of the Confederate my said attorney for any sum of m	me, to receive and receive for Georgia by reason of States (or of this State) to receipt in my name, oney which may be continued to the continued on the continued to the contin	the injury received as a stated in the foreg for any Warrant that, ning to me for the rea	oing affidavit; hereby may be issued by the son aforesaid.	e entitled to
		s is hashed to be, and		County.	
	Executed in	the presence of us:	elical, to the consent has	dains, and I have t	ii ii Ero s i
	of Beaut in use,	the presence of us:	an vell salisfied that r	he statements made t	y him in h
		un ucii acquained vit i			
			IRECTION.	$O^{\tilde{\omega}}$ paterio, $\phi_{\tilde{\omega}}$	rald Coults
	Send money	to me as follows, by		•	
	-++++		to	warmen of himself and a second	P. C
	* *Br * contact pro		ounty, Georgia.		
	and the second	The committee of the co	Commence of the first of the	granterficer strains and a	THE PART OF STREET
S.E.	the 7 * querdat	No. N. Allowano		record H	WARLANT HANDER TO.
(Varior)	wo ili eta sisiojen Dij.	are at the heate of the state o	Applicant, County, Ambust,	Entered on :	50 ° h4
() saret.	or -	Volunteers ice at the battle of		s Brigade, that wide	copaged
- (S. 10)	plater sand profe	d as a Volunteers inc at the factle of	in Co	ntpany or (th Regime c engaged
(Variety)	plater sand profe	or of the State of	in Co) during the was one of	between to th Regime conflaged
15 15 C	day of the federan States to States and some	or of the State of	; that he enlisted in in Co	the military service) during his way mipany of (between to th Regime conflaged
() ash & C.	r sident of said S day of fale are States to Stance and general	r State State of the a Volunteers of the latter of the latter of	; that he enlisted in in Co	r since the the military service) docting the war- mipany of	of the Co between to th Regime t engaged
12 140 Y	r sident of said S day of fale are States to Stancy and perfect	Georgia, who, being do tare, and has re-ried the 15, or 51, the State of due a Volunteers rice at the battle of the state	; that he enlisted in in Co	r since the the military service) docting the war- mipany of	of the Collectiveen to the Regiment to Regiment
Janes.	county, State of resident of said Std. you follows states to States and going	Georgia, who, being do tare, and has re-ried the 15, or 51, the State of due a Volunteers rice at the battle of the state	; that he enlisted in in Co	i that he is a form for since the relitivity service the nullitary service) disting any on the nullipany on the service of th	of the Col between the Regime to Regime t engaged

POWER OF ATTO	KNI	CY.		, ,
STATE OF GEORGIA,			1	
COUNTY.				
Know all Men by these Presents, That I,				
		4 2.		
County, State of Georgia, do hereby appoint		11. 615		
States (or of this State), as stated in the foregoing affidavit;	hereby a	luthorizing	g my said	Att
ney to receipt in my name for any Warrant that may be issued by the which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand at day of	ne Govern	or, or for	any sum of	moi
	ne Govern	or, or for	any sum of	mor
ney to receipt in my name for any Warrant that may be issued by the which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand at day of	ne Govern	or, or for	any sum of	moi
ney to receipt in my name for any Warrant that may be issued by the which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand at day of	ne Govern	or, or for	any sum of	moi
ney to receipt in my name for any Warrant that may be issued by the which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand at day of	ne Govern	or, or for	any sum of	moi
ney to receipt in my name for any Warrant that may be issued by the which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand at day of	ne Govern	or, or for	any sum of	mor

Soldier's Pepsion.

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County S

De Kall	County	30	•	
PERSONALLY app	ears J.W.	Viere	e of Le	Hall
County, State of Geo	rgia, who, being	duly sworn, says	on oath that he is a	ona fide citizen and
resident of said State	, and has resided	therein continuou	sly ever since the	
day of me	186	that he enli	ted in the military	service of the Con-
federate States (or of	the State of	Za .	during th	ne war between the
States, and served as	a Priva	aly po	in Company C, o	fth Regiment
of	Volunteers		girts Brigade; the	at whilst engaged in
such military service	at the battle of	Charl	cellorovil	in the State
of Vac	on the		lay of may	186.8., he was
wounded as follows:	Shirt	with a	postis	eril
tall in	· The	lest to	and e	2 - The Land
the las	2	Juc 12	uidace f	inger!
73	and the second	man ang mang kanang anang an	and the second second	Managaman Managaman
				and the second s
. 11		<u></u>		
	· · · · · · · · · · · · · · · · · · ·		•	
Deponent desire	s to praticipate in	the benefits of the	e Act, approved Oct	ober 24th, 1887, and
the year ending Octo	ber 26, 1893. I	have heretofore b	een allowed a pensio	n of
din		dollars, for	902101	1 Tinger.
Sworn to and su	bscribed before me	e, this, the ?	a tipies	003
23 y day	of March	1893.	mask	
12:19	endace.	Cadinas.		
			the disability, and enplain pa	rticularly the extent of the
isability, resulting from the	wound or disease.	Smi Garge		
STATE OF	EORGIA,	1 marine		in the hands
De Mail	County.	5		
I,	miles	solate.	Ordin	ary of said County,
		· 911	Rierce	
lo certify that I am v				the
pplicant in the foreg	oing affidavit, and	am well satisfied	that the statements	made by him in his
aid affidavit are true	and that he is di	sabled, to the exte	of he claims, and I	know he is the in-
ividual he represent	himself to be, an	d that he resides	n this County.	
I further certify	hat V SOY	T have gener	agai kirjing. Tu	and south, the
		were made and	power of attorney	was signed is a
elore whom the lore	Soling a moralism		said County, and th	
ngang day nagg	45 57 . j. 940b 04	the mark tooks	Said County, and the	ie said amuawis and
ignatures thereto are	genuine.	appet the second second	and Di	1
Given under my	official signature	and seal, this	day of Illa	1893.
u. 1 ₂	111111	Togsda C	State of Grangita,	To see agt. House,
· Kummall Ber	1 William Pry	Ordinary	9. 12th	County,
	County.	(Citaliary	V. Samuel and St. American and St. Ameri	County.
TATE OF C	LORGA,	1		A STATE
	IS DAAFL	6 OF HILL	ORINGE	1.

For Applicants Heretofore Allowed Pensions.

tol. Applicants nelectoring Allower Lensions.
STATE OF GEORGIA.
De Kall County,
Personally appears I. Willierce of De Kalt
County, 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 1843; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a Private in Company O, of the Regimento
of Volunteers 's Brigade; that whilst engaged in such military service at the battle of Charellowick in the State
wounded as follows: Mot with ninged ball in the
left hand causing the loss of the
middle finger of said land
and the second of the second o
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
Fire dollars, for the year 1813,
Sworm to and subscribed before me, this, the Junificer ce,
In day of March 1894. Smith
Minkagsdale 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 Kall County.
1,100
do certify that I am well acquainted with I-M. Ocerce the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of March, 1894.
LANGE IN CO.
(with a MM Coperate Co
Ordinary he Roll County.
County.

POWER OF ATTORNEY

Count	. }	
Know all Men by these	of	
County, State of Georgia, do hereby a		
of		wful attorney in fact, for
State of Georgia by reason of an injury States (or of this State) as stated in the in my name for any Warrrant that may be coming to me for the reason aforesai	ceipt for whatever amount of money I may received as aforesaid in the military se foregoing affidavit; hereby authorizing my be issued by the Governor, or for any id. have hereunto set my hand and seal, this	rvice of the Confederate y said Attorney to receipt
IN WITNESS WITHEREDT, I	have nereunto see my maner and sear, time	
lay of	1895.	
day ofExecuted in presence of us	1895.	[ı., s.]
	1895.	[t., s.]
	1895.	_ [n. s.]
	1895.	[1 8.]
	DIRECTIONS.	[1 8.]
		[1 8.] P. O



STATE OF GEORGE			
I,	the Cartes		
byIN WITNESS WHEREOF, I have	at		
day of1896. Executed in presence of			
		in the second se	1 340
7 1000000			1
ophical mode to more a form of a fact partial and a continue of a fact partial and a continue of a fact partial and a fact part		And the second of the second o	
		or organization	A CETATE
Marwellani (1740)	地		to make
Noise		1896	
2 8 2	3		8. 3

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County (
personally appears I. W. Surve of De Kall
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 11211 1841; that he enlisted in the military service of the Con-
States, and served as a hindle in Company C, of Oth Regiment
of Id Volunteers, 's Brigade; that whilst engaged in
such military service at the battle of Alan cellors ville in the State
of Va , on the day of Day 0863, he was
wounded as follows: It'est with a minimic ball
in the left hand cawing loss of
middle finger !, Mas also , woulded in
The inthe of the ordered by the explosion of
chew a beig of it thising between the
Signit haid nex Arediceing partial paralessis
The ol dis alex applicant from quanalolos.
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 All 2012 dollars, for the year 1894,
Sworn to and subscribed before me, this, the) 9/1/1/2 Pich no
day of 1. 180h 1895.
Willersidea Ordinary
Nore-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 CEODOLA
STATE OF GEORGIA,
di Nath County.
I, All. Roga dale, Ordinary of said County,
do certify that I am well acquainted with I.M. Wier ac the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 MARCU 1895.
111.11
Your Sour Milliage Alla.
a Wil

	STATE OF SEORGIA, County.
	DR. Chulf and Let Jones , both known to
	e as reputable physicians of said county, who being severally sworn, say on oath, that they have carefully examined. ### Pin Co
	in a the lass a figure of shell reco while in the
	conflict services affecting his right side motion
1	hand a grant the affecting the use of it was also wounded in right for
*	and that said condition is permanent. We further say that said condition arises from the following facts: The lare believe from Paul Couping the almost interests in the said of the sai
*	troops he also has people attracts of Kids very cold
	We are was a applicant was donally for Us years, and his condition, as above
*	states, to Worth arise from any heredlary angenital cause, nor from my vicious or intemperate haldts.
	Sworn to and subscribed before me, this
	May of March 1896. \ L. H. Jones M. Z.
	ORDINARY. Note 1.—The physicians will state full 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 desease is known to result from the service as a solder. Also state how long physicians have known and treated applicant. Note 3.—The physicians will be careful to fill every blank space in oath.
	STATE OF GEORGIA, County.
	I, - 11 M. Rogs Loca , Ordinary of said County, do certify that I am well acquainted with . Les W Pear eq the
	applicant in the foregoing affidavit, and am well, sitisfied that the statements made by him in his said affidavit are true, and be in the statements and I know he is the individual he represents
*	See WM Courdy & LE Dailey, and Lat the foregoing witnesses, to-wit:
1	are persons of respectability, that their statements are worthy of full credit and belief and that the full fext of the affidavit was read to and understood by them before they signed the same.
	Given under my official signature and seal this 24th day of Africe 1896.
	Ordinary Die Kach County.

Heted Georgia & Rersonally appeared De Kett Country before me the undersigned Bedinary in end for said Courty Builou who month says he was a presiden A loo lo boker Legion the field hoskital and know 11 said Good Rearer was Struck with a bice of whell in the side and , the rock, he was brought to the hickital, we in the hoskilar for nothing as to the effect of wound The applicans, know he was hedly lives being Strivered for Gl. Bailers our really represent before one the undersigned were in cond or seid county fil, force who at with days he was a microber of loo Cable le gion and house bersonace Got Letteless or all a monder Lague Combary and is satisfice than the said lear of new in the batterif South wie lain though he herow withing the dashe was explused.

For Use of Applicants Who have Not Heretofore Drawn.

	STATE OF GEORGIA,
•	De Kalb- County.
ed	PERSONALLY appears G. W. Pierce of DEKalb
1	County, State of Georgia, who being duly sworn says on oath that he was born on the 4th
0	day of May 1844 that he is a bona fide citizen and resident of Georgia, and
P	has been continuously since the 4th day of May 1874
0	that he enlisted in the military service of the Confederate States (or the State of Levels
90	
-	Private o in Company C of Ca bles to Register or
I	Private in Company C of Ca blight Registent on of Garage that whilst engaged in
5	such military service, and in line of duty in the State of Thank on the
Z	
	day of September 1862, he was disabled or wounded as follows:
0	wast struck by a pragment of whele
ot	in the region of the right Kindney
Z	on the back, and also by a froguent
0	
th	of the same shiel on the left ride of
6	the back of the week, that such in
7	- jum partially his right be & conjunt the
ut	re day of his right eye making him attenus
5	nearly blims and it all times his vision is depictive from and carely thatso was armed to the thing the vision what we have the property of two left have not received for the 13 and 1863 and that resident the two leads of the 1863 and that resident has a market to the light have a formally the formal light have the sent that the light have a formally to the formal
et.	is defictive from rais course, Ikalso was unum
Ö	what so clas it has to a appelled of said last un
0	The deal of Ving - in May 1863 and that said to
<u>~</u>	injury reader him we all to close his light him
0	to of a bout half was to have
0	Deponent rays that the first engue beformed on all
oti	Queing ox the Battle of South Mountain Maige
Ä	Deponent desires to participate in the benefits of the Act approved October 24th, 1887, and the
St	Acts amendatory thereof, and makes application for the allowance to which he is entitled for the year
ğ	thereunder, ending October 26th ,1896.
_	1. 116
þ	Sworn to and subscribed before me, this the 21/12 Pear ee
H	mary
	MMC agodace. Ordinary.

Norz.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. It claim is based on disease, give his and connected history of disease, tracing it directly to the service.

Norz.—Do not trouble to mention wounds which do not disable.

Norz.—The Ordinary withese that all hank success are filled when the difficulty are sized.

He Herley MP xx f f P)

esergia), I the undersigned he rely Wellallo I cearty for that I have this day a your ined li.W. People and find that his several physical disabilations as above stated are true and that they we re caused by wounds ne reived as for you to and when like Litt going love, ethy igthe Michier M.M. Condicary.

> Propolica Commission rugger said Courty hereby certify They I am reconcented with Dig A. Church and LA Tones and know There to be practicing Physicians and respectable persons worthy helich. Liven under my hand and de al Poffice This minde 11 1895. M. HUNogadais.

> > Wedines 31 De Kall-Count & Shi

AFFIDAVIT FOR WITNESSES

STATE OF GEORGIA.	
STATE OF GEORGIA.	County.

Рег	ISONALLY appears before me, the undersigned, Ordinary in and for said County,
- 0	J. W. Mileurely
and	each of whom, being duly sworn according to law,
severally sa	y, under oath, that they are personally well acquainted with les Ir Peace
	whose application is herewith presented for a pension,
	red in Company 6 of the Coll Regiment of Ga Vos
Brigade, a	nd from our personal knowledge he was injured by the service as follows: (give full statement,
and tell in	your own language when and how the injury happened, and how badly applicant is disabled from
work. If l	e does any labor, or can do any, state what.)
Legin	ant was in bornand of Golfs invalid
Gorf.	, and in the spring of 18ky Said officant
long.	assigned to duty as an invalid and
ren	rand with me or on such light dut
	detacled how to do untill the surrende
	best of my recolection I ban not thour
	unber the nature of his disibility only
ren	ibered. That he under Our regulation
fa h	ad to be Examened Pony 30 or 60 day
406	oard of "arme, Surgeons" Maryly "brs
Ray	and Logar that I ken rember and office
was	Continued with the un alid Carpids
for w.	hot Lober he lan do. I con not say of my
Guir A	groledge but my simpression is that he low not of
To 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 or o best 15 day of
1.	1865. Applicant to permanently disabled as stated and has been so to
our certain	knowledge ever since 1844. We have no interest in the recovery of a pension by him.
	1 I have that before me this \ a M noo
	to and subscribed before me, this day of May 1896. I May 1896.
119	Margadole.
11,11	ORDINARY.

nesses are asked to make their statements full and explicit. blank spaces must be filled when signed.

2 derranuly came before Georgia Riera Jeoge W. Dekall bounty I me 1. 4. 78 leby 1. P. x of for of Learce, De Malt County The b8 ged 10 ist of the of Willall 10. (For Those Already Enrolled.) Said State George IV. Prane and our nath says that he is a citizen of (To Fulton to 1898) De Kall County and state of eperogia and INVALID That he is now suffering from the effects of SOLDIER'S PENSION. three wounds received during his service for his state in the late were between the 1897. states known as the war of the Mebellion as Name G. H Pince follows to wit, but I withe year 1860 at south County Dr Kalh incountain Maryland, he was start on right Disability Fig. hidney by a peine of shell which has carried paralyses in right side and right ley, oficial Amount, \$ 500 effections and Jeneral Ridney trouble 4/10 1897. with At the same wind place he was struck RICHARD JOHNSON, on back of his neck effecting his head a cedy , ye right, come my lotal lass of viscour of WARRANT HANDED TO the right evye and we shows of the left to affet that he can hardly see his way. W. HARRISON, STATE PRINTER, AT' ANTA seds In the latter front of the year 1868, at clothe well wille have was that in the left hand, cameing the total lass of one finger and rendering the sutire hand practically , useless in the common varations of lefe All of which troubles and physical dina-

Milatier were contrasted and received during

Sui and and ruber siled fleory With Peane

OKall. . Maimed Soldiers. Voucher No. 16 29 Amount. & J. Paid to Seo M. Pearce For Loss of one Juiger March 27 1889. Included in Warrant No. issued to Treasurer.

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

applicant.

Audited March 27 1889.

DeKalh Maimed Soldiers. Voucher No. 2121, Amount \$ 5 Paid to Geo, lo. Pierce For Land. aufunge det 28 18190 Included in warrant Nb.

issued to Treasurer.

WARRANT CLERK

apple iant

Maimed Soldiers. Voucher No. 1006 Amount \$ 5, Paid to If People For Soss of one

Marce, D. W.

issued to Treasurer.

Included in warrant No.

Copplexant)

No. 10 Ty
STATE OF GEORGIA, EXECUTIVE DEPARTMENT. \ Allanta, Ja. Mch 27 1889.
Mr. George Dr. Peurce of the County of Ackall having filed his application in the Executive
of NOValla 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
Lase of acc Juice Juice
He is entitled to receive the sum of Five V 10/
for such disability, the same being he allowance despite the year ending October 24, 1889.
The Treasurer will pay the same and half he eggin at this youcher, and return same to
Executive Department for warrant Governor.
By the Governor
CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this 2 Hor march 1889.

Heir Willearce many

Mus xoof

166

No. 2121
Allanta, Sa., Flt 28 is 90 EXECUTIVE DEPARTMENT. Mr. Seo. W. Pierce 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 He is entitled to receive the sum of for such disability, the same being the allowance described our ending October 24, 1890 The Treasurer will pay the same and hold his receipt on this wher, and return same to Executive Department for warrant. GOVERNOR. CLERK EXECUTIVE DEPARTMENT. RECEIVED OF STATE TREASURER, R. U. HARDEMAN, 28 of Feb 18 90 per above voucher, this

STATE OF GEORGIA.

Atlanta, Ba Hely 17 EXECUTIVE DEPARTMENT. Mr. V. Dr Pierce Della having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for He is entitled to receive the sum of..... for such disability, the same being the allowance duston he real and October 24, 1891. The Treasurer will pay the same and hold his recomments whicher and return same to Executive Department for warrant. By the Governor, mit Maris in SEC'Y ENECUTIVE DEPARTMENT RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia. Dollars. per above voucher, this_

No. 1006

STATE OF GEORGIA

hum Judse Johnson Please some down Tendas anomy ah 9. a.M. and Tring ace paper in care of Vale us 4. W. Peace Charged wich Frale Swam 7-This is busine malle West you spoke to me obout a few does Yours Succes John & Gancen NAME, Pearce, George W.

YEAR 1889 COUNTYDe alb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Private Co. C, Cobb's Legion Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Chancellorsville, Va. Shot in the left hand causing loss of middle finger.

CAPTURED, MEN AND WHERE?

RELEASED.

WHEN AND WHIRL SURKENDERED?

IF NOT PRESENT AT SURRENDER, WHIRE WERE YOU?

DIED, WHEN AND WHIRE?

BURIED.

WITNESSES. J.C. Johnson, G.W. Johnson and J.A. Norton. No data.

NAME. Pierce, Geo. W.

YEAR 1890 COUNTY DeKalb.

WHEN AND WHERE BORN? Resident of Ca. since May 1847.

ENLISTED WIEN AND WLERE?

RANK. Private.

COMPANY AND REGIMENT? Co. C. Cobb's Legion.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Chancellorsville, Va., May 15, 1863, loss of one finger on left hand; also struck on right hip.

CAPTURED, WHEN AND WIERLY

RELEASED .

WHEN IN MIFE OUT IN NEED?

IF NOT IRES AT AT CURRENDER, WHERE WELL YOU?

DIED, WELN AND MERE?

BURIED.

WITNESSES. G.W. Johnson, J. A. Norton, J. C. Johnson, No data.

NAME Pierce, George W. Pearce

YEAR 1897 COUNTY DeKalb (To Fulton 1898)

WHEN AND WHERE BORN? May 4th. 1844 Ga.

TRIBSTED WHEN AND MIRRET

. RANK. Private

COMPAIN AND REFILENT? Co. C, Cobbs Legion Georgia Infantry. Witness states applicant was sent to Co. G, Invalid Corp.

NAME OF CAPTAIN AND COLONEL? J.W. McCurdy, Commissioned Officer in Co. G, Invalid Corp.

WCUEDED? Maryland, September 1862 wounded in right kidney in the back also in left side back of neck, partially parelyzed right leg, injured sight of right eye. Chancellorsville, Va. May 1863 wounded middle finger of left hand, had to be emputated. CAPTURED, WHEN AUD MELLE?

RELEASED.

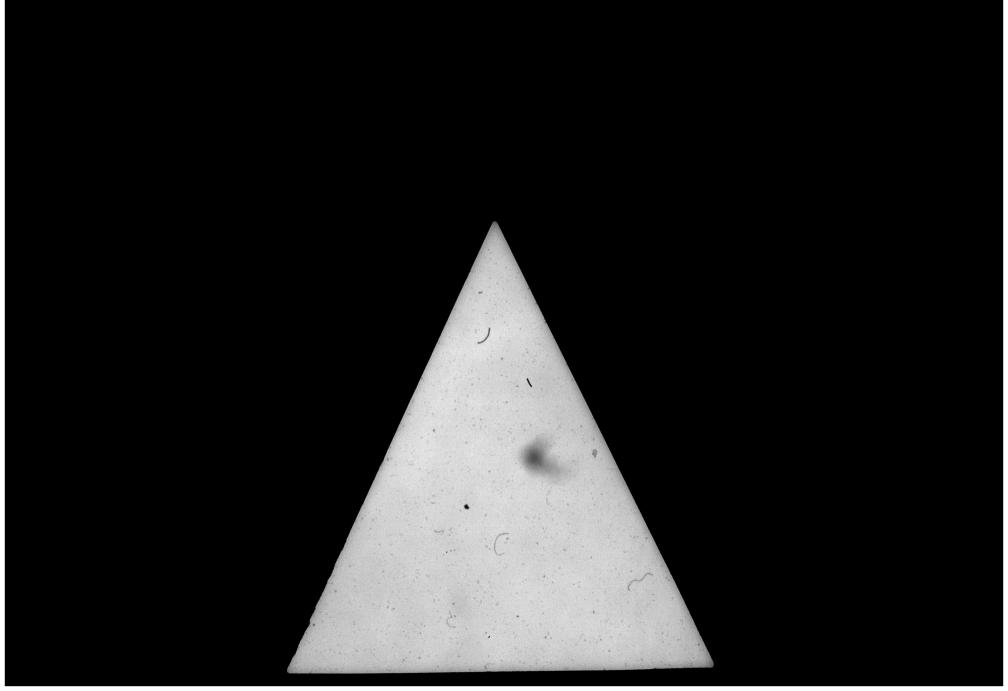
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SUICEDIER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. L.E. Bailey, J.L. Born, same command - No data.



facts of the enlistment, service, and discharge of o te proven. Statement in application and testi-Widow's Pension UNDER ACT 1910. Name How Jane E. Deavy
Widow of Robertal Peary J. W. LINDSEY,

must state all the facts of the enlistment, service, and discharge of musband in application to be proven. Statement in application and testimony must concur.

J.W. Lindsey, Com. of Pensions.

DeKall County. Personally before me comes Mars of State and County, and after being duly sworn, on oath ays that she desires to apply for a rension allowed under the Act ...1910, and submit testimony to make out the same, true answers makes to the fol-1. What is your name, and where do you reside Mrs. Janu E. Flavy Distalb 6 When where and in what Company and Regiment did your husband enlist as federate Army or Georgia Militia? (State the arms and class of Service.) . 5. When and where did the Commands of your husband surrender or discharge from the army? 6. Was your husband personally present at the time of the surrender or discharge of this Command? 7. If he was not present state clearly where he was Where was his Command when he left? For what cause did he leave his command? By whose authority did he leave his Command? For how long was he granted leave of absence? What was his physical condition when he left his Command? What effort did he make to return to his command? In what way was he prevented from going back to Command? Was he captured by the enemy at any time? If so, when and where captured and where held as a prisoner, and when and for what cause rej. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? 1869 - Rome ga we was 9. What property of any description did you own, hold or control for your us Nov. 4, 1908. (State same by items.) 80 acres of Kand \$ 800 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 tower? (Give items and cash value.) 11. What property of any description of any value have you now? So acres of hour Give list and cash value?. Od. Have you heretofore been paid a pension by the State? Nove 119 Questions for the Witnesses as to Service of Husband and Marriage. STATE OF GEORGIA, Workdale County.

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

WI mc wannel

being duly sworn true answers to make, to the following questions, answers as follows:

who after

Personally before me comes ...

STATE OF GEORGIA.

1. What is your name and where do you reside? WF nice	Leaving Congesta
2. How long and since when have you known	Golden of the applicant?
How long and since when have you known. How long and since when has she continuous resided in this	State? (Give date.) all her
4. When and to whom was she married? How do you know?	Man she was "our o
5. How long and since when did you know.	Reway her .
6. When, where and in what Company and Regiment did	JII Rear
6. When, where and in what Company and Regiment did he aloust Mach 1862 Austra Ca 19	B 35 ra Reg
7. Were you a member of the same Company?	
8. How long within your personal knowledge did he perform act	ual military service with his Com-
pany and Regiment? Mach 1864. 9. When, and where did his Command surrender, and was discharged to the command surrender.	want & gran a man
at aponatif va	
10. Were supersonally present when it was surrendered?	If not where
were you	
11. Was the hesband of applicant personally present at surrende	To not
where was he? Fusing	when, where and for what
cause did he leave Command? (Give date.)	78 ap 1 9 /8 By whose
authority, did he leave his Command?	
long was he granted leave? Paured How Do you state if of your own personal knowledge? (State all you know	do you know all this?
Do you state if of your own personal knowledge? (State all you know 12. For what cause, if you know of your own knowledge was he	prevented from returning to his
13. What effort did he make to return to his Command and ho	
own knowledge or how?	was you know this. Of you
Sworn to and subscribed before me this the	Dainel -
676 of Orthony	
of Postidale	Sounty
AFFIDAVIT OF TWO FREEHOL	LDERS.
STATE OF GEORGIA,	
Mekalle County.	Land.
Personally before me comes A. Albura H. Arar freeholders of said County and that they know. of said County and know what property she owned on 4th Nov. 1908, and i	who on oath says that they
are freeholders of said County and that they know of said County and know what property she owned on 4th Nov. 1908, and i	
Schedule (A) as follows	
Personal property	8
Notes and accounts due	\$
Total Schedule (B).	
We know the property sold or given away since Nov. 4th 1908, its ca	sh value to be as follows:
Personal property	3
Money, Notes and accounts	
Schedule (C). We also know what property she has now in her possession, use and	control to wit:
So Acres of land worth	\$/000.00
	3
Cowdand Hogs	\$200
Other propertyincome and earnings	
Total Value of all property and effects	\$102000
Sworth and subscribed basis me this the	la alled
GANNA R GEOVER	Ju verbure
Junis 18 George Thinas	

19 71- 71-	on by a vitable contact
	for Applicant
STATE OF GEORGIA,	
rycato	County.
James P	la de
	Ordinary of said County do certify
that, I know	the applicant for pension. She
s the person she represents he	erself to be and she is a bonafide continuing resident citizen of said
County and was in the 4th Nov,.	1908
That I also know	
to the service of husband on	the witness who swears
reeholders. That all of them are	d file all form to the who are
he foregoing affidavits and that	
ull faith and credit.	they all, are truthful, trustworthy, and their statements are entitled to
That the Tax Returns	Kalle Canel
G. Va.Is	Ackalle Cancel Returned for Tax is for
	for 1910 \$ 8 5 5 0
Sworn under my hand and	official seal of office this day of QCX
910	0
SEAL.	James P George Ordingry
	James P. George Ordinary County
	Questalla County
(SEAL.)	
OTES 1. Before any questions are and	swered the Ordinary shall swear applicant and the witness in the following words:
"You do solemnly swear the	a you will true answers make to each of the questions asked you and the evidence truth. So help you God.?"
O TALLES OF THE BLACK WILL DO CHE	e attached if blank spaces are insufficient

I. E.F level ording do but cutty that I thin with the Witness to the Driver and his statement. are entitled to four faith and ardist-From words my hand and official Dear This B. H. Good Of Coling and E. F. Good Ording and Ext officer belit of country Orching Rechidate Country

STATE OF GEORGIA, County.
W. 0 60
Personally before me comes. And after being duly sworn, on oath says that one desires to apply for pension allowed under the Act
of
1. What is your name, and where do you reside?
2. How long and since when have you been a continuing resident in the State of Georgia?
3. When, where and to whom were you married?
federate Army or Georgia Militia? (State the arms and class of Service.) March 1867.
newton County Ga comban B-35-Ga Real
5. When and where did the Commands of your husband surrender or discharge from the large?
Was your husband personally present at the time of the surrender or discharge of this Command?
He was
7. If he was not present state clearly where he was?
8. Where was his Command when he left? did workleve
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?. Aud Hu
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 re-
leased?
j. When and where did your husband die?
k. Were you residing ogether when he died?
If not, how long had you resided apart? What property of any description did you own, how or control for your use and its cash value,
Nov. 4, 1908. (State same by items.)
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give 10 and cash value.).
11. What property of any description of any value have you now?
12. What are your annual earnings or income and their value?
13. Have you heretofore been paid a pension by the State?
If so, when and for what cause were you struck from the Roll?
Sworn to and subscribed before me this the
Variety ON Leaves Ordinary

State of Lingis of Lyromaly before me Comes Routedale County & G. a Lucas who after being choly from the anomies to make to the following poestions answers as follows my Name is & a. Locas Live in Con fin Sa I delived a Litter to new deeney in lime of the war sent her by me from her Horband I do not throw how fory the Lind ne 89 I do not know when she maneid the was married to Robt & Lung before the room. I know from from the time here entered the service he enlisted mach 1862. Denter- to Co B 85 Keg Sa vol I was a number of Dame to and Reg he Deved from march 1862 to 9 th affil 1865 we doughed at aformation of to Va I was fersonally tresend Robel I Ree by was Lusonal, at affinalif C to va apil 9 1865 and me was Palild Swem To and Dobached before me general Aquest This Oct 5 \$ 1910 65 level Ordina, will dale Emily

Critify that I know Sur A dream and his state much by know and official Lignal.

This Oct 5 1916 To Book Creding, and Befor black Court of Juling builded Court of Juling

James Jessey Ordinary.

POWER OF ATTORNEY

STATE OF GEORGIA.

+ Wikalbio
No
WIDOW'S
Indigent Pension.
1901.
Name Katie Peary County De Kalb
Widow of Elbert Peavy. 20 "A Menderson's Reg
Approved 1901.
JOHN W. LINDSEY, Commissioner of Pensions.
WARRANT HANDED TO
Geo. W. Harrison, State Printer, Atlanta, Ga.

STATE OF GEORGIA. De Mall Countri. hereby authorize M. M. Keysdace 1. Katic Peavy of De Stall County, to receive and receipt for the pension allowed and that he remit the same to me at ... by his check or registered mail. Witness my hand this 23 d day of March Executed in presence of James Hunter war SEAL LINDSEY ×.

POWER OF ATTORNEY.

Questions for Applicant. STATE OF GEORGIA. County. of said State and County, desiring to of said State and County, desiring to avail berself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed 1900, hereby submits her proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: What is your name and where do you reside? Give State, County and Wallace Ga 2. How long and show when have you been a resident of this state?

Leventy Mule peace dince 1828, but for the state?

1. 3. When and where were you born? In 1828 in South. Marolin a

4. When and where was your husband born-state his full name, and when warry you and he married?

In Inviningth less, Ing 1818. Effect Placy. In 1849, in Swinnell Counts, Sa, When and where, and in what Company and Regiment and your husband enlist or seede during the war between the States? In 1861, In Swinnett Comity 6. How long did your husband serve in said Company and Regiment? Months When and where did your husband's Company and Regiment parrender and was discharged? Was your husband present at the time and place when his Company and Regiment surrendered? 8. Was your husba If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority? X De Kalk County 11. Which of the following grounds do you base your application for Pension, viz: First-Age and Poverty; Second-Infirmity and Poverty, or Third-Blindness and Poverty? Age & Boverty 12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight. you eight or lengeass, What has been your occupation since your husband's death? Nothing but 14. How much can you earn gross, by your own exertion or labor? Nothing 16. What property, real or poseonal, or income do you have or possess, and its gross yaluan What property, real or personal, did you possess at death of husband or he left you, and of the year 1889-1900, and what disposition, if any, by sale or gift, have, you made of the same?

17. In what counties the you reside in 1899 and 1900, and shat property and you return for taxation?

18. How have you been supported since death of husband, and especially for 1899 and 1900?

19. My Children 19. How much did year support cost for each of those years, and how much did you contribute by your own labor or income? Sixty What was your employment juring 1899 and 1900—bow much just you receive for each year? Received nothing 21. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property? No Family 22. Have you ever made an application for pension before? 23. How many applications have you made for a Pension, and under what class? Novel Sworn to and subscribed before me this 700

Ordinary,

County.

Messday

of Die Malle

Questions for witnesses.	26. Is applicant able to earn a support at labor of any sort, if not why? The is not
STATE OF GEORGIA,	of the language her dell an account of
Thewing west County.	27. How was she supported for 1899 and 1900? Ly her Long
of 11 Man	A M Tow was one authorized for 1992 and 1990.
AM Mayes of said State and County, having	28. How much did applicant contribute to her support for last two years? Salhing
been presented as a witness in support of the Application of Mrs. / Latie Revie	29. Give a full and complete statement of applicant's physical condition? The it and
for a Pension under the Act of 1900, and after having been duly sworn true answers to make to the following questions, deposes and answers as follows:	and bling not able to do any
1. What is your name and where do you reside? A M. Mages	30. What interest have you in the recovery of this pension by the applicant? A Thing
I Musiced at Harling Do Gumette a	5 8 M
2. Are you acquainted with the applicant, Mrs. Katie Reves & and	Sworn to and subscribed before me this /2 / Pf. 11 10
If so, how long have you known her? fer 1x0 years	Sworn to and subscribed before me this 12 H 16 Mages
Where does she reside, and how long and since when has she been a resident of this State?	John & Mebb Ordinary,
4. When and where was she born? in SE, in 1828	
5. Were you ever acquainted with her husband? I was	Witnesses.
6. Where did he reside in 1861? An Guerrant Co. C.	2011
7. When and to whom was be married " he was measure in 1849 To Rate Facts	Affidavits of Physicians.
8. When and where was he born? In twowill in 1825	STATE OF GEORGIA,
9. How long have you known him? LER HO years	Dekall County
10. When and where did albert Place enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? in 1862 in 1960	Personally before me comes Itt green & ?
in furnett Eu gain to A in Henduson Neg	I I Houston m. of
11. Were you a member of the same Company and Regiment? 2 was	physicians of said county, who, being severally sworn, say on oath that they have examined describby Man
	applicant for a Pension under Act of 1900, and after
12. How long did he perform regular military duty? Six Months	such personal examination say that her physical condition is this Extrem feebleness from
13. When and where was his Company and Regiment surrendered and discharged from service?	such personal examination say that her physical condition is this Extrem feeblenen from infimily & old age which renders they imagile to make a supplier to
my was energing at summan remaile	My by
	and we have no interest in said pension if allowed.
15. Was collect Deavey the husband of applicant present?	Sworn to and subscribed before me this 23d
16. If not present, where was he?	day of march 190/ Jorgan 190/
17. When and where did he leave his Compand? For what cause? Leave his Compand?	8,812 Michagedace Ordinary, 71071 -
For what cause? he was present	1 1 18 9 . IV XI. I Y Houston M.S.
Dy whose authority he left?	I ('d' County.)
How do you know all this? State fully and clearly.) I was Ther present	ORDINARY'S CERTIFICATE.
	STATE OF GEORGIA,
18. When and where did Eller Peary die?	De Kall County.
in 1882 in Ochala te Ra	A LL ON MIND A
19. Where did be reside at his death and how long had be been a resident of Georgia at his death?	1, MM-Na goda ego, Ordinary ir and for said county, hereby certify that the applicant, Mrs. Ralie Peacy resides in said
20. Do you of your own knowledge know that applicant is the lawful widow of Elbert	county, and has been a bona fide resident of this State since day of
heavy 2 do	1821, and that the witnesses, Mr.
21. Has the remained in the relied since her soldier husband's death, and is now his widow?	are of trustworthy character, and that their statements
The has	are entitled to full faith and credit. I do further certify that before answering the foregoing questions, the applicant and said witnesses took the
22. What properly effects or income has the applicant, if any, and how do you know this of your	oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same
own knowledge? She has no property	was signed and subscribed. I further certify that the tax digest of De Kalk county shows that applicant
23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she	dollars worth
make of it? Nothering	of property, and in 1900 Nove dollars worth of property.
	Witness my hand and official seal, this lay of April 190/
24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom?	SEAL SEAL Millingsdele Ordinary,
whom? Ih has not	De Kath County -
25. What is applicant's physical condition and her chances and ability to earn'a support?	Notes—1. Before any questions are an wered, 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 28th April, 1895, not entitled. 5
25. What is applicant's physical condition and her chances and ability to para a support? The in	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 addayds 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. These washing three dead husbands.
	5 Witnesses and two Physicians are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA.	County.	
1.13 Peary	cary	Lath leo
to receive and receipt for the	at	request that he remit same to
In Witness Whereet, 1 h	ave hereunto set my hand a	nd seal, this 24"
day of fine		
	Katic	x Picary 11.5.1
Executed in presence of	()11	ish (
1. Measda		
12 Megsda	11.	
CRA .	11. 27. 5	
	1. Ay 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
v.v. *		
	-	
To L	1902. 1902. Country	Regimen D 1500
Those Heretolore Paid 1902. No. 475 NO. 475 NO. 475	For year ending Dec. 31, 1942, For year ending Dec. 31, 1942, For year of the 16 To t	R. R. C.
1902. No. 47. INDIGENT		JOHN W. LINDSEN. ***Commission of the Commission of the Commissio
	ding be	N N ST
OSSE Here No. No. DIG	e aving	RRA SERA
	E is to Los	WAA
f to the	For y	
		. 3

POWER OF ATTORNEY.

STATE OF GEO			
DEICal			
I, Ila	Tic Peavy		, hereby authorize
X. 13. C	leavy of h	Teliach	, , , , , , , , , , , , , , , , , , ,
to receive and rece	ipt for the pension paid he	reon, and request that	he remit same to
	at		
In Witness	Whereof, I have hereunto set	my hand and seal, thi	s. / 6 = 1
day of Janes	a 1 y 1903.	tative Pea	
		Caticx. Pea	[L. S.]
1000	the presence of		
11.(1)	ruce.		
		1	
			a Co
tro			
73.		County,	306.
Paid	T 35 85 8	Co.	9
Heretofore Paid Heretofore Paid 103.	DOW'S PENSICE FOR year ending Dec. 31, 1903 PAID TO PAID TO OF COLUMN OF COL	SEY	WARRANT ISSUEL AND HANDED TO C O O O O O O O O O O O O O O O O O O
4 3 8 6	DOW'S PER or year ending Dec. 3 PAID TO TATE OF	Leth Lething Res John W. LINDER	15.
4万章 〇 」	S P Pain To	777	IN OR
	10 mg	A A A I	2 00
To Those	25 g	12 12 E	VA.
3-62	Flor Land	Widow g	1
7	M. M.	Vid Vid	

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, PERSONALLY COMES MRS.
County of Le Math parie Reavy
State of Georgia. and that she has RESIDED in said State
continuously uper since 6220 . That she is the Widow of
of the State Militia Regiment of
Volunteers, that he enlisted in said regiment on or about the month of Defit
1864, and served in the Army up to Mill 1865. That he died
on the 24th day of Oct 1892
It ram and age and poverty make
to make a support
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 1849.
Usiave been allowed an Indigent pension as a resident of De Kalh
County, under Act 1900, for the year 1902, and now apply for the pension provided by law for the
year ending December 21, 1902
this 24 my of the 1902 Make X Cary Designation 1902 Make X Cary Part Office 1902
11 24 million land Mallex (Clavy
Magadace Ordinary Post-Office
1,773 (ager wee), Ordinary, 7 Post-Office
State of Georgia, 1. M. M. Rogsdoe
(1 9) - 2/
De Kath, County. Ordinary of said County, certify that I am well
acquainted with Mrs. Hatic Reavy , who made the above affidavit and
am satisfied that the facts therein stated are true, and 1 know she is the individual she represents
hereself to be, and that she has continuously resided in this State since the
day of 18.2-C,
Given under my official signature and seal, this the 2 4 day of an 1902.
Omeial, Amhogadaev
1 Seal. 1
Ordinary of He Kalh County.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA	PERSONALLY COMES MRS.
STATE OF GEORGIA,	1. The Para
	J. M. J. L. C. Y.
	oath, that she is a bona fide resident of said County of
160	ate of Georgia, and that she has RESIDED in said State
Eller Reavy	That she is the Widow of
1+104	who was a soldier in Company
Volunteers, that he enlisted in said regiment	Regiment of
	Maile de la
186 , and served in the Army up to	
on the 24 day of (
From old age an	droverly make to
mosil a support	*
	A CONTRACTOR OF THE CONTRACTOR

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-	(C)
	d deceased soldier, during his service in the Army as a
soluter, and that she has never married since	e his death aforesaid and that she hosame his missing
the year 18474. I have been allowed an Indigent pension	e his death aforesaid, and that she became his wife in
the year 1844. I have been allowed an Indigent pension	e his death aforesaid, and that she became his wife in
the year 1844. I have been allowed an Indigent pension	a as a resident of Le Keck now apply for the pension provided by law for the
I have been allowed an Indigent pension County, under Act 1900, for the year 1903, and year ending December 31, 1903.	a as a resident of Le Keck now apply for the pension provided by law for the
I have been allowed an Indigent pension County, under Act 1900, for the year 1903, and year ending December 31, 1903. Sworn to and subscribed before me,	e his death aforesaid, and that she became his wife in
I have been allowed an Indigent pension County, under Act 1900, for the year 1903, and year ending December 31, 1903. Sworn to and subscribed before me, this day of the 1903.	as a resident of Le Kelh now apply for the pension provided by law for the Matrix, leavy Matrix
I have been allowed an Indigent pension County, under Act 1900, for the year 1903, and year ending December 31, 1903. Sworn to and subscribed before me,	a as a resident of Le Keck now apply for the pension provided by law for the
I have been allowed an Indigent pension County, under Act 1900, for the year 1903, and year ending December 31, 1903. Sworn to and subscribed before me, this day of Au 1903.	nas a resident of Le Kelh now apply for the pension provided by law for the Katix Leavy Manuall Post-Office December 19
I have been allowed an Indigent pension County, under Act 1900, for the year 1903, and year ending December 31, 1903. Sworn to and subscribed before me, this day of the pension State of Georgia,	as a resident of Le Kelh now apply for the pension provided by law for the Matrix, Pearly Post Office December 11
I have been allowed an Indigent pension County, under Act 1900, for the year 1903, and year ending December 31, 1903. Sworn to and subscribed before me, this day of the subscribed before me, County. State of Georgia, County.	nas a resident of Le Kalk now apply for the pension provided by law for the Kalix i early Manuall Post-Office December 1 Ordinary of said County, certify that I am well
I have been allowed an Indigent pension County, under Act 1900, for the year 1903, and year ending December 31, 1903. Sworn to and subscribed before me, this day of all 1908. State of Georgia, State of Georgia, County. acquainted with Mrs. Latte Clean	nas a resident of Le Kalk now apply for the pension provided by law for the Katick, Lavy Post-Office Real fill Ordinary of said County, certify that I am well who made the above affidavit and
I have been allowed an Indigent pension County, under Act 1900, for the year 1903, and year ending December 31, 1908. Sworn to and subscribed before me, this day of the 1903. State of Georgia, County. acquainted with Mrs. County. acquainted that the facts therein stated are the	now apply for the pension provided by law for the Matrix, Partie Post-Office December 1, All Consideration of said County, certify that I am well who made the above affidavit and rue, and I know she is the individual she represents
I have been allowed an Indigent pension County, under Act 1900, for the year 1903, and year ending December 31, 1903. Sworn to and subscribed before me, this day of all 1908. State of Georgia, State of Georgia, County. acquainted with Mrs. Latte Clean	now apply for the pension provided by law for the Matrix, Partie Post-Office December 1, All Consideration of said County, certify that I am well who made the above affidavit and rue, and I know she is the individual she represents
I have been allowed an Indigent pension County, under Act 1900, for the year 1903, and year ending December 31, 1903. Sworn to and subscribed before me, this day of the 1903. State of Georgia, County. acquainted with Mrs. Acquainted with Mrs. Acquainted with Mrs. Acquainted that the facts therein stated are the herself to be, and that she has continuously resisted.	now apply for the pension provided by law for the Malica Lawrence of Leading Post-Office Leading Country, certify that I am well who made the above affidavit and rue, and I know she is the individual she represents sided in this State since the
I have been allowed an Indigent pension County, under Act 1900, for the year 1903, and year ending December 31, 1903. Sworn to and subscribed before me, this day of 1903. State of Georgia, County. acquainted with Mrs. Am satisfied that the facts therein stated are therself to be, and that she has continuously reday of 1820.	now apply for the pension provided by law for the Malarian Post-Office Reality Post-Of

POWER OF ATTORNEY.

STATE OF GEORGIA, DIKALL COUNTY.	
Mar Lotti Clay of	hereby authorise
to receive and receipt for the pension paid hereon	
IN WITNESS WHEREOF, I have hereunto set my h	hand and seal, this 23
Executed in presence of	[L. S.]
Janua R. George	

Cant Tropose PAID.)4.	PENSION	DECEMBER 31, 190 To County The Co	LINDSEY, Commissioner of Pensions.	WARRANT ISSUED (2 CT90 AND HANDED TO	Colory are Printer, Atlanta.
TO THOSE HERETOFORE PAID.	1904.	WIDOW'S PENSION	The Hall's Leavey The Hall's Leavey Letter County Widow of West Read Co. State Mill. Regimen	JOHN W. LINDSEY,	WARRANT	Latter Celery Dec W. Harrison, State Printer, Albaira.

POWER OF ATTORNEY

		POWE	T OF A	ATIOH	MEY.		
STATE	OF GEOR	Pros	COUNTY,	X.	Jui	hereby	authorizo
to receive	and recei	pt for the pen	sion paid	hereon, and	request the	t he rem	it same to
		Hay		Drei		- 30	5
In	Witness W	Vhereof, I have	e hereunte	set my ha	nd and seal	, this	1412
	ecuted in 1	presence of	1905. Z	alich	Per	y	[L. s.]
)) (One	Sinay					
						· ·	
aid.		10N,	te	County,	Pensions.	.1905.	

JOHN W. LINDSEY

WIDOW'S PENS

INDIGEN

1905.

No. Bor

MOYORE ALLOWED PERMITTED

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Olivale	PERSONALLY COMES MRS.
	Hotic Pewy
who, being sworn, says on oath that she	
	ria, and that she has RESIDED in said State
continuously ever since 1820	. That she is the Widow of
Elbert Feavy	who was a soldier in Company
of the State Militin	Regiment of
Volunteers, that he enlisted in said regiment on or about	the month of Sept
186 4 , and served in the Army up to	
on the 24 day of OCK	7
	The state of the s
	•
the year 18.49	MAINIL
I have been allowed an Indigent pension as a reside	
County, under Act 1900, for the year 1908, and now apply	y for the pension provided by law for the
year ending December 31, 1904.	2 1 2 2 3 4 6
Sworn to and subscribed before me,	If they P
this 23 day of Jaury 1904.	i accept the g
Post (office. Wallas & a
State of Georgia,	1. Janus P. Jerry
1001201	any of said County, certify that I am well
acquainted with Mrs Static Racy	who made the above affidavit, and
am satisfied that the facts therein stated are true, and I	
herself to be, and that she has continuously resided in th	(
day of 1820	C
	73 Jane
Given under my official signature and seal, this the	day of Jacky 1904.
(Omola) + Ann	Brylonge
Ordinar	ry of DEHall County

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, PERSONALLY COMES, MRS.
County of Millall Wallie leavy
who, being sworn says on eath, that she is a bona fide resident of said County ofState of Georgia, and that she has ansatzed in said State
continuously over since
alles heavy who was a soldier in Company
a of the Hendersons Has stent of
Volunteers, that he enlisted in said regiment on or about the month of
186_Z, and served in the Army up to186 That he died on
the day of 18
Age & paverly
manufacture and the second
The state of the s
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 18
I have been allowed an Indigent pension as a resident of Luss Fuel
County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the
year ending December 31, 1905.
Sworn to and subscribed before me, Matie Leave
this day of fluty 1905.
Janus Rywork, Ordinary. Post-Office Diealinga
0 06
State of Georgia, 1. Janus Holing
County Ordinary of said County cartify that I am wall
acquainted with Mrs. Pattice Perry, who made the above affidavit and
The state of the s
am satisfied that the facts therein stated are true, and I know sho is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of18
Given under my official signature and seal, this the 14 day of 1905.
Official Soul. Sames R George
Ordinary of Soul County.

POWER OF ATTORNEY.

ST	ATE O	F CEC	RGIA,)							
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	I,	Ka	tie					- n-	,			ereby		rize
1	nies	- et	as.	n e	el	ayo	1_7	eh	as	nbl	le	Ga		
to r	eceive a	nd rece	ipt for	the per	isiou	paid	hereon	, and	requ	est that	he	remit	same	to
	Ka	tic	1	ear	ne	4_=	it_Z	07	20	en	6	le	e -	ga
	In Wi	yess W	hereof,	I have	here	unto s	et my 1	and a	nd se	al, this_		15	ti	<u>e</u> .
day	of_X	an	na	ry		1906.	1	,	1		0			
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Paid.			H	\equiv	.98	- 3	County	2	Regimen	Pension		8	7	41.4
	•		Z	PENSIO	1, 19	C B		1/3	Re	EY,	0	77	0	- AT
ofor	0	3	GEN	国	ec. 3	13	1	1		JOHN W. LINDSEY, Commissioner of	WARRANT ISSUED	1,07	00	HING C
Seren .	0	67	0	_	O S	Si To	Con to	13	14	LIL	VT IS	AND HANDED	7	2
F			İ	Z S	endin	12	18	2	12	```	REAL	P H	7.	M.
. hos	H	No.			rear	14	4	ingl	1	HO	WA	NA	BR	PRINTI
To Those Heretofore	. *		Z	2	For year ending Dec. 31, 1906	U	2	0	1)C			B	NKLIN
-			H		_	23	V	idow	0	4 .			,	786

WIDOW'S

POWER OF ATTORNEY

Mus D	OEKALB.	COUNTY.	Pion	two	eby authorize
Mari	I receipt for the Static I	Lavy at	Dicai	tur &	
	recuted in presen		Katie	Peavif	[r. s.] \
Jamus	Ordina				
				3	6
Paid Chil	TA	1907.	County,	Y, of Pensions.	27 1907.
Low Gun hose Heretofore Paid	CGEN CGEN	For year ending Dec. 31, 1907 PAID TO	or Or Con	HN W. LINDSEY Commissioner of WARRANT ISSUED	ACT. OL
To Those i	LINDI	For year end	DeKA dow of Glbe	JOHN V	Jyy Lac

Widow of Co. Herro

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FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.	PERSONALLY COMES Mrs.
County of Lalk	Katie Leaney
who, being sworn says on oath,	that she is a bona fide resident of said County of
14011	f Georgia, and that she has RESIDED in said State
continuously ever since	That she is the Widow of
Elbert Leavey	who was a soldier in Company
a of the Hendersonst	Regiment of
Volunteers, that he enlisted in said regiment on o	
186, and served in the Army up to	Mouths 186 That he died on
the day of	18*
- Uge & pover	to the second
	1
	7
	*
the year 18 I have been allowed an Indigent pension	death aforesaid, and that she became his wife in
	w apply for the pension provided by law for the
year ending December 31, 1906.	a spiry for the pension provided by isw for the
Sworn to and subscribed before me this Language 1906.	Post Office Charmbles
State of Georgia.	James R George
- Ralle County	Ordinario de calda Company anno 18 anno 18
acquainted with Mrs. Katickea	Ordinary of said County, certify that I am well
	, who made the above affidavit, and and know she is the individual she represents
herself to be, and that she has continuously reside	
day of	of in this State since the
	his the May of Antion 1906.
Given under my official signature and sea,	Carried D day of union 1906.
Official	my/ George
Or	dinary of " Kalla County.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

County of	F GEORGIA, DeKALB	_} _ <i>/</i> x	atic Pe	avy
	who, being sworn says on	oath, that she is a	bona fide resid	ent of said County
De	VALD .	ate of Georgia, and		
continuously ever			1 ,	
continuously ever	Elbert P.			she is the Widow
of of	the Henderson			soldier in Compa
of	the	Regin	nent of	
Volounteers, that l	ne enlisted in said regiment	on or about the mo	onth of	
186 and serv	red in the Army up to	* * * * * * * * * * * * * * * * * * * *	186	That he died
the	day of		18	
	age and	hoverty		
				-
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1			<u> </u>	$\mathcal{L}(\mathcal{L}_{\mathcal{L}})$
soldier, and that sl	hat she was the wife of sale he has never married sinc	e his death afores	aid, and that sh	
soldier, and that si the year 18	he has never married sinc	e his death afores	aid, and that st	ALB.
soldier, and that si the year 18	he has never married sinc allowed an Indigent pension 1900, for the year 1906, a	e his death afores	aid, and that st	ALB.
soldier, and that sl the year 18	he has never married since the has never married since allowed an Indigent pension 1900, for the year 1906, and ther 31, 1907.	e his death afores n as a resident of_ nd now apply for	Dek	te became his wife
soldier, and that si the year 18	he has never married since allowed an Indigent pension 1900, for the year 1906, and ther 31, 1907. and subscribed before me	e his death afores n as a resident of_ nd now apply for	aid, and that st	te became his wife
soldier, and that si the year 18	he has never married since has never married since allowed an Indigent pension 1900, for the year 1906, and ther 31, 1907. Indeed subscribed before me of Jany 1907.	e his death afores n as a resident of nd now apply for	Dek	the became his wife ALB. Example 1 ovided by law for the second
soldier, and that si the year 18	he has never married since has never married since allowed an Indigent pension 1900, for the year 1906, and ther 31, 1907. Indeed subscribed before me of Jany 1907.	e his death afores n as a resident of nd now apply for	Dek	te became his wife
I have been County, under Act year ending Decen Sworn to a this. S. day	allowed an Indigent pension 1900, for the year 1906, and ther 31, 1907. and subscribed before me of January 1907. Ordinary.	e his death afores n as a resident of nd now apply for Post Office.	Dek the pension pro	ALB. wided by law for
I have been County, under Act year ending Decen Sworn to a this State of George	allowed an Indigent pension 1900, for the year 1906, and subscribed before me of Jany 1907. Ordinary.	e his death afores n as a resident of nd now apply for Post Office.	Dek the pension pro	ALB. wided by law for the factor of the fac
I have been County, under Act year ending Decen Sworn to a this I G day State of Geor	allowed an Indigent pension 1900, for the year 1906, and ther 31, 1907. Indigent pension of Janey 1907. Ordinary. Tgia, County.	e his death afores n as a resident of_ nd now apply for Post Office.	Dek the pension pro	ALB. Wided by law for the first specific for
I have been County, under Act year ending Decen Sworn to a this I G day State of Geor	allowed an Indigent pension 1900, for the year 1906, and ther 31, 1907. Indigent pension of Janey 1907. Ordinary. Tgia, County.	e his death afores n as a resident of_ nd now apply for Post Office.	Dek the pension pro	ALB. wided by law for the factor of the fac
I have been County, under Act year ending Docen Sworn to a this State of Geon Dekal	allowed an Indigent pension 1900, for the year 1906, and ther 31, 1907. Indigent pension of Janey 1907. Ordinary. Tgia, County.	e his death afores n as a resident of now apply for Post Office of the control	Dek the pension pro tice of control games of f said County, co., who made the	ALB, ovided by law for ALB, and a graph of the second string of the second string that I am we above string that I am we above string that I am we
I have been County, under Act year ending Decen Sworn to a this State of George Dekal acquainted with Mam satisfied that the	allowed an Indigent pension 1900, for the year 1906, and ther 31, 1907. Ind subscribed before me of January 1907. Ordinary. Togia, B. County.	e his death afores n as a resident of not now apply for Post Office of the control of the cont	Dek the pension protection of the pension protection protection of the pension protection prote	ALB, ovided by law for ALB, and a graph of the second string of the second string that I am we above string that I am we above string that I am we
I have been County, under Act year ending Decen Sworn to a this State of George Dekal acquainted with Mam satisfied that it herself to be, and to	allowed an Indigent pension 1900, for the year 1906, and ther 31, 1907. and subscribed before me of January 1907. Ordinary. Training and County. Training are facts therein stated are	e his death afores n as a resident of not now apply for Post Office of the control of the cont	Dek the pension protection of the pension protection protection of the pension protection prote	ALB, ovided by law for ALB, and a graph of the second string of the second string that I am we above string that I am we above string that I am we
I have been County, under Act year ending Decen Sworn to a this State of Geoi De KAL acquainted with M am satisfied that it herself to be, and t day of	allowed an Indigent pension 1900, for the year 1906, and ther 31, 1907. and subscribed before me of January 1907. Ordinary. Training and County. Training are facts therein stated are	e his death afores n as a resident of nd now apply for Post Office Ordinary of true, and I know a esided in this State	Dek the pension protection of the pension protection protection of the pension protection prote	ALB, wided by law for ALB, wided by law for ALB, wided by law for ALB, with a specific transfer of the specific transfer of tran
I have been County, under Act year ending Decen Sworn to a this State of Geoi De KAL acquainted with M am satisfied that it herself to be, and t day of	allowed an Indigent pension 1900, for the year 1906, and the 31, 1907. and subscribed before me of Januy 1907. Ordinary. Tgia, B. County. Try. Natur Pension The facts therein stated are that she has continuously recommendation.	e his death afores n as a resident of nd now apply for Post Office Ordinary of true, and I know a esided in this State	Dekada, and that she had a	ALB, wided by law for ALB, wided by law for ALB, wided by law for ALB, with a specific transfer of the specific transfer of tran

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

Vouchers and Affidavits must bear date after January 1st, 190%.

POWER OF ATTORNEY.

affa P. 1- O. france				
Mulagetice Johnson Jan Th 1896			•	
Jan Th 1896 7			8	· · · · · · · · · · · · · · · · · · ·
Reefler W.A.		Ex.	receive and receipt	STATE
INDIGENT PENSION		euted i	ive and recei	유
1895.		Executed in presence of	eipt for	
2020		oc of	the pe	GEORGIA,
Name 12. Per ples			l sign a	Ą
County De Kall			llowed an	County
Ground Indiagn Total Poverty				¥
July 1846			of that he	
RICHARD JOHNSON,			of remit	
Secretary Executive Department,				
the state of the s	AC Action			
WARRANT HANDED TO				her
uly.		.1895		ereby a

Geo. W Harrison, State Printer, Atlanta.

STATE OF GEORGIA, County. to receive and receipt for the pension allowed and request that he remit same to Witness my hand and seal this Executed in presence of

QUESTIONS FOR APPLICANT.
STATE OF GEORGIA,
ReKalt County.
to avail himself of the Panels Act and Double 15 of said State and County, desiring
to avail himself of the Pension Act approved December 15th; 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:
1. What is your name and where do you reside? (give State, County and post office)
2. Where did your reside on January 1st, 1894, and how long have you been a resident of this State?
Delaw Connety , 4 / years
3. When and where were you born? May 6" 1843, Pauldingles
4. Did you volunteer in the Confederate Army of in the Georgia Militia Confederate Sung. 5. When and where did you enlist? June 12 1862
6. In what company and regiment did you enlist? Loo By 9th Ja. Battallian
7. How long did you remain in that company and regiment? Sile the loslone of the sea.
c. If you were discharged from same and joined another, or if you were transferred to another, give an
account of such discharge or transfer? Not transfered
9. For how long a period did you discharge regular Military duty? Two years & Missilha
10. When, where and under what circumstances were you discharged from service?
At close of the wart at appointed VA
11. What is your present occupation? Not doing anything Hove
12. How much can you earn per annua by your own exertions or labor? 25 a day
13. What has been your occupation since 1865? Assure
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? One hundled Sollars. Atthing at
15. What is your present physical condition and how long have you been in such condition?
margement of liver lidney browles
Rhu matiem very weak, hoor been in bresens
Condition for Nine weeks 100 then makes in 16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and
poverty, second "Infirmity and poverty" or third "blindrom and mountain a Karling and an and mountain a Karling and an
17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If
upon the third state whether you are totally blind and when and where you lost your close you
last ten years light grown, worse until
and marke to no and with
18. What property, effects or income do you possess? None as all
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any,
lid you make of same? It and a much and Ilun hicol
Cow, Lold them to live on,
20. In what County did you reside during those years and what property did you then return for taxation?
on the really about one hundred Doceans
How were you supported during the years 1893 and 1894? By my Stock (sale of
22. How much did your support cost for each of those years, and what portion did you contribute the
v your own labor or income? Will Milly Asols 14 ore les les the
what was your employment during 1893 and 1894? What pay did you receive in each year?
decount
4. Are you married and have you a family? If so, is your wife living and how many children have you?

Samuel 1 d ti 11 d ti 1	
Sworn to and subscribed before me this the	
8th day of Mil 1895. Wingship les	
La b) / 1	Applicant.
Soma ogsdale. Ordinary	
of Dellall County.	
*1.	
A CHESTIANS TO THE STATE OF THE	
QUESTIONS FOR WITNESS.	
STATE OF GEORGIA,	
× / / / / / /	
a i o	
as a witness in support of the application of M.J. Ceples	n presented
as a witness in support of the application of My. Leeples	for pension
following questions described December 15th, 1894, and after being duly sworn true answers to	nake to the
What is your name and where do you reside? EN. Lucas m	
Dellall Committee	
	licant, if so
how long have you known him? Line 1862	
3. Where does he reside, and how long has he been a resident of this State? Ly &	Wall.
County all listife	
4. Do you know of his having served in the Confederate army or the Georgia militia?	Iow do you
know this? I make the served in the lean	federate
was una nun indende lee	
5. When, where and in what company and regiment did he cullst? Jeree 1162	and the second second
Go B The Sa Watalian	a reconstitution of
6. Were you a member of the same company and regiment?	
7. How long did he perform regular military duty, and what do you know of his service a crate soldier, and the time and circumstances of his discharge from the service? Lyve	a Confed-
(1) exclist ment to the close of the w.	agragu
in 1865	
211100	
	······································
8. What property, effects or income has the applicant? (Give your means of i	nowledge.)
8. What property, effects or income has the applicant? (Give your means of I	nowledge.)
8. What property, effects or income has the applicant? (Give your means of I	
8. What property, effects or income has the applicant? (Give your means of I	lignosition
8. What property, effects or income has the applicant? (Give your means of I	lignosition
8. What property, effects or income has the applicant? (Give your means of I will have at all.) 9. What property, effects or income did, the applicant possess in 1893 and 1894, and what fany, did he make of same? That will have been all the same?	lisposition,
8. What property, effects or income has the applicant? (Give your means of I	disposition,
8. What property, effects or income has the applicant? (Give your means of I will have at all.) 9. What property, effects or income did, the applicant possess in 1893 and 1894, and what fany, did he make of same? That will have been all the same?	disposition,
8. What property, effects or income has the applicant? (Give your means of I will have at all.) 9. What property, effects or income did, the applicant possess in 1893 and 1894, and what fany, did he make of same? The fact that will have been all the fact that the fact that the fact that the fact that all the fact th	disposition,
8. What property, effects or income has the applicant? (Give your means of I will all all all all all all all all all	lisposition, little
8. What property, effects or income has the applicant? (Give your means of I work the second of the	lisposition, little
8. What property, effects or income has the applicant? (Give your means of I work the second of the	lisposition,
8. What property, effects or income has the applicant? (Give your means of I work the second of the	lisposition,
8. What property, effects or income has the applicant? (Give your means of I will have a large of the property, effects or income did, the applicant possess in 1893 and 1894, and what fany, did he make of same? I all the property of the p	listle
8. What property, effects or income has the applicant? (Give your means of I would have at all all all all all all all all all	listosition, little
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8. What property, effects or income has the applicant? (Give your means of Income has the applicant and physical condition? Income has the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why? It is the applicant unable to support himself by labor of any sort, if so, why?	lisposition, little colory a pension divisory
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AFFIDAVIT OF PHYSICIANS

The state of the s
STATE OF GEORGIA,
Weltack County.
Personally came before me Al Marson and
and the community purposes and the community pur
of said county, who being severally sworn, say on oath that they have examined carefully
, applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:
an Alexandriano mi Hurther find his
very lu accolo Sufferin from
Leveral Debilets
personal blackers
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
Sworn to said subscribed by orge me, this the State day of Mill 1895. T. Holly on Mo.
Maria 1896.) J. Holley avan Mit
Charactery.
ORDINARY'S CERTIFICATE.
ORDINARY'S CERTIFICATE.
ORDINARY'S CERTIFICATE. STATE OF GEORGIA,
ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County.
ORDINARY'S CERTIFICATE. STATE OF GEORGIA, Selvalo, County. I, Many Grand County, hereby certify that
ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County. 1, Many County. Ordinary in and for said County, hereby certify that the applicant of the said County, and was a bona
ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County. 1, County. Ordinary in and for said County, hereby certify that 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:
ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County. 1. Ordinary in and for said County, hereby certify that the applicant. The ples 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: The cuesary, The Mayron and Molley many
ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County. 1, Ordinary in and for said County, hereby certify that the applicant fide resident of this State on the first day of January, 1894, and that the witnesses, viz. The County of this State on the first day of January, 1894, and that the witnesses, viz. The County of this State on the first day of January, 1894, and that the witnesses, viz. The County of this State on the first day of January and that the witnesses, viz. The County of this State on the first day of January and that the witnesses, viz. The County of this State on the first day of January and that the witnesses, viz. The County of this State on the first day of January and that the witnesses, viz. The County of this State on the first day of January and that the witnesses, viz.
ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County. 1, County. 1, Ordinary in and for said County, hereby certify that the applicant 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: The Local And Market 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
ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County. 1, Ordinary in and for said County, hereby certify that the applicant legislation of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the first day of January, 1894, and that the witnesses, viz: The County of this State on the
ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County. 1, County. 1, Ordinary in and for said County, hereby certify that the applicant 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: The Livest, Hollmann are entitled to full faith and credit. I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same were signed. I further certify that the tax digests of. Al Rall County, show that applicant
ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County. I, Ordinary in and for said County, hereby certify that the applicant. County of this State on the first day of January, 1894, and that the winnesses, viz: The County of this State on the first day of January, 1894, and that the winnesses, viz: The County of the State on the first day of January, 1894, and that the winnesses, viz: The County of the State on the first day of January, 1894, and that the winnesses, viz: The County of the State on the first day of January, 1894, and that the full faith and credit. I further certify that before answering the foregoing questions, the applicant and each witnesses took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same were signed. I further certify that the tax digests of the All County show that applicant returned for taxation in his name in 1893, Oll Manual Color with Middle of the county show that applicant returned for taxation in his name in 1893, Oll Manual Color with Middle of the county show that applicant returned for taxation in his name in 1893, Oll Manual Color with Middle of the color with
ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County. I, Ordinary in and for said County, hereby certify that the applicant. County of this State on the first day of January, 1894, and that the winnesses, viz: The Live of the State on the first day of January, 1894, and that the winnesses, viz: The Live of the State on the first day of January, 1894, and that the winnesses, viz: The Live of the State on the first day of January, 1894, and that the winnesses, viz: The Live of the State on the first day of January, 1894, and that the winnesses, viz: The Live of the State on the first day of January, 1894, and that the winnesses, viz: The Live of the State on the first day of January, 1894, and that the winnesses, viz: The Live of the State on the first day of January of property, and in 1804, According to the said County, hereby certify that the tax digests of the affidavits was read to the applicant and witnesses before same were signed. County show that applicant returned for taxation in his name in 1803, Old Kanardia of property, and in 1804, According to the said County of property.
ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County. 1, County. 1, County. Ordinary in and for said County, hereby certify that the applicant of this State on the first day of January, 1894, and that the witnesses, viz: Truckess, Follows are entitled to full faith and credit. I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same were signed. I further certify that the tax digests of Dellark County show that applicant returned for taxation in his name in 1893, One heard of the affidavity of property, and in 1894, Leven agree day of Miles of property. Witness my hand and seal of office, this day of Miles of property.
ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County. 1, County. 1
ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County. 1, County. 1, County. Ordinary in and for said County, hereby certify that the applicant of this State on the first day of January, 1894, and that the witnesses, viz: Truckess, Follows are entitled to full faith and credit. I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same were signed. I further certify that the tax digests of Dellark County show that applicant returned for taxation in his name in 1893, One heard of the affidavity of property, and in 1894, Leven agree day of Miles of property. Witness my hand and seal of office, this day of Miles of property.

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."

	County.	}			
1,		hereby a	uthorize		
		of			
to receive and receipt	for the pension	n paid hereon a	nd reques	t that he	remit same to
:		by_	**************		
at					
IN WITNESS V	VHEREOF, I h	ave hereunto set	my hand a	and seal, th	is
day of		1897.			
					[L. S.]
Executed in p	presence of	,			ra. 6.h
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ady Enrolled.)	Pensi 7.	3/8	6	Готи	ON TO
Already Enrolled.) 614 IGENT	Per Per	Peer	677	Б ЈОНЈ	NT HANDED TO
No. 6/4 INDIGENT	r's Per 897.	J. Peep	213	RICHARD JOHNSON	WARRANT HAND

POWER OF ATTORNEY

Sta	te of	Georgia,)			
	1.//	m Raged	ac hereb	y authorize	11/1	Cagidae
to rec	ceive an	d receipt for the pe		Seea,		emit same to
at				o y		
day of	r /	ecuted in presence of	1898.	n lin	and seal, t	
(For Those Aiready Enrolled.)	NO. 1197	SOLDIER'S PENSION,	Name W.J. Peeples, County Dettalb.	WARBANT ISSUED	RICHARD JOHNSON, Commissioner of Practical.	WARRANT HANDED TO Out, Out, Eac. W. HARRIGON, SPUE PRINTER, ATLANTA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Le Melle County.
personally appears Leeples of De Nall
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continously ever since
the day of 1124 18/3; that he is 33 years old and
by occupation a val 12260 ; that he enlisted in the military service of the Confed-
erate States (or of the State of La) during the war between the States,
1 15 the town of Misco MASS/in Company B of the Regiment of
The La Batalian Col p; that his physical condition is as
follows: In atalian of getter the his physical condition is as follows: In atalian with hid neg disease
and Shirid and Madder Worker
that his property consists of the following items House house
hitela fus intille
of the value of \$2,500 Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1897. I have heretofore as a resident of De Rall
Sworn to and subscribed before me, this, the
Sworn to and subscribed before me, this, the
This had goodie . Ordinary.
STATE OF GEORGIA,
Le Nach County.
. I. Alle A eyedale, godinary of said County,
do certify that I am well acquainted with the flee fles the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this ///t
day of 111 1897.
Affix your Third reporter,
Liete
Ordinary he hade County.

For Applicants Heretofore Allowed Pensions.

STATE OF, GEORGIA,
De Kalk County.
Jounny.)
Personally appears the leeples of he Kath
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 the day of 1224 1843; that he is 54 years old and
by occupation a ; that he enlisted in the military service of the Confed-
erate States (or of the State of) during the war between the States,
and served for the term of 3/2 in Company B, of f th Regular tof
taldlian Irl; that his physical condition is as
follows: King of troubles Municipalities as
receles from we cable to work for
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that his property consists of the following items 1200
The state of the s
of the value of Dollars, that he was 6 11 6 11
of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1898. I have heretofore as a resident of the pension to which he
county been allowed a pension for the year 189 %.
Sworn to and subscribed before me, this, the
117
and the second
11,11 Ragadace, Ordinary.
the state of the s
State of Georgia,
Se Kall County
I, Will Regulace Ordinary of said County
do contifue that I am all the state of the state country,
applicant in the foregoing official and an arrival for the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given upder my official signature and seal, this
day of 1898.
and born IIII Cagadage,
Ordinary & c Nall County.

I,		County.			, hereby au	thorize
	, , ,	A [*]	of _			
ceive and	l receipt for t	the pension al	llowed, and	request that	he remit sa	ame to
	•	· · · · · · · · · · · · · · · · · · ·	at			•
Witness	my hand and	seal this	day of		1899	
	ed in presence of		uay 01_		1099	
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	r ISI			ON,	ommissioner of Pensions ANDED TO	tlanta.
3	E E	0 1	Refulk WARRANT ISSUE	If a RICHARD JOHNSON,	Commissioner o	ate Printer, Atlant
33		8999	27 1	70 00	Comm	State P
	INDIG LDIER'S	0	RRA	ARL	RANT	Hson.
No.						CONTRACTOR OF THE PARTY OF

POWER OF ATTORNEY.

STATE OF GEORGIA,	}	
County,	in the second of the second	hereby authoriz
to receive and receipt for the pension	of allowed, and request	that he remit same t
by	at	
Witness my hand and seal, this	day of	1900.

SOLDIER'S PENSION, CODE SEC. 1284. (For Those Aiready Enrolled.) INDIGENT 1900. 10. ID)

JOHN. W. LINDSEY,

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Le Kall County.
Personally appears 1 Reeples of De Kalk
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the 6" day of Man 1843: that he is 56 years ald and
years old and
by occupation a flassier; that he enlisted in the military service of the Confed-
erate States (or of the State of during the war between the States,
and secred for the term of 3/2 in Company B, of 9 th Regiment of
that his physical condition is as
follows: Suffering from Ridney disease
iced Whu matiban
that his property consists of the following items. Jour
of the value of CC Dollars, that his recogn of his about 1
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1899. I have heretofore as a resident of he hall
county been allowed a pension for the year 1898.
Sworn to and subscribed before me, this, the \ X Peels Ces
day of 1899.
Minaplece Ordinary.
Olumaly.
State of Georgia,
() - P // - }
We Mally County.
I, MM Raysdale, A Ordinary of said County,
to certify that I am well acquainted with M. & Peeples the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
n bis said affidavit are true, and I know 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 1899.
(ay 01 1000.
All Party South
and College
Ordinary Allalu County.

NOTE.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Malh County.
1161 ,) 1 1 2 1 10 10 10 10 10
Dersonally appears 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citiz
and resident of said County and State, and has resided in said State continuously ev
since the day of 1843; that he is 37 years old a
by occupation a that he enlisted in the military service of the Confe
erate States (or of the State of Ja) during the war between the State
and served for the term of 3/2 (12 w) in Company B, of I th Regiment
Balalier Town; that his physical condition is
follows: Suffice ing some Bibling Aioraxe
and Rhue Mation
the state of the s
that his property consists of the following items Nevect
of the value of Dollars, that by reason of his physic
condition and poverty he is unable to support himself by his own exertion or labor, a
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15
1894, and the Acts amendatory thereof, and makes application for the pension to which
is entitled for the year 1900. I have heretofore as a resident of
county been allowed a pension for the year 189 /
Sworn to and subscribed before me, this, the
15 day of 1900.
day of 1900.)
Ordinary.
Silver in the second se
State of Georgia,
Heilalk County.
I, 11 . 1/1 cta ordace Ordinary of said Coun
do certify that I am well acquainted with Alecolic 8
applicant in the foregoing affidavit, and am well satisfied that the statements made by h
in his said affidavit are true, and I know he is the individual he represents himself to
and that he resides in this County.
Given under my official signature and seal, this 15
day of 1900.
? jour)
here.)
Ordinary LeMath Coun
Norg.—The blank spaces must be filled.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 195

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

	- hereby authorize	*
to receive and receipt for the pensi	on allowed and request tha	t he remit same to
by Witness my hand and seal, this	day of	1901,
		[L. S.]

Executed in presence of

SOLDIER'S PENSION. INDIGENT

(For Those Already Enrolled.)

No. 660

County De Mall JOHN W. LINDSEY, WARRANT HANDED TO WARRANT ISSUED 1901.

Ι,		County.	hereby	authorize		
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to receive and	receipt for th				that he r	emit sam
	****				1. 17.4	
Witness	my hand and s	eal, this	day of			1902.
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YY ENROLLED.)	PENSI	U IS	Ilb ent 9th	SUED	VDSEY,	DED TO
THOSE ALREADY ENROLLED.) No. 5.7.8	PIGENT.	02.	Mallo Regiment 9th	WARRANT ISSUED	OHN W. LINDSEY,	WARRANT HANDED TO

County -Name

SOLDIER'S

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Le Kall County.
Dersonally appears P. J. Pechles of De Hall
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the day of May 1843; that he is 57 years old and
by occupation a State of the Confederate States (or of the State of State of States) during the war between the
States, and served for the term of 3/2 Leavel in Company B, of f th Regiment.
of A Malalian ; that his physical condition is as
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county been allowed a pension for the year 1900 o Alli
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STATE OF GEORGIA,
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in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
Given under my official signature and seal, this ///

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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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 llay 1843; that he is 28 years old and by occupation a layerer that he enlisted in the mifitary service of the Confederate States (or of the State of) during the war between the States, and served for the term of States in Company 13, of I the Regiment of States, and served for the term of States in Company 13, of I the Regiment is that his physical condition is as follows. States are served for the term of States in Company 13, of I the Regiment of States are served for the term of States and served for the term of States are served for the term of States and served for the term of States and served for the term of States and served for the sun his physical condition is as follows. States are served for the sun 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 pusion to which he is entitled for the year 1902. I have heretofore as a resident of the year 1902. Sworn to and subscribed before me, this the sworn to and subscribed before me, this the day of the Act and a subscribed before me, this the sworn to and subscribed before me, this the sworn that the resident of the property 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 sign	STATE OF GEORGIA,
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sentitled for the year 1902. I have heretofore as a resident of Se Math county been allowed a pension for the year 1904. Sworn to and subscribed before me, this the day of 1902. Ordinary. STATE OF GEORGIA, County. I. County. Go 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	that he receives no pension but the one herein applied for.
Sworn to and subscribed before me, this the day of 1902. Ordinary. STATE OF GEORGIA, County. I. C	
Sworn to and subscribed before me, this the day of 1902. 1902. Ordinary. STATE OF GEORGIA, County. I. County. Given under my official signature and seal, this	
day of An 1902. Ordinary. STATE OF GEORGIA, County. I. Cach County. I	county been allowed a pension for the year 1901, (fine 1)
STATE OF GEORGIA, I. Cach Gounty. I. Ofdinary 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	
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do certify that I am well acquainted with	De Walk County.
do certify that I am well acquainted with	1 W.M. Roaddale Chimes on Com
the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this	
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Given under my official signature and seal, this	
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Ordinary Del Calle County.	Ordinary Sel Calle County.

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1903,

Name Peeples W.S. County De Kalb

SOLDIER'S PENSION

INDIGENT

1903.

(FOR THOSE ALREADY ENROLLED.)

No. 377

JOHN W. LINDSEY,
Commissioner of Pension.

123

WARRANT ISSUED

WARRANT HANDED TO

POWER OF ATTORNEY.

STATE OF GEORGIA,			· · · · · · · · · · · · · · · · · · ·
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to receive and receipt for the pensi	on allowed an	d request that 1	ie remit same to
	at		
by			
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Executed in presence of			
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FOR THOSE ALREADY ENROLLED. No. 123 INDIGENT 1904.	Name County		
	Co. Co.		3 1 PIL

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	OF GEORGIA,
Rollar	County.
Douasuáli	400
	y appears In I. Peoples of He Kall
county, State	of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
since the	f said County and State, and has resided in said State continuously ever
business the CZ	day of May 1843; that he is 59 years old and
	a Jarrece, that he enlisted in the military service of the Con-
	ved for the term of 3/2 Grass in Company B, of I th Regiment
of Jal	that his physical condition is as
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that his prope	rty consists of the following items: NON
of the value o	Donats, that by reason of his physical
condition and	poverty he is unable to support himself by his own exertion or labor, and
	s no pension but the one herein applied for.
	desires to participate in the benefits of the Act, approved December 15th,
	Acts amendatory thereof, and makes application for the pension to which he
	the year 1903. I have heretofore as a resident of A.C. Mach
	lowed a pension for the year 1 402,
Sworn to a	and subscribed before me, this the
	ay of My 1903. \ Ordinary. //: Xi Per par
1/1/11	Egalie (Ordinary. //: Xi supler.
STATE	OF GEORGIA,
Die Ta	County
	1.111 11 1
	I am well acquainted with W. Seeples
him in his soid	the foregoing affidavit, and am well satisfied that the statements made by
	affidavit are true, and I know he is the individual he represents himself to
oc and that he	resides in this County.
	Given under my official signature and seal, this
Atlix	day of 1011 1111 1903.
your Seal (Millagedace
النب	. Ordinary De Hall County.
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.
Make . C
Destalb County.
Personally appears W.J. Reeples of DEKall
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 May 1843; that he is 60 years old and
by occupation a Fasmus , that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of 31/2 years in Company B, of 9 th Regiment
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follows: Kidney aisease and Rhumatism
that his property consists of the following items:
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is entitled for the year 1904. I have heretofore as a resident of Destruction
County been allowed a pension for the year 1903
Sworn to and subseribed before me, this the
18 day of Jany 1904. W. Til Lieplis
Mary Mary
Janus Organize Ordinary.
STATE OF GEORGIA.
Destall county.
OMA.
I, Como IT Story Ordinary of said County,
do certify that I am well acquainted with W. Pleffer
the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself
Given under my official signature and seal, this
day of January 1904.
Com Comment & Ginal
A Aflix your Seal Seal
Ordinary Dollar County.

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Norg.-Affidavit should not be attested before January 1st. 1904

POWER OF ATTORNEY.

I, County.	J		
receive and receipt for the pension a			
	at		
WITNESS my hand and seal, this	day of	f	1905.
			[L. S.]
* Executed in the presence of	100		
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S PENSION	28 m	LINDSEX, missioner of Pensions. HANDED TO	FOR STATE PRINTER, ATLASTA.
(FOR THOSE ALREADY ENROLLED.) No. C. C. INDIGENT IDOS TOOS TO		JOHN W. LINDSEY, Commissioner of Pensions. WARRANT HANDED TO	ANGE FOR STATE PRINTE, ALASTA.

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POWER OF ATTORNEY

STATE OF GEORGIA, COUNTY.			her	reby author
to receive and receipt for the pension a	of llowed, and	request	that he re	emit same
by	_ at			
/ WITNESS my hand and seal, this		lay of		1906.
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
RecHalb County.	
1000	
Personally appears W.J. Pupus of Lustul 6	
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen	
and resident of said County and State, and has resided in said State continuously ever	
since the day of 18; that he is 62 years old and	
by occupation, a , that he enlisted in the military service of the Con-	
federate States (or of the State of) during the war between the States, and served, for the term of in Company B, of 9 th Regiment	
States, and served for the term of in Company 15, of th Regiment	¢ .
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that his property consists of the following items:	
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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	, .
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is entitled for the year 1905. I have heretofore as a resident of	1
County been allowed a pension for the year 1904.	
Sworn to and subscribed before me, this the	
20 day of (((1) 1905.	
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STATE OF GEORGIA,)	
Mall County.	
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do certify that I am well acquainted with Wy Perper	
the applicant in the foregoing affidavit, and am well satisfied that the statements mad	e
by him in his said affidavit are true, and I know he is the individual he represents himsel	f
to be, and that he resides in this County.	
Given under my official signature and seal, this	•
Tames James Rywige	-
Andreward Seel Ordinary Lusquelle County.	

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Connect	
State of Georgia,	
D: Kill County.	The same of the sa
Personally appears M. Recy	iles De Hall
	orn, says on oath that he is a bona fide citizen
	has resided in said State continuously ever
since the 6 day of May	1843; that he is 62 years old and
	e enlisted in the military service of the Con-
) during the war between the
	in Company 13, of 9 th Regiment
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of the value of	Dollars. I am now earning
by my labor,	Dollars per month. That by reason of his
	e to support himself by his own exertion or
labor, and that he receives no pension but the	
	benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and a	nakes application for the pension to which he
is entitled for the year 1906. I have hereto	
County, been allowed a pension for the year	1905.
Sworn to and subscribed before me, thi	s the
22 day of January 190)6. \(\)
James Runge	Ordinary.
0	
State of Georgia,	
Kall County	
I kames POGe	0.30
do certify that I am well acquainted with_	Ordinary of said County,
	am well satisfied that the statements made
to be, and that he resides in this County.	ow he is the individual he represents himself
Given under my official signa	
day of famuar	g my ho
AME	Humes It flores
seal here	Ordinary County.
Wash The blank assessment	

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1906

DeKALB.	COUNTY.		
· I, · · · · · · · · · · · · · · · · · ·			hereby authori
	of		· · · · · · · · · · · · · · · · · · ·
receive and receipt for		, and request that h	e remit same
· · · · · · · · · · · · · · · · · · ·	at		
WITNESS my band and	seal, this	day of	1907.
	· · · · · · · · · · · · · · · · · · ·		[r. s
Executed in present	e of		A
	La Carlo		
DY EMPOLLED, PENT PENSION		SUED SEEY, SHOWEN, SHOWEN OF PERSONA.	- 4

(FOR THOSE ALREAD)

No. > &

INDIGE

SOLDIER'S |

WARRANT HA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

DeKALBcc	ounty.
Personally appears 2V	J. People 4) of Dallar
County, State of Georgia, who, bein	ng duly sworn, says on oath that he is a bona fide citizen
and resident of said County and St	ate, and has resided in ania or
since the day of Me	1843; that he is 63 years old , that he enlisted in the military service of the Con-
and by occupation a	that he collected in the is years old
federate States (or of the State of_	, that he emisted in the military service of the Con-
States, and served for the term of	during the war between the in Company B, of 4 th Regiment
of	th Regiment
follows: Julianite	; that his physical condition is as
	and Jovery
hat his property consists of the City	1 • •
that his property consists of the following	lowing items;
of the value of	
	Dollars. I am now earning
y my labor.	
abor, and that he receives no pension Deponent desires to participat	e in the benefits of the Act approved December 15th
abor, and that he receives no pension Deponent desires to participat 894, and the Acts amendatory thereo s entitled for the year 1907.	unable to support himself by his own exertion or a but the one herein applied for. ie in the benefits of the Act approved December 15th, of, and makes application for the pension to which he heretofore, as a resident of
abor, and that he receives no pension Deponent desires to participat 894, and the Acts amendatory thereo s entitled for the year 1907. I have county, been allowed a pension for the	unable to support himself by his own exertion or a but the one herein applied for. ie in the benefits of the Act approved December 15th, of, and makes application for the pension to which he heretofore, as a resident of he year 1906.
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abor, and that he receives no pension Deponent desires to participat Sept., and the Acts amendatory thereo entitled for the year 1907. I have founty, been allowed a pension for the Sworn to and subscribed before day of Allow Allowed Acts State of Georgia,	unable to support himself by his own exertion or a but the one herein applied for. te in the benefits of the Act approved December 15th, of, and makes application for the pension to which he heretofore, as a resident of he year 1906. the week this the 1907. Ordinary. Ordinary.
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bor, and that he receives no pension Deponent desires to participat B94, and the Acts amendatory therecenticled for the year 1907. I have county, been allowed a pension for the Sworn to and subscribed before day of Jarage State of Georgia, County, Jarage State of Georgia, County, been allowed a pension for the Sworn to and subscribed before and the County of Georgia, County of Georgia, County of Georgia, certify that I am well acquainted a applicant in the foregoing affidavithe him in his said affidavit are true, and	unable to support himself by his own exertion or a but the one herein applied for. The in the benefits of the Act approved December 15th, of, and makes application for the pension to which he heretofore, as a resident of the year 1906. The year 1906. The wind the year 1907. Ordinary. Ordinary of said County, with the statements made and I know he is the individual he represents himself.
shor, and that he receives no pension Deponent desires to participat B94, and the Acts amendatory thereo entitled for the year 1907. I have ounty, been allowed a pension for t Sworn to and subscribed before day of Jarria Courting that I am well acquainted explicant in the foregoing affidavit him in his said affidavit are true, an be, and that he resides in this Coun	unable to support himself by his own exertion or a but the one herein applied for. The in the benefits of the Act approved December 15th, of, and makes application for the pension to which he heretofore, as a resident of the year 1908. The year 1908. The year 1908. The year 1907. Ordinary. Ordinary of said County, with the statements made and I know he is the individual he represents himself thy.
shor, and that he receives no pension Deponent desires to participat S94, and the Acts amendatory thereo entitled for the year 1907. I have county, been allowed a pension for t Sworn to and subscribed before day of County Act of County	unable to support himself by his own exertion or a but the one herein applied for, are in the benefits of the Act approved December 15th, of, and makes application for the pension to which he heretofore, as a resident of he year 1906. The year 1906 of the year 1907. Ordinary. Ordinary. Ordinary of said County, with the statements made and I know he is the individual he represents himself.
shor, and that he receives no pension Deponent desires to participat S94, and the Acts amendatory thereo entitled for the year 1907. I have county, been allowed a pension for t Sworn to and subscribed before day of County Act of County	unable to support himself by his own exertion or a but the one herein applied for. The in the benefits of the Act approved December 15th, of, and makes application for the pension to which he heretofore, as a resident of the year 1908. The year 1908. The year 1908. The year 1907. Ordinary. Ordinary of said County, with the statements made and I know he is the individual he represents himself thy.
shor, and that he receives no pension Deponent desires to participat S94, and the Acts amendatory thereo entitled for the year 1907. I have county, been allowed a pension for the sworn to and subscribed before day of the sworn to an act of the sworn to act of	unable to support himself by his own exertion or a but the one herein applied for. The in the benefits of the Act approved December 15th, of, and makes application for the pension to which he heretofore, as a resident of the year 1908. The year 1908. The year 1907. Ordinary. Ordinary. Ordinary of said County, with the statements made and I know he is the individual he represents himself thy.
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Nors.—The blank spaces must be filled.

Nors.—Affidavis should not be attested before January let. 19

NAME Peeples, W.J.

YEAR 1896 COUNTY DeKalb

WHEN AND WHERE BORN? May 6th. 1843 Paulding County, Georgia.

ENLISTED WHEN AND WHERE? June 1st. 1862.

RANK.

COMPANY AND REGISENT? Co. B, 9th. Georgia Battalion.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Diseased since the war, have grown worse.

CAPTURED, WHEN AND WILEYE?

RELEASED.

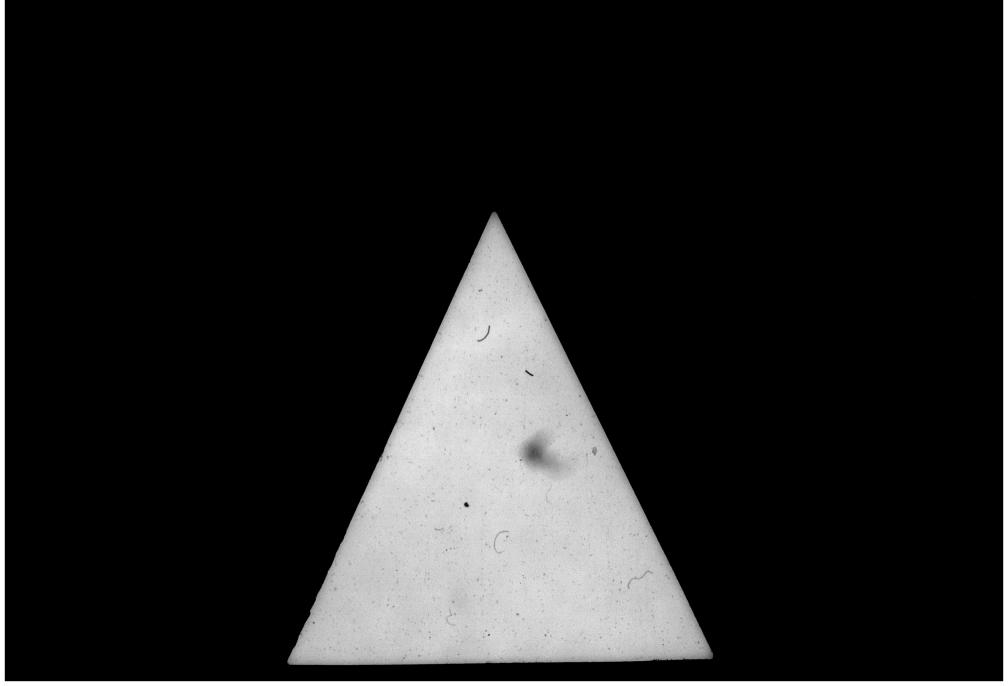
WHEN AND WHERE SURRENDERED? At close of war at Appointton; Va.

IF NOT PRESENT AT SURRENIAR, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. E.H. Guess, No data.



Reton A. J. (Mya) Thishington wood Widow's Application Under Act of 1910-As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.

County DeKalb Name Mrs. A. F. Pendleton Widow of . A. F. Pendleton Date of Marriage April 29 1886 Date of Husband's Death Dec. 13 1910 Company K Regiment 1st - Virginia Artillery DEC 27 1937 J. Then Sellen Director.

Certificate

STATE OF GEORGIA

of said County represents herself to be, and that she

(SEAL OF ORDINARY)

obtainable. If not, prove marrie

SEP 3 1937

DeKalb Date of Marriage.

Ordinary's Certificate

	Nome to make the		ATT OF
	of	Dertalb Co	ounty.
(SEAL OF ORDINARY)	V. O. ma	^	linary.
Given under my hand and seal of o		AND AND AND AND AND ASSESSMENT OF THE AND	-1937
truthful and trustworthy and their state			
of said County and were duly sworn b			they a
the witness who swears to the service of			
citizen of said State since January 1st,			
she is the person she represents herself			
		the applicant for pensi	
that I knowMrs. A. F.	Pau 41 - 4	, Ordinary of said County, o	
I,V.S. Morgan	7	0.11	
Data1b (COUNTY.		

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 afficiavits may be attached if blank spaces are insufficient.

3. Only widow who married prior to January let, 1920, are entitled to the properties of
STATE OF GEORGIA,

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. A. F. Pencleton of said State and Cou and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, a being duly sworn, true answers to make to the questions propounded, answers as follow, to wit:	41
SECTION I.	
What is your name, and where do you reside? (Give Post Office and County)	
Mrs. A. F. Pendlaton - 1125 Oxford Rd., Atlanta, Dekalb County,	
2. How long and since when have you been, continuously, a bona fide resident citizen of the St	Ga.
	ate
Give date, or year, of your birth. November 17, 1855 Age? 82	
3. (1)When, (2)where and (3)to whom were you married?	
Married to Armisteed F. Peudleton April 29, 1886 in Augusta, Ga	
a. Have you married since the death of first and soldier husband? 10	•
b. When and where did your first husband die? Died December 13, 1910 in August	2
c. Were you residing together when he died?	
d. If not, how long had you resided apart?	
e. Are you now a widow?	
f. Have you or your husband heretofore been paid a pension by the State?	
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 Info	ın-
try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.	
Entered service twice- Company K, 1st RegimentVirginia Artillery	
outy Re, 1001 Bt 107ktown Englisted second time as private of Co	0
ord Regiment Virginia Infantry Local Defense June 8, 1865	
2. When and where did the Commands of your husband surrender or discharge from the Service	e?
Discharged Oct. 30, 1861- Paroled April 9, 1865 at Appoint to Cour	
3. Was your husband personally present with his Command when it was surrendered or discharge	d?
yes - Paroled	
4. If he was not present, state specifically and clearly where he was?):
5. When did he leave the Command? End of war	-
a. For what cause did he leave? FAFOLOQ	
b. By whose authority did he leave?	
c. For how long was his leave of absence granted? PATOLOG d. In what way?	
e. What was his physical condition when he left his Command? Good	
process when he lete his Command! 1700d	
The state of the state of the state of the continuation	,
g. In what way was he prevented from going back to his Command?	
Mas he captured by the enemy at any time?no If so, when and where? In what prison was he held and when was he released?	
and when was he released?	- 19
Community of the state of the s	•
Sworn to and subscribed before me, this the	4
2. day of September, 1937. Mr & M. J. Pundlet	
1. D. Margan, Ordinary Andless	n

(SEAL OF ORDINARY)

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,
County of DeKalb
Before me, the Ordinary of said County, comes Mrs. A. F. Pendleton 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 I death, and, therefore, his Confederate military service has not heretofore been proven in connecti with an application for pension;
3. That she is unable to obtain from any person or source evidence as to the Confederate m tary service of her deceased soldier husband;
4. That this affidavit is being made to authorize the use, as evidence, of any official record of se Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office the Adjutant-General, Washington, D. C.
Mrs W. F. Lindleton
Sworn to and subscribed before me, this the
day of September , 193 7.

Questions for Witness as to Marriage and Service of Husband. STATE OF GEORGIA,

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)
How long and since when have you knownapplicant
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?
5. How long and since when did you knowher
nusband?
6. When and where did
he 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 didenlist?
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 Com-
pany and Regiment? (Give dates.)
12. When and where was his Command surrendered or discharged? (Give date and place.)
13 Were you personally propose wish skip Community to the
13. Were you personally present with this Command when it was surrendered?
14. Was the husband of applicant personally present with his Command at its surrender?
f not where was he?
Vhen, where and for what cause did he leave his Command? (Give date.)
ly whose authority did he leave his Command?
nd how long was he granted leave?
low do you know all that you have stated to be true? (If of your own knowledge, state clearly and speci-
cally)
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Com-
and?
16. What effort did he make to return to his Command and how do you know this?
•
17. Was he captured as a prisoner?
n what prison was he held?amd when released?
Sworn to and subscribed before me, this the
day of, 193 (Witness)
Ordinary
County.

STATE OF GEORGIA; RICHMOND COUNTY.

TO ANY MINISTER OF THE GOSPEL, JUDGE, OR JUSTICE OF THE PEACE, OR ANY PERSON AUTHORIZED TO CRIEBRATE:

These are to authorize and permit you to JOIN IN THE HONORARLE STATE OF MATRIMONY, Armisteed F. Pendleton of the one part, and Agnes E. Walker of the other part, according to the Rites of your Church, provided there be no lawful cause to obstruct the same, and this shall be your authority for do doing.

Given Under my Hand, as Ordinary, for the County aforesaid, this, the 28" day of April, 1886.

> A. R. Walton Ordinary.

I Hereby Certify, That Armistead F. Pendleton and Agnes E. Walker were joined together in the HOLY BANS OF MATRIMONY, by me on the 29th day of April. 1886.

> W. A. Candler Minister of the Gospel.

STATE OF GEORGIA. RICHMOND COUNTY. COURT OF ORDINARY.

I, Elizabeth White, Clerk of the Court of Ordinary of Richmond County, Georgia, hereby certify that the foregoing is a true and correct copy of the record of marriage of Armistead F. Pendleton and Agnes E. Walker on file in this office, which is a Court of record.

> Witness my hand and the official seal of said Court, this 7th day of August. 1937.

> > County. Georgie.

STATE DEPARTMENT OF PUBLIC WELFARE HURT BUILDING

ATLAUTA.

Honorable V. S. Morgan, Ordinary, DeKalb County,

Decatur, Georgia.

WHEREAS:

MRS. A. F. PENDLETON, WIDOW OF A. F. PENDLETON,

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 thereaft and that a copy of this order be sent to the , 19 38 , and thereafter; Ordinary of said County.

This, the 27th day of December 19 37 ..

> State Department of Public Wolfaro

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

HEPER TO O.R.D.

WASHINGTON

October 10, 1932.

Respectfully returned to

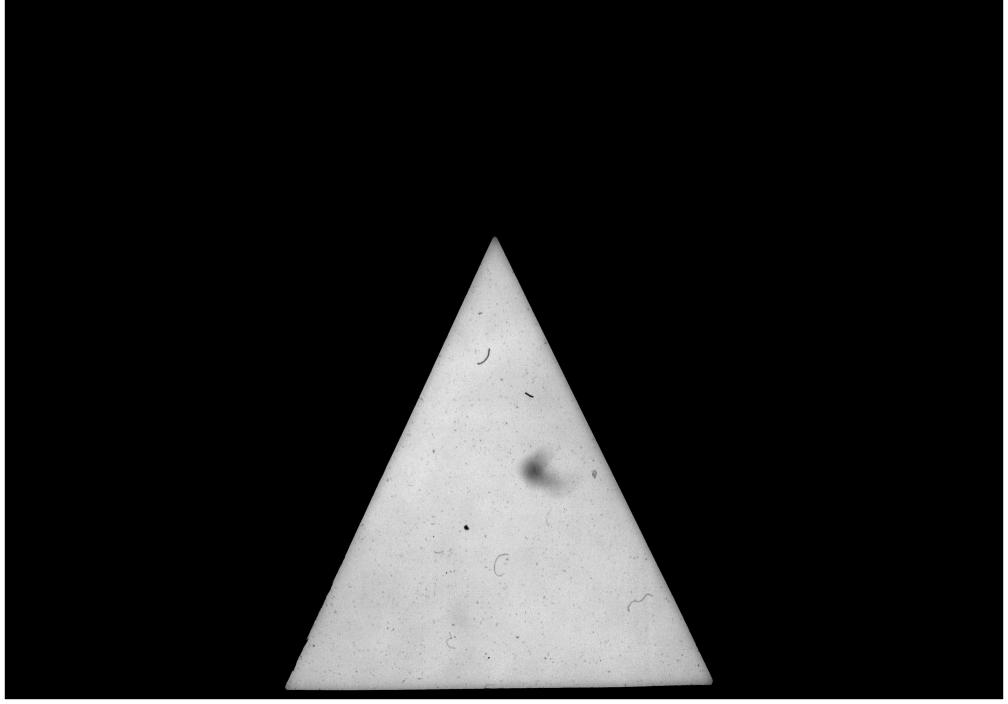
W. N. Pendleton, P. O. Box 1021, Atlanta, Georgia.

The records on file in this office show that one Armistead F. Pendleton, private, Company K, 1st (also known as 2nd) Regiment Virginia Artillery, Confederate States Army, enlisted July 22, 1861, at Yorktown, and was discharged October 30, 1861, (also shown as September 23, 1861).

By order dated January 7, 1862, A. F. Pendleton, private, 19th Regiment Virginia Militia was exempted from Militia duty by reason of being an employee of Messrs Ritchie & Dunnavant, Covernment printing contractors.

One A. F. Pendleton, borne on one record as Alex Pendleton served as an employee of the Treasury Department, Confederate States Army, and enlisted as a private of Company C, 3rd Regiment Virginia Infantry Local Defense, Confederate States Army, June 8, 1865, age 24 years, and was paroled at Appomattox Court House, Virginia, April 9, 1865.

Major General,
The Adjutant General
By V + 7



CHAS. P. BYRD, State Printer, Atlanta.

Soldier's Application. Confederate

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer. STATE OF GEORGIA,

Да	-Kolh County.
his testimo	Henry Clay Peraleton
1.	What is your name and where do you reside? (Give County and Post-office)
Han:	r C. Perfilaton, Clarkaton, De kal county georgia
2.	How long and since when have you been a continuous resident citizen of this State? Forty six (48) years, since 1888
3. 1	Did you enlist in the Army of the Confederate States or of the Organized Militia of this State
from 1861 t	to 18657. Army, of the Confederate State of the Organized Minus of this State When and where, and in what Company and Regiment did you enlist? (Give the arm and class
of Service)	1861, king and cuser county, king his 10, ke, 34th lett.
	tong did you remain in the actual Military Service with said Company and Designation
6. V	of discharge)
- · · ·	Apporation Court House, Varginia
, ,, y	Were you actually present with your Command when it was surrendered or discharged?
8. 1	f you were not actually present, state specifically and slearly where you were
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
·····	Where was your Command when you left it? Faral is at Apparation, surrectly
b W	When did you leave the Command? Appoint ox 1835.
c. F	or what cause did you leave?
d. B	y whose authority did you leave?
e. F	or how long was your leave granted? In what way?

f. W	why did you not return to your Command after leave expired?
g. In	what way were you prevented? XXXXXXXX
h. W	hat effort did you make to return? XXXXXXXXXXXXX
i. W	ere you captured during the war?
i. If	so, when, and where? In what prison were you held and when were you released?
	XXXXXXXXXXXXXXXXX
9. W	nat property of every description was owned, in the use possession and control of vourself
nd wife and	its cook value on the 4 New 10009 (Nr. L. P. 1
X	mild owned a nortgage equity in thelve (15.) norgan of
lani	at Clarkaton, De Kalb Courty, Secreta. Volud at work \$12000
10. W	That property of any kind have you or your wife disposed of and for what purpose since 4 Nov.
200. 10 WI	nom and for what price?
11. W	hat property of any description of any kind, and of any value now owned and in the use,
Descension SU	d control of yourself and wife and its cash value? (Make itemized list).
ù q	a above northern equity in tralve acros of last.
u?I.	nat annual or monthly income or earnings of yourself and wife and the source derived have addividual effort only. Not rose these hundred (200) a year.
18. Are	you drawing a pension of any amount from this State or the United States? 10
14. Hav	ve you ever applied for the Georgia Pension and had it refused? and for what cause it was
allowed?	Lo.
Sworp	o and subscribed before me, this the
40 day	of August 21914
far	of Dekale County.
	- Control of the cont

STATE OF GEORGIA	
R A Lung	
A. C. Tyne of said State and County is hereby presented	
as a witness in support of the application ofnryOlay. Pendleton 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. Lyne	
miller Davern, Essey Co. Va	
2. How long and since when have you known enry and 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?	
4. When, where and in what Company and Regiment did Henry C. Penaleton enlist during	
war from 1861 to 1865? (Give date and place)	
*5. How did you obtain your information of this Service?	
<u> </u>	
6. How long within your own personal knowledge did he perform actual military service with	
this Company and Regiment? (give date). 1111 2022 2132 1965.	
7. When and where was his Command surrendered or discharged (give date and place)	
A. schettor, 1º 65	
8. Were you personally present at the Surrender?	
9. If not, where were you and how came you there?	
10. Was the applicant personally present with his Command at surrender?	
11. If not where was he and how came him there? XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
12. When did he leave his Command? WHATEVER WAS HIS Command	
when he left it?	
By whose authority did he leave	
ong 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)	
from my own personal knowledge.	
13. In what way was he prevented from returning to his Command?XXXXXXXXXX	
Iow 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	
() xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
Sworn to and subscribed before me, this the	
19 th day of Colo, 1914	
Thomas Estalatay linksly	
of Court of Exercounty Da 10	

STATE OF, GEORGIA.	
Dylack County.	
Personally before me comes Affice was 4 V. S. Morgan who	
says that they are freeholders residing in said County and we know . Secondly	
the applicant for pension and we know the property that is now in the use, possession and control of the and of its cash value to wit: (Make List by items and value.) Expensive 1.12. Across of Landson Clerkston Sa, said &	
	grung
being about Furler Nauded Dollars	77
1. What property, if any, has been sold or given away by the applicant or his wife since	0 4 No=
1908? (State it fully by items.) 20002	
2.) When and to whom was it sold or given to?	
3. What was the price paid or stated to be paid?	
4. What relation is the party to applicant?	
5. What disposition was made of the proceeds of the sale?	
6. Was the disposition of this property made in good faith and full values? or was it made to obtain a pension? Sworn to and subscribed before me, this the	
James Reger & John morgan	, , , , , , , , , , , , , , , , , , ,
of County.	999

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Dexalle County.
I. Janual P. Guorge Ordinary of said County, certify that I know
the applicant ACG untilly 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 R.J. Guelman ve Sylvan 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 M. L. Lendellon shows that any wife
value for tax is in 1908 \$1000-1904 1010 \$200 1010 \$253500
for 1912 8 Nove for 1913 8 29 50 450 for 1914 8 2 3 70 00
Sworn under my hand and official seal of office this. 30 day of 20 1914
tames l'Gronge Ordinary,
Sworn under my hand and official seal of office this. 20 day of 20 1914 Ordinary, of Exacts County.
NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do selemnly swear that you will true answers make to each question saked you and the syidence you

Georgia, Bekalb County.

Personally appeared before me, the undersigned, the Ordinary in and for said county, H. C. Pendleton, who being first duly sworm, deposes and says on oath: That the amount of property shown by the reurn on the tax digest for the year 1915, to-wit: the sum of \$2950.00 is an error and should have been given as the property of Mrs. Nannie E. Pendleton, and that there is a mortgage of \$1500.00 Dollars against said property.

sworn to and subscribed before me,) this the 30th day of October, 1914.)

H & Fendleton

Janus R. Grovge Ordinary.

NAME Pendleton, Henry Clay. YEAR 1915 COUNTY DeKalb.

WHEN AND WHERE BORN? A resident of Ga. since 1868. 46 years.

ENLISTED WHEN AND WHERE? In 1861, King & Queen County, Va.

RANK?

COMPANY AND REGIMENT? Co. K, 34th Regt. E Va.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? In 1865, Appointtox Court House, Va.

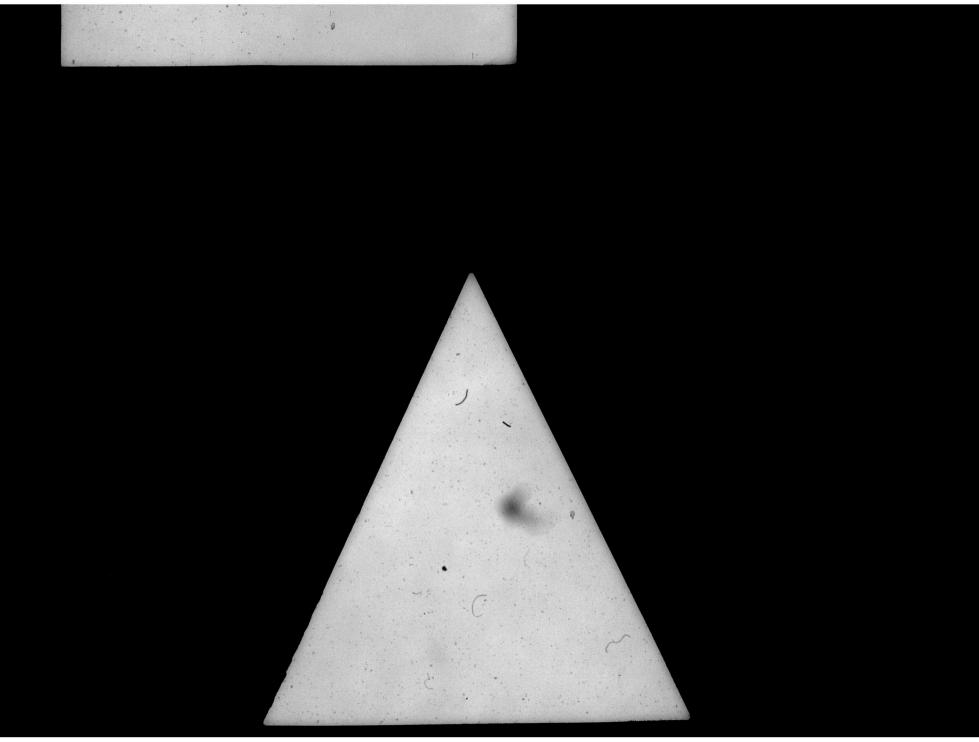
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: R. A. Lyne -- Same Command -- No data.

mt.



POWER OF ATTORNEY

	De Kalto		
	Cerry, A. L. (For Those Already Enrolled.)	ST Coun of me as State State State which day of day of	0
	No. 2607	POWER STATE OF GEORGIA, COUNTY, State of Georgia, do hereby appeid of Georgia in the hereby appeid of Georgia in receipt and receipt state of Georgia by reason of an injury by State of of this State), as stated in incepto receipt in my name for any Warran which may be coming to me for the reason IN WINESS WHEREOF, I have thay of June 19 Jun	
	Soldier's Pension.	P())F GEC en by these I Georgia, do Live Come, to receive the reason of of the reason	
2	1894.	OWER OORGIA, COUNTY. Le Presents, That I, County appoint County. That I, County received an stated in the for for any Warrant that the for the reason afores REOF, I have hereu 188 DIRE follows, by County	
	Name a CPorry County De Hall	That I, of July Interest of the foregoing afficiant rand that may be issued by on aforesaid. DIRECTIONS County, Georgia.	
	Amount, & UT	ATTICATIONS.	.: F
	3/3 / 1894. W. H. HARRISON,	ATTORNEY ATTORNEY WHO WAS I may true and lawf or amount of money I may be affidavit; hereby authoric is used by the Governor, or my hand and seal, this Holessy Holessy IONS.	
	Secretary Executive Department. WARRANT HANDED TO	A will attorne way be entitled briting my or for any survey or for any survey.	
interest the the head	Julilly Mydy	ey in fiet, for the defendant said Attor money man of money. [L. s.]	1
to work out The bound	Le per de de la constante de l	described by the the following described of the stand of	about the

POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA,	STATE OF GEORGIA,
Know all Men by these Presents. That I, Age Derry	Know all Men by these Presents, That I, A & Percy
COUNTY.) Know all Men by these Presents, That I, Of Dekool County, State of Georgia, do hereby appoint. Of Fielder & Attention Same my true and lawful attorney in fact, for	County, State of Georgia, do hereby appoint of Mr. Alorwood
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	of 1/2 ook dole Courses
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	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 scal, this 19 day of January 1894.	which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
1. 5.] 83 A	day of Aprile 1894. of 6 Perry [1. s.]
Executed in the presence of us	Geowile alin
in Alexan	De Som Boles wes
DIRECTIONS.	Prochdee exemplifications. Send money to me as follows, by
County, Georgia.	toP. O.
122	County, Georgia,
Sion Single Sing	JOIO 1881
Secondary 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Enrilling 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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Ser Con Contraction of the service o	2 9 8 6 2 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
() 中 () 1 ()	in the state of th
Soldier's Soldier's Las Manuel (C. C. Same (C. C. S	isability (F
Elife o	
and a second of the second of	
Fight Rest	
Sim	
Alice.	the state of the s

For Applicants Heretofore Allowed Pensions.

Tot upproduce notocoloro anonou ronolono,	3
STATE OF GEORGIA.	
Le Kail. County.	
PERSONALLY appears A to Perry of Dekall	
County, State of Georgia, who, being duly sworn, says on oath that he is a bona flde citizen	
and resident of said State, and has resided therein continuously ever since the	
day of / the con- 1886; that he enlisted in the military service of the Con-	2
federate States (or of the State of Carrice) during the war between the	
States, and served as a . It in Company 13, of C th Regiment 33 18	
of Ca. Volunteers Andley sze 's Brigade; that whilst engaged in A (C)	
such military service at the battle of Gelleskunge in the State	
of Fency on the day of July 1863, he was	
wounded as follows: fire Wounds. 1st Sinlok on the head with	
frant of Shill causing triside fracture of the Skull bong and present 23	
in the brand - which is humant, and of time very punish more - 5000	
first has been rendered primary of goling fuliqued wherely	ì
or the per monce of or ordinary mana lobor or wooden. A life	
and Because of Guashet lanungs through hothe llught, fracture	
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 T	7
entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of	
dollars, for the year 189	3
Sworn to and subscribed before me, this, the	3
190 darlof James 1894	1
Mhar I le Co	0
The agedage	7
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.	}
Agrical Agrication of the Agrical Agri	non
CTATE OF GEODGIA	0
STATE OF GEORGIA, DeRoll county.	200
C That	3
I. W. Mogadale, Ordinary of said County, 12)
do certify that I am well acquainted with the	3
applicant in the foregoing affidavit, and am well satisfied that the statements made by him	r .
in his said affidavit are true, and I know he is the individual he represents himself to be	5
and that he resides in this County.	2
Given under my official signature and seal, this	3
day of January 1804.	Co
Antix South Manhagolale, 1831	X
	3
Ordinary De Mill County.	1
36.7	3.

For Applicants Heretofore Allowed Pensions.

	ä
STATE OF GEORGIA.	211000
De talt County.	
PERSONALLY appears TU CON of DOCOTT 37	2000
County, State of Georgia, who, being duly sworn, says on oath that he is a bona flde citizen (1)	7
and resident of said State, and has resided therein continuously ever since the	
day of the con-	1000
federate States (or of the State of) during the war between the 3	
of Lucy and Sevenas a Volunteers Andrews . 's Brigade; that whilst engaged in	ASS.
such military service at the battle of Cottobarg in the State	- 100
of Pursi sama, on the day of the 186 he was	, 0
wounded as follows: 12. Showell on The fire fragment to free Commence are	0:0
used wasting of the Stull bone of posserie on the train where is union an at	1
cumply pointing a linder affait at times incompetent to do any thend of lafor	n
letter Planted or mental 200 of gunshot wound through both trigger parties	,
is perment and routen The log very beak, the heade of my stone	0
hi let him with shell. Which has caused a point periodication	
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,	No.
and the acts amendatory thereof, and makes application for the allowance to which he is	
entitled for the year ending October 26, 1899. I have heretofore been allowed a pension of	1000
dollars, for the year 1894	
Sworn to and subscribed before me, this, the	**************************************
day of march, 1894.	
Millagsdale Osomary,	
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.	\$5000 cms
OTHER OF GEORGE	
STATE OF GEORGIA,	
County.	
I, W.M. Ory Lolale 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 1894.	25725E
Any	NAME AND ADDRESS OF THE PERSON
Ans part of the second of the	A CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IN COLUMN T
Ordinary 2 County.	
Ordinary 1227 County.	

POWER OF ATTORNEY

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County. Dersonally appears Augustus & Perry of Deltalb County, 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 15 1834; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a in Company 13, of 9 th Regiment of Georgia Volunteers, Anderson 's Brigade; that whilst engaged in such military service at the battle of gettesburg wounded as follows: Fine Wounds) 1 Shuck on the head with fragment of shell causing inside of & Till bone and prisure on the brain is monentaid at times very bample. more Expecially in overy wed on hot weather on geting galifical whereby appeared has been rehermently by do Snadwedble incompetent for the herforment of bounds through both highs fracting the some of Deponent desires to participate in the benefits of the Act, approved October 24th, 1887 and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1891. I have heretofore been allowed a pension dollars, for the year 1805 Sworn to and subscribed before me, this, the Augustus le Pury Note-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent STATE OF GEORGIA. De Kall-County. I, Will dogsdall Ordinary of said County do certify that I am well acquainted with T. C. CESS 22 applicant in the foregoing affidavit, and am well satisfied that the statements made by hir in his said affidavit are true, and I know 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 122504 1895. MinRogadace.

YEAR 1894 COUNTY DEKalb

NAME, Perry, A. C.

WHEN AND WHERE BORN? Resident Ga. Since July 19, 1839.

ENLISTED WHEN AND W.ENE? Georgia.

RAMK. Bieutenant.

COMPANY AND REGIMENT? Co. B, 9th Regt. Ga. Vols. Anderson's Erig.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

Gettysburg, Penn. July 2, 1863. Wounded five times, shot in head with an invaide fracture, shot in both thighs, shot in left hip and left knee. These wounds renders applicant permanently disable for work, WOUNDED?

RELEASED.

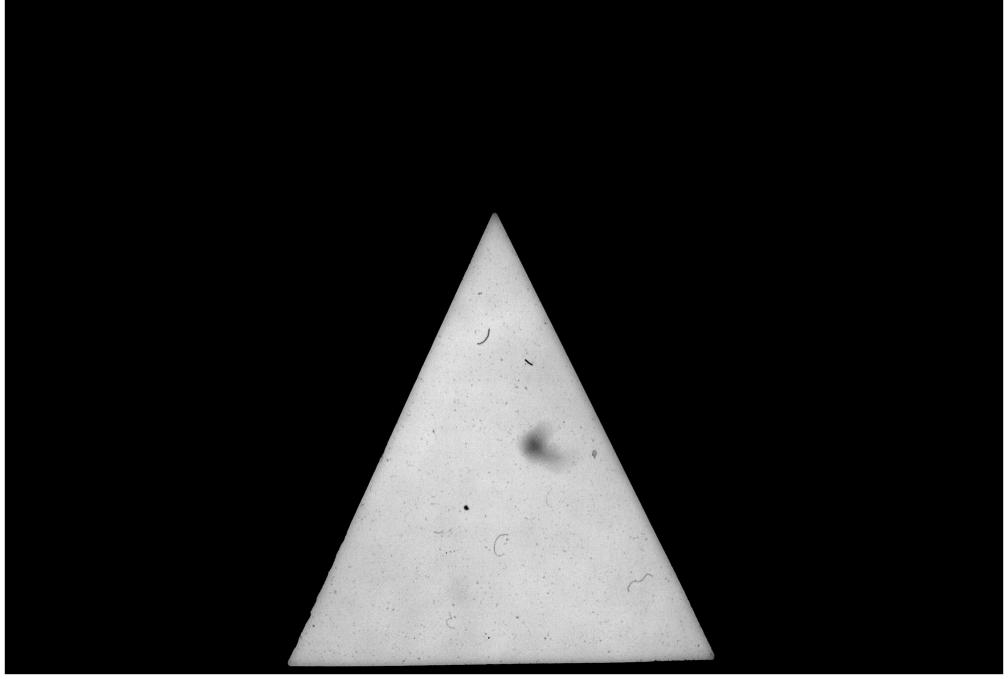
WHEN AND WHIRL SUTTE NOTE, ED?

IF NOT TRASLET AT SURRAIDER, WHIRE WARD YOU?

DIED, WHEN AND WATRE?

BURIED.

WITNESSES.



nts of said said said said said said said said	dent citizen of said State since January 1st, 1920; that I also know ————————————————————————————————————	that I know ""> The Presents herself to be, and that she has been, continuously, a bona fide resistence.	Ordinary's Certificate	Rejach County & Approved for 1924 WIDOW'S APPLICATION Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendment of 1920. County Dekall, Name Mas M. E. Perry Widow of J. H. Burke Date of Marriage Meh 6, 1879 Company Regiment 32 and Georgia Approved No from a subjective waiting for carteficials. Commissioner of Pensions.
--	---	--	------------------------	--

Given under my hand and official seal of office this 7 day of Secu. 192, EAL OF ORDINARY)

of Selath Coun Instructions:

County

(SEAL OF ORDINARY)

ful and trustworthy and their statements are entitled to full faith and credit.

County and were duly sworn by me before signing the foregoing affidavits, and that they are truth-

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

"You do satermally be the blowlove with the property of the special states of the questions saked you and the evidence

"Additional affairst may be attached if blank spaces are insufficient."

A dill affairst must be made before the Ordinary of the County, in which the applicant or witness resides and

must be certified by such Ordinary.

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

E Fill out the back of the application carefully.

Thank use the bulky form of Marriage Certificate in was a throughout the State. A short, simple form is

easier to handle.

1-10-26

0 ax

Ordinary's Certificate
STATE OF GEORGIA,
Lessalh, county.
1. V. 2. Morgan , Ordinary of said County, do certify
that I know mus m & Berry the applicant for pension; that
she is the person she represents herself to be, and that she has been, continuously, a bona fide resi-
dent 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 truth-
ful and trustworthy and their statements are entitled to full faith and credit.
Given under my hand and official seal of office this 7 day of Jew. 192 4.
(SEAL OF ORDINARY) U, A. Morgan, Ordinary.

Instructions:

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

- Attach certifier topies of mariage fiction in a carefully.
 Fill out the back of the application carefully.
 Don'e use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

APPLICATION FOR PENSION BY A WIDOW

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA.

DeKalb

COUNTY

Personally appears before me. Mrs. M. E. Burke 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.M.E.Burke, East Atlanta, DeKalb County, Georgia.
- 2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All my life, born and reared in the State of Georgia.
- 3. When, where and to whom were you married? March 6th, 1879, Henry, Co., Ga.
- J. H. Burke
- a. Have you married since the death of first and soldier husband? Yes
- 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 Colone) and Captain.) The 32nd, Ga. Regiment, Musband on Pension Roll in Henry County, Ga.
- 5. When and where did the commands of your husband surrender or discharge from the Service? Petitioner does not know
- 6. Was your husband personally present with his command when it was surrendered or discharged? Petitioner cannot answer
 - 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?
- i. When and where did your first husband die?
- k. Were you residing together when he died?
- 1. If not, how long had you resided apart?
- m. Are you now a widow?...

County

9. Have you or your husband heretofore been paid a pension by the State?..

If so, when and for what cause were you or your husband placed on the roll? Actor x hat

I do not know when. He was dropped from the roll on account of the he was at the time, worth \$1500.00, or more.

Sworn to and subscribed before me, this the

a au Ordinary (SEAL OF ORDINARY)

PERRY, M. E. (ma) 355 193/ **Application for Pension Due Deceased Pensioner** (UNDER ACT 1904) (To pay expenses of last illness and funeral) FUND FROM WHICH PAID TOTAL /27 00 mo. m. E. Geny 9 136 Voole

1896 /	IN ACCOUNT WITH HARRY G. POOLE FUNERAL DIRECTOR 184 PRIVOR STREET, S. W. ATLANTA, GA.	1931
WALNUT (SEE		
Dec. 17	,1931.	
To Caske Vault(S 2 Cars	t,Embalming and All Services teel)	70.00 70.00 00.00
		\$355.00
Georgia Fulton		
certify funeral that se	r G.Poole Jr. after being duly that the above account was for expenses of Mrs. Mary E.Psrry aid account is just true and ur at deceased died without suffice pay her funeral expenses.	and ipaid
1-11-3		

A Certificate

STATE OF GEORGIA, County of

TO PAY

Cig. & C. Tax. \$

TO.AL.

1930.

DE Kall

IN RE: Expenses last illness and funeral Mes M. E. Perry This is to certify that from an examination of the records in my office, and from personal knowledge, or inquiry, it is ascertained that this pensioner:

- 1. Died inside of the State of Georgia;
- 2. Left no estate of any kind or value, sufficient to pay these expenses.

day of august This the

(SEAL)

V. A. Morgan , Ordinary

J. H. Burke, the first husband of applicant, died June 7th, 1910, and was on the pension roll of Henry County, Georgia, having drawn one or two pensions.

The second husnamd, Jumes Knox Perry, died aboy 8 years ago, and applicant

has not since re-married.

en fole 1899 (Pheumaliane) Struck 1905-



A. G. HARRIS ORDINARY HENRY COUNTY

McDonough, GA. Jan. 14th1927.

Hon, J. W. Clark Benef Fensions.

Atlanta Ga.

Dear Sir.
Replying to yours, reference to J.H.Burks,

would say I have no record, only I see on the Pension Book, that his name was taken off the roll after \$61974. I also find from the minutes of the April term of Court 1964, where the grand jury recommended that, A.D. Martin, J.H. Burks and J.W. marrer be stricken from the Pension roll, but does not give any reson for same.

Yours Very Truly.

A, G, Horrinar

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, Tuelon	County.
Personally before me, the Ordinary of said (
use Harm Garle	
says that he knew was man & C	of said County, who, after being sworn, on oat
	ory of said County, and that said Pension
was on the Pension Roll of said County at the tir	
County, in this State, on the 17	
and that pensioner left no widow surviving, ar	nd no estate of any value sufficient to pay these funer
expenses, which amounted to the sum of \$25.	5.0 per sworn statements fully and completel
ITEMIZED hereto attached.	
Sworn to and subscribed before me,	
Elm Ruarbut, Ordinary	Hanni Co And O
Tulton County	1,000
(Seal of Ordinary)	
17ho H) effices	
I, Tho H) Iffice that I personally know Phany	Poole Must Horry Ser
I, Tho H) Iffice that I personally know Phany	Ordinary of said County, do certify the said County, do certify the said County, who is a resident furthful and trustworthy character, entitled to full
that I personally know Phany of citizen of said County, and that said person is of faith and credit; that I also know.	Poole (with House Section of truthful and trustworthy character, entitled to ful while in life and that this wa
that I personally know Phany of citizen of said County, and that said person is of faith and credit; that I also know.	Or ole Child Honey of said County, do certify of truthful and trustworthy character, entitled to ful while is life and that this was county, and count
that I personally know. that I personally know. citizen of said County, and that said person is of faith and credit; that I also know. the same person whose name appears on the Penwas paid a Pension of	Ordinary of said County, do certify Coole (with House, See See See See See See See See See S
that I personally know. that I personally know. citizen of said County, and that said person is of faith and credit; that I also know. the same person whose name appears on the Person of the Pers	Or ole Childh Honey Gertife County, do certife Colo Childh Honey Gertife County, who is a resident of truthful and trustworthy character, entitled to ful while in life and that this was county, and county, and county and
that I personally know. that I personally know. citizen of said County, and that said person is of faith and credit; that I also know. the same person whose name appears on the Person of the Pers	Or ole Childh Honey Gertife County, do certife Colo Childh Honey Gertife County, who is a resident of truthful and trustworthy character, entitled to ful while in life and that this was county, and county, and county and
that I personally know that I personally know citizen of said County, and that said person is of faith and credit; that I also know the same person whose name appears on the Personal American Science of the South Science of the foot of this voucher have been carefully observed.	Or ole Childham, who is a resident of truthful and trustworthy character, entitled to ful while in life and that this was country and that the instructions as
that I personally know	of truthful and trustworthy character, entitled to ful while in life and that this was country, and country, and country and that the instructions are erved in making up this voucher and the bills which are a country and that the instructions are erved in making up this voucher and the bills which are country and that the instructions are erved in making up this voucher and the bills which are considered in the country and the bills which are considered in the country and the country and the country and the country are considered.
that I personally know. Citizen of said County, and that said person is of faith and credit; that I also know. The same person whose name appears on the Penwas paid a Pension of the said County for 10	of truthful and trustworthy character, entitled to ful while in life and that this was selected for the country and pensiones to be dead; and that the instructions are erved in making up this voucher and the bills which are a day of the country and that the instructions are erved in making up this voucher and the bills which are a day of the country and the bill and the bill and
that I personally know. Citizen of said County, and that said person is of faith and credit; that I also know. The same person whose name appears on the Penwas paid a Pension of the said County for 10	of truthful and trustworthy character, entitled to ful while in life and that this was selected for the country and pensiones to be dead; and that the instructions are erved in making up this voucher and the bills which are a day of the country and that the instructions are erved in making up this voucher and the bills which are a day of the country and the bill and the bill and
that I personally know that I person is continued in the said County, and that said person is continued in said County for 10 and I now believe the foot of this voucher have been carefully obstatched hereto. Given under my hand and official seal, this (Seal of Ordinary)	of truthful and trustworthy character, entitled to ful while in life and that this was siden Roll of County, and (8) Deliar and pensiones to be dead; and that the instructions are erved in making up this voucher and the bills which are Q (100 day of 200 day) 19.32 Ordinary of said County, do certify the county are sident and the county and the county are county Q (100 day of 200 day) 19.32 Ordinary of said County, do certify the county are sident and the county County the county are county County County County County County County County County
that I personally know that I personally know that I personally know that I person is continued that I person is continued to the same person whose name appears on the Personal I personal	of truthful and trustworthy character, entitled to ful while in life and that this was selected for the sele
that I personally know. I that I personally know. I that I personally know. I that I person is of faith and credit; that I also know. The same person whose name appears on the Penwes paid a Pension of the same person whose name appears on the Penwes paid a Pension of the same person whose name appears on the Penwes paid a Pension of the same person whose name appears on the Penwes paid a Pension of the same person whose name and I now believe attached hereto. Given under my hand and official seal, this (Seal of Ordinary) INSTITUTE THE SEAL account must be aworn to before the Ordinary and foreigning account is rendered for servents.	of truthful and trustworthy character, entitled to ful while is life and that this was side pensioner to be dead; and that the instructions as erved in making up this voucher and the bills which are county. Aday of County. Ordinary of said County, do certify the said pensioner to be dead; and that the instructions as erved in making up this voucher and the bills which are county in the said pensioner to be dead; and that the instructions are counted in making up this voucher and the bills which are county in the said pensioner to be dead; and the bills which are county in the said pensioner to be dead; and the bills which are county in the said pensioner to be dead; and that the bills which are counted in the bills which are counted to the said pensioner to be dead; and that the bills which are counted to the bills which ar
that I personally know that I personally know citizen of said County, and that said person is of faith and credit; that I also know the person whose name appears on the Personal I now believe a the foot of this voucher have been carefully obstatched hereto. Given under my hand and official seal, this (Seal of Ordinary) Int. Require those claiming expenses of last illness giving each item and the value of it, and each date. 2nd. Each account must be aworn to before the Ordinary be) of who died	of truthful and trustworthy character, entitled to ful while in life and that this was resident truthful and trustworthy character, entitled to ful while in life and that this was resident for the following and that the instructions at erved in making up this voucher and the bills which are reved in making up this voucher and the bills which are reved in making up this voucher and the bills which are reved in making up this voucher and the bills which are reved in making up this voucher and the bills which are revealed in the last lilens (or for funeral expenses, as the cases may without one in the last lilens (or for funeral expenses, as the cases may lithout entering the last lilens to for funeral expenses, as the cases may lithout entering the last lilens to for funeral expenses, as the cases may
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5th. Return this application, and attached bills, properly receipted, to the Pension Department.

6th. Ordinary should see that the back of this blank, when folded, is filled out.

Georgia, Rockdale County:

Expresonally before me came E.F.Cook who after being dully sworn disposes and says that he knew John H.Burks while in life and his wife Mrs.Mary Wife, and that they lived together as hasband and wife until the death of John M.Burk.

Sworn to and subscribed before me this 22nd day of Jany, 1927. To the best of my memmory they were married in the year 1879.

-67 book

CLERK SUPP COURT ROCKDALE COUNTY.

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

DECATUR, GA. January 8, 1927

Judge Wohn W Clarke, Pension Commissioner, Atlanta, Ga.

Dear Sir:

Enclosed pleased find application of Mrs. M E. Perry, who was the widow of J H Burk, her first husband and a pensioner from the pension, as I understand was taken from her husband under the act which deprives pensioners ffom a pension if he was worth \$1500. or over. His widow stated that he drew two or more pensions and the discontinued from the above reason. She is making this application as the is now a widow and in need of help from the State.

I am also enclosing herewith funeral expenses of Mrs. Indiana Nash who was on my roll and died December 15, 1886.

Thanking you, and wishing you a very prosperous New Year,

Yours very truly,

V. D. Margan

Ordinary.

Hon. V. S. Morgan, Ordinary of Delais County, Decatur, Co.

My dear Judge:

for a pension on the record of her first husband, J. H. Burke. Mrs. Perry makes no proof of her marriage to J. H. Burke. It will be necessary for her to do so before her application can be given proper consideration.

J. H. Burke shows placedoon the Invalid Rell in 1899 and removed in 1905 by "Grand Jury", but Mrs. Perry submits no evidence to support her statement as to why his name was removed from the roll. Please have her submit some proof. in support of her statement.

With kind regards,

very truly yours,

Commissioner of Bensions

Januaty 13, 1937.

Hom. A. G. Harrie, Ordinary of Henry County, McDomough, Ga.

My dear Judge:

Hrs. M. E. Perry has made application through the Ordinary of DeKalb County for a pension in her eas right as the widow of J. H. Burke. J. H. Burke shows on the pension roll of Henry County (Insalid Rell, Rheumatian) 1899, but was removed from the roll in 1905, the Book showing "Struck 1906, Grand Jury".

Hrs. Perry claims that her soldier husband, J. H. Burke was removed from the roll on account of having more than \$1,500. inproperty. Kindly let us have your record about this as Mrs. Perry submits no proof to support her statement.

With kind regards,

very truly yours, '

Companioner of Pensions

Suralid Role 1800 Densell Office 1913

Confederate /

Soldier's Application.

County LocKall

Name Juliu W Persall

Company Ft

Regiment H 2

Approved

J. W. LINDSEY, Commissioner of Pensions.

CHAR P. BYRD. Blate Printer, At
10/20/1912
ENTERED ROSTER OFFICE

ENTERED ROSTER OFFICE

Approved	Company A	Name John W Bersall	County Leellall	UNDER ACT 1910.	Soldier's Application.	Confederate	Orthory o	Device Shop
		2			On.		0	理多名

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.
STATE OF GEORGIA.
Lekalb County
for the spring provided by the Sall of said State and County, hereby applies
his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit: 1.0 What is your name and where do you reside? (Give County and Post-office).
John Willersall Destall Co July a 49 (41).
2. How long and singly 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) 1863 Carris Milanage Carris 112 110 110
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Wand of M. Ward 184.5 1100 0. T. T.
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? 14.
a. Where you your Command when you let it? Mounded at Buston will
Un Much 17:1865
b. When did you leave the Command? March 19 1565 c. For what cause did you leave? Worndad
d. By whose authority did you leave? Carried to happilal
e. For how long was your leave granted? In what way? Incleft nately and
f. Why did you not return to your Command after leave expired? May had made
h. What effort did you make to return?
i. Were you captured during the war?
9. What property of every description was owned, in the use, possession and control of ownerself
and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.)
10. What property of any kind have you or you alle disposed of and for what purpose since 4 Nov.,) 908. To whom and for what price?
11. What property of any description of any kind, and of any value now owned and in the use, ossession and control of yourself and wife and its cash value?
Mullivery
12. What annual or monthly income or earnings of yourself and wife and the source derived have
13. Are you drawing a pension of any amount from this State or the United States? Aux
14. Have you eyer applied for the George Pension and had it refused? and for what cause it was ot allowed?
Sworn to and subscribed before me, this the
and of Control of Cont
of County.

QUESTIONS FOR WITNESS AS TO SERVICE.
STATE OF GEORGIA.
(County.)
of mid State and County is hereby presented
as a witness in support of the application of Johns M. Landle
by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:
What is your name and where do you reside? Wa lodge de Manter County Lear Coving to 4a
2. How long and since when have you known token W Resall the applicant?
3. Where does he now reside, and since when has be been a Rona fide, continuing resident in this
Word have been him at hims que ance in war
4. When, where and in what Company and Regiment did filles & first flights during war from 1861 to 1865? (Give date and place) fall Dle 5. he Cause to we hear half
5. How did you obtain your information of this Service? I was in G. F. 42 957
and Know fine as a Rolding m said Co
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) Wh while 1865 Ofice or march.
When and where was his Command surrendered or discharged (give date and place)
april 26 1865 Greenstone No.
8. Were you personally present at the Surrender?
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender?
Ville 1 6 alust Sast March 1865
12. When did he leave his Command? Last March 186 . Where was his Command
when he left it? Bestler ville for what cause did he leave? he was wonded By whose authority did he leave winded: and how
By whose authority did he leave
all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)
13. In what way was he prevented from pouring to his Command? The Mars Mars del
How do you know? I was here
14. What effort did to make to return to his Command and how do you know?.
15. Was applicant captured as a prisoner. M
In what prison was he held?and when released?
Sworn to and subscribed before me, this the 1993 345 1
16 12 day of Auf 1912
6 # CovoK D Ordinary

AFFIDAVIT OF TWO FREEHOLDERS.

			THE RESERVE OF THE RE	
OTT A TH		-	-	TIPES
STAT	700 00 1 Tu	(GP-1 "Y (G	112704	97.78

County.

	Personally before me comeswho on oath			
ваув	that they are freeholders residing in said County and we know			
the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)				
- 1	1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov			
19081	(State it fully by items.)			
	2. When and to whom was it sold or given to?			
	3. What was the price paid or stated to be paid?			
	4. What relation is the party to applicant?			
	5. What disposition was made of the proceeds of the sale?			
	8. Was the disposition of this property made in good faith and full values?			
r wa	s it made to obtain a pension?			
	Sworn to and subscribed before me, this the			
	day of 191			
	Ordinary,			
	of a second seco			
	of County.			
	of County.			
	ORDINARY'S CERTIFICATE.			
TΑ	ORDINARY'S CERTIFICATE. TE OF GEORGIA,			
STA	ORDINARY'S CERTIFICATE.			
STA	ORDINARY'S CERTIFICATE. TE OF GEORGIA, County.			
	ORDINARY'S CERTIFICATE. TE OF GEORGIA, County. Ordinary of said County, certify that I know			
ne ap	ORDINARY'S CERTIFICATE. TE OF GEORGIA, County. Ordinary of said County, certify that I know oplicant			
ne ap	ORDINARY'S CERTIFICATE. TE OF GEORGIA, County. Ordinary of said County, certify that I know oplicant. for Pension is the person he represents himself to be and resides in ounty. That I also know			
he ap	ORDINARY'S CERTIFICATE. TE OF GEORGIA, County. Ordinary of said County, certify that I know opticant. for Pension is the person he represents himself to be and resides in ounty. That I also know. the witness swearing to the person has a county of the person has a county. who are freeholders, that			
he ap	ORDINARY'S CERTIFICATE. TE OF GEORGIA, County. Ordinary of said County, certify that I know oplicant. for Pension is the person he represents himself to be and resides in ounty. That I also know. the witness swearing to the person has a county of said County and were duly sworn by me before signing the foregoing affidiavit and the sail residents of said County and were duly sworn by me before signing the foregoing affidiavit and			
he ap	ORDINARY'S CERTIFICATE. TE OF GEORGIA, County. Ordinary of said County, certify that I know applicant. for Pension is the person he represents himself to be and resides in ounty. That I also know. the witness swearing to the and who are freeholders, that re all residents of said County and were duly sworn by me before signing the foregoing affidavit and re all truthful and trustworthy and their statements are entitled to full faith and credit. That the			
he apaid Corvice and a R	ORDINARY'S CERTIFICATE. TE OF GEORGIA, County. Ordinary of said County, certify that I know policant			
he apaid Corvice and a Republication and the same and the	ORDINARY'S CERTIFICATE. TE OF GEORGIA, County. I, Ordinary of said County, certify that I know opplicant. That I also know. the witness swearing to the winess swearing to the reall residents of said County and were duly sworn by me before signing the foregoing affidavit and reall truthful and trustworthy and their statements are entitled to full faith and credit. That the results of shows that and wife or tax is in 1908.			
he apaid Corvice hey a hey a lax R	ORDINARY'S CERTIFICATE. TE OF GEORGIA, County. Ordinary of said County, certify that I know oplicant			
he apaid Corvice hey a hey a lax R	ORDINARY'S CERTIFICATE. TE OF GEORGIA, County. I, Ordinary of said County, certify that I know opplicant. That I also know the witness swearing to the winess swearing to the reall residents of said County and were duly sworn by me before signing the foregoing affidavit and reall truthful and trustworthy and their statements are entitled to full faith and credit. That the results of shows that shows that and wife or tax is in 1908.			

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following won "You do solamnly swear that you will true answers make to each question asked you and the evidence y shall give shall be the whole truth; so help you God."

Additional affidavits may be attached if blank spaces are insufficien
 All affidavits must be made before the Ordinary and certified by him

All amdavits must be made before the Ordinary and certified by him.
If applicant has no property at all in his possession, use or control of self and wife, affidavits of freehelders unnecessary.

NAME Persall, John W.

YEAR 1913. COUNTY DeKalb.

WHEN AND WHERE BORN? Born Appust 20, 1845., Ga.

ENLISTED WHEN AND WHERE? In Fall of 1863, Camp McDonald,

RANK:

COMPANY AND REGIMENT? Co. F, 42d Ga. Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Mar. 19, 1865, Bentonville, N. C. and took to hospital at Greensboro, N. C. and also had fever while in hospital.

Left hospital in June 1865.

CAPTURED, WHEN AND WHERE?

RELEASED:

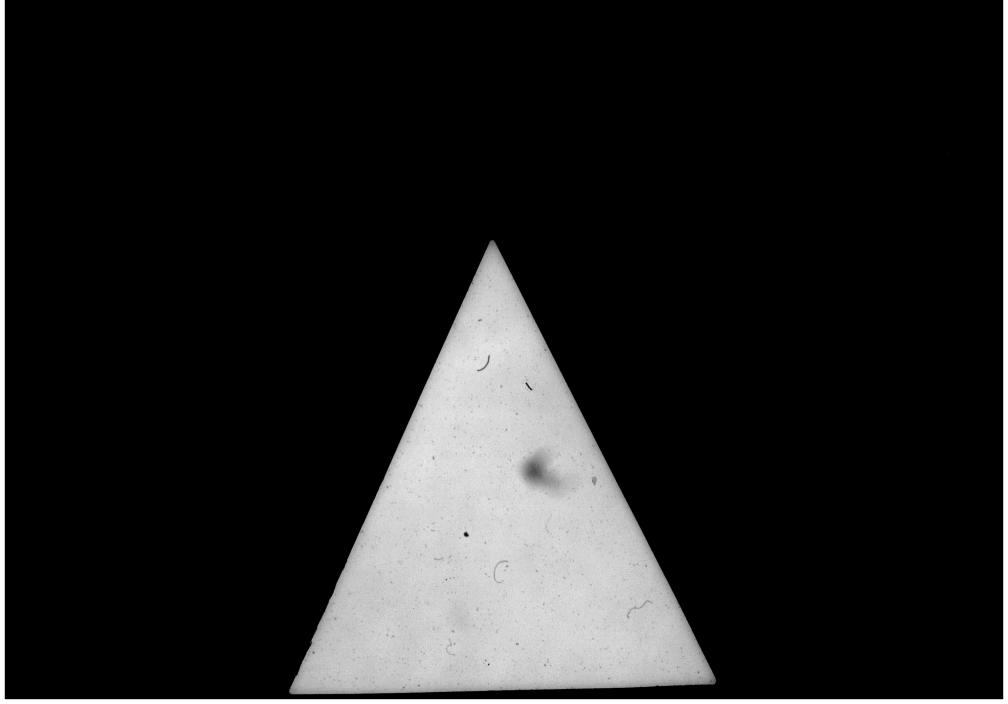
WHEN AND WHERE/SURRENDERED? April 26, 1865, Greesboro, N. C.

IF NOT PRESENT AT SURRENDER, WHERE WERE TOU? In hospital at Greensboro, N. C. until June 1865.

DIED. WHEN AND WHERE?

BURTED:

WITTNESSES: - - W. F. Edwards -- Same Command -- No data.



Petus, ka	The co
2010.10	29
SOLDIER'S	1 1 1
FOR THE YEAR ENDING	12 /
Name J.M. P. County Disability Di	elle
Entered on record W. H. HAR Secretary	
adhle	T.

do certify that I am well acquainted with A.M. M. M. M. W. W. the applicant in the foregoing afficient, and am well satisfied that the statements made by him in his said afficient 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.

Miller while on the control of the c

Ordinary of said county,

Given under my official signature and seal, this H day of MM M. 1892.

STATE OF GEORGIA.

	ATE OF GI	Magualited with	8m.0	eters	of said county,	
said affic	davit are true, and al he repesents him	that he is disabled uself to be, and that	t he resides in t		know he is the	
		al signature and se	al, this 14	day of Mills	oh 1892.	
		Ordinary	He.	tall	County	
•						
3	10N.		2	1892.		
63	OLDIER'S PENSION 1892.	E les	um	HARRISON,	II.	1
en 3	18'S 1	83	37.	M. H. HARRISON. Secretary of Exemi	MC C	
श्री है	DIEI	82	S . 1	W. H	Geo. W. Harris	
	. SOI	Name	Disability Amount, \$	Entered on		

DISABLED SOLDIER'S PENSION 1902. Name Peters Jas M County De Kalls Co. B Regiment 42 Disability A rry Amount, \$ 30. JOHN W. LINDSEY, WARRANT HANDED TO

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA
- Die all County. \ (), D+
Personally, appears
of A.c. County, State of Georgia, who, being duly sworn, says
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the day of Go.; 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 25 27 to in Company B
during the war between the States, and served as a Chiller in Company B, of 42 th Regiment of Volunteers Volunteers 's
Brigade; that whilst engaged in such military service at the battle of Actor 4000
in the State of · day of , on the 28"
Mariania 1864, he was wounded as follows: elighteritte
mesti the stall in right arm
freaking the ism about the ellow from robick live of bone was take.
which se dese the desm Substantially
an Cesseritially necless
Descript designs to continue to the bounds of the Act and the Control of the Act and th
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
Supplied to find unbestided before me while the
Sworn to and subscribed before me this the
- Lusy 91 22 22 22 22 22 22 22 22 22 22 22 22 22
Norz.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
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
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 computed by the Governor,
of any sum of money which may be coming to me for the teason aloresaid.
IN WITNESS WHEREOF, I have hereunto set my hand and seal this
day of
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.
Le Kolh County.
() 2 2-
Personally appears ames M. Peters of De Kall
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the 19
day of Oe 1846; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States and served as a Osvorte in Company B, of 42 th Regiment
of Ha Volunteers, Storall 's Brigade; that whilst engaged
in such military service in the State of 24, , on the 28" day
of May 1864, he was wounded, injured or diseased as follows:
of Watte Parent Hope was would
in right farm sendering same
substantially useless!
a i i

· · · · · · · · · · · · · · · · · · ·
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
01 - 7/ 10
De Kall County, been allowed an invalid pension of
Ae Rall County, been allowed an invalid pension of Pist Dollars, for the year 1901.
County, been allowed an invalid pension of Dollars, for the year 1901. Sworn to and subscribed before me, this the
Ae Rall County, been allowed an invalid pension of Pist Dollars, for the year 1901.
County, been allowed an invalid pension of Fifty Dollars, for the year 1901. Sworn to and subscribed before me, this the All Fifty day of fan 1902. Post-office. Miles da ce Osdinaw,
County, been allowed an invalid pension of Fifty Dollars, for the year 1901. Sworn to and subscribed before me, this the All Fifty day of fan 1902. Post-office. Miles da ce Osdinaw,
County, been allowed an invalid pension of Dollars, for the year 1901. Sworn to and subscribed before me, this the 1902. Post-office. 1902. Post-office. Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
County, been allowed an invalid pension of Fifty Dollars, for the year 1901. Sworn to and subscribed before me, this the All Fifty day of fan 1902. Post-office. Miles da ce Osdinaw,
County, been allowed an invalid pension of Dollars, for the year 1901. Sworn to and subscribed before me, this the 1902. Post-office. 1902. Post-office. Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
County, been allowed an invalid pension of Dollars, for the year 1901. Sworn to and subscribed before me, this the John Jay of John 1902. Post-office. Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County.
County, been allowed an invalid pension of Dollars, for the year 1901. Sworn to and subscribed before me, this the January of Said County, January
County, been allowed an invalid pension of Dollars, for the year 1901. Sworn to and subscribed before me, this the Sworn to and subscribed before me, the subscribed before me, the Sworn to an analysis of the Sworn to
County, been allowed an invalid pension of Dollars, for the year 1901. Sworn to and subscribed before me, this the last of the year 1901. Sworn to and subscribed before me, this the last of the year 1901. Sworn to and subscribed before me, this the last of the year 1901. Nore.—State only the nature of the wound or character of disease which causes the disability, and exploin purificularly 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
County, been allowed an invalid pension of Dollars, for the year 1901. Sworn to and subscribed before me, this the last glay of last 1902. Post-office. Norz.—State fully the nature of the wound or character of disease which causes the disability, and explosin purificularly 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
County, been allowed an invalid pension of Dollars, for the year 1901. Sworn to and subscribed before me, this the last glay of last 1902. Post-office. Norz.—State fully the nature of the wound or character of disease which causes the disability, and explosin purificularly 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.
County, been allowed an invalid pension of Dollars, for the year 1901. Sworn to and subscribed before me, this the last glay of glast gla
County, been allowed an invalid pension of Dollars, for the year 1901. Sworn to and subscribed before me, this the last glay of last 1902. Post-office. Norz.—State fully the nature of the wound or character of disease which causes the disability, and explosin purificularly 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.
County, been allowed an invalid pension of Dollars, for the year 1901. Sworn to and subscribed before me, this the last place of the year 1901. Sworn to and subscribed before me, this the last place of the year 1902. Post-office of the year 1901. State fully the nature of the wound or character of disease which causes the disability, and explain purifying 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 by official signature and seal, this last place of the property of
County, been allowed an invalid pension of Dollars, for the year 1901. Sworn to and subscribed before me, this the last glay of glast gla

ER OF ATTORNEY

1

Georgia, Swinnith County.

I the undersigned do certify that James M Relies now of the

County of Dekalve is the same person who as A Invalia

pensioner was on the pension rolls of this county, and drew a pension of 50 dollars

for 1900, and the bearer is same man.

SEAL

Given under my hand and official seal of office Jany 17

1902

John & Mebb (Proling . S.)

NAME, Peters, J M

YE'R 1892 COUNTY Denalb

WHEN AND WHERE BORNThesident since Oct 17, 1845

ENLISTED WHEN ". I'D WIERE?

RANK. Frivate

COMFANY AND REGIMENT? Co B 42nd Regt. Ca. Vols

NAME OF CAPTAIN AND COLONEL?

WOUNDED? New Pope, Ga - Lay 28, 1864 - Shot in right arm breaking the arm above elbow - arm useless.

CALTURED, MILEN AND MILELY

RELEASED .

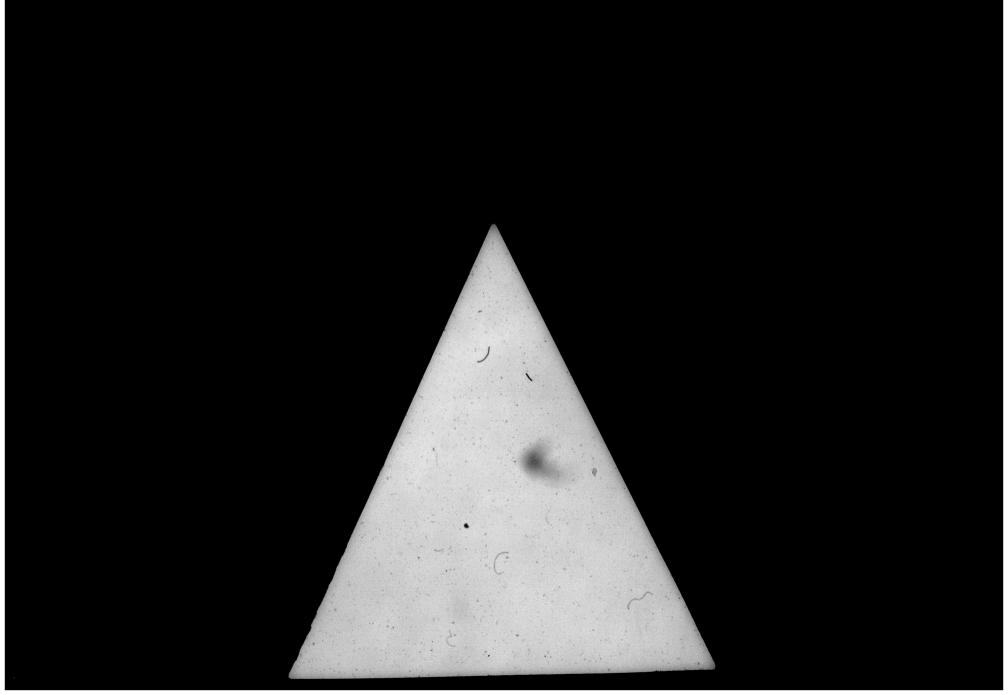
WHEN AND MALKE OFF TO 15 117

IF NOT I WALL TOAKS OUT, WELKE . ALL YOUR

DIFF, WILL AND LILLY

PURLED.

WITNESSES. None



A	aproved 1930
Í	VIDOW'S APPLICATION
To	Be Put on Roll in Her Own Right Wh Husband Was on the Pension Roll of Georgia.
Co	intyDeKalb
Na	me Mrs. Mary Lou Pharr
Wi	dow of James P Pharr
Con	npany A (Capt. Veal)
Re	riment Dyers Battallion
Da	e of Husband's DeathApr. 161930
Dat	e of Marriage Sept. 25 1877
Ap	Dension Commissioner

ORDINARY'S CERTIFICATE

STATE OF GEORGIA

JANACK MAISONTHAT I also know. davits, and that they are truthful and trustworthy and their statements are entitled to full faith marriage, and that both the foregoing were duly sworn by me before signing the respective affishe represents herself to be, and shakainsia anticanally a same side content at each con-Given under my hand and official seal of office this. 16 71. 8. DeKalb Mary Lou Pharr · mo S.J.Pattillo the applicant for pension; that she is the person ..Ordinary of said County, do certify that I

Instructions:

DeKalb

(SEAL OF ORDINARY)

ed the Ordinary shall swear applicant and the witness ill true answers make to each of the questions asked you you God."

Commissioner of Pensions. 5-17-30 8

WIDOW'S APPLICATION To Be Put on Roll in Her Own Right When Husband Was on the Pension Roll of Georgia. County County Dekalt Company A (Gapts, Yeal) Regiment Dyers Battallion Date of Husband's DeathApr. 16, 1920. Date of Marriage. Septs. 25 Date of Marriage. Septs. 25 Approved C. Ach. Cammuck Cantion be remised to man.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
DeKalb County.
I, V. A. 1110 Cu Ordinary of said County, do certify that know Mrs. Mary Lou Pharr , the applicant for pension; that she is the person
she represents herself to be, and that coloris northern may a tions like making at making them.
ARRECT 1820x that I also know
marriage, and that both the foregoing were duly sworn by me before signing the respective aff
davits, and that they are truthful and trustworthy and their statements are entitled to full fait and credit.
Given under my hand and official seal of office this. 6 day of May , 1920 (SEAL OF ORDINARY)
DeKalbCount
Instructions

- 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."

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

 3. All affidavits must be made before the Ordinary of the county of residence.

 4. Only widows who are married prior to first January, 1881, are entitled.

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

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia.
STATE OF GEORGIA,

DeKalb	COUNTY.		
Personally before me con	nesMary Lou	Pharr	of said County,
who, after having been duly s			
to whom, in the County ofG			
the 25 day of Sept.	1877, and th	at she remained his wife	and resided with him to
the date of his death in. Apr.	. 16 19 30	and that she has not sir	ce his death remarried: at
the time of his death he was a			
of Georgia, and he was on the inDouglasCou	Danaian Dall of 41	- 91-1 7 17	
Capt. Veal	nty for 1929, o	n account of being a sold s Battallion (Vol	ier in Company. A
That she is now a bona fid			
has, continuously, resided ther			
Sworn to and subscribed			
16 day of May	1930	1	
111			Low Phan
0,70,700	a su ordinar	moma	oplicant)
of DeKalb	County	203 N. G.	niller St.
(SEAL OF THE ORDINA	RY.)	Decatur,	Georgia
Dekāb Personally before me com-	COUNTY		
a responsible and truthful perse	on, residing in said	County, who after havi	ng been duly sworn, says
that of deponent's own persona	i knowledge, Mrs.	Mary Lou Bharr	who made the foregoing
affidavit, is the lawful widow of	James P Ph	APF	who died inDouglas
County in said State of Georg	laon the	16th day of Apr	11 , 19.30 ,
and that she has not since remain	irried; that she be	came the wife of Jame	e P Pherron
the 25th day of Septer			
and wife, continuously, since	35day of	deptember 1877.,	and thathe
was the same man who was on	the pension roll of	said StateinDougl	as Co. Away
County X	- [-	died.	
Sworn to and subscribed be			
day of May	1930).	
()	A.L. Ordinary	1 4. Ca	riile
of De Kalb (SEAL OF ORDINARY)	County.) 0	7. 1. Que N/
(SEAL OF ORDINARY)		1609 Tonce	de Leon Ave N.E.
			7

Sworn to and subscribed before me, this the Lower day of May 130 County	That she is now a bona fide resident citizen of s	aid State of Georgia and she
Sworn to and subscribed before me, this the County	has, continuously, resided there sinceall he	
T. B. Moragu, ordinary (Applicant) (SEAL OF THE ORDINARY.) Affidavit of Witness to Prove Marriage and Date of Death of Husband. TATE OF GEORGIA, DeKab COUNTY. Personally before me comes. S. J. Pattillo known to be responsible and truthful person, residing in said County, who after having been duly sworn, says nat of deponent's own personal knowledge, Mrs. Mary Lou Pharr, who made the foregoing flidavit, is the lawful widow of James P. Pharr ounty in said State of Georgia. on the 16th day of April 19.30, at that she has not since remarried; that she became the wife of James P. Pharr on the 25th day of September 1877; that she and he had resided together as husband and wife, continuously, since 25 day of September 1877, and that he as the same man who was on the pension roll of said State in Douglas Co. REEX. Sworn to and subscribed before me, this the day of May 1930. W. A. Moraga L. Ordinary Caucille		
Affidavit of Witness to Prove Marriage and Date of Death of Husband. TATE OF GEORGIA, Dekab COUNTY. Personally before me comes. S. J. Pattillo known to be responsible and truthful person, residing in said County, who after having been duly sworn, says nat of deponent's own personal knowledge, Mrs. Mary. Lou Pharr, who made the foregoing fluavit, is the lawful widow of James. P. Pharr who died in Douglas county in said State of Georgia. on the 16th day of April 1930, and that she has not since remarried; that she became the wife of James. P. Pharr on the 25th day of September 1877; that she and he had resided together as husband and wife, continuously, since 25 day of September 1877, and that he as the same man who was on the pension roll of said State. In Douglas Co frank 2014, 2014, 2014, 2016, 2016, 2016. Sworn to and subscribed before me, this the day of May 1930. W. A. Morgan, Ordinary		
Affidavit of Witness to Prove Marriage and Date of Death of Husband. TATE OF GEORGIA, DeKab COUNTY. Personally before me comes. S. J. Pattillo known to be responsible and truthful person, residing in said County, who after having been duly sworn, says nat of deponent's own personal knowledge, Mrs. Mary Lou Pharr, who made the foregoing fidavit, is the lawful widow of James P. Pharr who died inDouglas ounty in said State of Georgia on the 16th day of April 19.30., and that she has not since remarried; that she became the wife of James P. Pharr on the 25th day of September 1877; that she and he had resided together as husband and wife, continuously, since 25 day of September 1877, and that he as the same man who was on the pension roll of said State in Douglas Co. REEN. Sworn to and subscribed before me, this the day of May 1930. W. A. Moraga L. Ordinary Calculate County Conditions of Calculate County Calculate Calculate Calculate County Calculate County Calculate Calc		min for Pl
Affidavit of Witness to Prove Marriage and Date of Death of Husband. TATE OF GEORGIA, Dekab COUNTY. Personally before me comes. S. J. Pattillo Responsible and truthful person, residing in said County, who after having been duly sworn, says nat of deponent's own personal knowledge, Mrs. Mary Lou Pharr, who made the foregoing fidavit, is the lawful widow of James P. Pharr who died in Douglas county in said State of Georgia. on the 16th day of April 19.30, and that she has not since remarried; that she became the wife of James P. Pharr on the 25th day of September 1877; that she and he had resided together as husband and wife, continuously, since 25 day of September 1877, and that he as the same man who was on the pension roll of said State. In Douglas Co frank when he died. Sworn to and subscribed before me, this the day of May 1930. When he died.	1. A. Morasu ordinary	(Applicant)
Affidavit of Witness to Prove Marriage and Date of Death of Husband. TATE OF GEORGIA, Dekab COUNTY. Personally before me comes. S. J. Pattillo Responsible and truthful person, residing in said County, who after having been duly sworn, says nat of deponent's own personal knowledge, Mrs. Mary Lou Pharr, who made the foregoing fidavit, is the lawful widow of James P. Pharr who died in Douglas county in said State of Georgia. on the 16th day of April 19.30, and that she has not since remarried; that she became the wife of James P. Pharr on the 25th day of September 1877; that she and he had resided together as husband and wife, continuously, since 25 day of September 1877, and that he as the same man who was on the pension roll of said State. In Douglas Co frank when he died. Sworn to and subscribed before me, this the day of May 1930. When he died.	of DeKalb County	203 N. andler St.
TATE OF GEORGIA, Dekab COUNTY. Personally before me comes		Decatur, Georgia
TATE OF GEORGIA, Dekab COUNTY. Personally before me comes	A ffidewith of With and D. D. T.	
Dekab COUNTY. Personally before me comes. S. J. Pattillo		ge and Date of Death of Husband.
Personally before me comes. S. J. Pattillo		
responsible and truthful person, residing in said County, who after having been duly sworn, says nat of deponent's own personal knowledge, Mrs. Mary Lou Pharr, who made the foregoing fidavit, is the lawful widow of James P. Pharr who died in Douglas ounty in said State of Georgia on the 16th day of April 19.30., and that she has not since remarried; that she became the wife of James P. Pharr on the 25th day of September 1877; that she and he had resided together as husband and wife, continuously, since 25 day of September 1877, and that he as the same man who was on the pension roll of said State in Douglas Co. REEN when he died. Sworn to and subscribed before me, this the day of May 1930.	Dekab COUNTY.	
nat of deponent's own personal knowledge, Mrs.Mary Lou Bharr, who made the foregoing fidavit, is the lawful widow of James P. Pharr	Personally before me comes S J Pattil	.10 known to be
mat of deponent's own personal knowledge, Mrs.Mary Lou Pharr , who made the foregoing material of the lawful widow of James P. Pharr	a responsible and truthful person, residing in said C	ounty, who after having been duly sworn, says
midavit, is the lawful widow of James P. Pharr who died in Douglas county in said State of Georgia on the 16th day of April 19.30, and that she has not since remarried; that she became the wife of James P. Pharr on the 25th day of September 1877; that she and he had resided together as husband and wife, continuously, since 25 day of September 1877, and that he as the same man who was on the pension roll of said State in Douglas Co from when he died. Sworn to and subscribed before me, this the day of May 1930. W.A. Morgan, Ordinary	that of deponent's own personal knowledge, Mrs.Ma.	ry Lou Bharr who made the foregoing
ounty in said State of Georgia on the 16th day of April 19.30., nd that she has not since remarried; that she became the wife of James P Pharr on ne 25th day of September 1877; that she and he had resided together as husband nd wife, continuously, since 25 day of September 1877, and that he as the same man who was on the pension roll of said State in Douglas Co 2200 when he died. Sworn to and subscribed before me, this the day of May 1930. V.A., Moragar, Ordinary		
on that she has not since remarried; that she became the wife of James P Pharr on the 25th day of September 1877.; that she and he had resided together as husband and wife, continuously, since 25 day of September 1877., and that he as the same man who was on the pension roll of said State in Douglas Co 2200 when when he died. Sworn to and subscribed before me, this the day of May 1930. V.A., Moragari, Ordinary		
the 25th day of September 1877; that she and he had resided together as husband and wife, continuously, since 25 day of September 1877, and that he as the same man who was on the pension roll of said State in Douglas Co *** when he died. Sworn to and subscribed before me, this the day of May of May 1930 V. A. Morgan, Ordinary		
as the same man who was on the pension roll of said State in Douglas Co. REEN. when he died. Sworn to and subscribed before me, this the day of May. 1930. W.A., Morgan, Ordinary	the 25th day of September 1877 : th	at she and he had resided together as husband
sa the same man who was on the pension roll of said State. in Douglas Co same when he died. Sworn to and subscribed before me, this the day of way	and wife, continuously, since25 day of Ser	tember 1977 and that he
Sworn to and subscribed before me, this the day of way 1930 V.A., Morgan, Ordinary		
Sworn to and subscribed before me, this the body of way 1930		
V. D. morgan Ordinary		ed. •
V. D. morgan ordinary & J. Carille		
Do Ka		
Do Ka	V. D. morgay, Ordinary	10 - :
(SEAL OF ORDINARY) County. 160 g Pence de Leon Ave NE		· J. Caelle
(SEAL OF ORDINARY) /600 /once de Leon HVE NE	County.	0 7 1 2 1/5
Attanta Garria	(SEAL OF ORDINARI)	

· J. Carrielo County. 1609 Ponce de Leon Ave N.E. (SEAL OF ORDINARY) Attanta, Georgia STATE OF GEORGIA MARRIAGE This Certifies that James P. Pharr and . Miss M. L. Patillo WERE UNITED IN THE HOLY BONDS OF MATRIMONY C. L. Patilo .M. G. On the 25 day of Sept. . in the year of our Lord 192xxx as appears of record in my office in Marriage Record, book page 384 . This_ E. S. Wog ls Ordinary.

Ordinary

STATE OF GEORGIA

MARRIAGE CERTIFICATE

GWINNETT COUNTY

This Certifies that

James P. Pharr

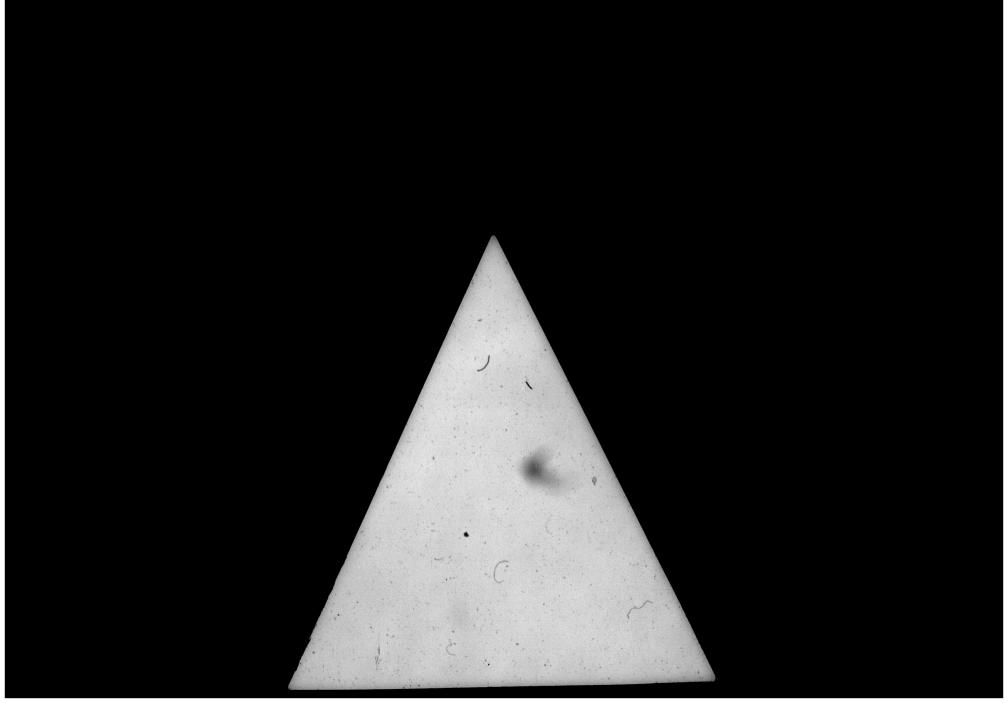
and

Miss M. L. Patillo

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

C. L. Patilo .M. G. On the 25 day of Sept. , in the year of our Lord 192xxx as appears of record in my office in Marriage Record. book_

E. S. Wog les Ordinary.



Ordinary's Certificate

Chilips J. La Cy				100 miles	
1/1 De Nation &					
No. 9. 1V. fac 1820	NOTES:		service; ing affi	I, ————————————————————————————————————	STATE OF
Confederate	1. Before ', You u give sha 2. Additio 3. All aff must b	n under my han	that the	12 2	OF GE
Soldier's Application Cunder Act 1910 As Amended by Act of 1919	any ques do solemn Il be the onal affida idavits mu e certified	my hand	y are bo	the county.	1 CA
County Dekall	tions are ly swear : whole trut whole trut vits may st be mad by such C	and off	th reside	1 200	tel
Name Ja Philips	answered hat you w h. So hel be attache e before t brdinary.	cial seal	nts of sa uthful a	That I also know	1
Company = 6 = Regiment Gobbs Regime	the Ordinary ill true answ p you God.' d if blank sp he Ordinary	official seal of office this	service; that they are both residents of said county and ing affidavit and they are all truthful and trustworthy credit.	To the	COUNTY
Approved	shall fers ma	4 4	y and we	Densio	₩
	svear applicate the to each of the to each of the following the county in the county i	Day of the second	were duly sworn	Ordinary is the per	
	ant a f the	· · · · · · · · · · · · · · · · · · ·	sworn by	ry of sai	
Commence of the commence of th	stions asl	B	me befo	d County	,
	in the folloted you and	\$	re signin	of said County, certify that I son he represents himself to I	
J. W. LINDSEY, Commissioner of Pensions.	a (Fg		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.		
Byrd Printing Co., State Printers, Atlanta.	words: evidence des and	8	and	know e and to the	

Ordinary's Certificate Ordinary of said County, certify that I know 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 De Rell County. OF V. F. Before any questions are answered the Ordinary shall awear applicant and witnesses in the following words: "You do solemily swear that you will true answers make to each of the questions asked you and the evidence us give shall be the whole truth. So help you God." 2. Additional affidiavits may be attached if blank spaces are insufficient. 3. All affaliavits must be made before the Ordinary of the county in which the hyplicant or witness resides and must be certified by such Ordinary. Application Confederate Soldier's

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

STATE OF GEORGIA,	
COUNTY.	
of said State and County, hereby applies	
for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits	
his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to	
make to the questions propounded, answers as follows, to-wit:	
1. What is your name and where do you reside! (Give County and Post-office)	
2. How long and since when have you been a continuous resident citizen of this State!	64
3. Did you enlist in the Army of the Confederate States of in the organized militia of this State from 1861 to 18651 . Omfideration States	
4. When and where, and in what Company and Regiment did you eplist? (Give the arm and class of	
Service) July 1861 Decalus ga Company 6 - Gobbs Leg	ion
5. How long did you remain in the actual military service with said Company and Regiment (Give late of discharge) July 1861 15 Definit 97865	
6. When and where we your Company and Regiment surrendered or discharged from the Service?	
7. Were you actually present with your command when it was surrendered or discharged * Lives	
8. If you were not actually present, state specifically and clearly where you were.	
a. Where was your command when you left it? God Hot leave	
b. When did you leave the command! Gurnsud	
c. For what cause did you leave! Surassolis	
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?	
g. In what way were you prevented? h. What effort did you make to return?	
h. What effort did you make to return? i Were you captured during the war! I wo! j to when, and where? In what prison were you held and when were you released?	
i Were you captured during the war! I wo! j to when, and where? In what prison were you held and when were you released? Lecember 1864 winebuilter Band Lookloud Morch 18	á 3
g. In what way were you prevented! h. What effort did you make to return? i Were you captured during the war! I WO! j the when, and where? In what prison were you held and when were you released? December 1864 windows Paint Lookloy! Thorseh 18 9. Are you drawing a pension of any amount from this State or the United States! I Am No!	á
g. In what way were you prevented? h. What effort did you make to return? i Were you captured during the war! I WO! j to when, and where? In what prison were you held and when were you released? Security 1864 Windle William Paint Lookloy Morch 18 9. Are you drawing a pension of any amount from this State or the United States? I Am No! 10. Have you ever poplied for the Georgia Pension and had it refused? and for what cause it was	4
h. What effort did you make to return? i Were you captured during the war! I WD! j to when, and where? In what prison were you held and when were you released? December 1864 Windstallin Paint Lookloy Monch 18 9. Are you drawing a pension of any amount from this State or the United States? I Am No. 10. Have you ever spelied for the Georgia Pension and had it refused? and for what cause it was at allowed? Man. No.	(4)
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	STATE OF GEORGIA
	Herall COUNTY.
	H. Chagin a State and County is beachy presented
	The state of the s
	s a witness in support of the application of the Thatlefor for the pension provided
ŀ	y the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to
	nake to the questions propounded, answers as follows:
	1. What is your name and where do you reside t
	HC Regain Lefall Court Ga
	2. How long and sine when have you known - J. L. M. M. H the applicant?
	05 years
	3. Where does he now reside, and since when has he been a bonn fide, continuing resident in this State,
- A	nd how do you know! Reday deleas Count, La
	4. When, where and in what Company and Regiment did J. R. Dillife enlist during
"	ar from 1861 to 1865? (Give date and place.) July 1861 Frecatur GA
	5. How did you obtain your information of this Server Member & Same
	Company + Figion
	6. How long within your own personal knowledge did he perform actual military service with this
C	ompany and Regiment? (Give date from July 1861 to Africa 1865
	ompany and Regiment! (Give date from July 1861 To Horil 1865
4	7. When and where was his command surrendered or discharged (give date and place)
11	mil 9 4865 Afopamotox fort 2al
	8. Were you personally present at the surrender 1 Lwas
	9. If not, where were you and how came you there? Oresent
	7. If not, where were you and now came you there !
	*
	10. Was the applicant personally present with his command surrender?
	11. If not where was he and how came him there?
	12. When did he leave his command! did ney leave Where was his command
	By whose authority did he leave and how
	g was he granted leave Trivalendles
lo	
	that you have stated to be true! If of your own knowledge, tell clearly and specifically
all	that you have stated to be true! If of your own knowledge, tell clearly and specifically
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all	illy wen taken a printer of My own Ilnowledge it went taken a printer of the own taken a printer of the own th
all O1	way the sand Transmit My own Ilmanledge it wen taken a Printo ommand did new leare we do you know! Was present Know it of Turnonal Showledge
all Or Ho	what way was he prevented from returning to his command! Aid new leave we do you know! Was forestern to his command and how do you know! Was forestern to his command and how do you know! Man left.
all Or Ho	with then taken a Printer of My own Ilmowledge it wen taken a Printer of My own Ilmowledge it was the prevented from returning to his command! did ny leore w do you know! Was present Know it of Turnonal Showledge
all or Ho	What effort did he make to return to his command and how do you know! Men Tollian a Minister of My Own Ilmbourd Strowledge What effort did he make to return to his command and how do you know! Men Tollian a Driessor
all or Ho	What effort did he make to return to a prisoner Hes on the south of the when the south of the so
Ho	What effort did he make to return to his command and how do you know? Me to flesh a prisoner flesh and how do you know? Me to return to his command and how do you know? Me never left when to flesh a prisoner flesh a prisoner flesh and where? Me to the prisoner flesh when and where? Me to flesh and the prison was he held! A and how foother and
Ho	What effort did he make to return to a prisoner Hes on the south of the when the south of the so
Ho or wh	What effort did he make to return to his command and how do you know? Me to flesh a prisoner flesh and how do you know? Me to return to his command and how do you know? Me never left when to flesh a prisoner flesh a prisoner flesh and where? Me to the prisoner flesh when and where? Me to flesh and the prison was he held! A and how foother and
Ho or wh	w do you know? Was prevented som returning to his command? Chief My le re w do you know? Was prevented som returning to his command? Chief My le re w do you know? Was prevented som and how do you know? We never left 4. What effort did he make to return to his command and how do you know? We never left 5. Was applicant captured as a prisoner full of so, when and where? We never had and reference to the command of the released when to and subscribed before me, this the
Ho or wh	What effort did he make to return to his command and how do you know! He make to return to his command and how do you know! He make to return to his command and how do you know! He means all the make to return to his command and how do you know! He never left when to fless a prisoner has all you where! Must have he left when the first have the make the released in what prison was he held! I aim for the man have the make the state of the left of the left of the last of t
Ho or wh	w do you know? Was prevented som returning to his command? Chief My le re w do you know? Was prevented som returning to his command? Chief My le re w do you know? Was prevented som and how do you know? We never left 4. What effort did he make to return to his command and how do you know? We never left 5. Was applicant captured as a prisoner full of so, when and where? We never had and reference to the command of the released when to and subscribed before me, this the
Ho or wh	What effort did he make to return to his command and how do you know? He ment of the whole of th

Phillips, Japues of. DeKALD Co.

For DEKalh County

1927) 19267.

Application for Pension Due Deceased Pensioner

(To pay expenses of last illness and funeral)

V. D. Morgan Ordinary For J. L. Phillips

Date of Death March 15, 192 7

Amount \$ / 00,00

Approved and ordered paid .

Solu W. Clark
JOHN W. CLARK

Commissioner of Pensions

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

File 2 Sr.

Lithonia, Ga March 18th.1927.

Estate of James L.Philips Redan, Ga. In Account with,

J.H.StJohn and Son, Undertakers.

1927. Mar 15th, To embalming body of J.L.Philips
To burial robe 17.50 To pr of slippers 1.75 To casket and service 165.00 To cement vault 50.00 To hearse service 10.00 To opening and closing grave 7.50 To paper notices 5.00 Total \$271.75

Georgia, Dekalb County; .

Peronsllay appeared before me J.H.St John member of firm of J.H.StJohn and Son, who on oath says the above bill is true and correct and that said services and material were furnised as listed in the burial of James L.Philips (deceased)

A It. It John

Sworn to and subscribed before me this March 18th.1927.

Explication notary Public. Settle of Prospin cot large

NAME Phillips, J. L.

YEAR 1920 COUNTY Dekall

WHEN AND WHERE BORN? A resident of Georgia since birth, 1842, 77 yrs.

ENLISTED WHEN AND WHERE? July 1861, Decatur, Ga.

RANK?

COMPANY AND REGIMENT? Co. C. Cobbs Legion.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? Dec. 1864, Winchester, Va.

RELEASED: Point Lookout, Md. March 1865.

WHEN AND WHERE SURRENDERED? April 9, 1865, Appomattox, C.H. Va.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

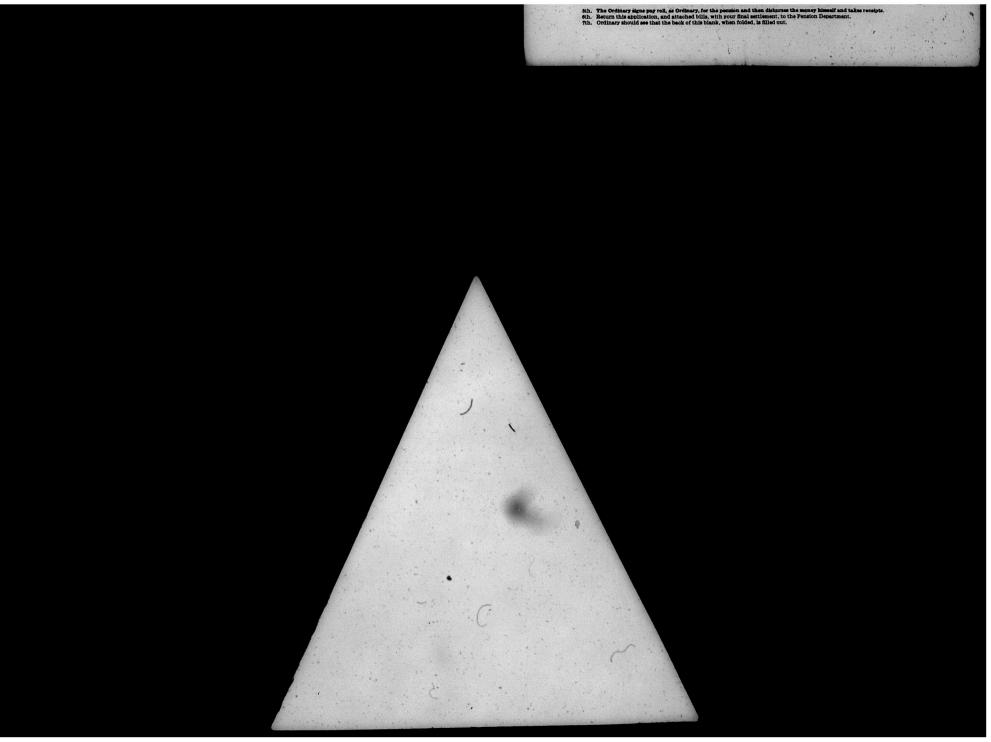
WITNESSES: H. C. Reagin - Same command - No data.

ih

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 J. H. St John
of said County, who, after being sworn, on oath
says that he knew James L. Philips
was on the Pension Roll of said County at the time of death, which occurred in Redan, DeKalb
County, in this State, on the 15th day of March 1927, and that
a Pension of
unpaid at the time of pensioner's death, and that pensioner left www.widowww.widowww.windoww.surviving, and
no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 271.075 per
sworn statements fully and completely ITEMIZED hereto attached.
Sworn to and subscribed before me
U. D. Morgan, ordinary
DeKelb County
(Seal of Ordinary)
CERTIFICATE OF ORDINARY
GEORGIA DeKalb County.
I, V. S. Morgan , Ordinary of said County, do certify
that I personally know J. H. St John , 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 James L. Philips while in life and that this was
the same person whose name appears on the Pension Roll of
was paid a Pension of \$50.00 first quarter year 1927 (\$) Dollars
in said County for 192.7, 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 18th day of March , 1927
(Seal or Ordinary) U. D. Margan , Ordinary
WENGELA County
INSTRUCTIONS:
lst. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
2nd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," etc.) "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of
ard. The Ordinary must see to it that each bill is perfectly legitmate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.



hilisis, J. M.	Pension Office, 10/1/04.
OK 20 1906 BOTH	applicant and winness state date distinguishment and discharge, issioner will find the length of ice from the facts stated.
INDIGENT PENSION.	long and for what cause. J.W. Lindsey, Com. of Pensions.
1906	
Name & M. Philips	L.
Co. II 2 id Su Rogt.	
Approved190	
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.	

POWER OF ATTORNEY.

COUNTY.

STATE OF GEORGIA,

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

hereby authorize

day of

Witness my hand and seal, this.

____by____

____190___

_[L-8.]

POWER OF ATTORNEY. STATE OF GEORGIA, COUNTY. hereby authorize __[L. S.] Executed in presence of

	QUESTIONS FOR APPLICANT.
S	PATE OF GEORGIA,
	DUITALY COUNTY ()
	X 111. (0) [[] [] []
to	avail himself of the Pension Act (Section 254, Code), herely submits his proofs, and after being duly sworn e answers to make to the following questions, deposes and after so follows: What is your many and where do you reside? (Give State County and post-office).
tru 1.	e answers to make to the following questions, deposes and answers as follows:
	Will and post-omice).
1%	The state of the s
U2.	How long and since when have you been a resident of this State?
-6	86 grave Fily 3/47818
3.	When and where were you han? Freby 7 17818. Hranklin Co 90
4.	When and where and in what company and regiment did you enlist on serve?
+	864. rithoris Co R. 2 Ga Regener
	Don't one gear
5.	How long did you remain in such company and regiment?
<u></u>	ou gian
X _	
H 6.	When and where was your company and regiment surrendered and discharged?
o /	865- Sungerdund at albumy Ga
B·Z	The state of the s
0 -	W.
d 8.	Were you present with your company and regiment when it was surrendered? Was Wolf in not present, state specifically and clearly where you were, when you left your command, for what cause
and	by whose authority? On Hurlow at Rouce of authority
Y	4. Gol maddot In Charge of Regulary
O 9.	
m i	How much can you earn (gross) per annum by your own exertions or labor? Lulling
4 10. 11.	What has been your occupation since 1865? Harming Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty."
	and the following grounds do you base your application for pension, viz: first, "age and poverty."
n 12.	nd, "infirmity and poverty," or third, "blindness and poverty"? If upon the first ground, state how long you have been in such condition that you could not earn your port? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third,
sup	ort? 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 10
	ugut
7 /	
н [—]	
13.	What property, real and personal, or income, do you possess, and its gross value? Working
i	no value
n 14.	What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1800, 1900, 1901 and
1902	Man and the second of the seco
	Made no disposition
9	The second secon
	An what County did you reside during those years, and what property did you then return for faxation?
7	estall milling pox
3 10	Now were you supported during the years 1899, 1900, 1901 and 1902? Ly 17 Duricus
17.	How much did your support cost for each of those years, and what portion did you contribute thereto by own labor or income? What was your employment during 1896, 1899, 1901 and 1902? What pay did you receive in each year?
Vour	own labor or income? Office 100.00
18.	What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
1	
19.	Have you a smilly? It so, who composes such family? Give Reir means of support Have they a
hopf	estead, or other property? Their ages and how employed? has no Hamily
L	wer with his downlaw R&D.
dia.	
20.	Are you receiving any pension? If so, what amount and for what disability? I came not
21.	Have you ever made an application for pension before? There was a way
22	
**	How many applications have you ever made and under what class? House
	Sworn to and subscribed before me this the)
1	2. Sula II t Milital
1	day of Applicant.
un	Je Jedinary,
	of County,

QUESTIONS FOR WITNESS.	1
STATE OF GEORGIA,	1
Dekally County	
1 1 1 1	
Journal of said State and County, having been presented	l e
as a witness in support of the application of under section 1254, Code, and after being duly sworn true passwers to make to the following questions, deposes and	
answers as follows:	
1. What is your name and where do you reside? J. M. Gaddard	
Mixitally Caypy	
2. Are you acquainted with the applicant; if so, how	
3. Where does he reside, and how long and since when has he been a resident of this State?	
In Dekath lo ga 86 years	
4. When, where and in what company and regiment did he enlist, and how do you know?	
1864. Littoura Ga Reonfay 2 Galles	mund
5. Were you a member of the same company and regiment?	
6. How long did he perform regular military duty? about the first out the	
7. When and where was his command surrendered? When and where was his command surrendered?	
8. Were you present when it surpridered? I was	
9. Was applicant present? The way not	
10. If he was not present, where was he? at home on Humlow	\
When did he leave his command? 21144 1865 For what cause? Du Aurelbur	
By what authority hoyleft ? authority by Cal Maddandow do you know all of this?	4. 14
1) -4 Owe free the	
11. Work property effects or income has the applicant; (Give your means of knowledge.)	
12. What property, effects or income of the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902,	
and what disposition, if any, did he make of same? had now Made	
no disparilion of none	1
13. Das he conveyed away any of his property in the last four years; if so, what was it, and to whom?	
ne nae nae	1. 1
14. What is the applicant's occupation and physical condition? he has no	
Lando not able to work the	
15. Is the applicant unable to support himself by labor of any sort; if so, why?	
Not able to worke at all he is too al	d
ud flatel	1
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? Ly List Louise	sur
17. What portion of his support for these four years was derived from his own labor or income?	
none at all count works at a	10
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under	
Section 1254, Code? Mil Shylical too frable to us.	Mr.
Who Appropriate (amily) What proposity have though Children's constitution of the cons	
16) Who composes (amily? What property have they? Children's age and their earning capacity?	r.
The way	·. C
20. What interest have you in the recovery of a pension by this applicant?	
Second to and asknowled before on this the	
day of oruly 1904	
Janua Robert Ordinary.	in a second

AFFIDAVIT OF PHYSICIANS.

~ 6/6	GEORGIA,	\		
2014	aco-	COUNTY.	100	1.
Personally	Tame before me	white of	f I Mara	ce T and
otold Confu	L. L.I.			o me as reputable physicians
John 1	who, being severally swor	applican	for pension under S	ection 1954 Code and aAs-
such personal exa	amination say that his pro	ecise physical condition	n is as follows:	Lis Confuema
are a	By reason	02 00	1 000	Very Selle
1	Can has	dly wall	e of out	e de la company
Lo	is not		inake as	
a	Surport		enune as	y marrof
and that we have	no interest in said pension	on being allowed.	mar.	200 10.15
Sworn to a	and subscribed before me,	, this, the	Mil	lele MIL
- B day	of July	1904	17 Our A	ice mix
ances, 12	Gurge	Ordinar	4 - 1 / /	/- ////
	ORDINA	RY'S CER	TIFICATI	3.
STATE OF	GEORGIA,)		
DEL	tall c	OUNTY.		7: 7
	mus R Gu	4.001		$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
U	O ani Ol	1:15	.Ordinary, in and for	said County, hereby certify.
that the applicant.	//	uga , o	resid	les in said County, and has
been a bona fide rea	esident of this State inco	the Comment	day of stilly	18/8 189
and that the witnes	sses, viz.:	Soda	ord	
	character, and that their			
	ertify that before answerin	g the foregoing questi	ons the applicant and	each witness took the oath
I further ce				
I further centered prescribed,	and that the full text of t	the affidavits was read to	the applicant and wit	ness before same was signed.
nereon prescribed,	and that the full text of t	the affidavits was read to	1/2	ness before same was signed.
I further co	and that the full text of t	of SEK	elle o	ness before same was signed.
I further corrections for taxation	and that the full text of t	of DEK	ee oo	ness before same was signed. ounty shows that applicant Dollars of
I further corrections of the second s	and that the full text of the text of the text of the text digest on in his name in 1899.	of DEK	00 Do	ness before same was signed. ounty shows that applicant Dollars of lars of property; in 1901
I further co	and that the full text of the text of the text of the text digest on in his name in 1899.	of DEK	oo Do	ness before same was signed. Ounty shows that applicant Dollars of froperty; in 1901 llars of property; in 1902
I further or returned for taxatic property, and in 19	and that the <u>full text of t</u> certify that the tax digest ion in his name in 1899	of DEK	oo Dollars	ness before same was signed. Ounty shows that applicant Dollars of flars of property; in 1901 llars of property; in 1902 of property.
I further or returned for taxatic property, and in 19	and that the full text of the tertify that the tax digest ion in his name in 1899	of DESK	oo Dollars Dollars and in good	ness before same was signed. ounty shows that applicant Dollars of lars of property; in 1901 llars of property; in 1902 of property. faith.
I further or returned for taxatic property, and in 19	and that the <u>full text of t</u> certify that the tax digest ion in his name in 1899	of DESK	oo Dollars	ness before same was signed. ounty shows that applicant Dollars of lars of property; in 1901 llars of property; in 1902 of property. faith.
I further or returned for taxatic property, and in 19	and that the full text of the tertify that the tax digest ion in his name in 1899	the affidavite was rend to of DEIELE 110 110 110 110 110 110 110 110 110 11	oo Dollars Dollars of May of M	ness before same was signed. Ounty shows that applicant Dollars of lars of property; in 1901 llars of property; in 1902 of property. faith. 190 Ordinary,
I further or returned for taxatic property, and in 19	and that the full text of the tertify that the tax digest ion in his name in 1899	of DESK	oo Dollars Dollars of May of M	ness before same was signed. ounty shows that applicant Dollars of lars of property; in 1901 llars of property; in 1902 of property. faith.

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, Course of Lithaura hereby authorize
to receive and receive for the pension allowed, and request that he remit same to by WITNESS my hand and seal, this day of Jany 1906.
Executed in the presence of Lames Philips [I. s.]
. Ordinary
1300° 300° 30°
INDIGENT INDIGE
FOR THOSE ALL INDINGS ALL STORY WARRANT WARRANT TO STORY
TOO OOTH

	, 0,,,	LII OI	ATTOM	T	
TE OF	EORGIA,		1. 4		
	J.M.	County () Of	illips	ma	hereby authorize
I M	Philip	at at	- A The	outo	e remit same to
Witness	s my hand and s	seal, this	10 day	of Jan	uan 1907.
Exec	uted in presence	e of .	g m.o	many.	(L. s.)
	Ordi	nan			
107					
				· d	6
(6)	NOI	5	3	1907.	
C ENROLL	L N	い多	out 272	10	DED TO
ALREAD	S'S	è B	Regime	₩	WARRANT HANDED
THOSE No.	NEW YEAR	27%	WAR	NHOP	WARRANT H.
(FOR	70F	Name	County		100
	WITNESS Exec	WITNESS my hand and s Executed in presence Ordi	MITNESS my hand and seal, this Executed in presence of MINDICENT WITNESS my hand and seal, this Executed in presence of MINDICENT AND CALLED AN	MINDIGENT OF STATE OF	INDICENT Of STATEMAN ENFOLLED Of STATEMAN AND STATEMAN

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,	
L' Kalk County.	
12 0/1/1	- De W.11
Personally appears In Phillips	
County, State of Georgia, who, being duly sworn, says on	
and resident of said County and State, and has resided since the day of 18/8; t	in said State continuously ever
	the military service of the Con-
States, and served for the term ofin Comp	during the war between the
follows: I get ponertes	that his physical condition is as
ionows.	
that his property consists of the following items:	•
y	
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	
labor, and that he receives no pension but the one herein Deponent desires to participate in the benefits of the 1894, and the Acts amendatory thereof, and makes applica is entitled for the year 1906. I have heretofore, as a resi County, been allowed a pension for the year 1905.	ne Act approved December 15th, tion for the pension to which he
	MR budes
State of Georgia,	
County.)	
I, fames Il George	Ordinary of said County,
do certify that I am well acquainted with	Phillips
the applicant in the foregoing affidavit, and am well sati	sfied that the statements made
by him in his said affidavit are true, and I know he is the	individual he represents himself
to be, and that he resides in this County.	
Given under my official signature and seal	this 9/2
day of fanuary 1896.	MU R George
Amx }	egy of
here Norz.—The blank spaces must be filled.	County.
Norm Affidavit should not be attended.	

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,	1 220 1 20 1 10101010
Councy	h in the second second
- /	illips of
County, State of Georgia, who, being duly swe	orn, says on oath that he is a bona fide citizen
and resident of said County and State, and 1	as resided in said State continuously ever
since theday of	; that he isyears old
and by occupation a, that	he enlisted in the military service of the Con-
federate States (or of the State of	
States, and served for the term of	in Company K of 2 nd Regiment
of	that his physical condition is as
follows: age and povert	U
	- · · · · · · · · · · · · · · · · · · ·
that his property consists of the following ite	une.
that has property consists of the following ite	
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of the value of	Dalland Tarak
by my labor,	Dollars. I am now earning
physical condition and poverty he is unable to	
labor, and that he receives no pension but the	
	penefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and m	
is entitled for the year 1907. I have heretofor	
County, been allowed a pension for the year 1	
Sworn to and subscribed before me, this	
1 10 day of ga ung 190'	7. 1.0.1000
I Aurel 18 18 1 To	Ordinary.
7-1-61	
State of Georgia,	
County()	
I. James R. V	orge Ordinary of said County,
V	08: 000
do certify that I am well acquainted with	
the applicant in the foregoing affidavit, and an	
by him in his said affidavit are true, and I kno	w he is the individual he represents himself
to be, and that he resides in this County.	

Given under my official signature and seal this

of Jan Jan

James Lycorge County

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

Affix your seal here Slorgia
Dekall Co Personally Came beforme
Me J.M. Phillips who
Bath say that he Intorted in
May 1864. and was transtor the
felslow. On afail. 1865. On account
Of sickins. I never returned
to my commond ammore my
Command summerdand at
Celbury Ja. about the first
Celbury Ja. about the first
Thomas 1865
Thomas The and subscieba
vefore me Jay 1079 057
James R. Jewy & Miss Phillips
Ordinary

Georgia Personally appeared Discoll. CO Personally appeared of A Goddand Who on oath says that IM Phillips Intested in may 1864 and was Granted a fundow about the fint of affil 1865 on account Of sickness and he never naturne to his command any more as our commond suboundered about one month Later at albany go wish was about might the first 1860 I think the furlow was granted for 30 days Command sumendered and he of course # mon returned to Continona Sworn to and supremited before me fang 1017905-Janus Cherry Ordinary 1. A. 40 ddard

NAME Philips, J.M.

YEAR 1906 COUNTY DeKelb

WHEN AND WHERE EORN? Feb. 3, 1818, Franklin County, Ga.

ENLISTED WHEN AND WHERE? May 1864, Lithonia, Georgia.

RANK.

COMPANY AND REGIMENT? Co. K. 2nd. Ga. Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

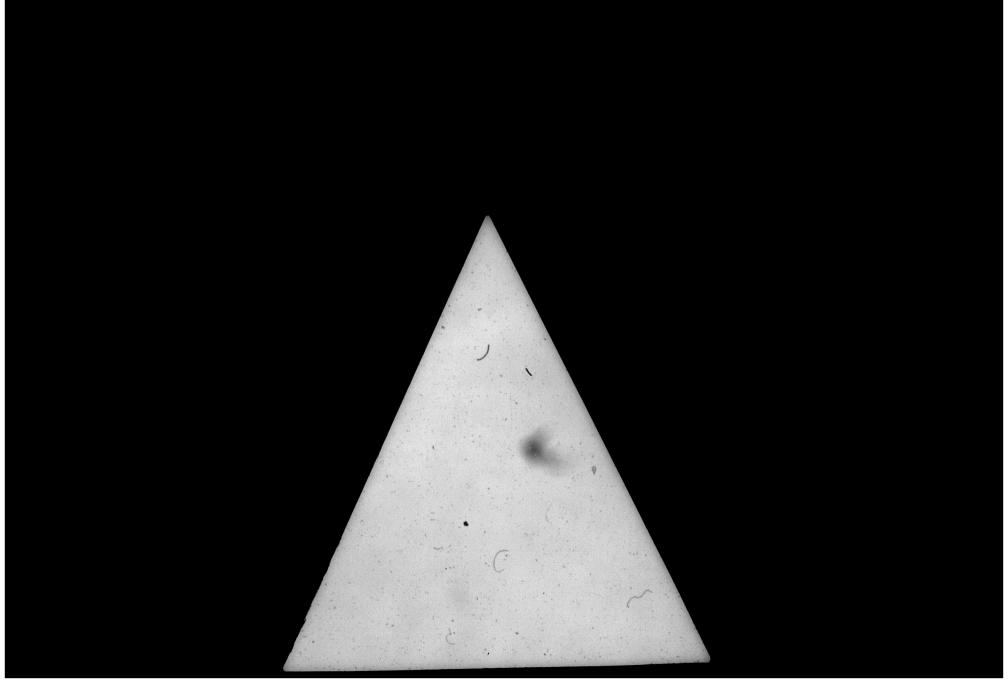
WHEN AND WHERE SURRENDERED? Command surrendered, about May 1st, 1865, Albany, Georgia.

IF NOT PRESENT AT SURREDUER, WHERE WIRE YOU. Granted furlough, by authority of Col. Maddox, in charge of Regt., April 2nd, 1865, due to illness. Did not return to Command any more.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. J.A. Goddard- Same Command- No data



INDIGENT PENSION. 1903.

co. & Evello Liging Rogs. Approved

> JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT HANDED TO

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

ATTORNEY

STATE OF GEORGIA,

	to receive and receipt for the pension allowed and request that he remit same to-		
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	5	1000	392
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	8	57.00	
10000	-	1300	100
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I,	£. s.]
witness my hand and seal, this day of 1903. Executed in the presence of	<u>r</u>
Witness my hand and seal, this day of 1903. Executed in the presence of	<u>r</u> L. S.]
Witness my hand and seal, this day of 1903. Executed in the presence of	ւ. Ց.]
Executed in the presence of	L. S.]
Executed in the presence of	
	, <u>)</u>
the state of the s	

Name B. J. Philliphed County DE Kall

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

INDIGENT PENSION.

Ohierjy a f.

O.A No.

1903.

87	ATE OF G	LICODOTA					300
0.	110 - 1/-						
-1	WESTER	13/1	County.				
to a	vail himself of	ho Port	nage		of said S	ate and County, desi-	ino
true	answers to mak	e to the following	Section 1254, C	ode), hereby sub	mits his proofs, a	ate and County, desired after being duly sw	orn
1.	What is jour	and where d	lo you reside ? (8	ode), hereby sub es and answers as rive State, County	and post-office)	16	
-	THE OF	muys	DUTTO	U com	us		
2.	How long and	since when have	you been a resid	ent of this State	6/year	17 my 18;	12
8.	When and whe	re were you born	17 da	mg/84	2 Nemy	County Ga	
4.	When and who	ere and in what c	company and reg	iment did you en	ist or serve?		
1	1863.	Virgin	in Con	upay 6 8	Potes Rig.	oū	
5.	How long did	you remain in su	ch company and	regiment?	rout 187	Morellis	
6,	When and whe	To was your com	neny and souls	m surrendered ar		,	
9	dagoga	huil/865	affine	leex 15	d discharged ?		
				•		1	
7. 8.	If not present.	ent with your con	mpany and regim	ent when it was	urrendered ?	command, for what ca	
and	by whose author	ity?	num	left of	was h	command, for what ca	180
- 1	1			70,	1	· · · · · · · · · · · · · · · · · · ·	- 2
9.	How much can	you earn (gross)	per annum by ye	our own exertions	or labor 2957	200	٠,
10.	What has been y	our occupation si	ince 1865 ?	annin	6	first, " age and povert	_
11.	I non which of	he following grou	inda do von basa		C	first ti and and	
	t and which of t	me ranowing grou	inde do you base	your application	for pension, viz:	age and povert	y"
econ 12.	d, "infirmity an	d poverty," or ti	hird, "blindness	and poverty"?	age Born	of + Sufirm	1
econ 12. uppe	d, "infirmity and If upon the first ort? If upon the	d poverty," or ti t ground, state l e second, give a f	hird, "blindness how long you he full and complete	and poverty"?	Condition that	on could not earn yo	4
secon 12. suppostate	If upon the fire	t ground, state le second, give a f	how long you he full and complete	ave been in such history of the in	condition that	on could not earn your on the thin	urd.
econ 12. uppo tate	If upon the fire	t ground, state le second, give a f	how long you he full and complete	your application and poverty"? A ave been in such history of the in- aere you lost your	condition that	you could not earn yount? It upon the thin	urd.
secon 12. suppostate	If upon the fire	t ground, state le second, give a f	how long you he full and complete	ave been in such history of the in	condition that	you could not earn you ent? If upon the thin	urd.
secon 12. suppostate	If upon the fire	t ground, state le second, give a f	how long you he full and complete	ave been in such history of the in	condition that	out could not earn yo	ul di
	If upon the first rt? If upon the whether you ar	to poverty, or to	nird, "blindness how long you h ull and complete nd when and wh	and poverty"? I ave been in such history of the in aere you lost your	condition that irmity and its ext	od could not earn young I upon the thin	ul d.
13.	If upon the first of the state	t pround, state it ground, state it escond, give a fe totally blind a	nird, "Dindness low long you hi full and complete and when and wh	and poverty"?? ave been in such history of the in- sere you lost your you possess, and i	condition that j irmity and its ext sight?	you could not earn your the thi	d,
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QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
DEKall COUNTY.
N. C. Reagin D A poof said State and County, having been presented
as a witness in support of the application of Definition of Interest of the following questions, deposes and answers as follows:
1. What is your name and where do you reside?
. N. G. / Cegiss NETtall-
2. Are you acquainted with A J Shill to the applicant; if so, how long have you known him? 9th 40 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
3. Where does he reside, and how long and since when has he been a resident of this State?
NEKALLEO 40 year as I know
4. When, where and in what company and regiment did he epilet, and how do you know? 1863 - Va Configure & Cott Ligion I was Thin
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? Obout 18 Murilling
7. When god where was his command surrendered? I day of april 1865 at
8. Were you present when it surrendered?
9. Was applicant present? I he was
When did he leave his command?
By what authority he left? How do you know all of this?
I was procent and Known all court as
My own knowledge
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 1800, 1807, 1898, 1890, 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?
The state of the s
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?
- The second of
20. What interest have you in the recovery of a pension by this applicant? Would at all
Sworn to and subscribed before me, this the
and Blues 1903.) At the Rear April Witness.
Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,	1
(3/4	TY.)
Personally came before me XX.	, both known to me as reputable physicia
of said County, who, being severally sworn, say	on oath that they have examined carefully
	, applicant for pension under Section 1254, Code, and af
such personal examination say that his precise ph	
wea age; and gue	a debity, with Ephithelions
on now which proa	tues intation of eyes are
has threstung h	is affect his vision service
and that the Stran	by is to grow more. I
and that we have no interest in said pension bein	ng allowed. OALGOSS, M.D.
Sworn to and subscribed before me, this ti	the) /L· A·
14 Aday of Sept	1903. J. Fourton De
Jox Ryungs	Ordinary.
0	'S CERTIFICATE.
	G CERTIFICATE.
STATE OF GEORGIA,	
COUNT	rx.)
1. Jantegen	Ordinary, in and for said County, hereby certi
nat the applicant 13 9 7/12	resides in said County, and h
een a bona fide resident of this State since the	12 day of May
nd that the witnesses, viz.:	ing.
e of trustworthy character, and that their states	ments are entitled to full faith and credit.
I further certify that before answering the	e foregoing questions the applicant and each witness took the oa
	idavits was read to the applicant and witness before same was signe
I further certify that the tax digest of	Dekach County show that applica
turned for taxation in his name in 1899	Illou Dollar
roperty, and in 1900	Now Dollars of property, in 190
*	MULL Dollars of property, in 190
	Dollars of property.
In my opinion the foregoing claim is	made in good faith.
Witness my hand and seal of office, this	1/4 day of Sulax 1903.
<u> </u>	Jos / Gunge Ordinary,
ι	of DEKall County
	NOTE.
1. Before any questions are answered, the C	Ordinary shall swear applicant and the witnesses in the following

POWER OF ATTORNEY.

· · · · · · · · · · · · · · · · · · ·	DUNTY.)hereby auth	orize		
	of			
to receive and receipt for the per	nsion allowed and re	equest tha	at he remi	t same to
	at			
by	15 (15 (15 (15 (15 (15 (15 (15 (15 (15 (
Witness my hand and seal, this	day of			1904
	<u></u>			[L. S.
Executed in presence of				
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	A C. Log	향		· []
NOI NOI	12. Cayon	1904.	Pristons.	
NOISN.	y sol	1904.	Y. rr of Pensions.	FO Klanta, T
TEMBOLLED.) PENSION F.	ellips Ubstagon	32 1904.	DSEY, isseiner of Pensions.	DED TO
THOSE ALBEADY ENROLLED. THOSE ALBEADY ENROLLED. INDIGENT LDIER'S PENSION 1904.	Hillips Tall stagon	WARRANT ISSUED	JOHN W. LINDSEN, Commissioner of Pensions.	WARRANT HANDED TO

POWER OF ATTORNEY.

	1,	County. J		hereby	author
to receive and		pension allowed,	and request	that he remi	t same
	•		•		
by					
· WITNESS	my hand and seal	l, this	day of		1905
			* 1 1/1		[L.
Executed	in the presence of				
				17	7
			1 1 1	1 11 11	. 1 1 .
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13/ - Î	NOIS	cap.	3 1905	Pensions.	P. ATLANTA.
ENROLLED.)	ENSION S.	Elips		er of Pensions.	PRINTER, ATLANTA.
LON ENFOLLED)	PENSION 5.	dillips		INDSEY, issioner of Pensions. ANDED TO	H. RSTATEPHINTER, ATLANTA.
County (EAS).	'S PENSION	Phillips Well Lange			THE CORPORATER, ATLANTA.
CODE RECTION 1354. SE ALREADY ENFOLLED.) NO. 670	ER'S PENSION	Hellings		HN W. LINDSEY, Commissioner of Pensions. RANT HANDED TO	, MANAGER, FOR STATEPHINTER, ATLANTA.
FOR THOSE ALREADY ENFOLLED.) No. 6-10	DIER'S PENSION	I Phillips and Regiment	WARRANT ISSUED	JOHN W. LINDSEY, Commissioner of Pensions. WARRANT HANDED TO	WEISON, MANAGER, FOR STATEPHINER, ATLANTA.

wdata

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Desgalo County.
Personally appears B. Hillips of Destall
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 7 day of May 1842, that he is 6/ years old and by occupation a Farmer, that he enlisted in the military service of the Con-
federate States for of the State of CA) during the war between the
federate States (or of the State of Ga) during the war between the States, and served for the term of 18 months Company 6, of the Regiment
of stat his physical condition is as follows: age Poverty and Sufirmity
Tollows: a governous
that his property consists of the following items:
Rone
11 Maril
of the value of March. 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
County been allowed a pension for the year 1
- 1. 2
Sworn to and subscribed before me, this the day of any 1904.
day of Jany 1904. \ Intant hillight
Janua R. George Ordinary.
STATE OF GEORGIA,
2) Wall County.
0
I, James of Leonge Dordinary of said County,
do certify that I am well acquainted with 18 ft Whillips
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 any 1904.
Janil family surge
Beat Bere. Ordinary Ordinary County.
Norg.—The blank spaces must be filled.

Nors.—The blank spaces must be filled.

Nors.—Affidavit should not be attested before January 1st, 1904

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
Bestall County.	
BaP	silling 6 miles
	relips of Stall
	worn, says on oath that he is a bonu fide citizen
	has resided in said State continuously ever 18 ; that he is years old and
	he enlisted in the military service of the Con-
States and served for the term of	in Company , of th Regiment
	; that his physical condition is as
follows: Tenfisimily po	vista + age
that his property consists of the following it	ems:
The state of the s	
	Dollars. I am now earning,
	Dollars per month. That by reason of his
labor, and that he receives no pension but the	to support himself by his own exertion or
	benefits of the Act approved December 15th,
	makes application for the pension to which he
is entitled for the year 1905. I have heretof	ore as a resident of
County been allowed a pension for the year	1904.
Sworn to and subscribed before me, thi	is the B. mit hillips
day of Jany 190	5. I may here
James Referred	Ordinary.
STATE OF SPORGIA	
STATE OF GEORGIA,	
Difful County	1 - Line in the interior
I, James IT	Ordinary of said County,
do certify that I am well acquainted with	
	and well satisfied that the statements made now he is the individual he represents himself
to be, and that he resides in this County.	now he is the individual he represents himself
Given under my official sign	ature and seal, this
day of Jacer	
	Janua ? George
Affix your Seal Craft	nary Lestalle County.
here Old	A La Cita

Norz.—The blank spaces must be filled.

Norz.—Affidavit should not be attested before January 1st, 19

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POWER OF ATTORNEY.

, I, , , , , , , , , , , , , , , , , ,	hereby authorize
	_of
receive and receipt for the pension all	lowed, and request that he remit same to
	_ at
, · · · · · · · · · · · · · · · · · · ·	
WITNESS my hand and seal, this	day of1906.
	[L. S.]
Executed in the presence of	
(• • • • • • • • • • • • • • • • • • •	
1	
	(I)I I WI II II -
NSION STORES	7. Y. Penda.
ENROLLED.) PENSION OF THE CONTROL	The grant of Persons. DEST. DEST. One of Persons. One of the control of Persons.
ADY ENROLLED. 202 SENT SENT PENSION DG.	incut from the State of State
INDIGENT INDIGENT INDIGENT I BOG. I BOG.	MARRANT ISSUED WARRANT ISSUED JOHN W. LINDSEY. Commissioner of Persons. WARRANT HANDED TO WARRANT HANDED TO WARRANT HANDED TO

POWER OF ATTORNEY.

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to regeiv	e and	receipt for	the p	ension a		and re	quest	that h	e remit s
by									
W i	TNESS D	ny hand an	d seal, t	his	1 (200 m) 100 mm m	da	y of		
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					18.		1907	Pensions	
CORE SECTION 1254. (FOR THOSE ALREADY EMPOLLED		FISS		" Enf	1/3	03	12	EY,	2
CODE SECTION 1254.	83	IER'S PE	14	The is	Regiment	WARRANT ISSUED	1	JOHN W. LINDSEY, Commissioner of	WARRANT HANDED TO
	12	IER'S	X	15	Reg	WARRAN		W. S	T. N

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

401.1	la,
Xalle o	county.
Personally appears 13	Phillips of De Kalk
	ing duly sworn, says on oath that he is a bona fide citizen
and resident of said County and	State, and has resided in said State continuously ever
since the 16 day of 7	Lay 1845; that he is 6/ years old and
	that he enlisted in the military service of the Con-
federate States (or of the State of,	during the war between the
States, and served for the term of	in Company 6, of th Regiment
of Gibbs Legio	; that his physical condition is as
	is, hoverty fage
that his property consists of the fo	ollowing items:
	a constant of the constant of
	And the second s
of the value of	Dollars. I am now earning
by my labor,	Dollars per month. That by reason of his
	Donars per month. That by reason of his
labor, and that he receives no pen-	e is unable to support himself by his own exertion or sion but the one herein applied for.
labor, and that he receives no pen Deponent desires to particip 1894, and the Acts amendatory the is entitled for the year 1906. I h	sion but the one herein applied for. Nate in the benefits of the Act approved December 15th, reof, and makes application for the pension to which he ave heretofore, as a resident of
labor, and that he receives no pen. Deponent desires to particip 1894, and the Acts amendatory the is entitled for the year 1906. I h County, been allowed a pension for	sion but the one herein applied for. pate in the benefits of the Act approved December 15th, reof, and makes application for the pension to which he are heretofore, as a resident of L. D. a. C. r. the year 1905.
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

Stat	e of Georgia	,		
	DeKAIB Co	unty.		
	sonally appears By		co of D	10 A W
County, S	State of Georgia, who, being	duly sworn, says on o	ath that he is a do	na fide citizeni
and reside	nt of said County and Sta	te, and has resided in	said State conti	nuovely over
since the_		18.7/1	that he is a V	audusty ever
and by occ		that he enlisted i		
	tates (or of the State of			
	served for the term of		during the wa	th Regiment
of		;t	hat his physical co	
follows :	Infirmity,	Poverty and	coop!	•••
	1 1	in the		
that his pr	operty consists of the foll	owing items;		
		·		*
			12 97 11 11	
of the valu	e of		Dollars. I am	now earning
by my labo	r,	Dollars per		
Dep 1894, and t is entitled County, be	that he receives no pension onent desires to participat he Acts amendatory thereofor the year 1907. I have en allowed a pension for trn to and subscribed before day of	e in the benefits of the of, and makes applicat heretofore, as a resid- the year 1906. e me, this the	e Act approved De ion for the pension ent of	
State	of Georgia,			
Ωc	Cou	inty.		
9 /	Janus R.	- (1 -15-1	Ordinary of	said County,
	hat I am well acquainted		- Various y	eld S
	nt in the foregoing affidavi			
	his said affidavit are true, a hat he resides in this Cour		udividual ne repre	sents himself.
to be, and t	Given under my offici		this 12	1
	day of	2 1907	tuis	
	10.4	Fame	1RES	- ×1
	<u></u>	Jum		17

your neal here

Nors.—The blank spaces must be filled.

Nors.—Affidavit should not be attested before January 1st, 1907.

State of Gurgio? DeKall county & J. N. C. Custin an well acquirinted with B. J. Philips he has no property whotever he never did have were he sur Corneged . he tries to bonner his physical is very poor and he is unable to Support himself by labor of any Kind to he has bun Supported by his Ohildren and What little he could do himself he devined but a very Small animum from his own labor he is very feable and not able to correcte but very little he has a wife and one child about 10 years ald and they have no Property Swown to and Entreviled be from Sept 117903 } offche Auglin Las 18 gunge Ordinery

I certify that the above critice At Questing is a man of good covactor and worthing of belief and his statements are entitled to full faith and cuedix

-11 1 W V . 47

Jas Reserve Ordinans of Dekall County NAME Philips, B. J.

YEAR 1903 COUNTY DeKalb

WHEN AND WHERE BORNY May 17, 1842, Henry County, Georgia

ENLISTED WHEN AND STIRE? 1863, Virginia

RAIK

COMPANY AND REGIMENT? Co. C, Cobb's Legion Georgia

NAME OF CAPTAIN AND OCLOMEL?

WOTHERS?

CARAMOND WILL AND WHIRE?

REGIONO.

WHEN AND WHERE SURRENDERED? April 9, 1865, Appointtox, Va.

IF HO THE KYP AT STREETING, MEERE WERE YOU?

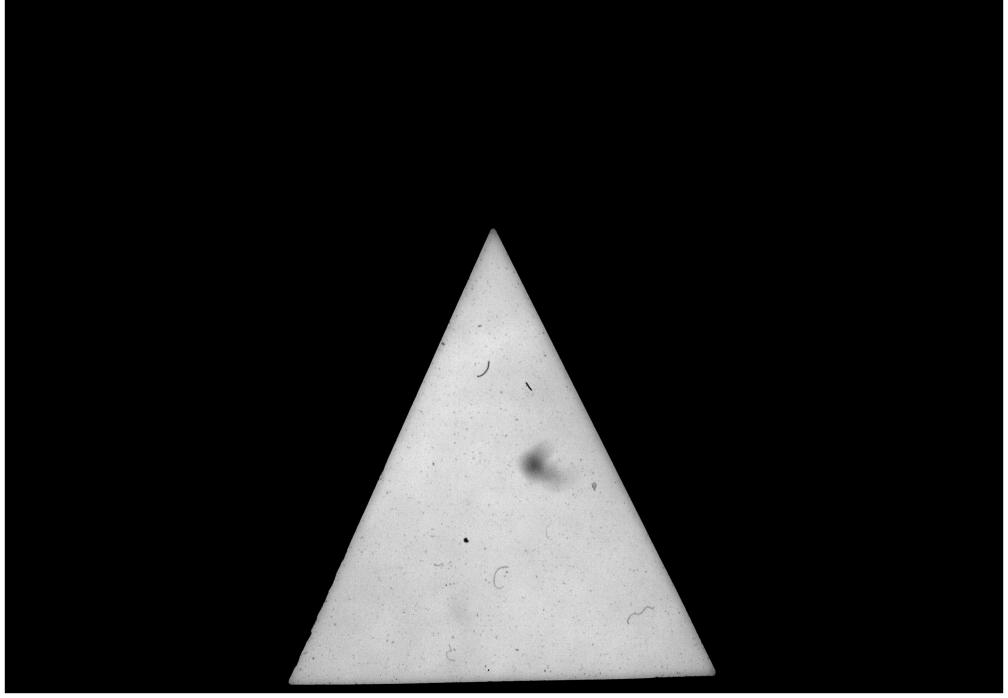
DIAN. LUI AND VERNES

Early, PD

WITTLESSES. H. C. Reagin - same command -

No data

81



Widow's Pension UNDER ACT 1910. J. 1 count Destall Nam Mys Erman Phillips · Widow of G. L. Phillips B. 16. de, Regt J.-W. LINDSEY.

10/20/1912

A.D. MEADOR, ORDINARY,

State of Ga, Newton Cou.ty. You are authorized and permitted to toin, in the Hodgrable state of matrimony, R.L. Phillips and Emma Dabney according to the Rites of your Church, provided there be no lawful ure 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 Beal, this 2 day of Feburary, 1867. M.D.Luckie, Ordinary. To any minister ot the Gospel, Judge, Justice of the inferior Court, or Justice of the peace to Celebrate. I hereby certy that R.L. Phillips and Emra Dabney were joined together in the Holy Bans of Matrimony, on the 3 day of Feburary 1868 N.J.Smith, 3.P.

NEWTON COUNTY. COVINGTON. GA.

This is to certify that the above and foregoing is a true and correct copy of the marriage licence and certificate of the above named parties as appe -ars of record , marriage record book No 1867 Page 281:

Given under my hand and official Seal of office this the 27day of Aug. 1912

as Muchon

TATE OF GEORGIA,	County.			
C	County.	01		
Personally before me comes, after being dely sworn, on oak	H ays that she desir	es to apply for a pen	of said State and Counsien allowed under the	Act
f	mit testimony to ms	ike out the same, true	answers makes to the	föl-
1. What is your name, and	mhoro do vivi	Man Error	01-11:11	
2. How long and since when	n have you been a co		the State of Georgia?	
or fram all &	17 rupe	61 .50	. —	<u>.</u>
When, where and to what. When, where and in what	were you married Company and Regin	nent did your husbane	7-Mullon Co	ga .
derate Army or Georgia Militia?	(State the arms and	class of Service.)	7117862	on-
vingson confras	B-16-40/B	armed to	it Conal	٠,-
When and where did file	Commands of your	usband surrender or	discharge from the arm	
6. Was your husband person	ally present at the	ne of the surrender or o	lischarge of this Comman	nd?
7. If he was not present stat	e clearly where he w	as? & Ohi	luon	
8. Where was his Command	DESCRIPTION OF SECURITION OF SECURITION		ve only as a s	Anis
a. For what cause did he le	ave his command?			
b. By whose authority did l		CONTRACTOR AND ASSESSMENT OF A	ud .	
c. For how long was he gran				
e. What was his physical con				
f. What effort did he make			7	
g. In what way was he preve			missey	
h. Was he captured by the e i. If so, when and where cap sed? ####################################	otured and where held	d as a prisoner, and w	hen and for what cause	re-
A When and where did your	husband die 100	nd 14/16/800		
j. When and where did your k. Were you residing together	er when he died?	TWE WAS	- Juinnell	0
1. If not, how long had you	resided apart?		100	
9. What property of any des	cription did you own,	hold or control for ye	our use and its cash valu	10
v. 4, 1908. (State same by items	.) Bul No	usix fat s	toue mountain	1.6
10. What property of any kind	have you sold or give	on omor de N	10000 7711	
it and what did you do with the p	roceeds thereof? (Gi	ive items and cash val	ue.) Mulling	ed
			<i>U</i>	<u>~</u>
11. What property of any desc		nave you now? OM	Nouse X Lat	Estat
re list and cash value? 2000.		hair walnes 20 11/	Jane	
uly Rent from			the d	- L
Have you heretofore been p		State?		
o, when and for what cause were y				
Sworn to and subscribed before	me this the	18 Emina Ol	illia	
day of Deal	19/2			
mus Rein	19/2] 19/2] Ondi	narv.	1	.

	Questions for the Witnesses as to Service of Husband and Marriage.
	STATE OF GEORGIA,
	New low
	Barranally before me comes & m. 9/4
	being duly sworn true answers to make, to the following questions, answers as follows.
	1. What is your name and where do you reside?
3	2. How long and since when have you known the form the first the since when have you known the first the f
	3. How look and since when has she continuously resided in this State? (Give date)
	and the second second
	4. When and to whom was she married? Fellow 3,1867. How do you know? I seemed lived to the her
	husband? There the did you know the her
	6. When and where did. 6. 2. Police to
	the husband of Applicant die? Some Manuster belief Cole u
	7. Where the Aplicant and her husband living together as husband and wife at the date of his
	death? Use 1
	8. If not, how long hid they live apart before his death?
	Were they divorced? 200
	9. When, where and in what Company and Regiment did & Parlia
	O.D. 11. 1862 Command and Regiment did 6 1 Halling enlist?
	Buce Constry
	10. Were you a member of the same Company?
	11. How long within your personal knowledge did he perform actual military service with his Con-
	pany and Regiment? Det 186 & Musely 186 & whishe
4	12. When, and where did his Command surrender, and was discharged?
Thuy	1866 Christanling Va
and the	13. Were you personally present when it was surrendered?
	were you for friend and how came you there? Calphuled
	by the every Show berry Plaine Term
	14. Was the husband of applicant personally present at surrender?
	where was he? We where and for what
. A.	cause did he leave Command? (Give date.) Cafeloriel lugate energy whose
	authority did he leave his Command?
	long was he granted leave?
	I was freeen with him
	a discharged from princial dome time
	15. For what cause, if you know of your own knowledge was he prevented from returning to his
	13. For what cause, it you know of your own knowledge was he prevented from returning to his
	Command? he Prise Research level
	16. What effort did he make to return to his Command and how do you know this? Of your
	own knowledge or how?
	Sworn to and subscribed before me this the
	day of ling 1912 with
	WMeaslar Ordinary
. 0	2 - 1 91 - X
9	Certify that I m Skewish County Chenk
0 4	control of files and 9, 19110
	Olympade Calif

AFFIDAVIT OF TWO FREEHOLDERS

	- X/6 // Ma of 16. 14.
Personally before m	ne comes for the letter of Riell who on own says that they
of said County and know w	nty and that they know that property she owned on 4th Nov. 1908, and its eash value to be as set out by
Schedule (A) as follows	by property and owned on 4th Nov. 1908, and its eash value to by as set out by
Pers	sonal property
	es and accounts due
	Total
We know the propert	Schedule (B). rty sold or given away since Nov. 4th 1908, its cash value to be as follows:
Per	rsonal property
Wor	rsonal property
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
. We also know what	Schedule (C). property she has now in her possession, use and control to wit:
Houst Kak Acres	property see has now in her possession, use and control to wit:
	es of land worth
Cows	ses and Mules.
Othe	pr property
incon	me and earnings 2007
	Total Value of all property and effects
Sworn and subscribe	red before me this the
a G day of	Cup 12 2 Telle Thomas Till
fames 14. Ge	Ordinary, County.
faises N.Ge	Ordinary, County.
	ORDINARY'S CERTIFICATE.
STATE OF GEORG	ORDINARY'S CERTIFICATE.
	ORDINARY'S CERTIFICATE.
	ORDINARY'S CERTIFICATE. SIA, County.
STATE OF GEORG	ORDINARY'S CERTIFICATE. SIA, County. Ordinary of said County do certify
that, know the representation of the person she representations.	ORDINARY'S CERTIFICATE. SIA, County. Ordinary of said County do certify the applicant for pension. She nts herself to be and she is a bona fide continuing resident citizen of said
that, know the representation of the person she representation of	ORDINARY'S CERTIFICATE. SIA, Ordinary of said County do certify the applicant for pension. She nts herself to be and she is a bona fide continuing resident citizen of said Nov., 1908.
that, know the representation of the person she representation. That I also know	ORDINARY'S CERTIFICATE. SIA, County. Ordinary of said County do certify the applicant for pension. She nts herself to be and she is a bona fide continuing resident citizen of said Nov., 1908. the witness who swears
that, know the tepresen county and was in the 4th M. That I also know	ORDINARY'S CERTIFICATE. SIA, County. Ordinary of said County do certify the applicant for pension. She nts herself to be and she is a bona fide continuing resident citizen of said Nov., 1908. the witness who swears d, and
that, know the that I also know to the service of husband freeholders. That all of their	ORDINARY'S CERTIFICATE. SIA, County. Ordinary of said County do certify the applicant for pension. She nts herself to be and she is a bona fide continuing resident citizen of said Nov., 1908. the witness who swears d, and m are now residents of said County and were duly aware by the before the said who are
that, know that is the person she represent County and was in the 4th N That I also know to the service of husband freeholders. That all of their	ORDINARY'S CERTIFICATE. SIA, County. Ordinary of said County do certify the applicant for pension. She nts herself to be and she is a bona fide continuing resident citizen of said Nov., 1908. the witness who swears d, and
that, know that, know to the service of husband freeholders. That all of the the foregoing affidavits and	ORDINARY'S CERTIFICATE. SIA, County. Ordinary of said County do certify The applicant for pension. She and she is a bona fide continuing resident citizen of said Nov., 1908. the witness who swears and, and who are are now residents of said County and were duly sworn by me before signing that they all, are truthful, trustworthy, and their statements are entitled to
that, know that is the person she represent to the service of husband freeholders. That all of their the foregoing affidavits and full faith and credit.	ORDINARY'S CERTIFICATE. SIA, County. Ordinary of said County do certify the applicant for pension. She nts herself to be and she is a bona fide continuing resident citizen of said Nov., 1908. the witness who swears d, and m are now residents of said County and were duly sworn by me before signing that they all, are truthful, trustworthy, and their statements are entitled to arms. Man S Milliand. Returned for Tax is for
that, know that is the person she represent to the service of husband freeholders. That all of the the foregoing affidavits and full faith and credit. That the Tax Returns of the service of husband full faith and credit.	ORDINARY'S CERTIFICATE. SIA, County. Ordinary of said County do certify the applicant for pension. She nts herself to be and she is a bona fide continuing resident citizen of said Nov., 1908. the witness who swears d, and em are now residents of said County and were duly sworn by me before signing that they all, are truthful, trustworthy, and their statements are entitled to trus. The Solution Returned for Tax is for
that, know that is the person she represent to the service of husband freeholders. That all of the the foregoing affidavits and full faith and credit. That the Tax Returns of the service of husband full faith and credit.	ORDINARY'S CERTIFICATE. SIA, County. Ordinary of said County do certify the applicant for pension. She nts herself to be and she is a bona fide continuing resident citizen of said Nov., 1908. the witness who swears d, and m are now residents of said County and were duly sworn by me before signing that they all, are truthful, trustworthy, and their statements are entitled to arms. Man S Milliand. Returned for Tax is for
that, know to the person she represent to the service of husband freeholders. That all of the the foregoing affidavits and full faith and credit. That the Tax Return 1900 \$	ORDINARY'S CERTIFICATE. SIA, County. Ordinary of said County do certify the applicant for pension. She nts herself to be and she is a bona fide continuing resident citizen of said Nov., 1908. the witness who swears d, and em are now residents of said County and were duly sworn by me before signing that they all, are truthful, trustworthy, and their statements are entitled to trus. The Solution Returned for Tax is for
that, know that is the person she represent to the service of husband freeholders. That all of the the foregoing affidavits and full faith and credit. That the Tax Return 1909 \$	ORDINARY'S CERTIFICATE. SIA, County. Ordinary of said County do certify The applicant for pension. She and she is a bona fide continuing resident citizen of said Nov. 1908. the witness who swears and, and who are are now residents of said County and were duly sworn by me before signing that they all, are truthful, trustworthy, and their statements are entitled to the statements are entitled to the sta
that, know that is the person she represent to the service of husband freeholders. That all of the the foregoing affidavits and full faith and credit. That the Tax Return 1909 \$	ORDINARY'S CERTIFICATE. SIA, County. Ordinary of said County do certify the applicant for pension. She nts herself to be and she is a bona fide continuing resident citizen of said Nov., 1908. the witness who swears d, and em are now residents of said County and were duly sworn by me before signing that they all, are truthful, trustworthy, and their statements are entitled to trus. The Solution Returned for Tax is for
that, know to the person she represent to the service of husband freeholders. That all of their the foregoing affidavits and full faith and credit. That the Tax Return Sworn under my hand 191 2. SEAL. (SEAL.)	ORDINARY'S CERTIFICATE. SIA, County. Ordinary of said County do certify The applicant for pension. She and she is a bona fide continuing resident citizen of said Nov. 1908. the witness who swears and, and who are are now residents of said County and were duly sworn by me before signing that they all, are truthful, trustworthy, and their statements are entitled to the statements are entitled to the sta

I Certify that House of Files Kinning of House China

you shall give will be the truth. So help you God.?"
Additional addavite may be attached if blank spaces are insufficient.
All affidavits must be made be to the state of the

A.D. MEADOR, ORDINARY, NEWTON COUNTY, COVINGTON, GA.

State of Ga, Newton County. You are authorized and permitted to join, in the Hodgrable state of matrimony, E.L. Phillips and Emma Dabney according to the Rites of your Church, provided there be no lawful ure 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 Sexl, this 2 day of Feburary, 1867.

M.D. Luckie, Ordinary. To any minister of the Gospel, Judge, Justice of the inferior Court, or Justice of the peace to Celebrate. I hereby certy that E.L. Phillips and Emma Dabney were joined ingenter in the Holy Bans of Matrimony, on the 3 day of Feburary 1868

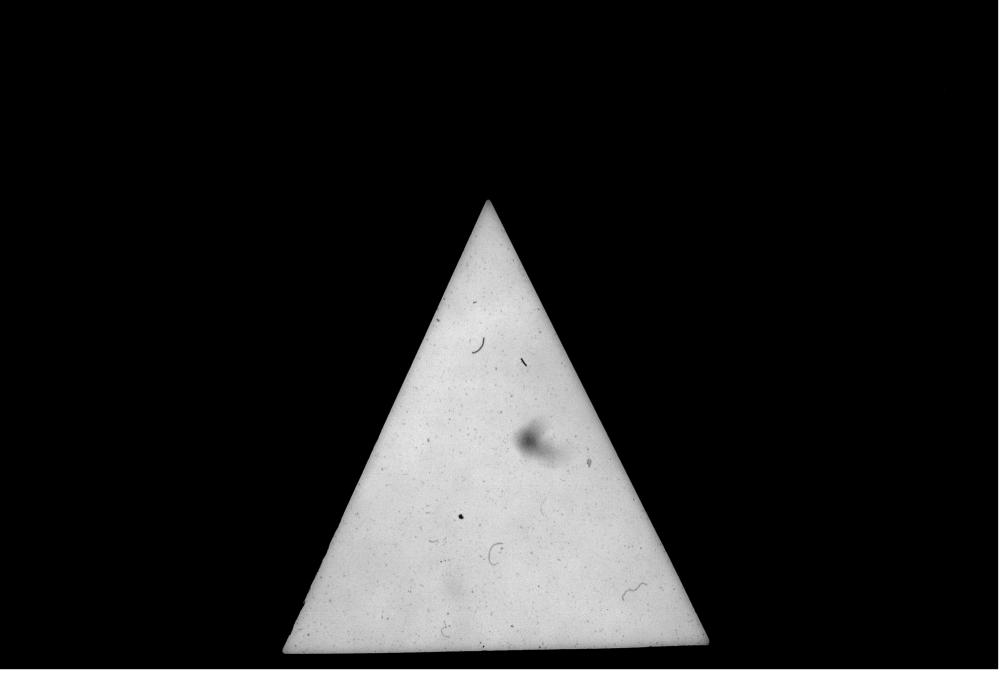
M.J. Smith, J.P.

This is to certify that the above and foregoing is a true and correct copy of the marriage licence and certificate of the above named parties as appears of record, marriage record book No 1867 Page 281:

Given under my hand and official Seal of office this the 27day of Aug. 1912

as Michan

Ordinary.



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

County Detail
NameMars to July . Phillips
Widow of John In Phillips
Company 15-45-63 Real

J. W. LINDSEY,
Commissioner of Pension

CHAS. P. BYRD, State Printer, Atlanta.

WIDOW'S AFFIDAVIT.

STATEOF GEORGIA.
Nikalb County.
Personally before me comes. Mrs Essel 4 Millians & said County.
who, after being dula morn, on oath says, that she is the widow of John M. Milliful whom.
in the County of Meltalle State of Levy Lashe was married on the 12
day of Oct. 1865 and that she remained his wife, and resided with him to the date of his death
in 22
he was a resident of Ole Malla County, in said State of Georgia, and he
was of thePension Roll of the State and paida pension of \$ 60
in Naskalla County for 19/4per annum, on account of being a soldier in Company
Wolunteers of State Militia.)
At the death of Johns M. Milliff he was in the use and possession of the following
At the death of All Man M. All Man he was in the use and possession of the following property
of the cash value of \$
What property of any kind and of any value have you in your use, control and possession now, and
the cash value, (State fully.)
Acres land Novu 8
Horses and Mules.
Hogs, Cows, etc
Total Cash value of all property Sulling
That she is now a bona fide resident citizen of said County of Allanda and she has so continuously resided since
Sworn to and subscribed before me this the
160 day of Gellowsbern 1914 Mis Emily John Gran
James Phorgs Ordinary,
of County.
Affidavit of Witnesses to Prove Marriage and to Whom-Date of
Death of Husband.
STATE OF GEORGIA.
VIRal 6 County.
Personally before me come fall thought who are the said county, who also having duly sworn on oath, say: that of their
own personal knowledge Ms. Carriers and Court, and Jest and My short on oath, say: that of their
the lawful widow of the M. M. Millie & who died in De Nalla County in
said State of Letorgeia on 29 play of Del 19/3 and that she
has not since remarried. That she became the wife of Julia M. I Stillipson the 12 day of oex
of 1865 and that she and he had resided together as man and wife continuously since
day of Oct 1865 and that the John N. Whillife was the
same man who was on the pension roll of said State
when he died.
Sworn to and subscribed before me, this the M. Alacain
day of the
Thursday Officery

Deorgia Butto County,

This is to Certify the Within Marriage Certificate

of John N. Phillips and miss Emily Johns is a

True Copy as is upon Record in my office.

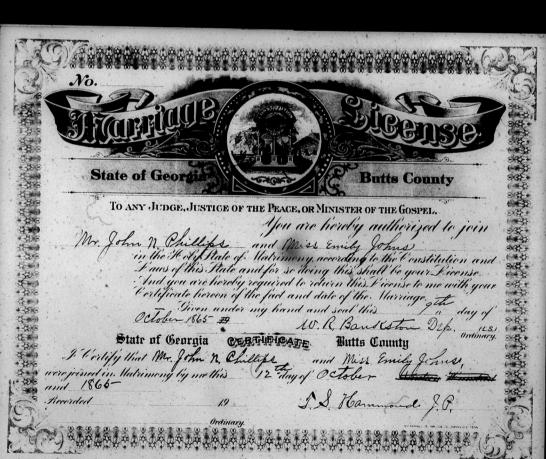
Live mides my hand and Seel of Office

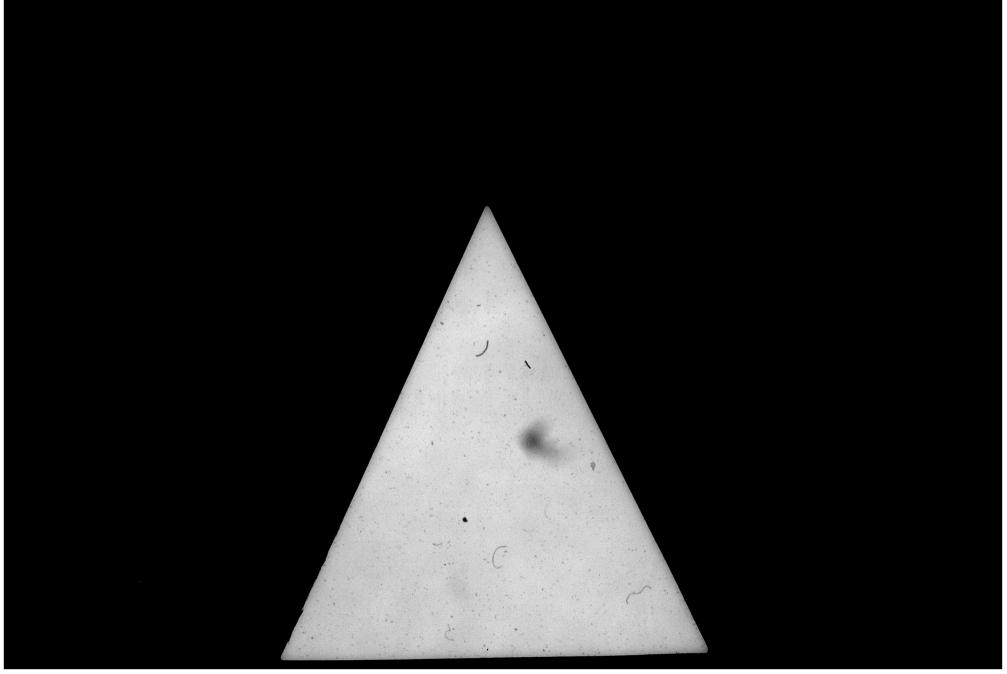
This September 24-1914. J. H. Marriage Licens

of Marriage Lic

virale	County.		
7 (4 . 4 . T . 7	0		
	mest M Abran		n on
oath says, that they are freeho	lders of soid County, and	that they know	of
aid County and knew her said h	usband John n	Chillips at his death on the	9
lay of 200 1913	that she and he were in	the use, possession and control of the follo	wing
property at his death to wit:	X		
_/	ulling	A-3	
of the value of 8. Mulh	That me is now i	in the use, possession and control of the follo	owing
property to wit:	Mulhing		*
of the value of \$ 2000	<u> </u>		
Sworn to and subscribed	before me, this the	1111 D1.	
160 day of 1	4 1914 V	f www. woran	
Janies 1	De la		
The state of	Man Cond	D. 10	
	of all	Talla County.	
· ·			
O.	RDINARY'S CE	RTIFICATE	
STATE OF GEORGIA			
Mala			
	County.		100
1 James	Suran	Ordinary of said County, do certify, th	o+ 1
now Mrs. Emby Dh	illehs the applie	cant for this pension and that she is the p	au, 1
he represents herself to be, and	that she is a bona fide co	ontinuing resident of said County and was o	n the
1917	4	or said country and was o	n the
That I also know	1 M. Abonu	witness as to marriage and I also	
0		know to be a resident free holder of said Co	
hat all of the foregoing were di	aly sworn by me before si	gning the respective affidavity and that the	v are
ruthful and trustworthy and the	eir statemen's are entitled	to full faith and credit.	
That the tax Books of	Count shows	thatreturned property to	o the
mount offor 19		s	
Sworn under my hand ar	nd official seal of ffice th	day of 191	•
(SEAL.)	jak	ULA Georg Cordinary.	
		Totally co	unty.
OTES 1. Before any questions are	answered, the Ordinary shall	swear applicant and the witness in the following	words
you shall give will be	the truth. So help you Go	swear applicant and the witness in the following ake to each of the questions asked you and the evi of the control of the same asked you and the evi s are insufficient.	idence
3. All affidavits must be m 4. Only widows who marri	ade before the Ordinary.	s are insufficient. D, are entitled. Able. If not, prove marriage, by some present,	
 Attach certified copies of general reputation. 	of marriage license if obtains	ble. If not, prove marriage, by some present,	or by

STATE OF GEORGIA,





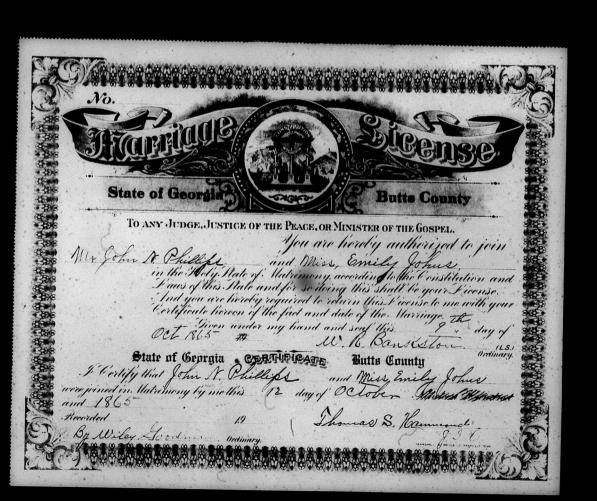
	Phillips, Inc. N. Dekalb Co.		
GEORGIA. I hereby autilawful attorney to deceased husband, Pension Roll and p Witness my Attested before me	No	Given under	that I personally know is the lawful widow of the lawful widow of the lawful widow of the lawful widow of his death on the lawful mand unpaid his Pension of Georgia, and I know witness, and he is of a trut
OM. thorize and collect and collect and from paid from hand this:	Application for Pension Due Deceased Soldier UNDER ACT 1891	ler my hand and seal this	sion of the Car
ceth County. constitute receipt for me in my name day of	To be paid his Widow or Dependent Children BY Mrs. Suile Thelles	al this	Comy Comy Comy Comy Com Com Com Com Com Com Com Com
ne the Pension due , who was on.	of DeKach County Co. I Regt. 45 Ta Vols.	The contract of the contract o	Section of the sectio
me for J	Approved and paid 191 J. W. LINDSEY,	o them	to full credit.
of said county, my	Commissioner of Pensions.		ty, do certify and that she and was on and was paid d at the time was due to m the State , the within
	11. 6	nary,	o certify that she was on was paid the time due to due to e State

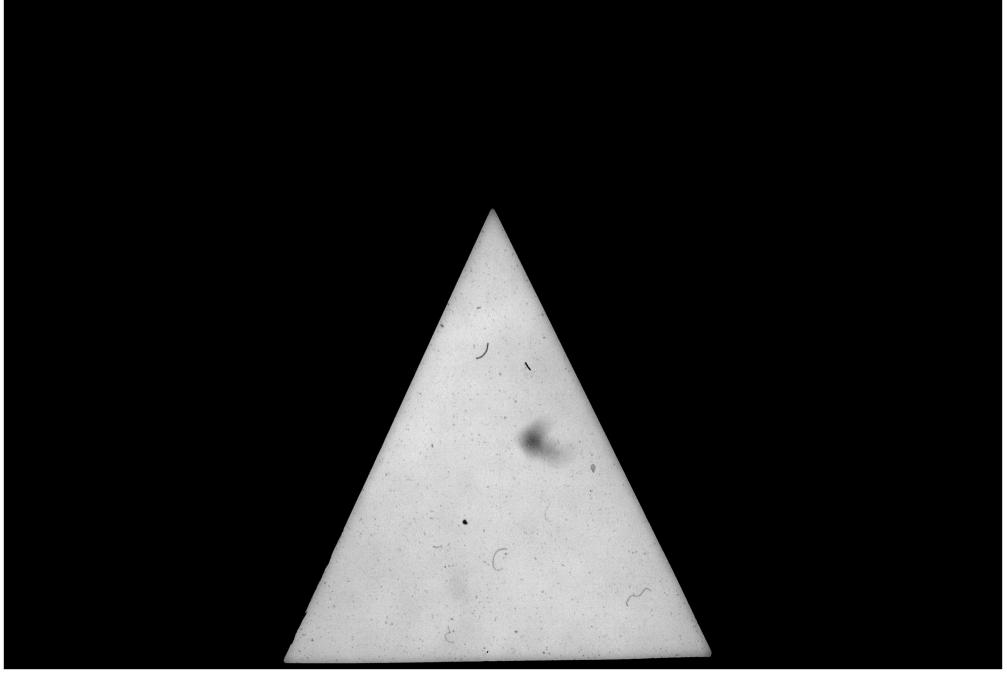
GEORGIA, Ol (all ... County is the lawful widow of John N. Phillips ... , and was on the Ourdigent Salling Pension Roll of said ... A. D. Markon county, and was paid witness, and he is of a truthful and trustworthy character and entitled to full credit. Bekalb County LINDSEY, GEORGIA, DeKach County. 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 19 000, through my deceased husband,, who was on.... Pension Roll and paid from......for 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 Dela County.
Personally before me comes Mrs. Alan Euroly Hillfry of said county,
after being duly sworn, on oath says that she is the widow of John N. The elele
who was duly enrolled as a Confedente. St. I. Pensioner from the county
of Alakaet and was paid a Pension of Sexter 600
Dollars from Rackclale county for 1913, and that the said
died in Dekall county on
the. Ly day of
was due him from
Applicant further swears that she married the said John N Shellela on
the 12" day of October 128/10, in Butts county and
State of
as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be
Sworn to and subscribed before me this 23 day of Clara
James Referrer Ordinary. Emily & Rhilips (L. S.)
Describe County.
AFFIDAVIT OF WITNESS.
GEORGIA, Oel Cash County
GEORGIA, Dellact County. Personally before me comes of Marian who
AFFIDAVIT OF WITNESS. GEORGIA, Dellach County. Personally before me comes M. Olivacu , who on oath says that he knew John N. Phellach , while in life
AFFIDAVIT OF WITNESS. GEORGIA, Ochach County. Personally before me comes of the Chach who on oath says that he knew. John N. Phellift while in life and that the nows. Curich Johns Mrs. Emily Phellift.
AFFIDAVIT OF WITNESS. GEORGIA, Del Cach County. Personally before me comes of the Character who on oath says that he knew. John Nrs. Emily Philipper the above applicant; that he knows that the said. Eurity Johnson
AFFIDAVIT OF WITNESS. GEORGIA, Dellack County. Personally before me comes M. Olivacu who on oath says that he knew Mrs. Emily Phillips while in life and that the mows Curity Johns Mrs. Emily Phillips the above applicant, that he knows that the said Eurity Johns Manney Mann
AFFIDAVIT OF WITNESS. GEORGIA, Del Calt. County. Personally before me comes a
AFFIDAVIT OF WITNESS. GEORGIA, Dellach County. Personally before me comes of the County. On oath says that he knew John N Phellach while in life and that the nows County John Mrs. Emily Phellach the above applicant; that he knows that the said South John Mrs. Allach were in due form of law married in the county of Butts in the State of Jacob San on the Lath day of October 1860, and that they resided together
AFFIDAVIT OF WITNESS. GEORGIA, Dellach
AFFIDAVIT OF WITNESS. GEORGIA, Del Calt. County. Personally before me comes of the Character of the whole in life and that the nows. County of the said. Suith Philips. the above applicant, that he knows that the said. Suith Philips. and Johns N. Phillips. were in due form of law married in the county of Dutts in the State of the said on the said on the said on the said. Against the said of the
AFFIDAVIT OF WITNESS. GEORGIA, Del Calt. County. Personally before me comes a
AFFIDAVIT OF WITNESS. GEORGIA, Del Calt. County. Personally before me comes a
AFFIDAVIT OF WITNESS. GEORGIA, Del Calt. County. Personally before me comes of the Character of the whole in life and that the nows. County of the said. Suith Philips. the above applicant, that he knows that the said. Suith Philips. and Johns N. Phillips. were in due form of law married in the county of Dutts in the State of the said on the said on the said on the said. Against the said of the

Leorgia Butto County I J. St. Ham! Ordinary in and for the County of Butto, do Centify the within Marriage Certificate, is a true Copy of The record as affear in my Office. Hiven under my hand and Stal of Office This gamany 27-1914 J. Ham. Ordinary





20 Kalha
+ 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.
comp Dekalb
Nam Mary & Phillips
Widow of D. D. Millips
Company & = 14 Ga Righ
J. W. LINDSEY, Commissioner of Fensions
CHAS. P. BYRD, State Printer, Atlanta.

10/22/1813 Put on Roll in Her Own Right When Application J. W. LINDSEY,

O. W. SETTLE FUNERAL DIRECTOR AND EMBALMER

March 27, 1919.

can h

Sold To

P. O. Williams,

Doraville, Ga.

March 10 1919 1 Casket for Mrs. M. E. Plillips, Deceased \$100.00

Personally came before me O. W. Settle, who on oath sags, the above account is just, due and unpaid,

Sworns to and subcribed before mg this 27th., day 27 March 1919.

WIDOW'S AFEI

	WIDOW S AFFIDAVII.
	STATE OF GEORGIA, Oukall County.
	Man Man & (V/Lill)
	who, after being dulysworn, on catil says, that she is the widow of the state of the was married on the 28
	day of August 196 and that she remained his wife, and resided with him to the date of his death
	in May 2.5 19/3 and that she has not since his death remarried. At the time of his death
	he was a resident of Alala County, in said State of Georgia, and he
	was on the
	in
	Regiment (Volunteers of State Militia.)
	At the death of A. A. he was in the use and possession of the following
	property the had no property
	of the cash value of \$ Mone
	What property of any kind and of hey value have you in your use, control and possession now, and
	the cash value, (State fully.) Assisting
	Acres land
	Horses and Mules
	Hogs, Cows, etc.
	Total Cash value of all property
	has so continuously resided since
	Sworn to and subscribed before me, this the War 1 Mars Park
	12 h day of Of 1913 Hars Mary to & Phillips
	and Rest good Ordinary,
	of Le County.
	Outro,
	Affidavit of Witnesses to Prove Marriage and to Whom-Date of
	Death of Husband.
	STATE OF GEORGIA,
	Nelsalb County.
(A)	(3)000
	Personally before me come known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their
	own personal knowledge Mrs Mary E. Market who made the foregoing affidavit, is
	the lawful widow of D. Dhilliffer, who died in Della County in
	said State of year on 23 day of May, 19/3 and that she
	has not since remarried. That she became the wife of D. D. Dillips on the 28 day of
mains	of 1867and that she and he had resided together as man app wife continuously since
0	day of August 1862 and that the Fel was the
	same man who was on the pension roll of said State
	when he died.
	Sworn to and subscribed before me, this the
	22 day of DCX 101.3
	Cantal Assert Ordinary
	N. Willalle County
in hon	Marriage Pience was burned in Madison
- 2	County Georgie Es South min Whillity & Ally was
STATE OF THE PARTY OF	The state of the s

Application for Pension Due to a Deceased Pensioner

Under the Act of August 15, 1904

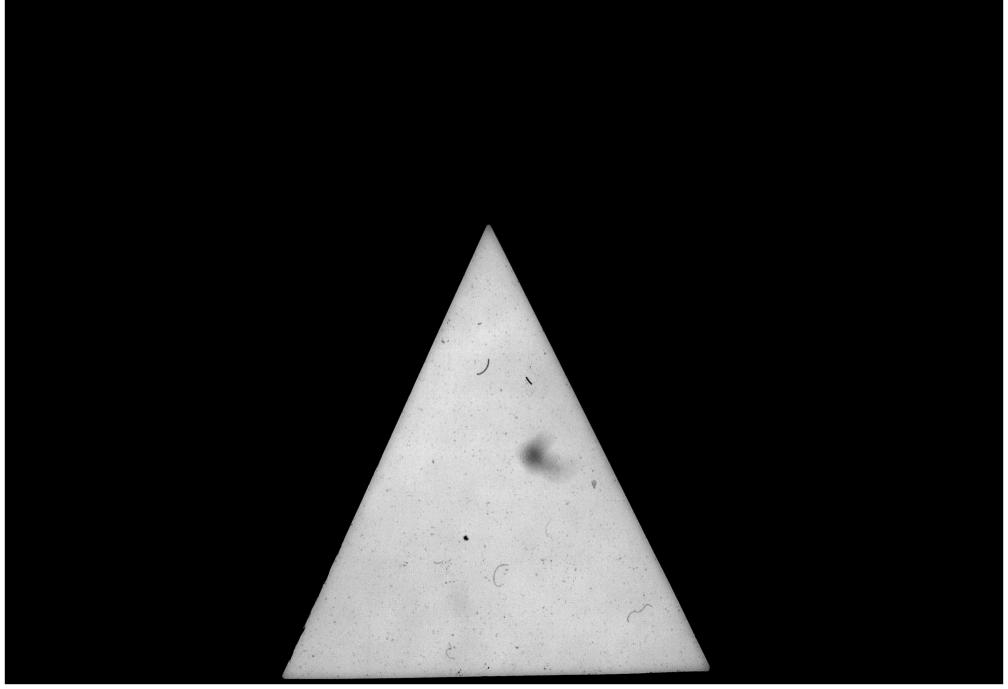
To Be Paid to the Ordinary for Funeral Expenses and Expenses of Last Illness

9000	
GEORGIA, Delalb County.	Da 1.00
Personally before me, the Ordinary of said County, come	D. Williams
	who, after being sworn, on oath says that
he knew Mary & Whillips	of said County, and that he was on
Pension Roll of d	County at the
time of his death, which occurred in Dekall	County, in this
State, on the Gill day of Man	fu-
a Pension of Hirsely \$90	Dollars was due and
unpaid at the time of the death. That left no widow or dopen	
of any value sufficient to pay his funeral expenses, which amount	ted to the sum of
Pollars, as per sworn statement, itemized, hereto attached. Noorn to and subscribed before me	
this. 2 day of Man 1919 (1)	1- 11 00
James Regional Ordinary	O Williams
DeNach County	
Day el	
GEORGIA, Wella County.	
00	······
dues Ryeorge	Ordinary of said County, do certify
that I personally know	, who is a resident
citizen of said County, and that he is of a truthful and trustwor	thy character, entitled to full faith and
redit. I also knew Mrs. Mary & Phillip	1
was the same person whose name appears on the	Pension
49000	County, and was paid a Pension
I now believe to be dead.	Dollars in said County for 191, and
Given under my hand and official seal, this	. Man .
	mes Plange Ordinary.
	Destall County.
	County.

AFFIDAVITS OF TWO FREEHOLDERS.

AFFIDAVITS OF TWO FREEHOLDERS.
STAZE OF GEORGIA, County.
Personally before me comes Dellilliman SN Jath L. who after being sworm on
oath says, that they are freeholders of said County, and that they know Mary Mary E. S. Harris Mary E. Harris Mary
said County and knew her said husband.
day of 110 1 1913 that the and be were in the use, possesson and control of the following
property at his death to wit: He had no property
of the value of \$ That she is now in the use, possession and control of the following property to wit:
of the value of \$
Sworn to and subscribed before me, this the
James R. George grainary, & Hanes
of Wolfall County.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
County.
I County, do certify, that, I know Mrc Man A Mark Gr. M. M. M. S. M.
she represents herself to be, and that she is a bona fide continuing resident of said County and was on the
191.
That I also know
that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are
truthful and trustworthy and their statements are entitled to full faith and credit.
That the tax Books of County shows that the returned property to the
amount of for 1908 5 100 1909 5 100 1910 5
Sworn under my hand and official seal of office this
(SEAL.) Ordinary Ordinary County.
NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God." 2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary. 4. Only widows who married prior to first January 1870, are entitled.

DE Kalt B. Application Duest Diessed Linsian Aution yfice May 2nd/9/9
James Please Mrs May & Phillips Dreased Tuneral Expenses Died Mar. 9, 1919.



Philips, Oliver D.	Quesin Office 7/12 1899
No. 4479	The statute requires a mitness who personally
No. 441-9	knows as to the infirmthy
INDIGENT PENSION	Richololisan Com g Piusini
diniarlit teliotali	
1898.	Prusion offin
ame O.D. Phillips	The last affectived Com
unty De Kalb.	of mile as mile
unty	Maliant Demle
proved May 24/2008.	a dicand mondage of and
	wholis from the
RICHARD JOHNSON Commissioner of Pensiona.	winder olan Coren
WARRANT HANDED TO	infrisan sole of
night	Topical
GGS. W. HARRISON, STATE PRINTER, ATLANTA.	Cour of Prin

3/19-1900 2/24/99

STATE OF GEORGIA, POWER OF ATTORNEY.

_COUNTY.

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

Executed in presence of Witness my hand and seal this

POWER QE ATTORNEY. STATE OF GEORGIA, COUNTY. I, of to receive and receipt for the pension allowed, and request that he remit same to. at by. Witness my hand and seal this Executed in presence of (L. S.)

The state mining of the 1/22 1899 In state mining a mining who promised brown as to the light min	Received of the grand	The state of the s	the way of the	The series of th	shings of	Colo Mary
10 44 Cg	INDICENT PENSION 1898.	Name C.D. Phillips	Approved May 24 1208.	RICHARD JOHNSON	WARRANT HANDED TO	3/19-1900 1/99

Questions for Applicant.
STATE OF GEORGIA,
Dekalt County.
Oliver & Phillips 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:
What is your name and where do you reside? (give State, County and post office.)
Cliver & Phillips brosskeys Dekall 60 ga
2. How long and since when have you been a resident of this State? all of my life
3. When and where were you born? In Hart too Ga, in 1843
4. When and where and in what company and regiment did you enlist or serve? In 60 8 142
Regt ha vold in tourning starbutt to la
- m may 1864
5. How long did you remain in such company and regiment?
6. For how long a period did you discharge regular military duty?
7. When, where and under what circumstances were you discharged from service?
was captured a Short time before was ended
when some reliabled after surrender
8. What is your present occupation? Pectalle when any health write admit 9. How much can you earn (gross) per annum by your own exertions or labor? Adm. hittle
10. What has been your occupation since 1865? Miss of the line 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"?
12. If upon the first ground, state how long you have been in such condition that you could not earn could not
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 ?
bry health has been failing ever since the war, ordinanced with Catarrhio klad from that to lung of
heart trouble- nervous enhantinh and other Distant
13. What property, effects or income do you possess, and its gross value? Our no property
me exects of profine
14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897, and what disposition
if any, did you make of same? Ourself no real islate not much
property - Disposed of it to pay Delle and To live from
15. In what County did you reside during those years, and what property did you then return for taxation?
1874 T 1899 LINAN AM DAMMANT 1864 WINCE 4 WILL
16. How were you supported during the years 1896 and 189? by use and Dispossation what I had; and work of my Children on rented farm
what I had; and work of my Children on rent of land
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? Fort recolect - Cost expell total to a coclet
18. What was your employment during 1896 and 1897? What pay did you receive in each year?
Teettled some but was down sick a cloud dial of II. To ward
19. Have you a family? If so, who composes such family? Give their means of support? Have
a homestead? de are wife and one child at I nisent offer (1.6.1)
me me mes means of support is their work
sinon pro Armishad.
20. Are you receiving any pension? If so, what amount, and for what disability & No Person
Sworn to and subscribed before me this the) () who twee
1711 Hilles
day of 1898.) Applicant.
of Se Rach County
of County,

QUESTIONS FOR WITNESS.

9	13	y ,	STATE OF GEORGIA,
1	4:	2	Quinett COUNTY.
in .	36	1/2	John Brugol, of said State and County, having been presented
6	3 3	09	as a witness my support of the application of Olliver of Phillips for pension
5	1	4.	under the Act approved December 15th, 1894, and after being duly sworn true approved to make to the
30	300	3	following questions, deposes and answers as follows:
4		9	1. What is your name and where do you reside? John B Boyd
		9	2. Are you acquainted with Ollines & Phillips the applicant if
1	1 9	1	how long have you known him 9 . Le 2
1		9	3. Where does he reside, and how one and since when her he here a mile.
1	K	0	4 When where and in what a fall his lef
. ;	1	ia.	4. When, where and in what company and regiment did be enlist, and how do you know? in 1862. Mear Richmand, Va Cumpany & 14th fa Regiment 5. Were you a member of the same company and regiment
Y	1	8	
7-1	13	.0	6. How long did he perform regular military duty, and what do you know of his service as a Confederate
1	1	3.	oldier, and the time and circumstances of his discharge from the service? about three years
1	1	Ch.	and melitaly able Todo, Herer was very
13	6)		strong gave coas, there was very
"	3		7. What property, effects or income has the applicant? (Give your means of knowledge)
3	2	-	Thomas will a Million of the state of the st
1	3	-	am Datisfied he has nothing it frakeity
i.	à	nı	8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if my, did he make of same? had Mothing to The best of my
B	14	_	Knowledge and belief
2	3		9. Has he conveyed away any of his property in the last three years if so what we it as I
i	X	7	Huthing to Helbert of my Kreaveledge and belie
1	1	10	what is the appreant's occupation and physical condition? He he dalles a kittle
6	Z		at times. Physicaly he appears to be very
3	10		Is the applicant weekler and its list in a
4	1		Is the applicant unable to support himself by labor of any sort, if so, why? I believe
E	3		The accumulat years at debillity I do to
5	7	12	How was he supported during the years 1896 and 1897? I do not know
0	n	_	
, x	P	13	What portion of his support for these two years was derived from his own labor or income?
ż	1	14	Give a full and complete statement of the applicant's physical condition that entitles him to a veri
3	2	un	der the Act of December 15th, 1894? Me is a feeble man about
1	5	_	fifty seven years of age and is very hour
in	1	. —	
3	he	15	. What interest have you in the recovery of a pension by this applicant?
3	1.		Sworn to and subscribed before me, this John B Buyds
h	J'	the	day of 122 1895.) Witness.
30	3º	_	John Porter Ordinary.

AFFIDAVIT OF PHYSICIANS.
STATE OF GEORGIA,
LaKalb- COUNTY.
Personally game before me At Grun h.
and and
of said County, who, being severally sworn, say on oath that they have examined carefully
Cit as 9 Chilles , applicant for pension under the Act of 1894, and after
such personal examination say that his precise physical condition is as follows:
Lachma with Indigition coming of lines
propertation of heart out frame in region the as
the these affect that the see has evidences of productions which may presidentitle of his governt bother dand on the what was sent to the day on the
which general debilitation can believe moders him day our litter
of any ether of the plan wil find he sea any mendel som it and ger
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
gay of the 1899. The Market of
Millagedace, Ordinary.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
De Rall COUNTY.
I County, hereby certify
that the applicant (I) Phil Cifes resides in said County, and has
been a bone fide resident of this State since the
been a bona fide resident of this State since theday of18 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1
and that the witnesses, viz:
are of trustworthy character, and that their statements are entitled to full faith and credit.
I further certify that before answering the foregoing questions the applicant and each witness took
the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness
before same was signed.
I further certify that the tax digests of Sell County show that applicant
returned for taxation in his name in 1896 And Dollars
of property, and in 1897 . Collars Dollars of property.
In my opinion the foregoing claim is made in good faith.
made in good faith.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You you God".

2. Additional saffacts may be stated of byou, and the evidence you shall give will be the whole truth, so help 2.

3. Additional saffacts may be stated of blank spaces are insufficient.

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

MMagedace of Delath

POWER OF ATTORNEY.

STA	TE	OF	GEO	RGI	A

County.

, I,	hereby authorize			
·	of	,,, <u></u>		
to receive and receipt for the pension	allowed and request that	he remit same to		
by Witness my hand and seal, this	day of	1901. [L. S.]		

SOLDIER'S PENSION INDIGENT 1901.

County De Math

JOHN W. LINDSEY, WARRANT ISSUED

WARRANT HANDED TO

(FOR THOSE ALREADY ENROLLED.) Des, Chrisis

POWER OF ATTORNEY

Í,	hereby authorize	
	of	1
receive and receipt for the pension	on allowed and request th	at he remit same
•		
		1002
Witness my hand and seal, this	day of	1002.

SOLDIER'S PENSION INDIGENT 1902.

JOHN W. LINDSEY,

WARRANT ISSUED

For Those Aiready Enrolled.

County _ Name

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Lic hall County.
personally appears O.D. Phillips of De Halk
personally appears (W. Mac (yr) of Die Mach
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 Vice 9 1842; that he is vears old and
that he enlisted in the military service of the Con-
lederate States (or of the State of
States, and served for the term of July a Win Company E of Wish Position
of that his physical condition is as
follows: explosion with because the
and bother Geomplaint sunable
to work for a living
that his property consists of the following items ou
of the value of O Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
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 cutitled for the year 1901. I have heretofore as a resident of De Nall
county been allowed a pension for the year 1900,
7#.
Milliagolace Ordinary.
STATE OF GEORGIA,
Le Fall County.
I, W.M. Magsdace Ordinary of said County,
io certify that I am well acquinted with Q'D, Phillips the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
de la company de
day of free 1901.
day of fair 1901.
Ordinary Lee Mall County.
Nork - The Ulink spaces must be filled.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kall County.
000
Personally appears & Millips of De Kall
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 State (1872), that had in
that he is years old and
by occupation a Makaul that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of 3 years in Company E, of 14 th Regiment
follows: Luffering with heart troube
follows: Suffering with heart troube
and bowel complaint make
to work for suffered
that his property consists of the following items Arre
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1902. I have heretofore as a resident of Le Call
county been allowed a pension for the year 1901
Sworn to and subscribed before me, this the
15 day of Jan 1902.
amka en doe.
Williamy. Ordinary.
STATE OF GEORGIA,
De Rach County.
I, Will Regista Ce Ordinary of said County
do certify that I am well acquainted with O. D. Phillips
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the judividual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this 13
day of Jan 1902.
Anx your Mrn R
(here)
Ordinary Alexalle County.
Norg.—The blank spaces must be filled.

Norg.—The blank spaces must be filled.

Norg.—Affidavit should not be attested before January 1st, 190

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The second secon						
TATE OF	GEORGIA,	Ĭ				
		_County.				
I,			hereby autho	rize		
•		of.				
•	and the second section of the second second					
receive and	receipt for the			quest that	he remi	t same to
	v - 1 1 1	at.				
y						
Witness my	y hand and seal,	this	day of			1903,
•						[r o]
						[L. S.]
Executed 11	n presence of					
1 200						
	4.					and the second second
	4.					
4		1 1	1 1			
	Z	2 2 2		8		11-
(E)	NOI		de	_1903.	ensions.	
(OLLED.)	NOISI	. 6	OK.	· ·	K, of Pensions.	
ENROLLED.)	NOISNE	. 60	my my	· ·	SEY, ioner of Pensions.	r. Atlanta.
DY ENROLLED.)	PENSION	.00°	L'b dent 147h	· ·	NDSEY, nmissioner of Pensions.	Marier, Atlanta.
ready enrolled.)	S PENSION	US.	igiment 14th	· ·	LINDSEY, Commissioner of Pensions.	HANDED TO
ALREADY ENROLLED.)	R'S PENSION	JOS.	Regiment HTA	· ·	I W. LINDSEY, Commissioner of Pensions.	White Pringer, Atlanta.
SE ALREADY ENROLLED.) VZ 2	NDIGENT ER'S PENSION	Tilips O.D.	Regiment 14th	· ·	HN W. LINDSEY, Commissioner of Pensions.	CAMAIN HANDED TO
HOSE ALREADY ENROLLED.) No. VZ	INDIGENT DIER'S PENSION	1903.	De Walb Regiment 14Th	WARRANT ISSUED	JOHN W. LINDSEY, Commissioner of Pensions.	C. Harrison, State Princer, Alania.
No. VZ	INDIGENT LDIER'S PENSION	1903.	County De Walb	· ·	JOHN W. LINDSEY, Commissioner of Pensions.	Geo. Harrison, State Princer, Allania.

Quienza Ca

POWER OF ATTORNEY

I,	GEORGIA,		hereby a			
to receive an	d receipt for		allowed and	request th	at he rei	nit same
Witness	my hand and sea	l, this	day of			1
Execut	ed in presence o	of				[
		•				
	Z	13		1904.	cusions.	
LED.)	9	70	THE RESERVE OF THE PERSON NAMED IN			
ENROLLED.)	ENSIO	The state of	100	veb.	SEY.	ED TO
READY ENROLLED.)	S PENSIO	04.	Had 6	ANT ISSUED	V. LINDSEY, Commissioner of Pensis	T HANDED TO
(FOR THOSE ALREADY ENROLLED.)	DIER'S PENSIO	1904.	Perude Regiment M.	WARRANT ISSUED	JOHN W. LINDSEY. Commissioner of P	WARRANT HANDED TO

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE (OF GEORGIA,
Z. Kal	
	100 of 1001
and resident of	Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
	said County and State, and has resided in said State continuously ever
since the	day of kely 1842; that he is 60 years old and
	Hasine &, that he enlisted in the military service of the Con-
	or of the State of during the war between the
	ed for the term of I face in Company E, of 14 th Regiment
of Eale	cipering with Meast Boulecount
follows:	the ring with Meast Boule and
voluce.	Complaint
	and the same of th
hat his property	y consists of the following items: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1	
of the value of	orally that by reason of his physical
condition and po	overty he is unable to support himself by his own exertion or labor, and
	no pension but the one herein applied for.
	esires to participate in the benefits of the Act, approved December 15th,
	ts amendatory thereof, and makes application for the pension to which he
	e year 1903. I have heretofore as a resident of A. C. Kalk
ounty been allow	wed a pension for the year 1402,
Sworn to and	d subscribed before me, this the of LX Millips
day	of Lay 1903. 4 . N. X / Mulys
Millo	ordrec Ordinary.
	F GEORGIA,
Achal	
I, ////	(1. Ragislace) Condinary of said County,
	am well acquainted with U. D. Millips
re applicant in t	the foregoing affidavit, and am well satisfied that the statements made by
	ffidavit are true, and I know he is the individual he represents himself to
e and that he re	sides in this County.
* *	Given under my official signature and seal, this 10
~~	day of 1903.
your Seal	Minagsolace
n-re	Ordinary De Nach County.
	Norg.—The blank spaces must be filled.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Defiall County.
Personally appears O.D. Cillips of Vertall
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 July 1842; that he is 63 years old and
by occupation a Fanher , that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of 3 years in Company 8, of 14 th Regiment
of that his physical condition is as
follows: Heart Irouble and bould complaint
the second secon
and the second s
that his property consists of the following items:
Hom
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 County been allowed a pension for the year 1903
Sworn to and subscribed before me, this the
day of Jaman 1904. That there
famulallerge Ordinary.
STATE OF GEORGIA.)
Destall Coupty.
P Ha
I, June 17 Storge Ordinary of said County,
do certify that I am well acquainted with 10. V. Phillips
the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given upder my official signature and seal, this
day of fammany 1 1904.
(anx) Janus P. George
(your)
Odinary County.

Norg.—The blank spaces must be filled

POWER OF ATTORNEY.

receive and	receipt for t	the pension all	lowed, and	request	that he	remit same to
			ńt			
			.			
WITNESS	my hand and	seal, this	day	of		1905.
						[L. s.]
						[L. S.]
Executed	in the present	ce of				
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1						
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,			•	1		1 11.
	NO	et et	*	1905.	sions.	The state of the s
OLLED.)	NOIS	et in	100 m	J. 1905.	Pensions.	TO T
EMROLLED.)	NOISNE	mility.	19.62	ED (201905.	. 5	ED TO
PST. 1934. 1934. 1935. 193	PENSION	July 2	nent 14. O.	(137 1905.	. 5	NDED TO
COOR THOSE ALREADY ENROLLED.) No. (6 3	INDIGENT ER'S PENSION	Millips Millips	Regiment 19.04.	Warrant Issued /23 1905.	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO LY LY ARRENGE FOR STATE PRINTE, ATLANTA.

POWER OF ATTORNEY.

	of		2	
to receive and receipt for the per	nsion allowed,	and request t	hat he rem	it
by	* <u>*</u>			
WITNESS my hand and seal, t	his	day of		
COR THOSE ALREADY ERROLLED. No. ~2~ INDIGENT 1906.	De Richa	WARRANT ISSUED (2 2 - 1906.	JOHN W. LINDSEY, Commissions of Pravious, WARRANT HANDED TO	in the

4.4

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
County.	
Personally appears C. L. Phillips of Gu Kal	6
County, State of Georgia, who, being duly sworn, says on oath that he is a bonu fide ci	
and resident of said County and State, and has resided in said State continuously	
since the day of 18; that he is a years old	d and
by occupation a, that he enlisted in the military service of the	Con-
federate States (or of the State of) during the war between	n the
States and served for the term ofin Company &, of // th Regi	
of Savole ; that his physical condition follows: Sucher mily Pares ly	is as
follows: successfully , Janesty	
that his property consists of the following items:	econy, in a state
that his property consists of the following items:	10771110000
of the value of Dollars. I am now earn	ning,
by my labor, Dollars per month. That by reason o	of his
physical condition and poverty he is unable to support himself by his own exertion	n or
labor, and that he receives no pension but the one herein applied for.	
Depotent desires to participate in the benefits of the Act approved December	
1894, and the Acts amendatory thereof, and makes application for the pension to which	ch he
is entitled for the year 1905. I have heretofore as a resident of Dutull	
County been allowed a pension for the year 1904.	
County been allowed a pension for the year 1904. Sworn to and subscribed before me, this the A Phully adverse 1905.	,)
- 11 July 01 July 01 July 1000.	
Janus Regeorge Ordinary.	
STATE OF CEORGIA	
STATE OF GEORGIA,)	
County	
I, Cernes IP Very Cordinary of said Con	unty,
do cerulfy that I am well acquainted with C & Phillips	
the applicant in the foregoing affidavit, and am well satisfied that the statements i	
by him in his said affidavit are true, and I know he is the individual he represents him	nself
to be, and that he resides in this County. Given under my official signature and seal, this /7	
day of	
Marine Blance	• .
Affix your	
Seal Seal Seal Ordinary Luffulls Coun	ty.
Nore.—The blank spaces must be filled.	

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

County,	1000
	elips of Nath
County, State of Georgia, who, being duly sw	vorn, says on oath that he is a bona fide pitizen
	has resided in said State continuously ever
since theday of	1840; that he is 66 years old and
by occupation a, that 1	ne enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
	in Company 6, of the Regiment
of Georgia Vols	; that his physical condition is as
follows: Impirimity 1	proverty
	· <i>O</i> .
that his property consists of the following it	iems;
of the value of	Dollars. I am now earning
hu mu labor	
physical condition and poverty he is unablabor, and that he receives no pension but the Deponent desires to participate in the 1894, and the Acts amendatory thereof, and	e to support himself by his own exertion or he one herein applied for. benefits of the Act approved December 15th, makes application for the pension to which he
physical condition and poverty he is unablabor, and that he receives no pension but the Deponent desires to participate in the 1894, and the Acts amendatory thereof, and its entitled for the year 1906. I have hereted County, been allowed a pension for the year Sworn to and subscribed before me, the day of Jamaar 19	te to support himself by his own exertion or he one herein applied for. benefits of the Act approved December 15th, makes application for the pension to which he fore, as a resident of the pension to which he fore, as a resident of the pension to which he fore, as a resident of the pension to which he fore, as a resident of the pension to which he fore, as a resident of the pension to which he fore, as a resident of the pension to which he fore the pension of the pe
physical condition and poverty he is unablabor, and that he receives no pension but the Deponent desires to participate in the 1894, and the Acts amendatory thereof, and is entitled for the year 1906. I have hereto County, been allowed a pension for the year Sworn to and subscribed before me, the	benefits of the Act approved December 15th, makes application for the pension to which he fore, as a resident of the pension to which he fore the pension to the
physical condition and poverty he is unablabor, and that he receives no pension but the Deponent desires to participate in the 1894, and the Acts amendatory thereof, and is entitled for the year 1906. I have herete County, been allowed a pension for the year Sworn to and subscribed before me, the day of day of the year 1906. State of Georgia, County	te to support himself by his own exertion or he one herein applied for. benefits of the Act approved December 15th, makes application for the pension to which he fore, as a resident of 1905. is the 06. Ordinary.
physical condition and poverty he is unablabor, and that he receives no pension but to Deponent desires to participate in the 1894, and the Acts amendatory thereof, and is entitled for the year 1906. I have herete County, been allowed a pension for the year Sworn to and subscribed before me, the day of paulary 19 State of Georgia, County I, fames R. Seo	te to support himself by his own exertion of the one herein applied for. benefits of the Act approved December 15th makes application for the pension to which he fore, as a resident of 1905. is the 06. Ordinary. Ordinary of said County
physical condition and poverty he is unablabor, and that he receives no pension but to Deponent desires to participate in the 1894, and the Acts amendatory thereof, and is entitled for the year 1906. I have herete County, been allowed a pension for the year Sworn to and subscribed before me, the day of participate of Georgia, State of Georgia, County I, Lames H. Georgia do certify that I am well acquainted with	te to support himself by his own exertion of the one herein applied for. benefits of the Act approved December 15th makes application for the pension to which he fore, as a resident of 1905. is the 06. Ordinary. Ordinary of said County
physical condition and poverty he is unablabor, and that he receives no pension but the Deponent desires to participate in the 1894, and the Acts amendatory thereof, and it is entitled for the year 1906. I have hereted to the year 1906. I have hereted to the year sworm to and subscribed before me, the day of sworm to and subscribed before me, the day of sworm 1906. State of Georgia, County I, James Physical do certify that I am well acquainted with the applicant in the foregoing affidavit, and	te to support himself by his own exertion of the one herein applied for. benefits of the Act approved December 15th makes application for the pension to which he fore, as a resident of 1905. is the O. Start A. Ordinary. Ordinary. Ordinary of said County
physical condition and poverty he is unablabor, and that he receives no pension but the Deponent desires to participate in the 1894, and the Acts amendatory thereof, and is entitled for the year 1906. I have hereto County, been allowed a pension for the year Sworn to and subscribed before me, the day of January 19 Amus Physics County State of Georgia, County I, James Physics County that I am well acquainted with the applicant in the foregoing affidavit, and by him in his said affidavit are true, and I keep the said affid	to support himself by his own exertion of the one herein applied for. benefits of the Act approved December 15th makes application for the pension to which he fore, as a resident of 1905. is the 06. Ordinary. Ordinary of said County of am well satisfied that the statements made
physical condition and poverty he is unablabor, and that he receives no pension but the Deponent desires to participate in the 1894, and the Acts amendatory thereof, and is entitled for the year 1906. I have hereto County, been allowed a pension for the year Sworn to and subscribed before me, the day of January 19 County State of Georgia, County I, James R. County do certify that I am well acquainted with the applicant in the foregoing affidavit, and by him in his said affidavit are true, and I keep the said affidavit ar	te to support himself by his own exertion of the one herein applied for. benefits of the Act approved December 15th makes application for the pension to which he ofore, as a resident of 1905. is the Office of the Act approved December 15th makes application for the pension to which he ofore, as a resident of the pension to which he of the office of the pension to which he office of the pension to which he of the pension to which he of the pension to which he office of the pension to which he of the pension to which he office of the pension to which he of the pension to which he of the pension to which he office of the pension to which he of the pension to whi
physical condition and poverty he is unablabor, and that he receives no pension but the Deponent desires to participate in the 1894, and the Acts amendatory thereof, and is entitled for the year 1906. I have hereto County, been allowed a pension for the year Sworn to and subscribed before me, the day of January 19 State of Georgia, State of Georgia, County I, January County the applicant in the foregoing affidavit, and by him in his said affidavit are true, and I ke to be, and that he resides in this County.	to support himself by his own exertion of the one herein applied for. benefits of the Act approved December 15th makes application for the pension to which he fore, as a resident of 1905. is the 06. Ordinary. Ordinary of said County of the statements mad now he is the individual he represents himsel ature and seal, this 15
physical condition and poverty he is unablabor, and that he receives no pension but to Deponent desires to participate in the 1894, and the Acts amendatory thereof, and is entitled for the year 1906. I have herete County, been allowed a pension for the year Sworn to and subscribed before me, the day of day of the year 1906. State of Georgia, County I, fames County do certify that I am well acquainted with the applicant in the foregoing affidavit, and by him in his said affidavit are true, and I k to be, and that he resides in this County. Given under my official sign	to support himself by his own exertion of the one herein applied for. benefits of the Act approved December 15th makes application for the pension to which he fore, as a resident of 1905. is the 06. Ordinary. Ordinary of said County of the statements mad now he is the individual he represents himsel ature and seal, this 15
physical condition and poverty he is unablabor, and that he receives no pension but to Deponent desires to participate in the 1894, and the Acts amendatory thereof, and is entitled for the year 1906. I have herete County, been allowed a pension for the year Sworn to and subscribed before me, the day of day of County 19 State of Georgia, County I, fames Recording affidavit, and the applicant in the foregoing affidavit, and by him in his said affidavit are true, and I k to be, and that he resides in this County. Given under my official sign day of fame and the same and the same and the same and the county.	to support himself by his own exertion of the one herein applied for. benefits of the Act approved December 15th makes application for the pension to which he fore, as a resident of 1905. is the 06. Ordinary. Ordinary of said County of the statements mad now he is the individual he represents himsel ature and seal, this 15

POWER OF ATTORNEY.

STATE OF GEORGIA, Deltala	_ COUNTY.		hereby authorize
Control of the contro		, , , , , , , , , , , , , , , , , , , ,	
to receive and receipt for the	pension allowed, and	1 request that	ne remit same to
by			
WITNESS my hand and seal,	this	day of	1907.
Executed in presence of			[i., s.]
5	11、12	1907.	

Phillips, G.D. Bekali. Co.

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLE

No. 6116

SOLDIER'S PENSIO

& Regiment 1964

JOHN W. LÍNDSEY,

. Hannoy order Privata, ATLA

- data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Geor	rgia,		
DeKALB	County.		
Personally appears_		Phillips of_	Detection :
County, State of Georgia, wi	ho, being duly swo	ID. Says on oath that he	ie o kon- Ed. III
and resident of said County	and State, and he	as resided in said Stat	a continue 1
since theday of	July	1840: that he is	e continuously eve
and by occupation a	J. that 1	he enlisted in the milita	years of
federate States (or of the Sta	ite of	\ duning	ry service of the Con
States, and served for the ter	m of	in Company &	f // D
			th Regimen
follows: Infirmi	the and	; that his phy	sical condition is a
1	1	- very	
	4		
that his property consists of t	h- 6-11- : :		
and the property consists of t	the following item	as;	*
of the value of			
		Dollars.	I am now earning
y my labor,hysical condition and poverty	I	Pollars per month. Th	hat by reason of his
894, and the Acts amendatory entitled for the year 1907.	I have heretofore,	as a resident of	ension to which he
ounty, been allowed a pensio	n for the year 190)6.	
Sworn to and subscribed	d before me, this t	the DOZ.	DV. 11:1
J day of fa		10-Nex	muly
anus 18 Glor	ge .	_Ordinary.	
2+010 06 0			
State of Georg	318 ,		
DaKAUS AS	County.		
I, Janes		o ige ordina	
		Ordina	ry of said County,
certify that I am well acqu		O. D. Thi	Clipt
e applicant in the foregoing	effidavit, and am	well satisfied that the	statements made
him in his said affidavit are	true, and I know	he is the individual he	represents himself
be, and that he resides in thi			76
day of	y official signature		
uay or	1 /	1907.	
AM-1	- July	Mr Regio	rgi
your neal herra	Ordin	iary Dalett	County.
Nore The	blank spaces must be fi	lled.	

Gertin, C erokee Contay.

Defore the undersigned in terson appeared J.

M. Molfee, who, he're dolv sworn, decomes and says, that he knows aliwer D. Phillis; the totals depotent, well recembers that he was a member of Committee L. e 1422 G . regiments in the service of the Confederthe Educed of Americ; what this deforent was in command of sold Compa-D. The close of the line civil war; that the said Oliver D. Thilas was member a member of said Company while deponent so commanded it; and White Id Oliver D. Millis did tot desert, soid service. Where was never one re or or or ree to the effect this said Otiver D. Phillips es deserver, so in a blis de ovent known; ad this de onent feels confident ax xxx xxxx, then he would have he and of the ract, if said

Sign to and subscribed before le ... s 16 ay o Mirc , 1900.

& 6,60mm, Ording chonoko e bound ba

Teorgia. 2 In person came De Kall County, 3 Jasper Gilbert who Seing sworn says that he is well agricated with O.D. Phillips of said County and know that he is not able to do anything of labor or work to support himself and family that he is on account disease not able to support himself by his our labor and he has no one to depend upon for help. Sworn to and subsesiled before me I fin Dec Her 899, MMMaggdale, Ordinary. Georgia DeKall County. 3 & W. M. Kagstace, admissing in and for said County

do certify that I am acquainted with Jasper bilber who make the above of fidavit and that his statements Are worthy of full Credit and situes my hand and seal of fice Mis Deg 21st 1899

NAME Phillips, Olive D.

YEAR 1900 COUNTY DOKALD

WHEN AND WHERE BORN? Hart Co. Ga. 1845.

ENLISTED WHEN AND HERE? / Foreyth Co. Ga. / 1862.

RAIK

COMPANY AND REGIMENT? Co. E, 14th. Regt. Ga. Vols.

NAME OF CAPTAIN AND CULONEL? J.M. Moafee, Commissioned Officer.

WOUNDED? Health has been failing ever since the war - catarrh in head, lungs and heart disease.

CAPTURED, WHEN AND WHERE? Captured short time before war closed.

RELEASED. After surrender.

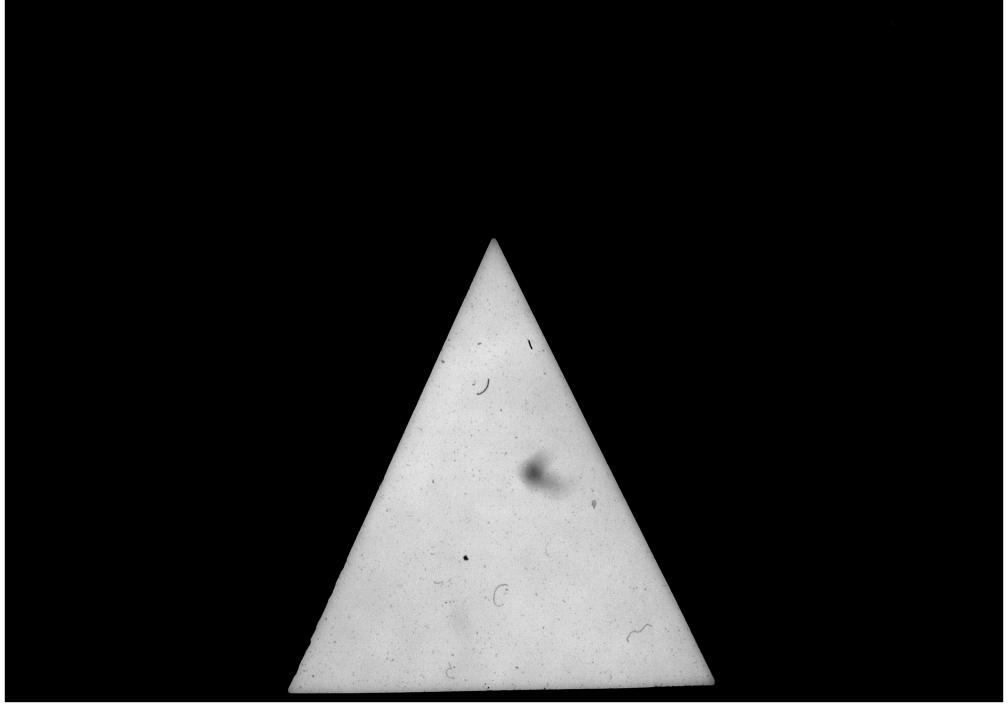
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. John B. Boyd, same command - No data.



Widow's Application

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

County Mark Philips

Widow of W. S. H. Philips

Company 6 - Could Agrican

Approved

J. W. LINDSEY,

CHAS P. BYRD. State Printer, Atlanta

Phillips, Pollyann De KALD Co. (Mrs.)

For Derall

County

1924

Application for Pension Due Deceased Pensioner

(UNDER ACT 1904) (To pay expenses of last illness and funeral)

V. D. Morgan Ordinary For Mus Pally ann Phillips

Date of Death March 77 192 X

70

Approved and ordered paid

. 1924

C. E. McGREGOR, Commissioner of Pensions.

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

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)

EORGIA L'EKall County.	
Personally before me, the Ordinary of said County, comes 5.6. Mutchell	e
of said County who, after being sworn, on oath	
ys that he knew Mrs Calleyaum Chillips of said County, and that said Pensioner	
is on the Widows Pension Roll of Descale County at the	
ne of death, which occurred in DEKalh. County, in this	
ate, on the 27th day of March 192,4, and that	
Pension of M. Nunded (\$/0000) Dollars was due pensioner and	
paid at the time of pensioner's death, and that pensioner left no widow or dependent children	
rviving, and no estate of any value sufficient to pay these funeral expenses, which amounted	
the sum of \$ 100, per sworn statements fully and completely ITEMIZED hereto attached.	
Sworn to and subscribed before me	
s 26 day of april 1924 0 P	
T. V. margan, Ordinary J. G. Smitchell	
10x 7 Kala. County	
(Seal of Ordinary)	
I, V. J. Morgan, Ordinary of said County, do certify of personally know S. le. Mitchell, who is a resident	•
izen of said County, and that said person is of truthful and trustworthy character, entitled to	
I faith and credit; that I also knew we Cally ann Phillips while in life and that this)
s the same person whose name appears on the widows Pension	
1 of County, and was paid a Pension	
One Very lud (\$/06 -) Dollars in said County for 192 ,	
I now believe said pensioner to be dead; and that the instructions at the foot of this voucher	
e been carefully observed in making up this voucher and the bills which are attached hereto.	
Given und my hand and official seal, this 26 day of april , 192 &	
Seal of Ordinary) V. D. Morgan, Ordinary	
Dexalh. County	
INSTRUCTIONS	
it. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and died without of sufficient property to pay such expenses. THE WIDOW OF A SOLDIER, IF SHE IS LIVING, HAS PRIOR CLAIM OVER	
E EXPENSES, AND MUST MAKE APPLICATION ON YELLOW BLANK. All Require those claiming expenses of last lines and funeral, to make out their accounts in fully itemited form, giving each and the value of line and the value of line and the value of line and line and lines and funeral, to make out their accounts in fully itemated to the lines and lines are lines and lines and lines and lines and lines are lines and lines and lines are lines and lines and lines and lines are lines and lines are lines and lines and lines are lines and lines are lines and lines and lines are lines and lines are lines and lines are lines and lines are lines are lines and lines and lines are lines are lines and lines and lines and lines are lines are lines and lines are lines and lines are lines are lines and lines are line	
' 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." th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached to this blank, after this blank has been properly completed as indicated.	
b. The Ordinary must see to it that each bill is perfectly lestituints in every respect, and properly swern to, and all attached to this blank, after this blank has been properly completed as indicated. b. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must lout until it is returned to you as your authority to make the payment.	

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,	
	County.
Personally before me comes	olly aun Phillips of said County,
who, after being duly aworn, on oath s	ays, that she is the widow of the Phillips to whom
the County of 20 Stal	State of Ga she was married on the 24
	e remained his wife, and resided with him to the date of his death
	at she has not since his death remarried. At the time of his death
	County, in said State of Georgia, and he
	Pension Roll of the State and paida pension of
	or 19 /per annum, on account of being a soldier in Company
9- Cobbs Lesion	Regiment(Volunteers of State Militia.)
At the death of The The	The was in the use and possession of the following
roperty	47
the cash value of \$	of any value have you in your use, control and possession now, and
	re situated
Acres land	
	les
Hogs, Cows, et	
Total Cash valu	79 13 11
	sident citizen of said County of
as so continuously resided since	0 -1 10 13 - 1 1
Sworn to and subscribed befor	e me this the Galler aren't Whillis
(23) days Bugs	1917
James Rights	Ordinary, Ordinary,
Fames Beller	Josephall County.
James Rights	Josephall County.
James Egiler	Westall County.
James Egiler	Ordinary, County. To Prove Marriage and to WhomDate of
Affidavit of Witnesses	to Prove Marriage and to Whom-Date of
Affidavit of Witnesses to	Westall County.
Affidavit of Witnesses to	to Prove Marriage and to Whom-Date of
Affidavit of Witnesses to	to Prove Marriage and to Whom-Date of Death of Husband.
Affidavit of Witnesses to	to Prove Marriage and to Whom-Date of
TATE OF CEORGIA, Personally before me come:	to Prove Marriage and to Whom-Date of Death of Husband.
TATE OF CEORGIA, Personally before me come and truthful persons, residing in said	County. Cou
TATE OF CEORGIA, Personally before me come and truthful persons, residing in each way personal knowledge Mrs.	County. Cou
TATE OF CEORGIA, Personally before me come and truthful persons, residing in each way personal knowledge Mrs.	County. Cou
TATE OF CEORGIA, Personally before me come and truthful persons, residing in said wn personal knowledge Mrs. Le lawful widow of the company of the of t	County. County in Cou
TATE OF CEORGIA, Personally before me come and truthful persons, residing in and wn personal knowledge Mrs. Le lawful widow of the company of the lawful widow of the company of the lawful widow of the company of th	County. County in and that she ame the wife of County. County in the Cou
TATE OF CEORGIA, Personally before me come and truthful persons, residing in and wn personal knowledge Mrs. Le lawful widow of the company of the lawful widow of the company of the lawful widow of the company of th	County. County in and that she ame the wife of County. County in and that she ame the wife of County. County in and that she ame the wife of County. County in and that she ame the wife of County in the County i
TATE OF CEORGIA, Personally before me come and truthful persons, residing in early wind personal knowledge Mrs. That she beck and that she and he had anot since remarried. That she beck and that she and he had anot since remarried.	County. County in and that she are the wife of the county in the county
Personally before me come and truthful persons, residing in ead wn personal knowledge Mrs. And State of the lawful widow of th	County. County in and that she ame the wife of County. County in and that she ame the wife of County. County in and that she ame the wife of County. County in and that she ame the wife of County in the County i
Personally before me come and truthful persons, residing in and wn personal knowledge Mrs. And the lawful widow of the lawful	County. County in Count
Personally before me come ind truthful persons, residing in said wn personal knowledge Mrs. That she been indicated in the lawful widow of the law	County. County in and that she in the wife of County in and that she in the wife of County in and that she in the wife of County in and that she in the wife of County in and that the County in the County in and that the County in the Co
Personally before me come and truthful persons, residing in said wn personal knowledge Mrs. And the lawful widow of the lawful	County. County in and that she in the wife of County in and that she in the wife of County in and that she in the wife of County in and that she in the wife of County in and that the County in the County in and that the County in the Co

White & Company UNDERTAKERS, EMBALMERS

FUNERAL DIRECTORS

FUNERAL HOME 134 COMMERCE STREET CONYERS, GEORGIA

M_Mrs.Pollyann P	hillips.	
4/2/24	Clarkston, Ga.	
10	To Embalming	
a exp	S 5/0-1924	total\$100.00
The Above	and foregoing account	s rendered for Funeral expenses without owning sufficient
Vitnessed V.A. M	organ. Ordinacy	White & Co. Undertakers By. J. P. White
2590	erdinary	Contraction of the contraction o

AFFIDAVITS OF TWO EREFUCI DER

STATE OF GEORGIA, County.	
Personally before me comes	who after being sween
oath says, that they are freeholders of said County, and the	at they know
said County and knew her said husband	of his death on the
day of	Use. Dossession and control of the
property at his death to wit:	
17	the state of the s
of the value of \$ That she is now in the	te use, possession and control of the following
property to wit:	er grand and the same let be
of the value of \$	
Sworn to and subscribed before me, this the	
day of191	/- /
Ordinal	
of	County.
ORDINARY'S CERT	IFICATE.
DeKalb County.	
Process P Homes	and the state of the state of
James R. Beorge Ord	inary of said County, do certify, that,
the applicant	for this pension and that she is the person
she represents herself to be, and that she is a bona fide contin	uing resident of said County and was on the
31 M. R. J. J. J. J. 1917	
That I also know Mrs M. Lo. Mitchell	The state of the s
who I know that all of the foregoing were duly sworn by me before signing the statements are entitled to furthful and trustworthy and their statements are entitled to furthful and trustworthy and their statements.	v to be a resident free holder of said County
That the tax Books of County shows that	in taken and credit.
mount of \$ 100 \$ 1	returned property to the
1. X. X. for 1912 \$	for 1910 for 1911
Sworn under my hand and official seal of office this	day of Oct 1917

(SEAL.)

Ordinary.

State of Georgia,)

DeKalb County. To any Minister of the Gospel, Judge of the Superior

Court or Justice of the Peace to Celebrate:

You are hereby authorized and permitted to join in the Honorable State of Matrimony, William H. H. Phillips and Polly Ann Twilley, 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 23rd day of December, 1868.

J. B. Wilson, (Seal) Ordinary

I hereby cortify that William H. H. Phillips and Polly Ann Twilley were joined together in the Holy Bans of Matrimony on the 84th day of December 1868 by me.

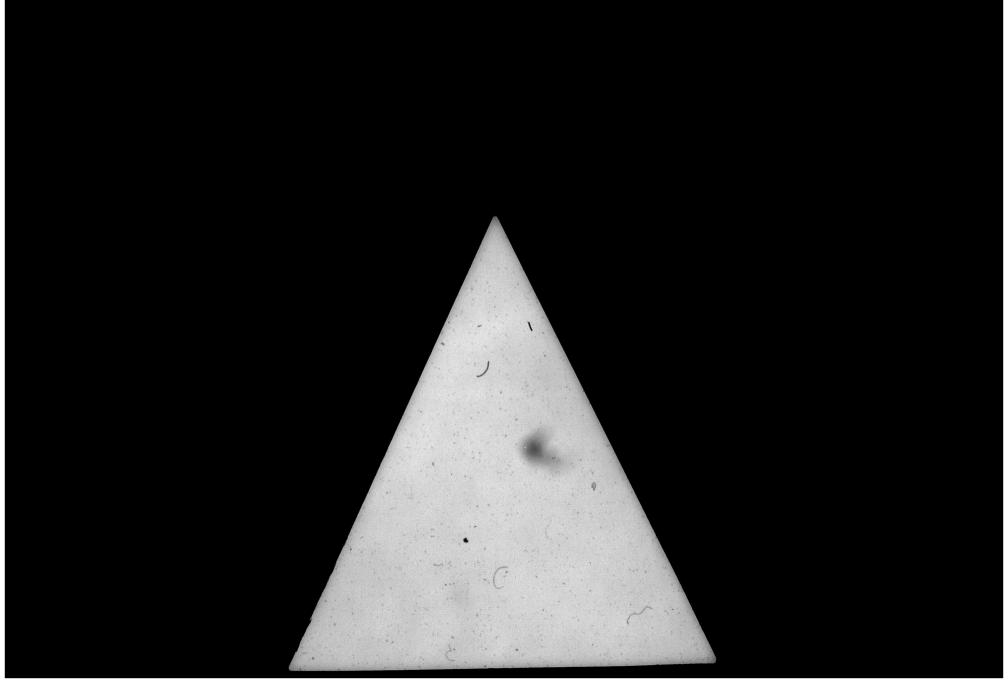
John M. Stewart, J. P.

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 certificate of marriage, is a true, correct and complete copy of the marriage license and certificate of marriage of William H. H. Phillips and Polly. Ann Twilley, as the same appears of record in my office, in Record of Marriages, Book "B", Page 290.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Court of Ordinary, at Decetur, Georgia this August 51st, 1917.

James Regeorge



	Hillips, Thomas	
	Phillips, Thomas	
1	APPLICATION FOR	4
	FOR CONFEDERATE SOLDIER.	•
	Applicant Roman Philips	
	County De Kalb Limb De Calb KANG	
	Amount A / CD ,	
	Date of Warrant	
	Page	
1	C. T. The Text has	
	Inj'	
The second	5	
	10 14 (7)	

STATE OF GEORGIA.
Fulton County.
Personally appeared before me. The Phillips of
the county of
enlisted in the military service of the Confederate States, or of this State, as a
in Company 72 7 Regiment of Yunnia Volunteers
that while engaged in such military service, to wit: at the battle or engagement of Richard
in the State of 2 inguise on the 27th on 28th, day of
1862, he was wounded in the laft and and
that the same was amputated
20th, 1879; that he has
done so, he prefers to supply himself with an artificial
Sworn to and subscribed before me this
COMMISSIONED OFFICER'S AFFIDAVIT.
STATE OF GEORGIA,
Fulture County.)
Personally came before me. Wilson J. Belland of
the county of Jacobs State of Georgia, who, being duly sworn, deposes
and says that he was Ca fatain in Company to if the The Regiment
and that The case Phillips, the above deponent, was a friendle
in said Company, and that this deponent knows that said, Thomas an Phillip
lost ain the military service as said in the above affidavit.
Sworn to and subscribed before me this
4 18 facur 4 - 0 12 2 8

.

AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877:

Section I. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service, of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such needful artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars; for a leg not extending above the knee, seventy-five dollars; for an arm extending above the claow, sixty dollars; for an arm not extending above the elbow, forty dollars: Provided the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

Sec 11. Be it further enacted by the said authority. That such application shall contain proof of such applicants being entitled to the benefits of this act, and shall further state whether arm or leg has been supplied. If an arm, whether extending above the elbow or not, if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

Sec. III. Be it further enacted by the said authority. That no applicant shall receive the sum allowed under this act oftener than once in five years.

Sec. IV. Be it further enacted by the authority aforesaid. That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

HENRY R. GORTCHIUS, Secretary House Representatives. WM. A. HARRIS, Secretary Senate. Approved, September 0th, 1879. A. O. BACON, Speaker House Representatives. RUFUS E. LESTER, President Senate.

ALPRED. H. COLQUITT, Governor.

STATE OF GEORGIA.

County.	
Personally came	
rho, being duly sworn, depose and say they are acquainted with	
hat said	
itizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true. worn to and subscribed before me this	
day of	
County,	
I, Alemie Pitting, Ordinary of Pultano	
o applicant for a, and aim well satisfied that the facts stated by him in the foregoing	
idavit are true, and that I am well acquainted with OV J Balland	
discountry, and that the facts are true.	
Laure (Colore	
Quel Villataio	

WHEN AND WHERE BORN?

EMLISTED WHEN AND WINKE?

RANK. Private

COMPANY AND REGIMENT? Co. K 7th Regt. Ga: Vols

NAME OF CAPTAIN AN COLOMEL? Captain Milson J Bullard

WOUNDEDY Richmond, Va. - June 28, 1862 - Left leg, necessary to amputate above the knee.

CALTURED, WHEN AND WHERE

RELEASED.

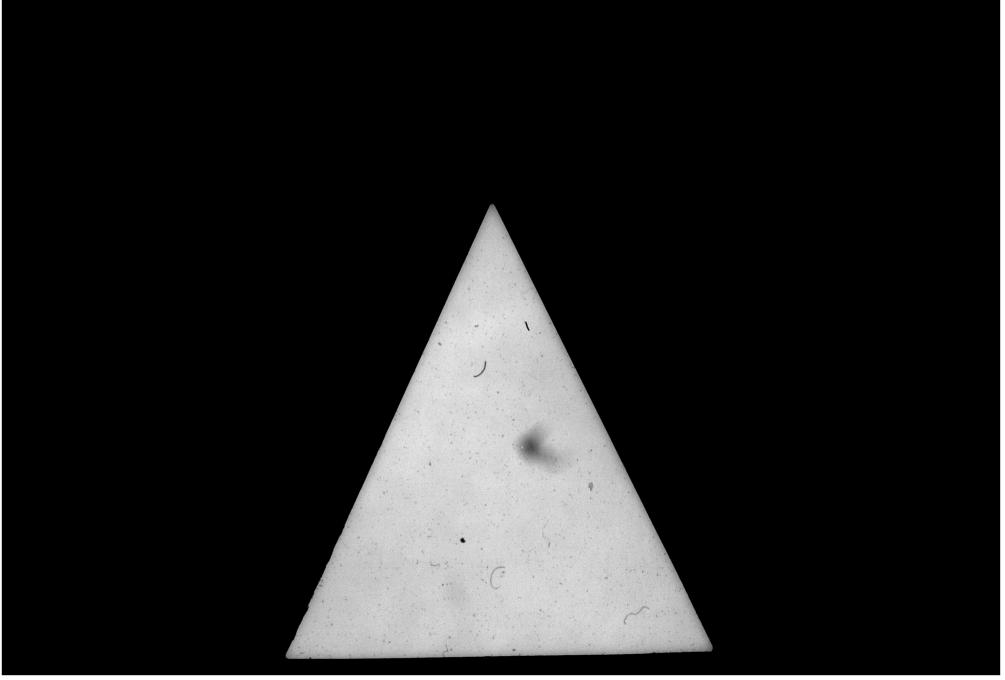
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT CURRENDER, WHICH WELL YOU?

DIED, WILL AND WICHE?

BURIED.

WITNESSES. Captain Wilson J Bullard - No data



INDIGENT PENSION, 1802. Name Phillips T. VV. County De Malb Co. A. 42d La. Reg'm't Approved 1902. JOHN W. LINDSEY, Commissioner of Pensions. WARRANT HANDED TO

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

POWER	
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STATE OF GEORGIA,

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day of	1902. [L. S.]
day or	1902. [L. S.]
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Y. M.	1 62 2
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HN V	rrite Najack as ir
JOHN W. LII Commissi WARRANT HAND	Ordinary will write Name of and Regiment on back as indicate of 1600 W. Marmoni Suse Prin
	W. LINDSEY, Commissioner of Pensions. HANDED TO

	Questions for Applicant.
S	TATE OF GEORGIA,
1	De Yelly 4 Country
	M. Phillips
tru	avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn se answers to make to the following questions, deposes and answers as follows:
	That is your node and where do you reside? (give State, County and nost office)
2.	. How long and since when have you been a resident of this State? Severalyous
-6	years.
0.	When and where were you born?
1	When got where and in what company and regiment did you enlist or server. In May 1862
5.	How long did you remain in such company and regiment? How Mile years
	· · · · · · · · · · · · · · · · · · ·
6.	Wen and where was your company and regiment surrendered and discharged? Ar Bentonine.
	Je,
7	
8.	Were you present with your company and regiment when it was surrendered? If not present, state specifically and clearly where you were, when you left your command, for what cause
	by whose authority? Was captured see 17th 1864 at
9.	How much can you earn (gross) per annum by your own exertions or labor? 130 or 140.
10.	What, has been your occupation since 1865? [MANA AND AND AND AND AND AND AND AND AND
11.	Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty,"
12. sup	ond, "infirmity and poverty," or third, "blindness and poverty"? If upon the first ground, state how long you have been in such condition that you could not early our port? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third,
stat	e whether you are totally blind and when and where you lost your sight? The state have
4	year har heen make to with.
/	
13.	What property, real or personal, or income, do you possess, and its gross value?
14.	
and	What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900 and 1901, what disposition, if any, by sale or gift, have you made of same?
/	un disposition of any
15.	In what County did you reside during those years, and what property did you then return for taxation?
.2	In de Hall tone
16.	How were you supported during the years 1899, 1900 and 1901? Any my Children
17.	How much did your support lost for each of those years, and what portion did you contribute thereto by
your	What was voor employment during 1808 1600 and 19012 What was did you recipiled.
1	What was your employment during 1898, 1960 and 1900. What pay did you receive in each year? What was your employment during 1898, 1960 and 1900. What pay did you receive in each year? Have you arranged? If so, who composes such family? Give their many of support? Have you
19.	The state of the s
hom	colod? Dely and wife. To homestead
20.	Are you receiving any pension? If so, what amount and for what disability?
21.	Have you ever made an application for pension before?
	How many applications have you ever made and under what class?
	Sworn to and subscribed before me this the
distribution.	Annigent.

QUESTIONS FOR WITNESS

STATE OF GEORGIA,	
De Kall COUNTY.	
A A lose	A 11-0
The real of the	of said State and County, having been presented
s a witness in support of the application of	swers to make to the following questions, deposes and
nswers as follows: 1. What is your name and where do you reside?	Aleale).
7,700	
2. Are you acquainted with J. W. O. Suile	the applicant; if so, how
ng have you known him? Jes John	well forly years
en De Kalle Pour	In Ree Sin Sile
When where and in what company and regiment did ho	online, and how do you know!
May 1862, In Durine	Ales lee A. 47 d Ga
5. Were don't a member of the same company and regiment	~ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3. How long did he perform regular military duty?	me leaprined alors
Then and where was his command surrendered?	
sentoralle IV.C.	212 0 1 1 1 1
Were you present when it surrendered?	nor I was migrosen
. Was applicant present? Al was no	I was also my
	comp Chase Chis
what authority he left?	or what cause ?
be were Pastured	How do you know all of this
NASAMBLE DE 1911	186"
- 104/11/11/11/11	ive your means of knowledge?)
What property, effects or income did the applicant poss	23 in 1896, 1897, 1898, 1899, 1900 and 1601, and
nat disposition, if any, did he make of same?	
. Has he conveyed away any of his property in the last fou	r years, if so, what was it, and to whom?
What is the applicant's occupation and physical condition	Maryer but Can
what is the applicant soccupation and physical condition	ed. Vivila
s the applicant unable to supporthimself by labor of an	sort, if so, why? He is much
a suppor simself	on account of
Chimotism and	other disease
. How was he supported during the years 1898, 1899, 1900	
What portion of his support for these four years was derived	red from his own labor or income?
Mouning;	
Give a full and complete statement of the applicant's physics 1954 C. 1.	visical condition that entitles him to a pension under
etion 1254, Code?	-
· · · · · · · · · · · · · · · · · · ·	
What interest have you in the recovery of a pension by the	ds applicant?
Sworn to and subscriped before me, this the	Co Colo
15, so officer 1902	Witness.
MMK (dask (Po) Outin	and D 4rell as

AFFIDAVIT OF PHYSICIANS

THI OICIANG,
STATE OF GEORGIA,
Dellalle COUNTY.
SAL P
Personally came before me. 274, / Canana and
Willy J. Curry , both known to me as reputable physicians
of said County, who, being severally sworn, say on oath that they have examined carefully 126.
, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:
Med agz. General dibility - Turnerelin Rhumont
Vertigo Sometable Olodali (cy stres comie)
and that we have no interest in said pension being allowed.
Sworn to and subscribed before me, this the
15 A officely 1902 Thiling S. andling uns
MM Cagestale Ordinary.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA.
De Kalk COUNTY
In male
The late of the la
been a bona fide resident of this State since the day of 180
and that the witnesses, viz.: Y, N, Cole
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 Aultalia County show that applicant
returned for taxation in his name in 1899 Youe Dollars of
property, and in 1900 _ Nove _ Dollars of property.
In my opinion the foregoing claim ismade in good faith.
Witness my hand and seal of office, this day of day of 1902
annah e
Ordinary,
of De Calh 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
2. Additional affectives may be attached if blank spaces are insufficient.
 In every case the ordinary must certify to the character of the witness, and as to the execution of the proof
as above set out.

STATE OF GEORGIA,	}	0	
I. V. W Philly	hero	eby authorize Del	Donahoo
	of De	Kalh	·····
o receive and receipt for t	he pension allowed	and request that	ne remit same
	at		
y			
. Witness my hand and sea	1 this 10 de	v of lan	1903,
. Wreness my hand and sea	i, this <u>y</u> - ua	y or part	
Executed in presence of			[L. S
10100	: :1	IP Theel	1/3
	C	0 .,	
Hollingers			
May solace			
May dace	V;		
May dace	<i>y</i> ,		
May dace	" ,		
May clase	/ /,		

A Regiment 424

Name Phillips County De Kalk

WARRANT ISSUED

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

(FOR THOSE ALREADY ENROLLED.)

No. c 6 9

SOLDIER'S PENSION

INDIGENT

1903.

POWER OF ATTORNEY.

and the second s	County.	
I,	_hereby authorize	
receive and receipt for	the pension allowed and request the	at he remit same
	the Committee of the Co	
Witness my hand and se	eal, this day of	190-

Name For Phillips

42 Regiment - 5 Ch

WARRANT ISSUED

JOHN W. LINDSEY.

SOLDIER'S PENSION (FOR THOSE ALREADY ENROLLED.) Filall County INDIGENT 1904. No. 52/

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Do Kack County.
17.16.00
Personally appears I. W. Millips of De Kalh
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the 10 day of Oet 1832; that he is 7/ years old and
by occupation a CASILLES, that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of 3 Hears in Company A, of 424 Regiment
of Ja Va (; that his physical condition is as follows: Age and Infirmity cause of rombin
follows: I ge and sufermity-cause of somther
rouve
·····
that his property consists of the following items: No WC
of the value of OD 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 Kalh
county been allowed a pension for the year 1 First Pay ment.
Sworn to and subscribed before me, this the day of the Con
MM gsdace Ordinary.
STATE OF GEORGIA,
Delalla County.
I, All Ragadace of Prdinary of said County,
do certify that I am well acquainted with J. M. Milligs
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this
day of Jan 1993.
Attix Just MM Egedale
Ordinary De Nalh County.
Nore.—The blank spaces must be filled.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.
0 11
Dikall- County.
Personally appears J.W. Phillips of Dekall
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 10 day of October 1832; that he is 72 years old and
by occupation a Harrier, that he enlisted in the military service of the Con-
federate States (or of the State of Guly iv) during the war between the
Control of the State of State
States, and served for the term of 3 years in Company A, of 42 th Regiment of GA John ; that his physical condition is as
of GA 1000 ; that his physical condition is as
follows: Kidney derease ald egg & Procenty
210
that his property consists of the following items: 1201 L
of the value of Mulling 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
County been allowed a pension for the year 1
Sworn to and subscribed before me, this the 14 day of Lancay 1904.
Janus Kyell ge Ordinary.
STATE OF GEORGIA,
Distall- County.
I, Janus R Guer Se Ordinary of said County,
do certify that I am well acquainted with / W Fill h.2
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
day of January 1904.
Amix James James James
Ordinary Of XIX all County.

Note.—The blank spaces must be filled.

Nors - Affidavit should not be attested before January 1st, 190

POWER OF ATTORNEY.

receive and re		of			
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	y hand and seal, this		day of		1905.
			·····		[I., s.
Executed in	the presence of				
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, (FB)	NOI 1	e de	.1906.	sions.	ftasta.
ROLLED.)	NSION	caps 42 De	23 1905.	of Pensions.	TO TO THE STANKE
r ENBOLLED)	PENSION	ulle as de	Sure 1905.	OSEY, ioner of Pensions.	DED TO
SADY EMBOLLED.)	PENSION Dos.	The Caps Tall	1 ISSUED 1905.	LINDSEY, missioner of Pensions.	HANDED TO
FOR THOSE ALREADY ENROLLED.) No. (C & S	R'S PENSION OS.	Halle Regiment 42 St.	WARRANT ISSUED	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO

POWER OF ATTORNEY.

STATE		EORGIA,	Cou	NTY.						
]	,			of				herel	by author
to receiv	e and	receipt for	the pe	nsion al		d requ	iest 1	that he	ren	nit same
by	•				_at		*,	* 3		
		my hand an	d seal,	this		_day o	<u>. </u>			1906.
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Ex	recuted	in the prese	nce of							
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+ 3				11	121		190	rions.		1
COR THOSE ALREADY ENROLLED		. 32		1.3	1		4	V. LINDSEY.	2	Harmack
了	7	ZE	0	Th'	1	WARRANT ISSUED	1	JOHN W. LINDSEY,	WARRANT HANBED TO	8 9
ENERGY	5	S PE	Ŏ	3	Regiment	T 15		. LIN	HAN	1 30
A STA	No. ST	20 20	0	13.3	E E	RAN		W NI	ANT	2
38 38	No	ZE		230	3	WAS		JOE	ARR.) I was
7 =	•	- P		03.5	X		-0.7		W	RAMPELLIN P
E		10		Name	County Co.				1	Į į
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulfall County.
Personally appears of al Phillips of Durall
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 23 years old and
by occupation a, that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of in Company a, of 42 th Regiment of Value ; that his physical condition is as
of Value ; that his physical condition is as follows: Coge Y Vares Cog
follows:
Managara da
de la constant de la
that his property consists of the following items:
of the value of Dollars. I am now earning,
by my labor, Dollars per month. That by reason of his
physical condition and poverty he is unable to support himself by his own exertion or
labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1905. I have heretofore as a resident of
County been allowed a pension for the year 1904.
Sworn to and subscribed before me, this the 12 day of Jacob 1905.
DIFFERENCE DESCRIPTION OF THE PROPERTY OF THE
Galle Cype Ordinary.
STATE OF GEORGIA,
119006
I, County, County, Ordinary of said County,
do certify that I am well acquainted with I W Phillips
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 feeling 1905.
Affix \
Seal Ordinary Will County.
Non- The black areas must be filled

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

0.11	f Georgia,		
Telca	Count	20/11	~ / / /
Personally	y appears U. W	Thillips .	Sycalle
County, State of	Georgia, who, being duly	sworn, says on oath th	at he is a bona fide citizen
			1 State continuously ever
since the	day of OCX		is 74 years old and
by occupation a	Flann, th	at he enlisted in the mi	ilitary service of the Con-
federate States (or of the State of) dı	iring the war between the
States, and serve	d for the term of 3 44		2, of 42th Regiment
of so		j that h	is physical condition is as
follows:	a ana aux	Port,	enterente de la constanta de l
that his property	y consists of the following	g items:	
	*		
of the value of_			ollars. I am now earning
by my labor,		Dollars per mont	h. That by reason of his
1894, and the Acis entitled for the		nd makes application for retofore, as a resident o	approved December 15th, r the pension to which he f
Sworn to a	and subscribed before me,	this the) Tif was	y Shickoff
WILL O	ginge	Ordinary.	
	7	Ordinary.	
	Georgia,	}	
State of	Georgia,	}	Ordinary of said County
State of Likely	Georgia,	ty.}	Ordinary of said County
State of Like I, do certify that I	Georgia, County Assur Py am well acquainted with	iv.)	Thillips)
State of Like II, do certify that I the applicant in	am well acquainted with the foregoing affidavit,	ty.)	that the statements made
I, do certify that I the applicant in by him in his sa	am well acquainted with the foregoing affidavit,	ty.) thand am well satisfied in the individual	Thillips)
I, do certify that I the applicant in by him in his sa to be, and that he	am well acquainted with the foregoing affidavit, are true, and le resides in this County.	ty.) and am well satisfied to the individual to	that the statements made
I, do certify that I the applicant in by him in his sat to be, and that he	am well acquainted wit the foregoing affidavit, id affidavit are true, and it	ty.) thand am well satisfied to the individual seal, this	that the statements made
do certify that I the applicant in by him in his sat to be, and that he	am well acquainted wit the foregoing affidavit, are true, and it eresides in this County.	ty.) thand am well satisfied to the individual seal, this	that the statements made

POWER OF ATTORNEY.

STATE OF GEORGIA,	.)		
	COUNTY.		
I,			, hereby authoriz
to receive and receipt for th			hat he remit same t
The second of th	at		
. WITNESS my hand and se		dny of	
Executed in presence	of	*.	[L. s.
		in the No	
e tie A			
	14 10	2 1 51	
	- 13/1	9 19	Penaio
COOR EMPTOR 1284. FOR THOSE ALREADY EMPOLLED NO. 7 / 7 INDIGENT LDIER'S PENSI(.6.6	# 3 7	ED TO
SE ALREADY ES ALREADY	5343	Regiment WARRANT ISSUED	JOHN W. LINDSEY, Commissioner of WARRANT HANDED TO L. H
Cons Bacolosse ALRI NOIC	1 1 1 1	RRAN	ANT ANT
THOSE NO.		X	JOHN VARE
	9 4	2	B g
	Nam	8	

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgi	la,
Destalle o	County
	11 Ph: 11:1 De 17 11
Personally appears	in usuays of wheats
county, State of Georgia, who, he	eing duly sworn, says on oath that he is a bona fide citizen
since the D day of O	State, and has resided in said State continuously ever 18.2.1; that he is 7.1 years old
	that he enlisted in the military service of the Con-
federate States (or of the State of	
States, and served for the term of	, Serven the
of Sa Jols	
follows: agr and I	; that his physical condition is as
ionows:	oury
has his account account to	C-11
that his property consists of the	ionowing items;
*	
.C.A1C	
	Dollars. I am now earningDollars per month. That by reason of his
s entitled for the year 1907. I ha	ercof, and makes application for the pension to which he ave heretofore, as a resident of
County, been allowed a pension for	
Sworn to and subscribed be	
James Ryung	
and Cyring	Ordinary.
State of Georgia	a ,
Ø	
	county.)
I, Janua R	Ordinary of said County,
o certify that I am well acquain	ted with J.M. Shillifes
e applicant in the foregoing affid	lavit, and am well satisfied that the Statements made
	e, and I know he is the individual he represents himself
be, and that he resides in this C	1174
-	fficial signature and seal this /
day of fars	
	nong 1907.
AME JOUF PAL	

NAME WX

YEAR 1902 COUNTY Dekalb

WHEN AND WHERE BORN? Gwinnett County, Georgia - 71 years old.

ENLISTED WHEN AND WHERE? May 1862 - Gwinnett County, Georgia

RANK.

COMPANY AND REGIMENT? Company A, 42nd Ga Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WILEAE? December 17, 1864 - Franklin, Tennessee and carried to Camp Chase, Ohio.

RELEASED. Date not given.

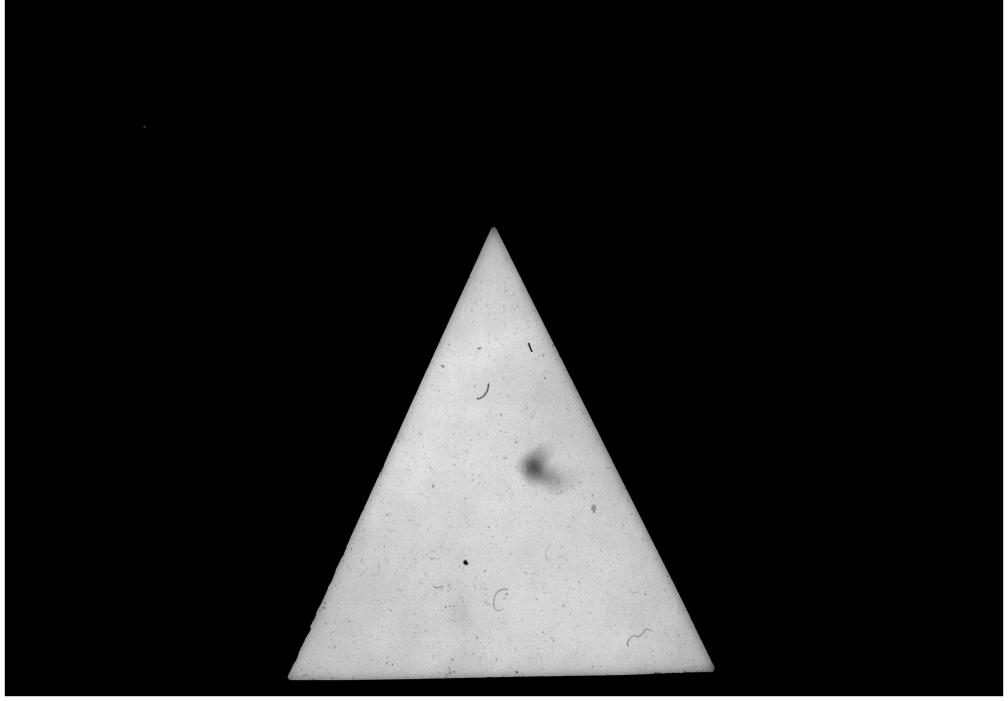
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. A. A. Cole - same command -- No data.



A LANGE	e, W.H.H.
	ou 1907
INDIGEN	NT PENSION.
1€	1907
Name W	CH Phillips
co. 6 60	of Line
Approved	
JOHN	W. LINDSEY, Commissioner of Pensions.
WARRAN	T HANDED TO
Ordinary will write and Regiment on back	name of Applicant, Company as indicated above.
Franklin Printing and Pu	blishing Co., Geo. W. Harrison, Mgr., anta, Georgia.

POWER OF ATTORNEY. STATE OF GEORGIA,

Witness my hand and scal, this	re and receipt for the pension allowed and request that he remit same to.	
day of	equest that he remit same to	of
[L 8]		hereby authorize

POWER OF ATTORNEY.

	COUNTY.				
I,				hereby	auth
eive and receipt for the pension a	llowed and request	of_ t that he rem	it same to		
	llowed and request	t that he rem	it same to		
ceive and receipt for the pension a at at Witness my hand and seal, this		t that he rem	by		190

Chillips W.H. H. B. Bekall Co.	110 GENT PENSION. 1907	Name W. K. Chillips County Destall- Co. & Colle Lyisty	JOHN W. LINDSEY, Commissioner of Peasing.	WARRANT HANDED TO	Ordinary will write seams of Applicant, Company and Regiments on back as indicated above. Fractile Printing and Praining Co. Queffy, Harrison, Mgr., 1966.	

8	TABLOF GEORGIA,
_	Distalle, Coppers D/ 1/1
to	avail himself of the Pension Act (Section 1254 Code) bereits a price for a few desiring
tr	
2	What is your name and whore to your said of Course and Postoffice
. 2	2. How long and since when have you been a resident of this State?
_	6/7 in aught /839
4	When and where were you born? Light 1834 Numy 0
2	When and when and in what company and regiment did you enlist serve?
_	
5	How long offd you reputit in such company and regiment?
6	When and where was your propany and regiment surrendered and discharged? Afril 1860
E	Apparestox Court Nous
7	
8.	. If not present, state specifically and clearly where you were, when you less your command, for what cause
and	d by whose authority? I was frusered
9.	How much can you earn (gross) per annum by your own exertions or labor?
10.	What has been your occupation since 1865?
11.	Open which of the following grounds do you base your application for pepsion, viz: first, "age and poverty"
12.	ond, "infirmity and poverty," or third, "blindness and poverty"?
	If upon the first ground, state how long you have been in such condition that you could not earn your opport? If upon the second, give a full and complete history of the infirmity and its extent? If upon the second, give a full and complete history of the infirmity and its extent? If upon the second, give a full and complete history of the infirmity and its extent.
1	whether you are totally blind and when and where you be your gight? Algery Malism
1	Hony bad of the
13.	What property, real and personal, or incomed do you possess, and its gross value? Q. Small
_	
14. if i	What property, real or personal, cut you possess in 1901, 190, 1903, 1904 and 1905, how what disposition, any, by sale or gift, have you made of same?
1	withing to dispose
2	what County Aid you reside during those year and what property did you then return for taxation?
17.	How much did your support cost for each of those years, and what portion did you contribute thereto by your
wn 8.	What was your ampleyment during 1900 1902 1903 1903 1903 1903 1903
1	What was your employment during 1992, 1902, 1903, 190 and 1905? What pay did you ecceive in each year?
9.	Have you a family? Aso, who composes such family? Gree they meanful support. Have they a hore-
S	he has no hamilton
0.	Are you receiving any pension? If so, what amount and for what disability?
1.	Have you ever made an application for pension before? There were
2.	How many applications have you ever made and under what class? Made non-
	Sworn to and subscribed before me this the
7	71 Whiles
-	Applicant,
_	Jelling Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,	}	
51.	Ansley	
5110 31 , = 0		and
f said County, who, being severally sworn, say		th known to me as reputable physicians
Po	on oath that they have exi	amined carefully 11 ./1. NATIO
Mellips		on under Section 1254, Code, and after
uch personal examination say that his precise p		
Chronic Spenna	time, Nals	wear heart-less
Hound below les	4- Free 6	Typs old, who
sendes him tata	tey unas	ce to maraa le
	1	
nd that we have no interest in said pension bein	ng allowed.	
Sworn to and subscribed before me, this	the) 00.3. 4	uney me
27 day of June 1906	5 71. E.74	Causton on . D.
apple theory	Ordinary.	
V		
ORDINAR	Y'S CERTIFIC	CATE.
STATE OF GEORGIA,		
9,11.11	· }	
1. Janus Rhear		
0 111 41 110		y, in and for said County, hereby certify
nat the applicant WNNY Shi	. / 1	resides in said County, and has
een a bona fide resident of this Statesince the	all Togot	2 lege 189
nd that the witnesses, viz.:	L/2000	
	<u> </u>	
e of trustworthy character, and that their stater		
I further certify that before answering th		
ereon prescribed, and that the full text of the affi		cant and witness before same was signed.
I further certify that the tax digest of	Mikall	County shows that applicant
turned for taxation in his name in 1901	+	Dollars of
operty, and in 1902	<u> </u>	Dollars of property; in 1903
		Dollars of property; in 1904
tu	2	Dollars of property; in 1905
	him	
	X	Dollars of property.
In my opinion the foregoing claim is		hade in good faith.
Witness my hand and seal of office, this	25 day of	June 190 6
· · · · · · · · · · · · · · · · · · ·	ann 129	Ordinary.
		(17)
	of	Dekalle County.

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

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

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

POWER OF ATTORNEY.

De.(A).F	COUNTY.		
I,	e de la companya de		, hereby authorize
· · · · · · · · · · · · · · · · · · ·	of		
to receive and receipt for th			
by			
WITNESS my hand and se	eal, this	day of	1907.
Executed in presence	of		
			
			· • • • • • • • • • • • • • • • • • • •

Chillips TUM H.

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED)

SOLDIER'S PENSIO

Regiment Co Fox

Name W. H. S. Phillips

WARRANT HANDED TO

JOHN W. LINDSEY, Commissioner of Pen

Min

+1

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georg	} • • • • • • • • • • • • • • • • • • •
	N.H. Phillips of Decarred
	being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and	d State, and has resided in said State continuously ever
since theday of	18 ; that he isyears old
	that he enlisted in the military service of the Con-
	of) during the war between the
States, and served for the term	of in Company 6, of white Regiment
offollows:Infirmity	Paul The Physical condition is as
ionows.	tima spreng
that his property consists of the	following items;
C.1 1 C	
of the value of	Dollars. I am now earning
	Dollars per month. That by reason of his e is unable to support himself by his own exertion or
1894, and the Acts amendatory t	cipate in the benefits of the Act approved December 15th, hereof, and makes application for the pension to which he have heretofore, as a resident of
County, been allowed a pension Sworn to and subscribed b	for the year 1906.
and Referry	Ordinary.
State of Georg	ia,
S. Prop. Co. S. C.	County.
i, Vanne	
/1"	
do certify that I am well acquai	
	fidavit, and am well satisfied that the statements made
	ue, and I know he is the individual he represents himself
to be, and that he resides in this	County. official signature and seal this
day of	1907.
	pull- regionze
Amx your neal bere	Ordinary County.
Nors.—The b	lank spaces must be filled.

NAME Philips, W.H.H.

YEAR 1907 COUNTY DOKALD

WHEN AND WHERE BORN? August 1859, Henry County, Georgia.

ENLISTED WHEN AND WHERE? August 1861, Witness states-

RAIK.

COMPANY AND REGIMENT? Co.C. Cobbs' Legion

NAME OF CAPTAIN AND COLONEL?

JOUNDED?

CAPTURED, WHEI. AND WHERE?

RELEASED.

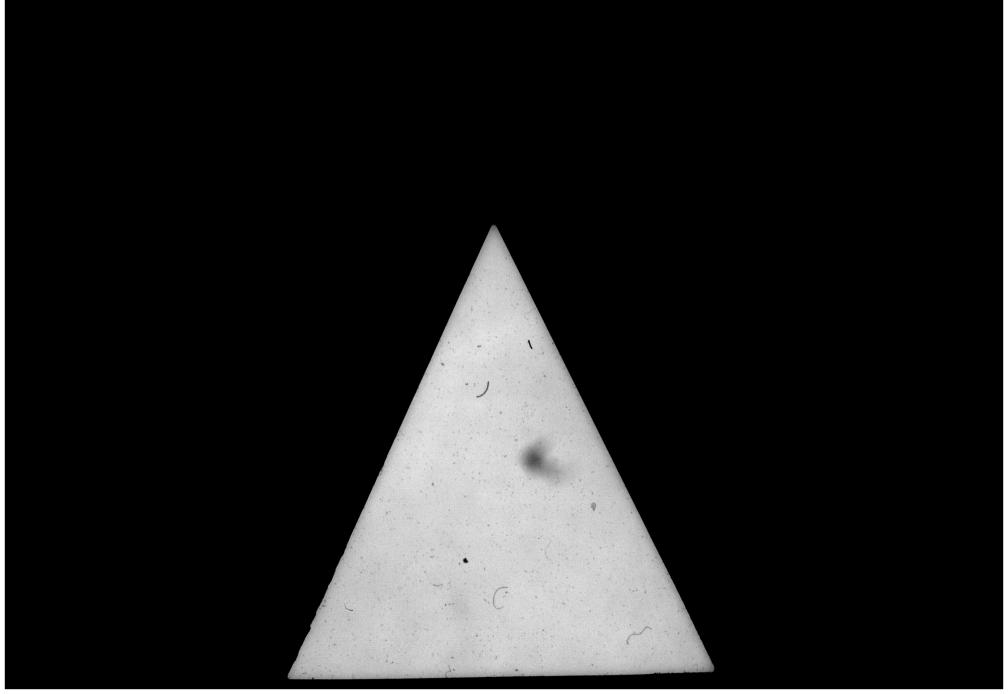
WHEN AND WHERE SURRENDERED? April 1865, Appointtex Court House, Virginia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J.L. Born, - Same Command- No data.



Richett, Marthas. Lakalba. Widow's Application To Be Put on Roll in Her Own Right, when Husband Was on Roll at Death. Name Har Narthas Stelat Widow of S. M. Dicket Approved

J. W. LINDSEY

Commissioner of Pensions

Chas. P. Bard, State Printer, Atlanta.

Widow's Application
To Be Put on Roll in Her Own Right, when Hisband Was on Roll at Death.

County Fallal

County Morthas Lielly
Widow of SAM Die Rel

Midow of SAM Die Rel

Approved

App

WIDOW'S AFFIDAVIT.

CTATE OF	CECRALL					
	GEORGIA,			1		
108/62	all	County.				12.
Personall	y before me comes.	hers he	resto susar I	rietel	1	of said Games
vho, after being	duly sworn, on os	th says, that	the is the widow	of 8 7	n Pick	of said County,
the County of	Newton	- St	nte of Lee	~ 44 aha	una manufad a	n the 2
ny of May	1857 and that	she remained	his wife, and	onidad with 1	im to the de-	n the
James 1	1 10 10 and	that she has	not since his de	inth removeder	Af the the	or his death
was a reside	nt of Dekad	12 (ounty. In	the an	d State of G	se of his death
as on the	digent		Pension Roll of	the State and	naida nensio	of e Con Cot
Duke	Coun	ty for 19 04	per annum.	on account of	heing a soldi	on in Commune
B	16 9	a Regimen	tarlen	(Volu	teers of Sta	to Militia
Loup &	ulisted	in 186	2 + Dive	harged o	t flowal	26 H 1865
At the de	eath of Handana	SIM Pick	t he was	in the use an	I nogenesion	f the fell-
	atii oigana.			A dise and	possession (the following
the each val	ue of \$ 500	000	ricas	h		
	perty of any kind				trol and posse	ssion now and
	(State fully.)					
	Acres land					
	Hogs, Cows					
	Total Cash					0000
That she i	is now a bonafide	resident citize	o of said Count	of Defr	all	and she
	sly resided since	efore me, this	the Man	mari	hors	Picke
	sly resided since	efore me, this	day of	Mari	hors,	Picke
	sly resided since	efore me, this	the Man	Mavi ll.County	hors,	Picke
	sly resided since	efore me, this	the Man	Mavi	hors,	Picke
Sworn to	sly resided since	efore me, this	the Muss	Mari Ch. County	honas	Picke.
Sworn to	sly resided since and subscribed be	of the state of th	the Mus	Mavi	honas	Picke
Sworn to	sly resided since and subscribed be deposited by of	of ore me, this 19 19 19 19 19 19 19 19 19 19 19 19 19	the Muss	Mavi	honas	Picke
Sworn to	sly resided since and subscribed be day of of Witnesse GEORGIA,	sto Prov	the Mus	Mavi	honas	Picke
Sworn to	sly resided since and subscribed be day of of Witnesse GEORGIA,	of ore me, this 19 19 19 19 19 19 19 19 19 19 19 19 19	the Mus	Mavi	honas	Picke.
Sworn to	of Witnesse	s to Prov Death	day of the Muss. Ordinary. A Ro	Mavi	hons,	
Sworn to	day of Witnesses. GEORGIA, before me come come, residing in si	s to Prov Death County. Raid County.	day of the Muss. Ordinary. Marriag of Husban	Mary Ch. County Te and to d.	Whom	be responsible
FATE OF Personally d truthful pers	GEORGIA, before me come tons, residing in su	s to Prov Death	day of the Muss. Ordinary. Marriag of Husban of Assume the after young a sure of the sur	Mary Clancounty The and to d. The and to d. The and to	Whom to on oath, say the foregoin	be responsible that of their
FATE OF Personally d truthful pers n personal kn	of Witnesses	s to Prov Death	day of the Muss. Ordinary. Marriag of Husban	Mary Clancounty The and to d. July syorn Chilo made died in A	whom to on oath, say the foregoin	be responsible that of their g affidavit, is County in
Sworn to	of Witnesses	s to Prov Death County. Ray Market	day of the Muss. Ordinary. Ordinary. Marriag of Husban who after Javing who and of day of	Mary Clancounty The and to d. University Who made died in Journ 19	Whom to on oath, say the foregoin	be responsible that of their affidavit, is County in and that she
Sworn to CATE OF Personally d truthful personal kn e lawful widow dd State of	of Witnesses	s to Prov Death County. Ray Market	day of the Muss. Ordinary. Ordinary. Marriag of Husban who after Javing who and of day of	Mary Clancounty The and to d. University Who made died in Journ 19	Whom to on oath, say the foregoin	be responsible that of their g affidavit, is County in
TATE OF Personally d truthful personally distate of some son to since remains to the son to since remains the since remains the son to since remains the	GEORGIA, before me come to solve the solve to the solve that the	s to Prov Death County. And County, we had county we had resided to	e Marriag O Assuration A ass	Mary Cla County The and to d. July syorn Control The formate and wife youth	whom to on oath, say the foregoin of the myously since	be responsible that of their affidavit, is County in and that she
Affidavit of TATE OF Personally of truthful personal known id State of the lawful widow id State of the lawful widow is not since remains 18 of 7	GEORGIA, before me come to solve the solve to the solve that the	s to Prov Death County. And County, we had county we had resided to	e Marriag O Assuration A ass	Mary Cla County The and to d. July syorn Control The formate and wife youth	whom to on oath, say the foregoin of the myously since	be responsible that of their affidavit, is County in and that she
Affidavit of TATE OF Personally and truthful personal kn e lawful widow id State of sanot since remains not since remains and the sanot since remains of the	of Witnesses GEORGIA, before me come toons, residing in showledge Mrg. Witnesses of the complex of the comple	s to Prov Death County. And County, we came the wife had resided to y and the	e Marriag Of Husban Of August August August Of August Of Saugust Of Sau	Mary Ch. County The and to d. Universal of the second	Whom to on oath, say the foregoin the mously since the mously since the foregoin that the foregoin the mously since the foregoin the mously since the foregoin th	be responsible that of their affidavit, is County in and that she
Affidavit of TATE OF Personally and truthful personal kn e lawful widow id State of the same and the same and the same man who we man who we	of Witnesses GEORGIA, before me come tons, residing in such with the second of the s	s to Prov Death County. And County we wife had resided to y and the roll of said St	e Marriag Of Husban Of August August August Of August Of Saugust Of Sau	Mary Ch. County The and to d. Universal of the second	Whom to on oath, say the foregoin the mously since the mously since the foregoin that the foregoin the mously since the foregoin the mously since the foregoin th	be responsible that of their affidavit, is County in and that she
Personally de truthful personal kneel awful widow id State of the same and the same	of Witnesses GEORGIA, before me come come, residing in same come in the complete of the comp	black me, this 19 So to Prov Death County. And County, we came the wife had resided to year and the roll of said Stilled.	e Marriage of Husband who after having the control of the control	Mary Ch. County The and to d. Universal of the second	Whom whom whom the foregoin the housely since the sattle	be responsible that of their suffidavit, is County in and that she County
Personally d truthful person el kru el awful widow id State of son transcerement and the man who we have man who we have man who we have the same man which while the same man which while the same man whill be same man while the same man	of Witnesses GEORGIA, before me come tons, residing in such with the second of the s	black me, this 19 So to Prov Death County. And County, we came the wife had resided to year and the roll of said Stilled.	e Marriage of Husband who after having the control of the control	Mary Ch. County The and to d. Universal of the second	Whom whom whom the foregoin the housely since the sattle	be responsible that of their affidavit, is County in and that she

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, De Kalle County.
Personally before me, the Ordinary of said County, comes.
Oke S. Wiellich of said County, who, after being sworn, on oath says that
he knew Martha S. Die Mitt of said County, and that he was on
the Widsus / GID Pension Roll Jel all County at the
time of his death, which occurred in DeKall County, in this
State, on the day of March 1913, and that
a Pension of Dollars was due the and
unpaid at the time of his death. That he left no widow or dependent children surviving him, and no
estate of any value sufficient to pay his funeral expenses, which amounted to the sum of
Dollars, as per sworn statement, itemized, hereto attached.
Sworn to and subscribed before me this . I day of A. A. W. 1913. AS Rickett
James R. Genty. Ordinary
Destable County
Georgia, County.
1 10
. Janus A Garrye Ordinary of said County, do certify
that I personally know, who is a resident, who is a resident
citizen of said County, and that he is of a truthful and trustworthy classicater, entitled to full faith and
credit.
I also knew Mars Martha Sielles while in life; that the
was the same person whose name appears on the
Roll of County, and was paid a Pension
County, and was paid a Pension Of Single (NGO 2) Dollars in said County for 191Z, and
I now believe mo to be dead.
Given under my hand and official seal, this day of Hotel
Janus A. Gestyl. Ordinary, Destalla County.

AFFIDAVITS OF TWO FREEHOLDERS. STATE OF GEORGIA. County. Personally before me comes In nash + P H Cannon oath says, that they are freeholders of said County, and that they know Mis Mc intro \$2 said County and knew her said husband & M. M. Diefter at his death on the ... that she and he were in the use, possession and control of the following of the value of \$50000 in Cof That she is now in the use, possession and control of the following property to wit:.. of the value of \$1500 Co in cat ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County. Ordinary of said County, do certify, that, I the applicant for this pension and that she is the person she is a bona fide continuing resident of said County and was on the

Cause who I know to be a resident free holder of said County foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and, credit.

That the tax Books of Aultal ounty shows that Was Dicturned property to the

NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following wogls, "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 must be made before the Ordinary.

3. All affidavits must be made before the Ordinary.

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

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

Gickett, Martha S(M)

1913

Application for Pension Due Deceased Pensioner Under Act 1904.

Ja	Mortha S	O'Y Ordinary
or/1/4	1 Martha S	Dicker
1	Destall	County
ı co		Regiment
	Approved and order	ed paid
		1918
	J. W. LINDSE	Y,
	Commissio	ner of Pensions.

ATLANTA, GA.

M 7 3 Pickett

TO HIM MARCHA S PICKETS
TO HARRY G. POOLE DR.
FUNERAL DIRECTOR
PRIVATE AMBULANCE

PRIVATE CHAPEL FLOWERS, CARRIAGES

BOTH PHONES 789

Mac 24th 1913

Casket and bex \$150.00
Embalming and services 10.00
Robe 10.00 Gloves 00.00 10.00
Jagon

Georgia

5.00 3175.00

Fulton Co) Personally appeared before me Harry G. Poole

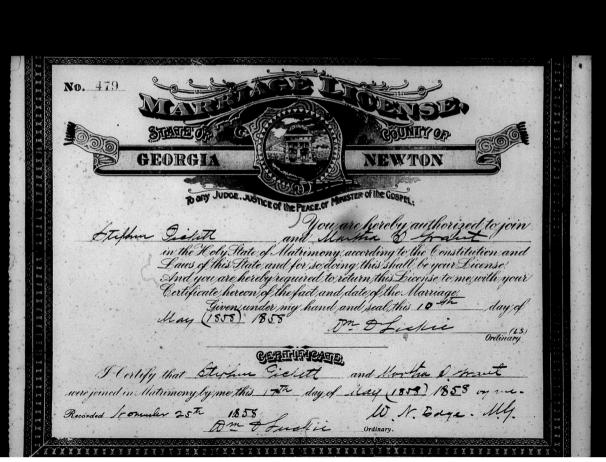
who after being sworn says that the above account is just , due and unpaid and was for the burial of

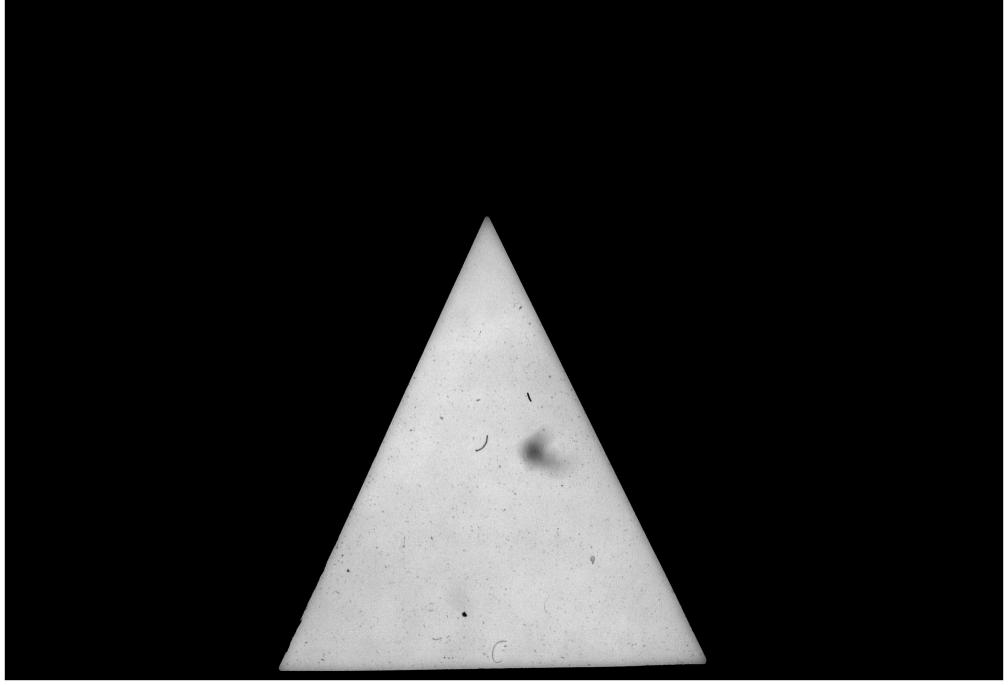
Mrs Martha S. Pickett.

Bened Migner

Motory Pour.

Georgia Knotin bounty -Transcipt from "Morriage Frances, towfie County, Jage 298- now in affice of the ordinary of thewfur beauty Georgia Witness my hours and the seal of the superior beaut of the two las to go, hute attached This 8 th may of Siptember 1910 mo Blair.





INDIGENT PENSION. 19071908 co. B. 16 ga Calon Regt. Approved_ 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

1/28/0)

-	
POWER	
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P	77,
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Z	
Z	
ATTORNEY	200

OF GEORGIA,

POWER OF ATTORNEY. STATE OF GEORGIA, to receive and receipt for the pension allowed and request that he remit same to_ [L, 8.]

JOHN W. LINDSEY,

OUESTIONS FOR APPLICANT.

74.	ow long and since when have you been a resident of this State?
1 2 AU	hen and where were you born? OCX 24757833 Ala
VI. W	hen and where and in what company and regiment did you eplist or serve?
The state of	861. Counton for Company B-16 Ga Calu
5 × 5	w long did you remain in such company and regiment?
1/2	M. 1865
	hen and where was your company and regiment surrendered and discharged?
11/2	was taken to the same that the same to the
7. W	pre you present with your company and regiment when it was surrendered? I was
	not present, state exceifically and clearly where you were when you left your command, for what cause and
9 H	w much can you earn (gross) per annum by your own exertions or labor? Multing.
10. W	nat has been your occupation since 1865? Havening
	on which of the following grounds do you base your application for persons, viz: http://age and poverty," infirmity and poverty," or third, "blindness and poverty?"
12. If port.	upon the first ground, state how long you have been in such condition that you could not earn our sup- f upon the second, give a full and complete history of the infirmity and in extent. If upon the third,
state wh	ether you are totally blind and when and where you lost your sight.
you	Ex complety to say carnot see out
24	in little out of the other
18. W	property, real and personal, or income, do you possess, and its gross value?
	nat property, real or personal, did you possess in 1901, 1902, 1903, 1905, 1905, 1906 and 1907, and why
un	to It any, by sale or will have you made of same? I willing I brilly
	and a second
	what County did you reside during those years and what property did you then return for taxation of the County of Returning 100 alench Sang wa
16. Ho	w were you supported deving the years 1901, 1902/1908, 1904, 1905, 1906 and 1907?
17. Ho	w much fild your support could seach of those years and what portion did remaind thereto by your or income?
18. Wh	at was your employment during 4801, 1802, 1908, 1904, 1905, 1906 and 1907? What pay did you
19. Ha	we you a family? If so, who composes such family Give heir means of support. Have they a home-
6 9	other property? Their ages and howen polyed? I have a wife age
	7/2/1/
20. Are	you receiving any pension? If so, what amount and for what disability?
	re you ever made an application for pension before? Lioue nak
	many applications have you ever made and under what class?

QUESTIONS FOR WITNESS. Newton County. no B. Micodon of said State and County, having been presented But HULL, the applicant; if so, how He now live in Hakall & 4. When, where and in what company and regiment slid he enlist and haw do you know a large of the sure of the same company and regiment to the same company and regim 6. How long did he perform regular military duty? 1862 to april 1865 7. When and where was his command surrendered? We cume home in Muy and went to attantale a and were ported there-8. Were you present when it surrendered? I wus 9. Was applicant present? He was in Command when we returned from MC 10. If he was not present, where was he? When did he leave his command?... 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.) I do not Know as he is not in the County how 12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, he net know. Do not Know and what disposition, if any, did he make of same ?.... 13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? not to my Kundledge 14. What is the applicant's occupation and physical condition? not able form appearance to do anything - Physical Condition vale from age about 75 or 7 ayears of age-15. Is the applicant unable to support himself by labor of any sort; if so, why? mable - from age and physical views dans 16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907 Lo not lemme 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 as above status is all I know 19. Who composes family? What property have they? Children's ages and their earning capacity? Himself and aged wife - no miner dulben

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA, SEKull	
CAY	10.110
. 11-00	Truck duly and
	both known to me as reputable physician
said County, who, being severally sworn, say on oath that they have e	examined carefully 3 7 M
	sion under Section 1254, Code, and after
Description of the personal examination say that his precise physical condition is as for	fin - nylis
	ma is mix
who to am - thing	- opin
	7.1 .4
nd that we have no interest in said pension being allowed.	1 10 10 10 10 10
Sworn to and subscribed before me, this the	showing and
19 day of all 1907 \	* Turne Mo
fundt George Ordinary.	. Comment
ORDINARY'S CERTIF	ICATE.
	ICA I E.
STATE OF GEORGIA,	
Descale County.	
0- 200000	ry, in and for said County, hereby certify
0 2 2	ry, in and for said County, hereby certify
I. James R. Gronge Ordinal And the applicant S. F. M. Pickett	ry, in and for said County, hereby certify resides in said County, and ha
I. James R. Gronge Ordinal hat the applicant S. F. M. Pic Rolf een a bona fide resident of this State since the day of	resides in said County, and ha
I. James R. Jroge Ordinal at the applicant S. F. M. Pic Roll een a Bona fide resident of this State since the day of	resides in said County, and ha
I. James R. Jeorge Ordinal at the applicant S. F. M. Rickett cen a Bona fide resident of this State since the day of and that the witnesses, viz.: W. S. Ausley and	resides in said County, and ha
I, James R. Single Ordinal the applicant S. F. M. Rickett the about fide resident of this State since the day of add that the witnesses, viz.: W. S. Ausley and	resides in said County, and ha
I, James R. Storge Ordinal the applicant S. F. M. Fic Ratt een a Bona fide resident of this State since the day of the d	resides in said County, and had less to the said County, and had less to the said County, and had less took the oath applicant and each witness took the oath
I, James R. Storge Ordinal at the applicant S. F. M. Fic Rett en a bona fide resident of this State signs the day of a day of that the witnesses, viz.: W. S. Auslay acres to of trustworthy character, and that their statements are entitled to full I further certify that before answering the foregoing questions the	resides in said County, and had less to the said County, and had less to the said County, and had less took the oath applicant and each witness took the oath
I. James R. Jeorge Ordinal at the applicant S. F. W. Pickett een a bona fide resident of this State since the day of that the witnesses, viz.: W. S. Auslay and that the witnesses, viz.: W. S. Auslay and that the return the control of the foregoing questions the preon prescribed, and that the full text of the affide the was read to the applications of the control	resides in said County, and had to the said County, and had to the said County, and had to the said faith and credit. Applicant and each witness took the oath dicant and witness before same was signed.
I. James R. Jurge Ordinal at the applicant S. F. W. Vic Kell on the applicant S. F. W. Vic Kell on that the witnesses, viz.: W. S. Auslay and that the witnesses, viz.: W. S. Auslay are of trustworthy character, and that their statements are entitled to full I further certify that before answering the foregoing questions the are on prescribed, and that the full text of the affide the was read to the application of the certify that the tax digest of the statement of taxation in his name in 1901	resides in said County, and ha
I. James R. Jurge Ordinal at the applicant S. F. W. Vic Kell on the applicant S. F. W. Vic Kell on that the witnesses, viz.: W. S. Auslay and that the witnesses, viz.: W. S. Auslay are of trustworthy character, and that their statements are entitled to full I further certify that before answering the foregoing questions the are on prescribed, and that the full text of the affide the was read to the application of the certify that the tax digest of the statement of taxation in his name in 1901	resides in said County, and had 189 County faith and credit. applicant and each witness took the oath plicant and witness before same was signed. County shows that applicant Dollars of Dollars of property; in 1908
I. James R. Jeorge. Ordinal at the applicant S. F. M. Pickett een a bona fide resident of this State since the day of that the witnesses, viz.: N. Auslay acres ee of trustworthy character, and that their statements are ontitled to full I further certify that before answering the foregoing questions the erron prescribed, and that the full text of the affidence was read to the any I further certify that the tax digest of the affidence was read to the any turned for taxation in his name in 1901	resides in said County, and has 189 6 N. further faith and credit. applicant and witness book the oath clicant and witness before same was signed. County shows that applicant Dollars of property; in 1903 Dollars of property; in 1904
I. James R. Jeorge Ordinal hat the applicant S. F. M. Pic Roll een a bona fide resident of this State since the day of th	resides in said County, and hat 189 Lower Management of the outer of
I. James R. Jeorge Ordinal hat the applicant S. F. M. Pic Roll een a bona fide resident of this State since the day of th	resides in said County, and hat 189 (L. M. Lance 189 faith and credit. applicant and each witness took the oath plicant and witness before same was signed. County shows that applicant Dollars of property; in 1908
I. James R. Jeorge Ordinal hat the applicant S. F. M. Pic Roll een a bona fide resident of this State since the day of th	resides in said County, and ha 189 (A. M. 189 faith and credit. applicant and each witness took the oath plicant and witness before same was signed. County shows that applicant Dollars of property; in 1905 Dollars of property; in 1905 Dollars of property; in 1906 Dollars of property; in 1906 Dollars of property; in 1907
I. James R. Jeorge Ordinal hat the applicant S. F. M. Pic Roll een a bona fide resident of this State since the day of th	resides in said County, and hat 189 (L. M. Lance 189 faith and credit. applicant and each witness took the oath plicant and witness before same was signed. County shows that applicant Dollars of property; in 1908
I. James R. Jeorge. Ordinal hat the applicant S.F. M. Rekett een a bona fide resident of this State since the day of nd that the witnesses, viz.: W. J. Ansley are of trustworthy character, and that their statements are entitled to full I further certify that before answering the foregoing questions the ereon prescribed, and that the full text of the affidyors was read to the application of the statement of the	resides in said County, and ha 189 (I. I. I
In my opinion the foregoing claim is. Ordinal Plant S. F. M. Reckett Ordinal Analysis of the applicant S. F. M. Reckett day of	resides in said County, and ha 189 (A. A. 189 faith and credit. applicant and each witness took the oath plicant and witness before same was signed. County shows that applicant Dollars of property; in 1908 Dollars of property; in 1908 Dollars of property; in 1908 Dollars of property; in 1907 Dollars of property; in 1907 Dollars of property. made in good faith.
I. James R. Jeorge. Ordinal that the applicant S. F. M. Rockett een a Bona fide resident of this State since the day of not that the witnesses, viz.: W. J. Arcsley acresses of trustworthy character, and that their statements are entitled to full I further certify that before answering the foregoing questions the ereon prescribed, and that the full text of the affidy is was read to the any I further certify that the tax digest of full to the affidy is was read to the any ordinal trunker of taxation in his name in 1901 Troperty, and in 1902 In my opinion the foregoing claim is	resides in said County, and ha 189 (I. I. I

Additional affidavits may be attached if blank spaces are insufficient.
 In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof

	Mall Manager	County.	Ordinar	ry of said co	
she is the lawful w	. 0	y Vic	Dekoli	1	, and wa
Pension from	0.1	alle		ounty for 194	y, and was
of his death on th		day of Jasi		19/2,	
nim and unpaid h	is Pension of	Sixty 100	Y=\$61	Dollars	-
of Georgia, and I	know Led	-W Su	rorde)	, the wi
vitness, and he is	of a truthful and tr	ustworthy charact	er and entitled to fu	ull credit.	
Given und	er my hand and see	d this 22	day of Jane	my	19/0
			James R	Seory	County.
		U	5	DeKol	County.
	•				
.,					
		1/ >			
	Due Due	X	County		ioms.
	5 h	1 3 %			4
	Cation for Pension Deceased Soldier UNDER ACT 1891	1.30	1 W	paid	Y,
	Deceased Sold	32 ×	3 40	and pas	W LINDSEY
7761	for sed	The S. O.	1 1 1	pproved and	li e
9	On On Or	13%	ने व	\pu	F .
	De Sati	3			
		- 3	" J G		
1	₹	. Mrs	of Co.	1.	1 2
		County.			
EORGIA.					f said sounts
	thorize and constit				. said county,
I hereby au	thorise and constit			o for 10 4h	ough muid
awful attorney to	collect and receipt	for me in my name	the Pension due me		

Attested before me:

Application for Pension Due Deceased Soldier

To be paid to his widew or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891

	STATE OF GEORGIA, Dekall County.
I	Personally before me comes Mrs. Martha & Pickett , of said county,
	after being duly sworn, on oath says that she is the widow of SAM Richard
	who was duly enrolled as a silly Pensioner from the county
	of and was paid a Pension of 8 612
	Dollars from Deltalle county for 196.5, and that the said
2	Am Pickett died in Likally county on
	the 10 day of Jany 1910, and at the time of his death a Pension of \$6000
	was due him from Destalla county and unpaid for 1910.
	Applicant further swears that she married the said SAMPERED on
	the 17 day of May 1857 in Mewton 94 county and
	State of
	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 22 day of annual 1910
	Amel R Ser My Cordinary Was Matha Susan Ficketts,
	Will Mills with the state of th
	AFFIDAVIT OF WITNESS.
	GEORGIA Restallo Countre C
	Personally before me comes. Stoll Swall
	on oath says that he knew A & Dicket
	and that he knows
	the above applicant; that he knows that the said Holl. Gicket
	and Martha & Wiell were in due form of law married in the county
	in the State of Last find on on
t	he 17 haday of 2004 1857 and that they resided together
. 8	s husband and wife from date of marriage to the day of his death on the
0	day
1	Sworn to and subscribed before me this
>	anus R. Genza Ordinary,) Q and of Country 19.10
V	Delalla County Ser My words

NAME Pickett, S.F.M.

YEAR 1908 COUNTY DeKalb

WHEN AND WHERE BORN? Oct. 24,1833, Florida.
(Resident of Georgia 74 years.)

ENLISTED WHEN AND WHERE? May 1862, Covington, Georgia.

RANK.

COMPANY AND REGIMENT? Co.B. 16th.Ga. Cavalry,

NAME OF CAPTAIN AND COLONEL?

WOUNDED? .-

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 1865, in North Carolina.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIFD, WHEN AND WHERE?

BURIFD,

WITNESSES. J.B. Meadors, - Same Commandmh. No data.